Dental complaints concerns

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

Angus McCulloch, whose city of London practice deals with public, regulatory and discipli- 

nary law, was speaking at a meet- 

ing 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 mem- 

bers and Cardiff and Leeds, Mr 

McCulloch acknowledged that the DCS had successfully re- 

solved 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 pa- 

tients 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 used to describe 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 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 member- 

ship 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 rec- 

ommendations 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 

GDC decided to refer them to the 

GDC for a refusal to engage or co- 

operate. He 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 and 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 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 regis- 

tered dentists pay for service through their Annual Retention Fee.

The service can look into com- 

plaints about private dental serv- 

ices 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 run by the British Dental 

Association Board 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.

Full details of the DCS and what it can offer can be found on its website www.dentalcom- 

plaints.org.uk.

BDA dentistry honours

The Peterborough Den- 

tal Access Centre was 

named as the third 

winner of the 

British Dental Association (BDA) Good Prac- 

tice 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 Asso- 

ciation (BDTA). The evening 

also featured presentations to 

individuals by the BDA in recogni- 

tion of service to dentistry. The 

BDA, along with a range of awards pre- 

sented by the BDTA and dental 

care professional associations.

The President of the British 

Dental Association John Drum- 

mond said: “This event has be- 

come a true celebration of the 

teamwork, giving recognition to 

the commitment and talent of 

some very special individuals.

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 pre- 

sented were as follows:

BDA life membership to 

Richard Beardon, David Evans, 

Tony Glenn, Robin Graham, 

Richard Kendrick, Philip Lang, 

John Muir, James Robertson and 

Jim Watson.

■ 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 BDTA Award for outstanding 

contribution to the dental in- 

dustry: Martin Mills

■ The BDA Certificate of Merit 

for Services to the Profession: Joanne Astinage, Bridget Ashton, 

Glenys Bridges, Jo Eisenhower, 

Ashiq Ghauri, Eric Nash, Mal- 

colm Prideaux and Kenneth in 

the (scarecrow awarded and 

received by his wife)

■ The Clinical Dental Technicians Award of Distinction: Kevin Manners

■ The British Association of Den- 

tal Therapists Role 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 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);

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 ISA in the long term. Registants 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 have 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.

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 to the readers – contributors 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 market. DIO UK is offering dental implants at prices less than half of that of the most established UK brands (e.g. DIO titanium/RBM 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 here mean 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 company’s range of posts. It is also now a member of UK implant manufacturers (e.g. RBM fixtures for under £98.00). The company has been around for over 25 years and is one of the largest implant manufacturers in Asia.

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 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 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.

“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 postgraduate 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 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. “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.