Is the ‘uplift’ really a pay cut for dentists?

BDA warns that percentage increase may not be all it seems

The NHS Employers organisation and the General Practitioners Committee (GPC) of the BMA have agreed changes to the General Medical Services contract for 2011/12 for England, Scotland and Wales.

The new contract states that: For 2011/12 the overall value of GMS Contract payments will rise by 0.5 per cent, to support practices in meeting the costs of increased expenses, including pay increases for employed staff with a full time equivalent salary of less than £21,000. This uplift will be delivered in England through a 2.31 per cent increase in the value of a QOF point (from £121.29 to £130.31).

This increase in the value of a QOF point is intended to deliver the full 0.5 per cent expenses increase. There will be no increase to global sum payments or to the value of DNs.

The British Dental Association (BDA) has said however that the Department of Health’s announcement of a 0.5 per cent increase in contract values for general dental practitioners in England for 2011/12 is a pay cut that will negatively affect their ability to invest in patient care.

The BDA demonstrated in its evidence to the Department of Health that expenses in dental practice are increasing sharply, but the BDA has said that their warning has been disregarded.

Dentists are also being asked to implement new best practice guidance for preventing oral disease in children in support of the Government’s aim of reducing levels of oral disease in younger patients. Where it is considered appropriate, parents will be offered the opportunity for their children to have fluoride varnish applied to their teeth.

John Milne, Chair of the BDA’s General Dental Practice Committee, said: “The level of this uplift is simply not enough. Dentists across England are working really hard, through a period of uncertainty, to deliver high quality care to their patients.

“They are contending with a growing mountain of pointless bureaucracy and escalating costs on top of the effects of the efficiency savings imposed last year. They need help to address those problems.

“While we support this prevention-focused activity to improve young people’s oral health, the costs of providing the extra fluoride varnish to children have not been recognised by this uplift.

The NHS rightly seeks to improve the quality of dental services and to increase the emphasis on disease prevention, but this cannot be done in an environment where not only are dentists incomes frozen, but the continued failure to reimburse expenses puts practices under severe financial pressure.”

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Call for ideas about Scope of Practice

The General Dental Council wants to hear from dental professionals as part of its review of one of its key documents - Scope of Practice.

The guidance was first published in January 2009. It clearly sets out the skills and abilities that each registrant group should have, as well as listing the additional skills registrants may develop after registration.

In the introductory section of the guidance it states that the lists will be reviewed regularly to ensure that they are still relevant to the dental team.

An online feedback exercise is being launched to find out whether Scope of Practice has achieved its original aims and whether the lists still accurately reflect the scope of practice for all our registrant groups. Any feedback we receive will feed into the development of the formal consultation that will run later this year.

Questions the GDC is asking include:

• Whether dental professionals agree the lists accurately reflect the work that should be carried out by a particular registrant group?
• Are there any skills that they think should be removed from these lists?
• What barriers dental professionals have encountered when trying to increase their scope of practice?

Dental professionals can take part at www.gdc-uk.org.

The review of Scope of Practice is running alongside the review of Standards. This work will continue throughout 2011 with the aim of producing new guidance in 2012.

A question of radiation

It has been reported that our exposure to radiation is seven times higher than it was in the 1980’s. Much of this radiation exposure comes from CT scans, X-rays and various other forms of medical imaging, including exposure during dental check-ups.

However, with the development of new methods and practices throughout the dental industry patients are being exposed to levels of radiation.

One report quoted Erika Benavides, DDS, PhD, clinical assistant professor in the department of periodontics and oral medicine at the University of Michigan, School of Dentistry: “It’s in line with, or even more advanced than other fields of medicine,” Erika said.

However, the problem seems to be that dentists don’t seem to be investing in all these new low-radiation methods.

Both the American Dental Association and the Food and Drug Administration have issued guidelines for how often adults and children should be getting X-rays and as recent reports have highlighted, healthy adults without many risk factors only need a dental X-ray every three years.

The ADA recommends that a thyroid collar be used on everyone, but specifically on women of childbearing age, pregnant women, and children, because studies have shown that repeated dental X-rays can increase your risk for thyroid cancer.

Soft drinks don’t degrade orthodontic wires

According to a new study in Acta Odontologica Scandinavica, researchers have said that sugared soft drinks and juices do not appear to degrade the physical and chemical properties of nickel titanium orthodontic wires.

According to a recent report, researchers from the University of Bologna evaluated the effect of Coca Cola, orange juice, and Gatorade on the Young’s modulus, hardness, surface topography, and chemical composition of nickel-titanium-based orthodontic wires.

The report stated that “the researchers cut 32 specimens (20 mm in length) from the straight portion of preformed 0.019 x 0.025-inch nitinol heat-activated archwires and randomly divided into four groups of eight specimens each: Group A1 (Coca Cola regular), Group A2 (Santal orange juice), Group A3 (Gatorade), and Group B (distilled, deionized water). Each specimen was immersed in 10 mL of one of the soft drinks or the control for 60 minutes at 57ºC.”

The study concluded that there were no significant differences between the groups either in the Young’s modulus or hardness after the selected soaking protocol.

“Besides some surface colour changes, the topography and the chemical composition of the wires were not affected by the immersion in any of the chosen soft drinks,” they noted.

Tooth-friendly soda

An Arizona endodontist has come up with an idea for a tooth-friendly, all-natural fizzy soft drink.

The drink, which is called Kunji, is currently undergoing the final touches by Dr Tung Bui and a student from the University of Arizona, Alex Deo.

According to reports, the prototype they have created is a citrusy drink that uses only natural sweeteners, including xylitol, which studies have shown fights caries, and it also reportedly has zero calories.

With recent feedback being positive, Dr Bui told reporters that he hopes to sell the new drink in local grocery stores and dental offices, especially those that have lately taken to offering refreshments.
Editorial comment

Well here we are! No sooner do we get a hugely successful Clinical Innovations Conference under our belts then we have BDA to contend with! This week will see more than 3,000 dental professionals descend on Manchester’s Central Convention Complex to hear leading speakers on a variety of topics, ranging from clinical to political and everything in between.

The big news is of course the appearance at the event of the Secretary of State for Health, the Rt Hon Andrew Lansley CBE, who will be delivering a speech and is also scheduled to participate in a question and answer session after his address. With the monumental reforms going on in the healthcare sector, and the changes more specifically happening in the dental sector, this really is a great chance to grill the Minister over his thoughts about dentistry and its place in the wider NHS. I’m looking forward to it...

According to a new study published in the Official Journal of the American Academy of Paediatrics, pregnant women can safely be treated for gum infections without having to worry about their baby’s health.

There has been widespread concern among dentists that treating the problem could cause bacteria to get into the mothers’ bloodstream, which in turn could harm the babies’ development.

Gum disease is a particular problem during pregnancy because hormonal changes appear to make a pregnant woman more susceptible to developing it; however, the standard antibiotic-based therapy is not recommended because it stains the baby’s teeth.

What’s more, dentists have shied away from aggressive teeth-cleaning, which is also effective, out of fears they’d help the bacteria get into the bloodstream. In principle, that could harm the brain development of the foetus.

However, according to the new study these fears are baseless.

Michalowicz, a dentist at the University of Minnesota School of Dentistry in Minneapolis, and his colleagues tested more than 400 two-year-olds, who’d been born to mothers with gum disease.

Half the mothers had been treated with aggressive teeth-cleaning during pregnancy, while the rest had not.

The researchers found that the children did just as well on language, motor and mental tests regardless of whether their mothers had been treated.

The BDA event is also the perfect place to sign up for our upcoming specialist titles coming to the UK. Implants, Roots and Cosmetic Dentistry. For a special price of just £50, these titles can be sent to you practice, keeping everyone up to date with the latest in implants, endodontics and cosmetic techniques. For more information call 020 7400 8069 or come see us on Stand A21.

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Scientists declare CUS an autoimmune disease

**D**entistry in a decade

T**he** BDTA is looking for 3rd and 4th year BDS students to write an article for publication in the dental press, online and potentially the wider media.

The article will be entitled ‘Dentistry in a Decade’ and will be based on the findings from the recent Adult Dental Health Survey (ADHS). Students wishing to take part will specifically need to consider the requirements of the ADHS for the next decade and the skills and services that this group will need.

The entries will be judged by a panel of professionals from dentistry in August and the writer of the winning entry will be awarded £500.

The winning article will be published in Dental Update and will also appear online on a new website being developed by the BDTA to host articles for health writers/journalists to access and use when writing articles. Other articles submitted are also likely to feature on the website, with the winning entry.

Tony Reed, Executive Director at the BDTA comments, “We are keen to promote the benefits of visiting the dentist to the wider public and feel that a series of high quality articles based on statistical information is a credible way of communicating the message. We plan to include the winning article together with other entries on a new website which health writers for the national and local press will access when they are carrying out their research for dental related articles. We look forward to receiving the entries.”

Articles should be no more than 1500 words in length and details of draft plans to change guidelines about the temporary registration of dentists. So far, CUS has been found primarily in middle-aged Caucasian women. It can only be diagnosed by surgical biopsy using immunofluorescence microscopic examination in an outside lab. In normal clinical settings it can be taken for oral erosive lichen planus, a more common chronic condition affecting mucosal surfaces and also considered to be an autoimmune disease.

**Bruxism week raises £500 for Help4Heroes**

B**rushism Awareness Week looks set to becoming an annual autumn event from 24 – 30 October now confirmed for 2011 by the organisers S4S.

The inaugural 2010 event raised hundreds of pounds for Help 4 Heroes and helped focus on the high number of service personnel affected by bruxism which is a common symptom of Post-Traumatic Stress Disorder (PTSD).

However, bruxism is not confined to people suffering from PTSD. It is estimated that more than half the UK population is affected by the condition and many of those are unaware that help and treatment is available.

Temp registration consultation

T**he** General Dental Council (GDC) has released details of draft plans to change guidelines about the temporary registration of dentists. An online consultation on the issue is now open and closes on 22 July 2011.

Temporary registration allows dentists who are not eligible for full registration with the GDC to practise dentistry in the UK in supervised posts for training, teaching or research purposes only and for a limited period.

The proposed guidelines include:

- clarifying the purpose of temporary registration based on the GDC’s role of public protection and upholding professional standards;
- making information about temporary registrants more widely available to the public;
- limiting the temporary registrant to working in a maximum of three hospitals in any one post;
- setting out more fully the responsibilities of the temporary registrants and their supervising consultants;
- describing in detail the arrangements in place to assure the quality of both posts and registrants, and the process of monitoring these;
- strengthening the GDC’s stance when it comes to English Language testing;
- extending the GDC’s options when dealing with complaints about a temporary registrant’s fitness to practise in order to ensure public protection.

GDC Chair of Registration Committee, Elizabeth Davenport says: “While our proposed changes will directly affect a small number of temporary registrants, they will have a wider impact. We would particularly like to encourage those who work alongside, supervise or employ temporary registrants to let us know about our consultation. We want to make sure our plans will work not only to protect patients but to ensure so that employment of dentistry are maintained.”

The online questionnaire can be found at www.gdc-uk.org.
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Pupils defy dental checks

A recent report has revealed that thousands of primary school children in Scotland are missing out on routine dental checks.

The blame has been handed to parents who are failing to give permission for the examinations and also to those pupils who refuse to open their mouths for the dentist; as a result, targets to inspect the teeth of all five and 11-year-olds are being missed.

Even though experts have stated that rates of tooth decay among young people are at their lowest levels ever, the report has shown that four health boards, including Greater Glasgow and Clyde and Lanarkshire, are behind the rest of the country with regards to their dental health.

Andrew Lamb, national director for professional body the British Dental Association in Scotland, said a gulf had opened between the dental health of children from affluent families and those from poorer homes and this was why some regions were lagging behind.

An action plan for improving oral health in Scotland was published in 2005 and the new report, published by the NHS, tracks progress against its goals. According to the report across Scotland nearly 64 per cent of 11-year-olds are decay free, beating the 60 per cent goal.

One report stated that the Childsmile campaign, which introduced daily tooth brushing to nursery schools across the country and primary schools in the most deprived areas, is thought to have contributed significantly to this success.

However, there according to reports there still remains a problem with gaining access to an NHS dentist in Scotland. This was a serious problem in some regions in the past, and although this has improved since the dental action plan was introduced, NHS Grampian, where there has been long been a shortage of NHS provision, and NHS Dumfries and Galloway, are still failing to hit the target ratio of one dentist per 1,750 people.

One report stated that incentives to attract dentists to barren spots have been offered during the last five years and Mr Lamb said they had worked in many places.

Taking the fear out of local anaesthesia

Researchers at the Universidade of Uberaba in Brazil have come up with a simple solution to solving needle anxieties in children: The Angelus Alligator disposable syringe cover.

Hiding needles from children is often a difficult thing to achieve, and if not done well can lead to stressful and often unsuccessful experience. However, the effectiveness of the Angelus Alligator was presented during a poster session at the recent International Association for Dental Research (IADR) meeting in San Diego along with some accompanying clinical data.

One report stated that according to Maria Angela Hueb de Menezes Oliveira, DDS, a professor in the department of pediatric dentistry at the university’s dental school, the only thing a child will see prior to receiving local anaesthesia is a cartoon-looking device made of flexible rubber that fits over the needle and syringe, hiding them from young patients’ eyes.

“Our experience with children who were undergoing treatment at the Children’s Clinic: School of Dentistry revealed that the patients were more cooperative due to less stress and fear, as they did not even realize that they were having an injection, she told reporters. “So the patient-professional relationship was more harmonious during the appointment.”

According to reports Dr Hueb originally came up with the idea during a conversation with her brother Fernando, who is also a dentist and a professor at the University of Uberaba.

Tyrranosaurus toothache

A study that was conducted at the University of Toronto, Mississauga, has revealed an infection in a jaw of an ancient fossil.

The reptile, that lived 275 million years ago in what is now Oklahoma, has started giving paleontologists a glimpse of the oldest known toothache.

Throughout the study, which has been led by Professor Robert Reisz, the chair of the Department of Biology at the University of TorontoMississauga, scientists have found evidence of bone damage due to oral infection in Paleozoic reptiles as they adapted to living on land.

Their findings, published online in the journal Naturwissenschaften - The Nature of Science, predate the previous record for oral and dental disease in a terrestrial vertebrate by nearly 200 million years.

After investigating several well-preserved jaws of the 275-million-year-old terrestrial reptile Labidosaurus hamatus, who originated in North America, one of the specimens stood out due to its missing teeth and what appeared to be bone erosion of the jaw. After subjecting the fossil to a CT scan the researchers found evidence of an infection, which had resulted in bone destruction of the jaw, tooth loss and an internal loss of bone tissue.

As the reptiles adapted to life on land many of them evolved to have special cranial and dental developments so they could feed more efficiently to feed on both animals and plants. Some changes meant that animals no longer replaced their teeth as they became strongly attached to the jaw. This was clearly advantageous to some early reptiles, allowing them to chew their food and therefore improve nutrient absorption.

However, according to one report, Reisz and his colleagues suggest that as this reptile lost the ability to replace teeth, the likelihood of infections of the jaw, resulting from damage to the teeth, increased substantially.

This is because prolonged exposure of the dental pulp cavity of heavily worn or damaged teeth to oral bacteria was much greater than in other animals that quickly replaced their teeth.
Syneron Dental Lasers signs clinical research agreement

Syneron Dental Lasers has signed a clinical research agreement with the Medical University of Vienna under the leadership of Professor Dr Andreas Moritz, one of the world’s top researchers who has been involved in the teaching and the development of laser dentistry for more than 15 years. Syneron Dental Lasers hopes the clinical research agreement will be a strong and solid framework for academic and scientific cooperation, which will drive the advancement of laser dentistry research forward.

Professor Moritz is the head professor of Professional Dental Training at the Bernhard Gottleib University Department of Dentistry at the Medical University of Vienna and is the current President of the International Society for Oral Laser Applications (SOLA).

The Medical University of Vienna’s School of Dentistry is one of the world’s top six academic institutions to offer Laser Dentistry program in the Bernhard Gottleib University. The School of Dentistry, under the leadership of Professor Moritz, has recently undergone major renovations, with a brand new research centre that includes state-of-the-art auditoriums and laboratory equipment.

“We have been carrying out researches with a number of laser systems, and we are extremely pleased to be able to study the LiteTouch™ and the Laser-in-Handpiece™ as it is essentially different and unique Er: YAG dental laser technology” said Professor Andreas Moritz.

“As a laser dentistry veteran clinician and a researcher, the cooperation with Syneron Dental Lasers is instrumental to our academic research and will assist us in achieving the goals we have set to educate and combine the latest technology with laser dentistry research so that in the very near future practitioners and patients alike can immediately benefit from the innovations in this field.”

“Syneron Dental Lasers is pleased to have Professor Andreas Moritz on board,” said Ira Prigat, Syneron Dental’s President. “This collaboration with Professor Moritz who is one of the world’s key opinion leaders in the field of laser dentistry will support the construction of powerful research cooperation and an education network, as well as the company’s position as a technological leader. Together with Professor Moritz, we will achieve our mutual goal to further develop the education and training of current and future practitioners – who stand to hugely benefit from evidence-based laser dentistry research.

Following a recent similar collaboration that was signed with the University of Barcelona’s Master program, we are confident that this collaboration with Prof Moritz will enrich and empower Syneron Dental’s contribution to laser dentistry research and will promote increasing laser dentistry practices.”

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“We look forward to having many more laser dentistry researchers and clinicians from across the globe join our team.”

Dentists more scary than snakes and spiders

It’s not good news for dentists as the latest piece of research by the British Dental Health Foundation suggests that visiting the dentist makes people more nervous than snakes or spiders. The research echoes last month’s Adult Dental Health Survey, which revealed half of adults – especially women – were classified as having moderate to extreme dental anxiety.

The BDHF asked 1,004 people – in the lead up to National Smile Month 2011 – what made them most nervous from a list including heights, flying, injections, doctors, snakes, spiders, going to hospital and visiting the dentist. Over one in five people rated visiting their dentist as the thing that made them most nervous – more than any other category. Overall, statistically, heights topped the poll of biggest fears, closely followed by visiting the dentist and going to the hospital. Snakes were rated fourth and spiders came fifth.

In comparison to doctors, dentists also struggled. The BDHF discovered that nearly 10 times as many people (22 per cent) were made most nervous by their dentists, compared to their doctor (two per cent). The Adult Dental Health Survey points to two dental treatments in particular as the main cause of these nerves: three out of ten (30 per cent) adults said that having a tooth drilled would make them very or extremely anxious. A similar number (28 per cent) of people reported equivalent levels of anxiety about having a local anaesthetic injection.

Dr Nigel Carter, Chief Executive of the British Dental Health Foundation, said: “Everyone in the profession knows that dental anxiety is a major barrier for many people to visit their dentist. What may prove concerning is just how poorly the profession rates in comparison to doctors. The comparison with snakes and spiders may appear frivolous, but it does suggest we still have a lot of work to do to build public confidence.

“The issue of anxiety affects everyone in the profession. Collectively we need to work together and we hope that the whole profession will get behind this year’s National Smile Month campaign which starts on the 15 May 2011. The campaign offers the best opportunity for everyone to reach millions of people whose nerves and anxiety are directly affecting their oral health.”
Tony Jacobs shares some of the many topics that have been raised on dental forum GDPUK.com

Advice was sought on the forum as to the best way to sell a practice. Various agents were discussed, valuations and marketing the practice oneself were all compared, and there were some good ideas as well as the usual moans about the method colleagues had chosen in the past.

The on-going saga of CRB checks for staff, (need them or not?) was another topic. This subject seems to be never fully resolved, but one posted on the GDPUK forum had an email from Cynthia Bower, the chief executive of CQC and she said these were not mandatory but subject to risk assessment, this being individual to each practice.

There was news of future IT in dentistry - you can draw the inference that future contracts will involve detailed recording of the dentistry carried out, as well as all the datasets for QoFs and practice owners will have to invest in the latest software [and no doubt hardware] or there will be no chance of a contract. It seems this investment will be borne by the practice owners, not by reimbursement by the NHS or the DoH.

A number of hygienists on the forum have also had several threads to raise their collective blood pressure; they have been discussing these matters amongst themselves and with dentists. Direct access is one of the buzzwords, with the prospect in sight of hygienists being able to see patients without need for a referral from a dentist to carry out treatment. One unanswered question is what is the training hygienists have for diagnosis?

On another level, an informative clinical topic has been regarding host/immune response and low saliva buffering; we all have patients who claim to have an excellent diet, but saliva analysis and high caries experience belie this. A dental nurse wrote about her own son, aged five, who had this scenario with a good diet and he was diagnosed with coeliac disease. This leads to different saliva composition plus reduced Vitamin B, which in turn, leads to more mouth ulcers plus more caries due to the reduced buffering. There may be many syndromes which change the biochemistry of the mouth, and thus we need to learn more, research more, and think of differing reasons for high caries rate.

This topic was linked to a discussion about a Minimal Intervention Dentistry course, and colleagues discussed methods of caries removal, differing results with differing burs, and then materials used to seal the lesions. These techniques are taught in dental schools now, and there were anecdotal stories of young associates being sacked for insufficient caries removal by principals who believed all caries must be removed. Interesting times.

One colleague wrote about saying something stupid to a patient and this brought in a raft of witty replies - an elderly gentleman who had lost both legs was helped into the dental chair, the dentist felt stupid when he smiled at the patient and said: “just put your feet up!”

Tony Jacobs, 54, is a GDP in Manchester, in practice with partner Steve Lazarus at 406 Dental. Tony founded GDPUK in 1997, and the website now has over 11,500 unique visitors each month, who make 50,000 visits and create over 2 million pages on the site every month. Tony is certain GDPUK.com is the liveliest and most topical UK dental website.
Giving and Gaining?

Immediate Past President of the BDA Amarjit Gill looks back at an eye-opening visit to the Indian town of Chitrakoot to see the work going on at the dental clinic of the Chitrakoot Project charity

That great American philosopher and boxer Mohammed Ali said “Service to others is the rent you pay for your room here on earth”.

In the middle of February a party of 50 Brits travelled to India to take part in a joint meeting between the Indian Dental Association, the Faculty of General Dental Practitioners (UK) and the British Dental Association. After the meeting, 20 people went to Chitrakoot, a small town of about 35,000 people situated on the Mandakini River, a tributary of the Ganges lying approximately 500 miles southeast of Delhi.

It is on the border between Madhya Pradesh and Uttar Pradesh, two of the poorest and most deprived areas of rural India. It is reached from Delhi by air to Khajuraho and then by a four-hour road journey, or by a train journey of 14 hours.

Chitrakoot is best known as a major historic religious centre of the Hindu faith and as a centre for pilot studies in self-reliance, based at the Deendayal Research Institute in the town. There are 500 surrounding villages with a total population of more than a million, all struggling with extreme poverty and an almost total absence of health care. The Chitrakoot Project charity aims to address a major aspect of the health problems in the area.

The purpose of our visit was to see the dental clinic which is providing much-needed dental care to the community and understands that an unhealthy individual is unable to
be productive and self-reliant.

That said, the purpose of our visit was to see the dental clinic which is providing much-needed dental care to the community. Initially set up by Naresh Sharma from Leeds and Pommi Datta from London, it now has a financial lifeline from the AOG. Arriving at the dental project, we were amazed to see a state-of-the-art four surgery clinic in such an impoverished area. The unequivocal aspiration for the clinic was to be of the highest standard possible.

The underlying philosophy applied to both the clinic and complex was in, was that just because it served the needy and the poor that didn’t justify having lower standards at all. This premise equally applied to the residential units, catering for both the overseas healthcare professionals and the family members who accompanied the ill. As seems to be common in charitable institutions, the enthusiasm the dental team was a wonder to behold. Their motivation and desire to do good was almost palpable.

The clinic provides services from everything you would expect the general dental practice to provide and includes some specialty services such as implants too. The patients pay whatever they can and those who are too poor actually get all the treatment for free (including implants!).

As you would expect, treatment is only part of the overall service that patients receive. Complimentary patient treatment is a very effective and simple advice programme to prevent further dental problems. Part of that advice is to help patients understand the role of plants in ayurvedic medicine.

Hygiene is an Indian cultural value and a central practice of ayurvedic medicine. Hygienic living involves regular bathing, cleansing of teeth, skin care, and eye washing. Immediately outside the dental clinic there was a herb garden identifying plans that patients could use to care for themselves.

When you recognise that patients can travel hundreds of miles to get treatment, then you realise the immense value of prevention for these people. If you ever met a pioneer behind the charitable projects you cannot help but be overawed by their humility and charisma. I guess it’s their humanity that motivates them and their charisma that attracts others which causes sorrow to the doer of the sacrifice is no sacrifice. Real sacrifice lightens the mind of the doer and gives him a sense of peace and joy.

If you want to lighten your mind and volunteer then you might wish to know that the Chitrakoot project is always ready to accept volunteers. Usually there are a few visitors at the same time so they can make up a touring party.

Most visitors are fascinated to see how the work of the unit progresses particularly in the rural villages. Accommodation can usually be arranged but it is wise to discuss possible dates and functions with Dr Sharma beforehand. Planning well ahead also confers the advantage of accessing the cheapest airfares too.

Of course there is always the easier option simply donate money. If you would like to donate funds to this very worthy cause, please go to http://chitrakootuk.org/ and click on the ‘How you can help’ section.

Remember, this is a registered charity so download the Gift Aid form to allow some of your taxes to be added to your donation.

Final thought goes to Bob Hope - “if you haven’t any charity in your heart, you have the worst kind of heart trouble”.

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Focus on finance

Jon Drysdale provides advice for dentists buying a practice

Securing finance for a practice purchase can be problematic, particularly in the aftermath of the banking crisis. However, small businesses remain critical to the economy and there are various measures in place to improve access to credit. However, help is at hand. The following facilities are available to dentists.

The Enterprise Finance Guarantee (EFG)

EFG is a guarantee facility for small businesses, specifically for new loans. For a practice purchase where the required funding is relatively large, EFG can prove invaluable. Often the traditional banks will use EFG in combination with their own lending facility. In essence, this reduces the bank’s risk.

Dentists should be aware that there are ‘strings attached’ where EFG is used, which increase the cost of borrowing. Firstly, there is a limitation on the loan term to 10 years. Dentists planning on repaying their loan over a longer period should therefore be aware that the monthly repayment cost of EFG will be higher. Secondly, an annual premium is paid to BIS (Department for Business Innovation & Skills). This additional premium is two per cent pa of the outstanding loan balance (therefore reducing), payable quarterly in advance.

Interest rates where EFG is concerned are competitive and the need to repay the loan at a relatively fast pace means less interest is paid overall. When used in combination with traditional bank funding, EFG can be a useful means of securing finance.

European Investment Bank (EIB) funding

You won’t find a branch of the EIB (European Investment Bank) on your local High Street but they might just help you to purchase a dental practice.

Since 2008 the EIB has granted loans to small and medium-sized enterprises (SMEs) through UK commercial banks. The EIB see SMEs as ‘critical’ to the European economy, so much so that a staggering EUR 10 Billion was made available in 2010.

Amongst the 160,000 SMEs receiving Euro funding since 2008 were a number of dentists, who might otherwise have struggled to arrange finance for their practice purchase. EIB funding comes with very few strings attached and can command a lower interest rate than traditional commercial loans. The cash is available through well known commercial banks with specialist ‘healthcare’ divisions. However, this funding is not a bottomless pit and a call to action is required now to avoid disappointment.

‘Small businesses are the innocent victims of the credit crunch. The lack of start-up capital has been a long standing problem in the British economy’

George Osborne’s Budget speech 15 March 2011

The strength of your individual financial profile as well as that of your target practice. The strength and quality of your application is critical to achieving a competitive interest rate and terms.

Your finance case will be assessed by several bank underwriters before approval (or rejection). Once outline approval is granted you will have a number of pre-conditions to fulfill such as insurance requirements, property valuations or lease arrangements and confirmation of the NHS contract transfer. Some of this is best dealt with by a suitably qualified (dental) solicitor who should also ensure that you are protected in respect of staff issues, restrictive covenants and serious clinical liabilities.

With all of the above in mind the purchase process can take several months. Professional guidance has proved invaluable to many associates purchasing a practice.

To find out where European funding is available and how to access EFG funding, please contact the author.

About the author

Jon Drysdale is a Director of Practice Financial Management (PFM) and is a qualified Independent Financial Adviser. PFM offer advice to dentists considering purchasing a practice and run regular BDA CPD approved practice purchase seminars. For further information email jon.drysdale@pfmdental.co.uk, call Jon on 01904 670820 or visit www.pfmdental.co.uk

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Advancing Education & Research
Penalties for late submission of your tax return have just got more stringent, according to Bob Cummings, tax specialist to the National Association of Specialist Dental Accountants (NASDA).

He explained that HM Revenue and Customs have changed the penalty system for late submission. Quite simply, the later your tax return is submitted, the more you will be penalised.

Bob said: “There has always been a penalty aimed at those who submit their returns after the deadline, but, in reality, by paying the tax owed on or before 31 January each year, it was possible to cancel the penalty. Unfortunately, this ‘get out of jail free card’ has now been withdrawn.”

who submit their returns after the deadline, but, in reality, by paying the tax owed on or before 31 January each year, it was possible to cancel the penalty. Unfortunately, this ‘get out of jail free card’ has now been withdrawn.”

Bob explains that for 2011 Tax Returns, due to be filed by 31 January 2012, a £100 penalty will automatically apply to all returns submitted late. In the past, the penalty was set at a maximum level of £100. If the outstanding tax bill was less than £100, the penalty would match the money owed. If, for instance, no tax was owed, there would be no penalty.

Under the new regime, the £100 applies automatically, regardless of how much tax is outstanding. If submission of the return is delayed for more than three months, a daily penalty of £10 will be charged. Daily penalties will run for three months from 1 May 2012 to 31 July 2012.

This means that if a Tax Return is submitted six months late, a penalty of £1,000 will be charged: £100 initial penalty plus £10 per day for 90 days. Remember, warns Bob, this will apply even if all tax due was paid on the correct date of 31 January 2012.

Bob said: “If this is not bad enough, further penalties can also be charged after 31 July. The message is clear! Get your Tax Return in on time!”

For more information, contact Caroline Holland on 020 8679 9595/07974 751596 or go to the NASDA website: www.nasda.org.uk

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Social marketing on Facebook – what is your plan?

Rita Zamora discusses social marketing

There are over 29 million people using Facebook in the UK alone. Even Google has confirmed Facebook’s skyrocketing popularity. Google’s current AdPlanner statistics show Facebook as the UK’s most visited site of the Internet. Is your practice properly positioned to be found where millions of people now spend their time?

Whether your practice is actively marketing on Facebook or you are just getting started, there is advice unique to social marketing that will benefit you. First and foremost, have a plan. Most of us wouldn’t hop into a car or on a train without a destination in mind, however many practices create Facebook Business Pages without forethought.

A Facebook marketing plan can help you and your team to be organised, consistent, and most importantly effective. Here are four major plan components to keep in mind.

1. Who – Who will be responsible for managing your Facebook efforts? This person will monitor, interact and post on behalf of your practice. Managers of Facebook Business Pages are called “Administrators”. Pages can have multiple administrators, however be advised that administrators have the ability to delete other administrators and can delete the page entirely as well. Be sure to have trust in those who administer your page. As practices invest more in Facebook and Facebook pages become more valuable, knowing how to keep these social assets safe will become more crucial.

2. What – What will your practice post about? In other words, what will you say to your followers? Even if your practice focus is on sedation dentistry, cosmetics, dental implants, six-month smiles or periodontal disease, you will need to consider additional content. Remember, social media is popular with users because it is fun and social. Most popular health magazines contain a variety of topics, because readers wouldn’t necessarily find interest in a magazine solely focused on dentistry (although dentists would). Therefore, don’t plan on bombarding patients about Facebook. This conversation can accelerate the growth of testimonials and “likes” which results in amplified word of mouth and greatly benefits your practice.

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‘First and foremost, have a plan. Most of us wouldn’t hop into a car or on a train without a destination in mind, however many practices create Facebook Business Pages without forethought.’
your followers with dentistry non-stop: you will benefit more from posting a combination of information, including “social” topics.

The “socialness” of Facebook is where many practices have difficulty. Some dentists immediately push back the concept of non-dental posts by saying they wish to remain private or keep their personal interests to themselves.

However, there are definite ways to be social and personable without losing privacy. One of the largest benefits you can reap in social marketing is making human connections—a result of sharing a bit of your authentic self. For example, consider the following non-dental topics practices could post about:

- What hobbies do the doctor or team members participate in?
- What do you do for fun outside of the office?
- Are there organisations you donate to, support, or volunteer for?
- Do you have a patient appreciation day, open house, or practice anniversary event upcoming?

In addition, brainstorm with your team. The best new ideas are often produced at brainstorming sessions. Spend a few minutes at each staff meeting to discuss creative Facebook posts. Remember to document the ideas to easily reference in the future. Documenting the teams ideas will help ensure you’ll never run out of fresh content to post.

3When will your practice participate on Facebook? Will you check-in “whenever you have time” or will you schedule specific days of the week to respond to comments, interact, and post? Like many other aspects of managing a successful practice, consistency is key. Plan to dedicate time certain days of the week to your social marketing.

While much of this type of marketing may be done spontaneously, often those practices who excel over the long term have pre-scheduled their marketing activities.

4How will you inform your patients about your practice Page? What tactical methods will you employ to promote your Facebook community? Facebook ran a study that proved offline promotion resulted in a 20 per cent or greater increase in their overall connections. Because one of your primary goals should be to connect with as many of your existing patients as possible (as they will be an excellent source of testimonials and word of mouth for you), consider ways in which you can recruit as many of their “likes” as possible.

Methods in which you can promote your Facebook Page offline include:

- Inviting patients to ‘like’ your page whilst in your practice.
- Using email to promote your Facebook presence and invite participation.
- Promoting your page via special Facebook business cards, signage, flyers or posters within your office.
- Lastly, keep in mind the purpose of your Facebook marketing. Social media is not the place to push advertising messages or overtly sell. Set intentions to build relationships and create community. Ultimately, the purpose of any Facebook marketing initiative should be to genuinely connect with others.

Schedule a Facebook plan meeting with your team. Create a basic plan as outlined above and determine who will be accountable. This plan will both streamline your efforts and help you to successfully achieve your social marketing objectives.
Waste management matters
Louise Finn discusses the high level of medical waste in the UK

We're all aware of waste, whether it's tucked into our own household wheelie bins or litter dropped in the street.

However, while an empty crisp packet may be unattractive, it's unlikely to trigger an epidemic. Household waste accounts for only one tonne in every seven produced in the UK,

and among the commercial waste is a significant quantity of 'hazardous waste' from healthcare premises which must be disposed of with great care to eliminate any risk to the public or the environment. As responsible dental professionals we need to understand and observe the regulations concerning both the biodegradable and inorganic waste generated by our practices seeking to minimise our practice's waste product footprint.

The optimum waste solution is of course recycling, with organic material the prime candidate to attempt to reduce atmospherically damaging methane emissions, but in many instances Government regulations prohibit this option for both medical detritus and potentially contaminated obsolescent equipment.

The Environment Agency has designed a website where businesses are listed according to sector and their responsibilities defined. Practice Principals and clinicians should already be aware of these, but downloading the relevant protocol is a simple expedient to ensure this awareness is shared by every number of staff members. The highest standards of health and safety are maintained in respect of waste throughout the practice.

Individual businesses each have a 'duty of care' to safely manage their own 'controlled waste,' defined as being any by-products of their commercial or other activities which pose a potential risk to humans.

Controlled waste must be handled by authorised contractor, and its source must be traceable, so it's vital to maintain and retain the paperwork covering waste transfer whenever it leaves the practice. Keeping waste disposal records is a legal requirement, and any failure in this regard can lead to prosecution.

Healthcare waste which is destined for landfill must be pre-treated (washed and disinfected) before tipping, and when this is not practical or treatment being replaced by upgrades, websites such as 'Free Cycle' have emerged as an advertising medium for unwanted items and other household electrical goods whose working life is not yet exhausted.

Dentists seeking to dispose of unwanted or superseded electrical equipment have particular problems. Although recycling is the ideal way to eliminate liability to landfill tax, this is not always practical, and it can seem profitable, even immoral, to scrap a perfectly functioning, sophisticated machine in favour of the latest version or simply because of a policy change.

While there may be occasions when approaching an overseas dental charity represents a satisfying solution, there will be others when for fiscal, financial or logistical considerations this is not appropriate - and the guidelines for safe disposal take no account of the practice budget!

Many practices, prudently taking heed of the present economic climate, are today purposing cannot be guaranteed landfill disposal is not permitted. Although treatment protocols are ultimately the contractor's responsibility, the consignor, in this case the dental practice, should always separate hazardous from non-hazardous waste prior to collection.

The disposal of defunct or unwanted electrical or electronic equipment is covered by the guidelines contained in the Waste Electrical and Electronic Equipment (WEEE) directive. In the domestic market, where the pursuit of modernity and perpetual upgrading has become a way of life for many, household appliances such as kettles or toasters bought before August 2005 can be re-turned to the manufacturer when a replacement unit is purchased.

For domestic appliances acquired after August 2005 the manufacturer should also provide a protocol for disposal of the old unit. With so many still serviceable domestic items

References

About the author
Louise Finn is the Director of Dental Stock Exchange For more information visit www.dentalstockex.co.uk
Dynamic thinking
Glenys Bridges discusses a technique to solve problems and generate new ideas

Are you getting a worthwhile return on the investment you make in your team meetings? Routine team meetings are now a feature of dental teams’ interactions, this is mostly due to regulatory requirements placed upon dental businesses.

Team meetings however require an investment of time and resources, for which it is reasonable to expect to see a return. Dental teams are increasingly seeing how their team meetings can be beneficial if they are well planned and have agreed aims and objectives.

Not lip service
There are a number of skills and techniques that can be applied to make team meetings productive and a worthwhile investment, rather than a disappointing experience which simply pays lip service to clinical governance and Care Quality Commission requirements.

The most frequently heard grumbles about team meetings are that they are either blame and moan sessions, or that ideas stimulated by the meeting are not followed through. Both of these shortcomings are easily addressed with good management.

The most worthwhile meetings are those that stimulate creativity and lots of new thoughts. It can be difficult to access that type of energy when dealing with the same old situations day in and day out. Here are some ideas and techniques that can get your team out of their rut and encourage inspirational thinking.

One way is to look for parallels to your team’s challenges in stories you read, films or TV programmes you watch. Keep looking for links; it is amazing how your mind will link things together for you.

You may find features of how a hero saves the day (or the villain almost wins) that can be adapted into your team scenarios.

Correctly cultured new thoughts can lead to breakthroughs because insight arises from new thoughts. During team discussions thoughts arise and change all the time; although the prospect of new thoughts about old situations is ever present, they are unlikely to prosper if stifled by tired old thinking. Here is a tool that can give inspired thinking the impetus to make a difference.

Try getting the most out of team meetings

**SCAMPER**
The SCAMPER tool has been widely used in the marketing sector since the 1950s to offer a practical and structured approach to creative thinking. It asks users to give answers to a checklist of idea-spurring questions. This technique is designed to reflect the thinking style of operational thinkers, and is a highly effective way of stimulating the creativity of individuals who like more structured processes.

Here is an example of SCAMPER:

**In practice** - The roll-on deodorant was invented in the 1950s by an imaginative employee in a pen factory. He worked out that the same principle used in the ball-point pen could be used to spread deodorant evenly under the arm. In this way something that was working well in one area of operation was adapted and applied in a completely new area. The SCAMPER process was as follows:

- **Substitute** - In underperforming areas explore what, or who, can be replaced with something new or someone different. This is based on the thinking that if something’s not working well do something different.
- **Rearrange** - Can we refresh people and ideas with new personnel combinations and/or sequences of events?
- **Adapt** - Are there similarities between your problem scenario and other internal or external situations? If so, can you adapt the solutions others have applied?
- **Put to other uses** - What new applications can you see for your strengths and aptitudes?
- **Eliminate** - What is excessive or outdated and how can we eliminate this?
- **Modify and magnify** - What changes would increase the benefits/drawbacks?
- **Put to other uses** - What new applications can you see for your strengths and aptitudes?
- **Combine** - Could the people and/or ideas that are working well in other areas be combined with what is working in another area to strengthen overall performance?

**‘The most worthwhile meetings are those that stimulate creativity and lots of new thoughts’**

**About the author**
Doing it by the book

Jonnie James discusses the ins and outs of employment regulations

The safest way to recruit staff is to take control of the process yourself

Most dentists dream of owning their own practice but, to quote Marvel comics, ‘with great power comes great responsibility’. As a principal you leave yourself open to everything from overtime to litigation, so it helps to keep up to date on all the latest rules and regulations, in order to protect yourself and your business.

Aside from treating patients, one of your biggest responsibilities is the employment and upkeep of your staff. It is up to you to ensure that employees are competent, efficient and happy in their work and the first step to achieving this is, of course, recruitment.

Recruitment is common sense in many ways, as every employer is aware of the importance of checking references and credentials. Unfortunately even this can sometimes be inadequate, as illustrated by a recent case in the West Midlands where a fraudulent ‘dentist’ had so convincingly faked her qualifications that she amassed £230,000 of profits before being discovered and sentenced to three years in prison.

Such cases are, thankfully, exceptionally rare and a background and CRB check are usually sufficient when hiring. However, with CQC regulations now emphasising the responsibility of dental employers, it is important that you understand exactly what is expected of you with regards to the recruitment of new staff. Regulation 21 of the CQC, which relates to outcome 12, states that all registered practice owners must ‘operate effective recruitment procedures’ which ensure that the people hired by the practice are of good character, as well as being suitably qualified, skilled and experienced. In order for this to be established, you are obliged to carry out the usual pre-employment checks and obtain all the necessary evidence to substantiate any information given by the candidate, and in particular be able to provide proof that staff are registered with the appropriate body (such as the GDC), wherever necessary. Principals are also obliged to determine whether the new employee is both physically and mentally fit for the role so extra precaution should be taken if there are any doubts in this area.

It is essential for the protection of your business, your staff and your patients that every necessary precaution is taken when hiring new employees, as the CQC expects the onus squarely on the shoulders of the practice principal when it comes to hiring permanent staff. With regards to temporary staff, it is still important to exercise caution, even when dealing with an agency, as problems may still arise.

Employees hired through an agency are generally referred to as outside contractors, and it is the responsibility of the recruitment agency to hire them on behalf of you, the client. It is also up to the recruitment agency to negotiate holidays, contract extensions and pay rises and you should check the wording of your contract carefully to avoid being held directly responsible for the employee due to ‘implied employment’, that is a contract that suggests that the employee may be deemed a permanent rather than temporary member of staff. One case, which illustrated this potential pitfall, was that of Muscat vs. Cable and Wireless, in which a temporary worker successfully sued his employer for wrongful dismissal when they terminated his temporary contract, because his working situation was deemed to be one of implied employment. It therefore goes without saying that any recruitment should be undertaken with care and it is worth engaging the services of a legal advisor to help you draw up contracts.

However, there are certain other ways in which to negate some of the stress of hiring. A well laid out contract is of course a must, but using a recruitment agency dedicated to the dental industry can also relieve some of the pressure of hiring, as a company with the breadth of knowledge of the industry will be aware of what to look for in potential employees. Perhaps the safest way to do this is to take the entire process yourself by using a company such as Dental Gateway, the UK’s only online networking site for dental professionals. With Dental Gateway, principals can register online and post job adverts as well as browsing or searching through hundreds of CVs and contacting candidates directly. By cutting out the middleman, you can ensure every part of the hiring process goes exactly to plan.

Principals and their practice managers have an enormous responsibility to hire staff who are capable of fulfilling their job description and taking care of a surgery’s most important asset: its patients. By making sure that you understand what is required of you as an employer and ensuring that you can prove your diligence every step of the way, you can achieve compliance, meet your practice needs and employ a happy and efficient workforce.

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About the author

Jonnie James is an entrepreneur and founder of DentalGateway.com. He has provided consultancy work for companies such as Carphone Warehouse, and is passionate about using the power of the internet to create a level playing field for both staff and employers. Finding a job should be about who you are, not who you know. Those with the best attitude and best qualifications should be rewarded with the best jobs. Simple as that. “With the advent of social and professional networking there’s now no excuse for it to be any other way.” For more information visit www.dentalgateway.co.uk or call us on 0845 094 4051
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For more information or to subscribe please call Joe Aspis on 020 7400 8969 or email joe@dentaltribuneuk.com
One of the most common issues I currently hear dentists commenting about is their concern over the number (or lack of!) new patients and how to keep the practice above water in these austere economic times.

At this point, I would love to be able to wave my magic wand and bestow upon dentists and their teams the golden key that will unlock the door to practice prosperity and success, but we all know it is never that simple! We can all get lost in profit and loss accounts, cash flow or fixed versus variable costs and become confused by jargon about creating a marketing proposition, or carrying out business process reengineering. After all, how can we be expected to be qualified accountants, expert marketers and professional management consultants, as well as qualified, expertly skilled dentists with an excellent chairside manner?

The answer is we can’t, so it is necessary to have professionals around us to support our business. However, we all need to do a bit of groundwork if we wish our business to (a) function and (b) make a profit. It takes more to manage your business than to simply check the bank balance at the end of the month and hope that your year-end set of accounts will be adequate, with enough money left to pay the tax bill.

I believe in keeping that groundwork very simple so that I, and everyone supporting me, understand it. This way I’m much more likely to make it a priority rather than something I dread and relegate to the bottom of my “To Do” list where it never gets done.

One thing I have noticed recently relates to a small core of dentists I work with who have struggled in the last year to run their practices profitably. They are now telling me that they have “just had a run of three months in profit” or “just had my best month for over two years”. Could there be a common denominator as to what these practices are doing differently that is reversing their negative trend of practice profit?

Yes, there is! They have started measuring and reviewing key activities in their business using a few, well-chosen Key Performance Indicators (KPIs). These particular dentists are almost allergic to numbers and the “S” word (sales), but by keeping it simple they are now able to focus on what is making their practice work (or not) and then make changes to keep it on track.

A very dear, wise and astute friend gave me the following
advice several years ago and it revolutionised my life:

"Measure what you value, and you get what you measure"

This is exactly what the principal dentists I mentioned earlier have taken on board and made a part of their daily lives. We can apply this motto to both our businesses and our personal lives. For example, many of us make resolutions about losing weight, getting fitter or spending more time doing the things we enjoy. How often do we fail in achieving any of these goals?

I spent years wishing I was thinner, reading lots of books and articles about weight loss and occasionally actually doing something about it. Sometimes I felt good, other times I knew in my heart that I was fooling myself, such as those moments when my jeans seemed to be getting loose so I thought I must be on track (I wasn’t...).

Then I realised, once that advice had sunk in, that I had to:

• Value the importance in my life of actually being thinner (I wrote a lot down, which I still refer to regularly five years on and two children later)
• Stand on the scales (however painful that was)
• Write down my daily current weight (and stop trying to stand on one foot to make it less)
• Set a target weight that I wanted to reach and when (realistically)
• Tell someone my current and target weight (ouch! Very, very scary as I had never admitted my weight to anyone before)
• Stand on the scales each week and weigh myself, record my weight and tell my buddy the progress (or lack of)
• Assess (with the help of my buddy) if I’m losing weight and staying on track, what I’m doing or eating that’s working, and if I’m not losing weight and not on track, what I need to change or stop doing or eating
• Continue measuring even when I hit my target weight: keep measuring, reviewing and taking appropriate action regularly to stay on track

It is a natural law of the universe that once you start measuring something important to you, a high percentage of the time you will get what you want. The reason being is that the act of measuring and reviewing ensures a focus on the desired outcome, so you are far more likely to achieve it.

So, enough of the magic wands and laws of the universe, how does the losing weight analogy work for running a successful, profitable practice? Here’s how:

• Decide what things you need to measure in your business (KPIs) that are important for you to achieve your desired outcome. Start with a few simple, useful KPIs and evolve.
• Start measuring your KPIs by collecting the data. This gives you a starting point
• Set a target for each of your KPIs that you want to achieve in the next year
• Share those targets with key personnel in your business and your coach
• Measure your KPIs on a weekly or monthly basis (ie continue to collect the data), as appropriate
• Review the data on a monthly basis with your team and coach as appropriate and assess whether or not you are on target to meet your year-end goals
• Make decisions and take action. Make changes to ensure that you are on track to meet your year-end goals

It doesn’t matter how those first numbers are, you have taken a major step forward in your business because now you know exactly where you are. This is purely a start-
United we stand

Mhari Coxon discusses the scope of extending your duties and skills as dental professionals

There are a lot of things, big things, happening in the dental world just now. As I write this, the GDC has made history by successfully prosecuting a company for practicing dentistry without being registered as a dentist or dental care professional. The long term implications for this are righteous as hopefully now the business of tooth whitening will only be carried out by a competent dental professional under the prescription of a dentist, within scope of practice.

Scope of practice is a way of describing what you as a dental professional are trained and competent to do. It describes the areas in which you have the knowledge, skills and experience to practise safely and effectively in the best interests of patients. Scope of practice was first published in April 2009 and clearly laid out the skill groups expected of each dental team member upon qualification; it also extended additional skills or duties that could be added to their skill group through training either in house or by external training and examination; whichever would be most appropriate. The most important thing is that any professional should only carry out a duty of care for a patient when they feel confident and competent. It also clearly says the things we should not be carrying out without further qualification.

The General Dental Council met on February 24, 2011 and, among other important items, two working parties were appointed. One group, consisting of four council members, two external members and, importantly, a patient representative; will review the Standards guidance and report back to the Council in July 2012. The second group, which would comprise representatives from seven registrant groups, plus a lay Chair (appointed from Council) and a patient representative; would review the Scope of Practice document and report back to the Council in February 2012.

The principle focus of the Scope of practice workshop group will be patient safety and public interest.

The GDC has this to say on their website:

Policy is developed on the basis of consultation and evidence.

In order to protect the public by regulating the dental team, we need to listen and understand the views of the public, patients and registrants.*

* England only.

In order to protect the public by regulating the dental team, we need to listen and understand the views of the public, patients and registrants.*

The consultation has an open call for your ideas and views.

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The focus of ‘Scope of Practice’ is patient safety

About the author

Mhari Coxon is a dental hygienist practising in Central London. She is chairman of the London British Society of Dental Hygiene and Therapy (BSDHT) regional group and is on the publications committee of its journal, Dental Health. She is also clinical director of CPD4DCP, which provides CPD courses for all DCPs. To contact her, email mhari.coxon@cpd4dcp.co.uk.

What seems apparent from the last review of duties is that each group was not particularly aware of, or supportive towards, the other DCP groups. I think there may have been a breakdown in communication and for a referral as a minimum. Of course a patient should see the dentist at intervals which best suit their dental needs, but the feeling is that they are not being allowed to access care independently and that this could be seen as restrictive.

History in the making?

It is not often we get the chance to have a say in the future of our professions and I implore you to grab it with both hands. If we don’t reply with our views, whatever they may be, then we can’t expect these groups and the council to understand our point of view and take it into account.

I will be replying myself, saying that in my ideal dental world, I would like to see the dental nurse be able to use prophylaxis to remove the disclosing solution after their oral hygiene session with the patient, perhaps suture up at the end of surgery even. My future would see the hygienist able to carry out all the treatment planning and diagnosis of the patient’s periodontal health, and therapists being able to detect and treat caries without a treatment plan from a dentist, still working as part of the team but allowing direct access to this service by patients.

So, thinking caps on, do you want to see the option of extending your duties with additional skills expand and if so, what would you like to see included? I truly believe there has never been a better time to be in our professions and providing we show that we are interested, the future will only get more interesting.

Standards for dental professionals and Scope of Practice are both documents from the GDC which should have been read by every registered dental professional.

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Nicola Farnfield was new to the Dental industry when she joined Lifelike Dental Laboratory in Buckinghamshire four years ago. Having worked in the past as a Commercial Director of a blue chip Company for 15 years, Nicola thought that Customer relations would be similar in the dental market but soon discovered that wasn’t the case. We put some questions to Nicola:

When to communicate?
This sounds simple, but it is not. Trying to communicate with a dentist is like trying to communicate with a client who is always in a meeting and unavailable. Obviously the majority of dentists’ time is spent in surgery so you need to establish when is the most convenient time to contact them if required. For some it may be at lunch time or for others it may be at the end of the day. It is important to establish this at the start of the relationship.

Equally, clinicians need to know that they can get in touch with their lab promptly. The way we overcome this at Lifelike Dental Ceramics, is all our clients have the mobile phone number of the technician that is dealing with the case. This means they can have direct contact with them and avoid going through switchboard if they are in a rush. Furthermore, we don’t close at 5.30pm – we are available after this time for people to phone us.

How to Communicate?
Each dentist favours different methods of communication. So it is important for a lab to be flexible and to respond to all types of communication promptly. Some of our clients use email and take advantage of the flexibility of exchanging photos by iphone which is very efficient. Some prefer to text and others prefer telephone communication or face to face support.

Which is more important - Product or Service?
Well to us, the customer service we offer is as important as getting the right product. As we are a small lab we make the time to go the extra mile for clients, particularly when dealing with challenging cases. If a dentist is dealing with a complex case it can be quite time consuming, so they need to know they have the support of a dedicated technician at their laboratory to support them.

How do you feel labs should respond to criticism?
It is important that feedback is given - both positive and negative. At Lifelike Dental Ceramics we encourage feedback because this way you always know if clients are happy (or...
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We pride ourselves on service, therefore lab to surgery communication is important, and vice versa. We provide friendly technical support. Monday to Friday 8am to 5pm, or out of hours on 07947807552. You can also email us through our website. www.ukdentallabs.com

We hope you like what you see, if you require further information please contact us, ask for Derek, Jan or Laura and we look forward to hearing from you.

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‘It is important that feedback is given – both positive and negative’

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Anything else you would like to add?
Yes, remember it takes time to build a working relationship and open communication is key, once you have established this the rest falls in to place.

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For more information, or to book your place, please contact Caroline on 0207 2525579, LJK or visit www.straighttalk.co.uk
UK’s first elevation Pico Laser

The UK’s first elevation Pico Laser has been installed at the Kyahat Dental Laboratory in Bath, Gloucester.

The eloxion Pico Laser contains two lasers: a 5 Watt Gallium Aluminium Arsenate (GaAlAs) diode laser and a solid-state laser. The GaAlAs laser is ideal for soft tissue (gum) work, particularly indicated for both periodontal and for endodontic work where it can sterilise the root canal. The laser fibre is fibre deliverable - the smallest available fibre being 200 microns. The GaAlAs laser has a wavelength that makes it an ideal way to do minor oral surgery using this laser, as an access can be cut with laser beams, not only does the laser cut but also seals it as well making a good wound for post-operative results. Dr Jappyhan, who is no stranger to lasers bailed the eloxion Pico Laser.“This is a superb, neat and compact and easy to use for both posterior composites. The eloxion Pico Laser can also be used for tooth Whitening (of both vital and non-vital teeth). The eloxion Pico Laser is very easy to operate with a user friendly interface to navigate. The unit itself is super-compact and battery powered. Patient feedback continues to be very positive with many patients commenting positively on the laser, particularly how gentle it is.

For more information please contact Mark Chapman, Area Sales Manager, Elevision Laser AG Tel: 07946 714039

Dr. A. Jappyhan is based at Kyahat Dental Laboratory, 202 Bath Street, Gloucester. G2 4HG

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CosTech Elite®7 - A Decisive Step to Curb Interproximal Tooth Pockets

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Dental Protection expand its ‘Horizons’
The Nationwide Roadshow visits venues across the UK

Following the resounding success of last year’s events, Dental Protection is pleased to announce that the Horizons series will again be visiting cities around England, Wales and Northern Ireland during September 2011.

The team-focused evening event provides a practical look at topics that are relevant for all members of the dental team, both GDC registered and non-registered.

Speakers Brian Edlin, Stephen Henderson, Jane Merivale and Alasdair McKelvie will be presenting at the evening events which this year will be entitled Choices.

During September 2011, Horizons will visit Exeter, Elstree, Cardiff, Leeds, Blackpool and Belfast.

In a difficult economic environment, this is a challenging and difficult time for most dental health professionals. Regulation, scrutiny and accountability is increasing and change is all around us. This creates uncertainty and unseen risks at a time when economic considerations will also affect patients’ choices and their expectations of treatment outcomes. This seminar is designed to explain important facts, dispel some dangerous myths and provide powerful insights into several important areas of patient care which are also potentially important medico-legally.

Kevin Lewis, Director of Dental Protection, said: “We were overwhelmed by the response to last year’s Horizons events in the UK, and are pleased to be running more of them and visiting new venues.

“Our aim is to bring quality programmes closer to home for more of our members, and in that spirit this same programme has recently been taken to our members in seventeen cities all over Australia.”

Including 2.5 hours verifiable CPD the evening will also give delegates a chance to meet some of the Dental Protection advisory team face to face in order to explore the full range of benefits available to members.

Tickets cost £60 for members and £80 for non-members. Tickets for DPL Xtra Practices and their staff are priced at just £50 per person, and accompanying staff members (dental nurses, reception team and technicians) can attend for the nominal fee of £5 per person, when accompanied by a full-paying dental professional.
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Dr Harris Sidelsky

Harris is a registered specialist in prosthodontics. For many years he has been a sought-after speaker on the lecture circuit. Until recently he was the primary postgraduate speaker at a leading London teaching hospital in crown and bridgework minimal invasion dentistry, cosmetic dentistry and adhesive dentistry. He holds the following qualifications: MSc in prosthodontics and cosmetic dentistry; BDS (Oxon), FDSRCS (Lon).

For further information contact Harris on 07981075157. The course fee is £150 + VAT = £180. Please make payment to DMG UK Ltd.

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- June 23 Newcastle
- June 24 Leeds

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