**Dental complaints concerns**

A healthcare barrister has challenged its 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 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 ‘independent’ on its website, but, correctly, 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.

The DCS could consider 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 panelists 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 competent, 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 complaint 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 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 low and rate hotline, which is 08436 120 340. 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 look at staff matters - such as recruitment, pay and discipline - or at commercial or contractual issues.

Until recently the service had been managed by an Advisory Board made up of GDC 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.

**BDA dentistry honours**

T he Peterborough Dental Access Centre was named as the third winner of the British Dental Association (BDA) Good Practice Scheme Practice of-the-Year Award.

The 20-strong team received the award at the fourth annual BDA Honours and Awards Dinner in London, which is supported by the British Dental Trade Association (BDTA). The evening also featured presentations to individuals by the BDA in recognition of service to dentistry and the BDA, along with a range of awards presented by the BDTRA and dental care professional associations.

The President of the British Dental Association John Drummond said: “This event has become a true celebration of the dental team, giving recognition to the commitment and talent of every single individual. We were delighted to be joined by so many friends and colleagues from across dentistry to mark these achievements.

“The Good Practice Scheme is recognised as a benchmark for excellence with 1,250 members who have successfully completed the programme, with a further 2,000 practices working towards membership.”

The honours and awards presented were as follows:


- The 2009 British Association of Dental Nurses’ award for outstanding contribution to dental nursing: Janet Voorn and Geoff Craig

- The Orthodontic National Group award (ONG) for outstanding contribution to orthodontic nursing and disinguished service to the ONG: Fiona Grist

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

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

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

- The BDTRA Award for outstanding contribution to the dental industry: Martin Mills

- The BDA Certificate of Merit for Services to the Profession: Jane Armitage, Bridget Ashton, Glenys Bridges, Jo Eisenberg, Ashiq Ghaquri, Eric Nash, Malcolm Prideaux and Kenneth in the (Scalp award and received by his wife)

- The Clinical Dental Technicians Award: Kevin Manners

The British Association of Dental Therapists Roll 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 will be 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);

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 2013.

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 is to pass on to the ISA, but it is very 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.

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 treatement. E-mail Lisa@dentaltribunek.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.

Dentists drop the price of dental implants

Dr. David Fairclough explains how DIO make implants more accessible for UK patients

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 for DIO implants. 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 £98.00). 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 was initially drawn to DIO because of the back-up service he has been given, “The back-up service I have been given has been invaluable” said Dr Fairclough. The increased primary stability comes from the multi-platform design and the double-threaded base which offers high stability in low bone density. Alongside this, the stability offered by the root form design reduces the possibility of interference with other teeth.

DIO aims to assist all of its dentists during the integration stages in understanding the implant system. Rather than hosting clini-cal 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.

“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.”

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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 youngsters 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.

“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.

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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-

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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.

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