Steve Field named CQC Chief Inspector of General Practice

Professor Steve Field has been named as the Care Quality Commission’s (CQC) first Chief Inspector of General Practice

Professor Field, a GP and past Chair of the Royal College of General Practitioners, joins CQC from NHS England, where he was its deputy national medical director responsible for addressing health inequalities.

The Chief Inspector of General Practice will lead CQC’s inspection and regulation of providers of primary care services across the public, private and independent sectors.

Professor Field’s new role will involve working in the interests of people who use primary medical and dental services and make judgments about the quality of care provided. He will ensure that the CQC is providing assurance that the health and adult social care services join up from the perspective of people who use services.

He will also introduce a ratings system for registered primary care providers. The system will identify good as well as poor care in order to support commissioning decisions and a more informed user choice, as well as providing assurance that the fundamental standards are met and action is taken where improvements are needed.

Professor Field said: “I am thrilled at being appointed the first Chief Inspector of General Practice in England. I see this as a wonderful opportunity to highlight what’s good in general practice and dentistry, and to shine a light on what isn’t. It’s an opportunity to make sure that all organisations are encouraged to live up to the standards of the best.

“I have had a long-standing commitment to address health inequalities and this role will enable me to ensure that primary medical services put this increasingly important issue high on their agendas. It will also allow me to focus on making sure that people receive health and care services that are integrated.

“I am sad to be leaving NHS England, and the great team that we’ve established, but I am looking forward to working with Mike Richards again and joining David Behan’s executive team, which has been making great strides in moving the CQC forward in a very positive direction.”

CQC Chief Executive, David Behan said: “It is important that the Chief Inspector of General Practice is trusted not only by his peers in primary care, but leaders, staff, and managers throughout the NHS. Steve Field is known and respected across healthcare and is the ideal person to lead our work in primary medical and dental services as well as to ensure that those services link well with other health services and with social care.”

P&G call for relaxed teeth whitening laws

Procter & Gamble is asking European regulators to loosen rules that stop it from selling teeth-whitening products. P&G’s Whitestrips contain between six and ten per cent bleach, and its DailyWhite mouthwash contains 1.5 per cent bleach. Under EU regulations, products in which the bleach or hydrogen peroxide content is between 6.1 and six per cent can only be offered by dentists. Products higher than six per cent are illegal in the EU. A P&G executive has said that the US group was pushing Brussels to ease the restrictions.

Dentist struck off for offering female circumcision surgery

A dentist has been struck off by the GDC after it was found that he conducted an inappropriate intimate examination on a woman and offered to perform female circumcision on two children. The allegations, against Omar Sheikh Mohaeddin Addow, included meeting with a woman at his surgery, conducting an intimate examination of the woman’s private areas despite not being a doctor registered with the GMC, and offering to perform female circumcision, otherwise known as ‘female genital mutilation’ (FGM), upon two children. The Committee stated: “Mr Addow’s conduct fell far short of the standards expected of a registered dental practitioner when he performed an intimate examination upon the journalist in his dental surgery. He also acted in a manner that was totally unacceptable for a registered dentist when he talked with the mother about what he had planned to perform, FGM on two children.”

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Results from two of the largest international clinical studies performed to date with dental implants have just been published and demonstrate excellent clinical performance. Together, the studies have evaluated more than one thousand Straumann Bone Level implants in Europe, the US and Australia.

The studies both reported very high implant survival rates of more than 98 per cent with practically no bone loss around the implants.

The first study was a randomised controlled clinical trial (RCT) at 11 clinical centres in Europe, USA and Australia.

This RCT has evaluated 106 patients each treated with one implant and followed for three years. The investigators compared the outcomes of two different approaches – the first involving two surgical steps, in which the implant is covered with gum tissue (‘submerged’) during healing, and the second involving just a single step, in which part of the implant is left exposed (‘transmucosal’) thus saving a second surgical operation. Only a single implant was lost, yielding three-year implant-survival rates of 98.1 per cent and 100 per cent for the transmucosal and submerged groups respectively.

Because bone loss around implants has been documented as a common undesirable effect of implant treatment, this study looked carefully at bone level changes. It showed that bone level was impressively stable over three years after implant placement, with mean decreases of less than 0.7 mm and 0.6 mm in the submerged and transmucosal groups respectively.

The second study was an interventional study (NIS), is that the same technology certainly could make human cloning a reality.
Hello all and welcome to the latest edition of Dental Tribune UK. I hope you all had time to enjoy the summer and are back refreshed and ready to go for the rest of the year!

You may have noticed that DTUK has undergone a couple of changes, the biggest of which is how many times it is being published. With immediate effect, Dental Tribune UK will now be published monthly.

The editorial team will still strive to maintain the usual mix of high quality clinical and business articles, news and views. We have our new columnist, Amit Rai, who will be taking a regular look at the world of dentistry and giving his comments. Neel Kothari is as ever a regular feature, and you’ll still see plenty of news and analysis.

As always, if you’d like to give feedback or want to contribute with an article or clinical case study please get in touch.

This month the big news is the appointment of Professor Steve Field as the CQC’s Chief Inspector of General Practice. Now, we all know that any lead job at the CQC will make you about as popular as, well, an inspector on your doorstep from the CQC, and Prof Field will have his work cut out for him as he brings in a ratings system for inspected services and strives to provide consistency across all inspections, including those of dental practices.

Good luck to Prof Field!

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page? If so don’t hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

Letter to the Editor

Dear Editor,

Last spring it was widely reported that dangerous x-ray machines from China, which emit harmful x-rays both to the dentist operating the machine and the patient, had been bought by some dental practices. I had thought this would have been clamped down on by now by the authorities.

However, the BBC 1 programme “Fake Britain” recently reported that this is still occurring. These fake dental x-ray machines do not have the lead protection inside, so the patient’s whole face is exposed to radiation and the operator’s hands and body receive x-rays, which can cause cancer. The thyroid gland is particularly damaged by radiation.

The programme stated that all kinds of dangerous fake dental instruments are being sold to dental practices, including drills which could explode and shatter in a patient’s mouth while being used. The results could be horrific.

Why are these not being prevented from entering the country, and I wonder if any investigations being done by the authorities to check if dental practices have unknowingly bought dangerous fake dental equipment? This is necessary for the health of both dental staff and patients.

Best wishes,

A. Willis.
Ban lifted on healthcare workers with HIV

Healthcare workers with HIV will be able to return to practice, Chief Medical Officer Dame Sally Davies has announced.

Following independent scientific advice, the Department of Health will lift the ban on health-care workers with HIV being able to carry out certain dental and surgical procedures. Strict rules on treatment, monitoring and testing will be in place to safeguard patients.

The regulations were brought in after the publicity associated with the death of an American dental patient in 1990, one of six with the death of an American healthcare worker with HIV by a healthcare worker.

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Since most dental procedures are classified as exposure-prone, the ban had a devastating significance for dentists diagnosed with the disease.

This change will bring the United Kingdom in line with most other Western countries. Under the new system, patients will have more chance – around one in five million – of being struck by lightning than being infected with HIV by a healthcare worker. There is no record of any patient ever being infected through this route in the UK. There have been just four cases of clinicians infecting patients reported worldwide and the last of these was more than a decade ago.

The policy will be put in place from April 2014. Decided on a case-by-case basis, HIV-infected healthcare workers may be allowed to undertake certain procedures if they are on effective combination antiretroviral drug therapy (cART), have an undetectable viral load, and are regularly monitored by their treating and occupational health physicians.

The British Dental Association’s scientific adviser Professor Damien Walmsley said: “Dentists in the UK comply with rigorous infection control procedures to protect both patients and the dental team against the risk of transmission of blood-borne infections.

“The announcement brings England into line with nations including Sweden, France, Canada and New Zealand, and is good news for patients and HIV-positive dental staff. We look forward to seeing its implementation.”

Kevin Lewis, Dental Director at Dental Protection, said: “This is a huge victory for human rights.

After decades of living in fear and dealing with prejudice, dentists can finally return to their professional calling, although regretfully it is too late for some to do so. Patient safety should be at the forefront of healthcare, but the original rules were introduced as a reaction to a mysterious and exceptional case, the likes of which we have not seen before or since.”

Allan Reid is a dentist with HIV, and as a result has been unable to practice since 2008. Speaking to Dental Tribune UK, he said the lift on the ban was “a great step forward. It’s the correct thing to do; there’s a massive body of evidence that healthcare workers won’t pass on the virus to patients, but the timescale [from implementing the ban to lifting it] has been huge.”

He is, however, concerned about the level of support health-care workers will receive if they want to return to practice: “I’m worried about the number of careers that have been lost, and I hope the profession won’t be forgotten about. It’s really important that those who want to go back into practice are re-trained and given full support.

As for Allan, he is currently training as a consultant in public health, because he would very much like to go back to practicing dentistry – provided he is given the appropriate training to make up for five years that he has been unable to practise.

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