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

Angus McCullough, 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 McCullough acknowledged that the DCS had successfully resolved minor complaints about private dental treatment and re- duced 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 con- fidential. It uses the phrase ‘is 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 den- tist to be helpful and transparent in responding to patient com- plaints, but in so doing, could pro- vide 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 recom- mendations and dentists were not “obliged” to co-operate in the resolution of a complaint, a den- tist could still find themselves facing a misconduct charge if the DCS decided to refer them to the GDC for a refusal to engage or co- operate. He also considered the complaint to 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 pan- elists from across the UK. When a panel is convened it is made up of two members of the public and one dental professional. The deci- sion making process regarding complaints is therefore completely independent of the General Dental Council (GDC).

Complaints about the com- petition, 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 (FpP) if they feel it’s seri- ous enough. Similarly, the FpP 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 den- tal 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 re- solve complaints fairly, efficient- ly, 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 pub- lic and registers and doesn’t charge for its services. It has a ho- tel rate helpline, which is 08436 120 340. It gets its funding from the GDC, which means all regis- tered dental professionals pay for the service through their Annual Retention Fee.

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

Until recently the service had been the Dental Complaints Board, which was made up of GDC council members - both registrant and lay members - as well as a number of independent individuals. How- ever since the restructuring of the Council of the GDC this year, the role of the Advisory Board is un- der review.

Details of the DCS and what it can offer can be found on its website www.dentalcom- plaints.org.uk.

BDA dentistry honours

The 2009 British Association of Dental Nurses’ Award for out- standing contribution to dental nursing: Janet Goodwin

John Tomes Medal for scientific eminence and outstanding service to the dental profession: Richard van Noort and Geoff Craig

The Orthodontic Nation- al group award (ONG) for outstanding contribution to orthodontic nursing and dis- tinguished service to the ONG: Fiona Grist

The BDA Fellowship for outstanding service to the Association and the dental profession: David Lester

The Dental Technologists As- sociation Fellowship award for outstanding contribution to dental technology: Brian Gordon

The BDA Certificate of Merit for Services to the Association: Mike Hill

The BJTA Award for outstanding contribution to the dental in- dustry: Martin Mills

The BDA Certificate of Merit for Services to the Profession: Ann Armstrong, Bridget Ashion, Glenys Bridges, Jo Eisenberg, Ashiq Ghaeeri, Eric Nash, Malcolm Prideaux and Kenneth van Noort (posthumously awarded and received by his wife)

The Clinical Dental Technicians Award for outstanding achieve- ment: Kevin Manners

The British Association of Den- tal Therapists Rob of Distinction Award: Irene Ellis.
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! And if the weather doesn’t take 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@dentalttribuneuk.com if you’re interested in seeing one of your cases in print!

Just one thing remains for me to say – this is it. I won’t be back again. And with that, I bid you all 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 GDC 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 has to share, but it is likely to be anything which could indicate that a registrant poses a risk to children or vulnerable adults. The GDC may also receive information about its registrants from the ISA. It has already been decided by Council that such information should not result in automatic erasure from the Register, but should be considered as an allegation of impaired fitness to practise through the usual channels.

The GDC is looking carefully at how the Vetting and Barring Scheme will affect registrants and what role the Council will play. It is liaising with other regulators and working out how best to share relevant information alongside existing guidance on protecting patients.

Dentists drop the price of 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&B fixtures for under £19.00). The company has been around 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.

“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 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 root form design reduces the possibility of interference with other teeth.

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 placements 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.

“The back-up service I have been given has been invaluable” said Dr Fairclough, “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!”

Dr. David Fairclough BDS(Lond.) LDS 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.

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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-sters 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.