Dental complaints concerns

A healthcare barrister has raised serious reservations about the Dental Complaints Service (DCS) and its lack of independence.

Ansgus McCulloch, whose city of London practice deals with public, regulatory and disciplinary law, was speaking at a meeting of the Dental Law and Ethics Forum (DLEF) on Topical Issues in Dental Regulation.

At the recent meeting, which had a live link-up with members and Cardiff and Leeds, Mr McCulloch acknowledged that the DCS had successfully resolved minor complaints about private dental treatment and reduced the load of the council’s disciplinary department. He said a survey of both dentists and patients who had experienced the service, reported that nine out of ten gave feedback that it was good or excellent.

But he added: “The DCS is a creature of the General Dental Council (GDC) and its procedures are neither independent nor confidential. It uses itself, as the GDC describes itself, as ‘independent’ on its website, but, currently, no longer does so.”

He said the structure of the DCS and its relationship with the GDC made it possible for a dentist to be helpful and transparent in responding to patient complaints, but in so doing, could provide the DCS with the grounds for a referral to the GDC’s Fitness to Practice procedures.

He observed that it was also questionable that the DCS now claimed to be “run operationally at arm’s length” but, has advisory board that took half its membership from the GDC and whose remit included advice on “day to day operational performance”.

He added that while the DCS had no powers to enforce its recommendations and dentists were not “obliged” to co-operate in the resolution of a complaint, a dentist could still find themselves facing a misconduct charge if the DCS decided to refer them to the GDC for a refusal to engage or cooperate. He expressed concern that the complaint be indicative of a broader problem.

A spokesman for the DCS said: “The DCS is an impartial, expert, free and fair service that can help solve complaints about private dental care. It is supported by more than 160 trained volunteer panellists from across the UK. When a panel is convened it is made up of two members of the public and one dental professional. The decision making process regarding complaints is therefore completely independent of the General Dental Council (GDC).

Complaints about the competence, conduct or behaviour of clinical staff that raise questions of patient safety come to the GDC from a wide range of sources. The DCS can recommend that the complainant approaches the GDC with this type of issue. DCS staff may also sometimes refer cases to the Fitness to Practice team (FIP) if they feel it’s serious enough. Similarly, the FIP team may refer complainants to the DCS if they feel the service would be better placed to handle the issue.

Before 2006, if a private dental patient had a complaint and their dentist showed them the door, they had virtually nowhere to go. A critical report from the Office of Fair Trading provided the catalyst, and the Government called for action. The General Dental Council stepped in to set up and fund the DCS to operate at arm’s length.

The aim of the DCS is to resolve complaints fairly, efficiently, transparently and quickly by working with the patient and dental professional involved. It is completely impartial and this is considered an important part of the service – which the staff takes seriously.

The service is open to the public and registrants and doesn’t charge for its services. It has a local rate helpline, which is 08436 120 540. It gets its funding from the GDC, which means all registered dental professionals pay for the service through their Annual Retention Fee.

The service can look into complaints about private dental services provided by dental practices in the UK. It can’t look at complaints about NHS treatment. It also can’t ask at staff matters - such as recruitment, pay and discipline - or at commercial or contractual issues.

Until recently the service had been part of the General Dental Council members - both registrant and lay members - as well as a number of independent individuals. However, since the restructuring of the Council of the GDC this year, the role of the Advisory Board is under review.

Full details of the DCS and what it can offer can be found on its website www.dentalcomplaints.org.uk.
Editorial comment
Farewell from 2009

Well, doesn’t time fly when you’re having fun! It doesn’t seem five minutes ago since I was penning my first comment back in August, and here we are at the end of the year – thanks Dental Tribune for taking a break now until January 2010, but don’t think it will all be mulled wine and Christmas shopping (that should only take up four days of the week);

the team here will be looking forward to 2010 and planning to make DT even better for the New Year!

With that in mind, here is a call to readers to get involved. For 2010 we are looking for case presentations from dental professionals covering all aspects of dental treatment. E-mail Lisa@dentaltribuneuk.com if you’re interested in seeing one of your cases in print!

Just one thing remains for me to say: thanks to all our readers and corporate partners for all of your support over 2009 and in particular since I’ve been editing DT – you have made it a very easy transition for me. Hope you all have a peaceful Christmas, a prosperous New Year and see you on January 18 for Issue 1, 2010.

GDC on Vetting and Barring

Following the introduction of the Government’s new Vetting and Barring Scheme, the General Dental Council (GDC) would like to clarify its current stance and obligations in relation to the change in the law.

Within the meaning of the Safeguarding Vulnerable Groups Act 2006, the delivery of dental care is a ‘regulated activity’; therefore all those delivering care must be registered with the GSA in the long term. Registrants already employed and not changing jobs will be included in the scheme over time, with everyone needing to be included by 2015.

As of 12 October 2009, it became a criminal offence for people barred by the ISA to work or apply to work with children or vulnerable adults in a wide range of posts. It is also now a criminal offence for an employer to knowingly employ a barred person in a regulated activity.

The Council now has a legal obligation to share information about GDC registrants with the ISA. It is waiting to be advised as to exactly what information it will receive. This hasn’t been the case with DIO.

Dr. Fairclough was initially drawn to DIO because of its reputation in the UK, France, USA, and London in 1973 and has since received post graduate training in the UK, France, USA, and the Arabian Gulf. He has been involved in implant procedures. Rather than hosting clinical days attended by large numbers of dentists, DIO’s multi-platform design and the double-threaded base allows implants to be used in low bone density. This increased primary stability comes from the implants featuring a designed form that facilitates the stability offered by the root form design used by other systems.

The implants are very easy to place and they have very good primary stability which is important. Patients have been among for over 25 years and is one of the largest implant manufacturers in Asia.

One dentist who has been able to drop his prices by 50% after switching to DIO implants is Dr. David Fairclough, who’s prime interests are dental implants and cosmetic dentistry. He believes that using implants of this kind could lead to them becoming cheaper for patients across Britain, currently one of the most expensive places in Europe for dental implants.

A company selling dental implants for almost half the price of other suppliers are giving dentists the opportunity to pass this saving on to their patients, potentially dropping the price of dental implants in Britain.

DIO Implant of South Korea is now operating in the UK after recently identifying a gap in the UK market. DIO UK is offering dental implants at prices less than half that of the most established UK brands (e.g. DIO titanium R&BM fixtures for under £98.00). The company has been around for over 25 years and is one of the largest implant manufacturers in Asia.

One of my big criticisms of implant companies is that they sell you the implants and then you get very little from them again. There’s poor back-up. This hasn’t been the case with DIO!

In a recent interview Dr. Fairclough said, “There is no reason why it can’t be as cheap here as it is abroad, when you factor in travel and accommodation expenses. The savings I am making have meant that I’ve been able to reduce my prices by 50%, so it has made a huge difference. It means that those people who are thinking about going abroad for implants may consider staying in Britain and those who thought they couldn’t afford implants can now consider it an option.”

Dr. Fairclough was initially drawn to DIO by their lower prices, however, he changed suppliers when he found that their implants were easier to place as well as more aesthetically pleasing results than implants he had used previously.

Dr. Fairclough said, “I’ve been doing dental implants for over 20 years now and I’ve tried most systems. When I came across DIO’s system it seemed to be the easiest to use at an affordable price. The implants are very easy to place and they have very good primary stability which is important.”

This increased primary stability comes from the implants featuring a designed form that facilitates the stability offered by the root form design used by other systems.

DIO UK aims to assist all of its dentists during the integration stages in understanding the implant system. Rather than hosting clinical days attended by large numbers of dentists, DIO involves new clients in live implant placement alongside an existing user, without a DIO representative being present. This allows the session to be very open between the two dentists meaning they are free to discuss the implants candidly. It also means that the dentist new to the system benefits from one-on-one tutoring.

“Dr. David Fairclough IDS(Lond.) LIDS RCS (Eng.) qualified at University College Hospital, London, in 1975 and has since received post graduate training in the UK, France, USA, and the Arabian Gulf. He has been involved in implants since 1977 and is a founder member of the Association of Dental Implantology. He has also lectured and run courses both in England and abroad on implant procedures.
Cosmetic Dentist Gives Parisian Lecture

A cosmetic dentist, who lectures at Smile-On’s annual Clinical Innovations conference, addressed delegates at the sixth annual meeting of the, European Society of Cosmetic Dentistry, (ESCD) held in Paris.

At ESCD’s Autumn meeting, Professor Edward Lynch talked about minimal intervention in cosmetic surgery, placing emphasis on the use of ozone and ozonated water.

He told the audience that the powerful disinfectant properties of ozone are useful for a range of dental procedures and ozonated water can be used in hand washing, root canal disinfection, full mouth disinfection, in ultrasonic scalers, for dental water line disinfection, during the placement of implants, for cavity disinfection and the disinfection of deep lesions to reduce the need for root canal therapy.

Earlier that same day, Dr Irfan Ahmad presented an overview of caries pathogenesis and the role of biofilm. He went on to challenge existing paradigms and suggested that treatment should be based on risk assessment.

The session also included input from Dr Michael Karlsten on predictable bite registration with implant-supported bridges, while Dr Ajay Kakar demonstrated aesthetic splinting techniques for compromised teeth using quartz glass materials, which are easy to place and adapt.

During the day, ESCD members were invited to present clinical cosmetic dentistry cases and other evidence for scrutiny by a panel of experts, with success-

New Practice

A new dental surgery is set to open at Malmesbury primary care centre in Wiltshire in the new year.

The opening of the practice, which will serve 5,000 new patients from about the middle of January, follows an investment programme of £5.1 million to set up new dentistry contracts in five Wiltshire towns.

The scheme’s overall aim is to increase the amount of people who have NHS dental treatment in Wiltshire.

Other new dental practices are being set up in Amesbury, Tidworth, Warminster and Westbury. In addition, existing dentists in Calne, Chippenham, Devizes, Marlborough, Melksham, Pewsey, Trowbridge and Wootten Bassett will be extending their NHS provision.

Irish Tooth Decay Trial

A new dental trial in Northern Ireland aimed at reducing tooth decay in the under fives has been launched.

Health Minister Michael McGimpsey, who launched, The Northern Ireland Caries Prevention in Practice, trial in November, said the trial would investigate the effectiveness of preventing tooth decay in young-ers by applying fluoride varnish to their teeth, as well as using fluoride toothpaste.

Nearly 2,500 children will be involved in the trial, with each child monitored over a period of three years.

Mr McGimpsey said: “It is vitally important that we look at new approaches to tackling tooth decay as, unfortunately, young people in Northern Ireland have some of the worst oral health in western Europe.

“Last year, for example, 26,500 teeth were extracted from children who underwent a general anaesthetic in hospital for dental extraction. While this figure is a marked improvement over previous years, it is still way too high and unacceptable.

“Investing in preventive care now will provide dividends for the next generation.”

The trial has been developed through a partnership with bodies including Manchester University, the Department of Health and the British Dental Association.