Fake dentist kisses patient

A fake dentist from Florida has been arrested for kissing his female patient’s buttock. John Collazos had been practising dentistry without a licence, directing his services towards migrants. A woman complained to police about Collazos after attending an appointment with him for toothache. According to the patient, Collazos gave her an injection in her buttock to relieve the pain, and subsequently kissed the wound. Collazos has been charged with four counts of practising without a licence, another four for using equipment without a licence, and one count of battery.

Dallas star dies of mouth cancer

TV star Larry Hagman, best known for his role as JR Ewing in the hit series Dallas, died of tongue cancer on Friday 23rd November, having been diagnosed with the disease in October last year. Chief Executive of the British Dental Health Foundation, Dr Nigel Catterall OBE, hopes this latest high-profile case will help to spread the message and raise awareness about mouth cancer. Dr Carter said: “Larry’s passing is a reminder of how deadly mouth cancer can be. Latest figures show more than 6,000 cases have been diagnosed in the UK. Without early detection, half of those will die.”

Oral HIV test

According to Time magazine, OraQuick, the first in-home HIV test kit that received FDA approval for over-the-counter sale directly to U.S. consumers in July, is one of the best inventions of 2012. “With just a swab of saliva, OraQuick can identify the antibodies that signal HIV infection within 20 minutes. It’s the first do-it-yourself test for HIV—the same one that health professionals use—but without the trip to a doctor’s office or the need to wait days for results,” the magazine reported. Douglas Michels, president and CEO of OraSure Technologies, manufacturer of the kit, said: “The OraQuick In-Home HIV Test is a breakthrough product in the fight against HIV and AIDS because it empowers more people to learn their HIV status in the comfort and privacy of their own homes,” he said.

The Office of Fair Trading has launched a new campaign to help patients understand more about their rights when visiting the dentist.

The ‘Right to Smile’ campaign has come off the back of the report from the OFT earlier in the year, where it was claimed that patients do not always have the information to allow them to make informed decisions about their choice of dentist and treatments.

As part of the campaign the OFT is advising NHS patients:

- They are entitled to a wide range of treatment that is needed to get mouth, teeth and gums as healthy and pain free as possible.
- If the dentist discusses a particular type of treatment, patients shouldn’t be required to pay for it privately. Private options may be discussed, such as cosmetic alternatives or specialist treatments such as dental implants - which is up to the patient to decide if they want them.
- Even if treatment involves a number of visits, patients will only pay one charge for each complete course of NHS treatment, unless there was an emergency visit to the dentist first.
- Should NHS treatment fail within 12 months, the dentist should repair or redo most treatment free of charge, unless the patient was advised that treatment was unlikely to be a long-term solution. Advice for private patients includes:
  - Ask what guarantees the dentist provides. In addition to any rights patients may have under guarantee, they will also have rights under the Supply of Goods and Services Act 1982.

“Effective communication between dentists and patients is vital in improving oral health and the BDA is pleased to lend its support to this campaign which seeks to ensure patients have a full understanding of what to expect when receiving dental care.”

A Which? spokesperson said: “We support the ‘Right to Smile’ campaign to help consumers understand their rights when visiting the dentist. It’s vital patients are given clear, timely and transparent information on the proposed treatment and the costs and how to complain if something goes wrong.”

Consumer and competition authority initiates drive to encourage patients to know their rights before visiting their dentist

OFT campaign gives patients ‘Right to Smile’
Check your faulty defibrillators warns MHRA

The manufacturer, HeartSine Technologies Ltd has issued a global correction notice for samaritan® PAD 500/500P defibrillators distributed from August 2004 to December 2010. Serial numbers for devices affected by these issues are below:

- 0400000501 to 0700052917 inclusive
- 0800055000 to 1000007075 inclusive
- 1030020000 to 10600210318 inclusive

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Some faulty samaritan® PAD 500/500P defibrillators turn on or off when not in use, draining the battery power. In addition, defibrillators with early versions of the battery management software may misinterpret a low battery voltage which could turn the defibrillator off.

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Samaritan® PAD 500/500P defibrillators are in use at shopping centres, railway stations, dental surgeries and other public places need to check the serial numbers and, if they have an affected device, follow the advice in the manufacturer’s field safety notice.

“If the defibrillator is part of this corrective action, and you are unsure of what to do, you can contact the manufacturer HeartSine on +44 02 8909 9400 or the MHRA Adverse Incident Centre on 020 7084 5800 or ace@mhra.gsi.gov.uk”

Teeth Whitening Salesman Jailed

A trader who was found to be selling illegal teeth whitening products over the internet was sentenced to prison at Chelmsford Crown Court.

Mr Barrington Charles Armstrong Thorpe was sentenced to eight months in prison followed by an additional eight months under license under the Consumer Protection from Unfair Trading Regulations 2008 (CPUTRs) for misleading consumers as to the legality of a tooth whitening product; and 10 charges for breaches of the Cosmetic Product Regulations 2008 for supplying a tooth whitening product that contained or released excessive levels of hydrogen peroxide.

The court heard that Mr Thorpe continued to sell the product as a sole trader. He used several websites to sell this product including www.smile-brighter.co.uk; www.brightersmile.co.uk; and www.smilebrighternow.com.

It is understood that Mr Thorpe first became involved in selling this product on return from the USA after making an acquaintance with a supplier. In 2007 Mr Thorpe was informed by Bath Trading Standards that the tooth whitener he was selling was not compliant with the regulations. Nevertheless, Mr Thorpe continued to trade. In 2009 he was contacted by Essex Trading Standards, and an investigation into his business was undertaken.

Mr Thorpe accepted a caution in 2010, acknowledging that the tooth whitener was illegal. Still, Mr Thorpe failed to cease trading and Essex Trading Standards launched a prosecution.

The jury found unanimously that Mr Thorpe was guilty of misleading consumers as to the legality of the product, and also for not providing information on the website that is required by law. Mr Thorpe pleaded guilty to the breaches of the Cosmetic Products Regulations. These charges included the supply of a product containing excessive levels of Hydrogen Peroxide and for deficient labelling of the tooth whitener.

Earthquakes responsible for teeth grinding

The stress of Canterbury’s earthquakes could be damaging people’s teeth, a Christchurch dentist says.

New Zealand Dental Association (NZDA) Canterbury president Donna Batchelor said the region’s dentists had noticed a growing number of people seeking treatment for teeth grinding, with stress believed to be the cause of the problem.

Some people were seeking treatment for fractured cusps, where the pointed chewing surface of the tooth was broken off from grinding.

“There’s significantly more patients coming through with that,” Batchelor said. “You can’t stop it if it’s something that’s coming from an internal thing.”

Dentists were working more closely with counsellors and family doctors to support stressed patients, she said.

The earthquakes had also seen dental work become less of a priority for some families.

“There’s so many other things to worry about. A lot of people are possibly leaving things more until there’s an issue,” she said.

For elderly people, getting across town to their dentist had become a challenge, and more dentists were now taking the time to go to them, such as visiting rest homes to check on patients with dentures.

Batchelor said the region’s dentists had been stressed since the quakes, with many losing their premises in the February 2011 quake.

Many were still working out of temporary premises or sharing space with other practitioners.

Others were worried about losing the premises they had. A Rangiora dental clinic was forced to move at short notice in March because its building was deemed to be quake-prone, she said.

World-renowned dentistry expert Professor Ray Bertolotti will speak to a group of Canterbury dentists today about alternative treatments.

Bertolotti, a clinical professor of biomaterial science at the University of California, is donating all proceeds, more than $18,000, to the Canterbury NZDA.

Batchelor said the branch would use the money to fund the Great Dental Day Out, an annual continuing education event for Canterbury dentists.

As reported in The Press

GDC suspend council member

The GDC have announced that they have suspended David Smith, a dental technician, from office as a Council Member.

This follows David Smith’s referral to the Privy Council as a result of on-going Fitness to Practise proceedings.

The suspension was imposed at a meeting of the Council on 15 November 2012 in accordance with the GDC’s procedures. The Privy Council has been notified of this decision and the suspension will remain until the Privy Council reaches a decision on whether or not to suspend or remove him under the General Dental Council (Constitution) Order 2009.

The GDC will not be making any further comment at this stage.
Dental association launched

Dental Fusion Organization (DFO), a new association with the mission to support and represent dental professionals working in primary dental care, improve oral health and provide social and clinical training for members, was launched on 9th November.

The association has no governing body as DFO members vote directly on every major issue through Web and postal voting. If the members approve, one of the first campaigns will be to reverse the demise of the small independent family practice. Membership is open to all dental professionals and there is also a tight integration between the association and dental suppliers.

Any company can gain direct access to Dental Fusion members by putting goods or services on their Web site free of charge. The association’s margin is recycled back to the members in the form of Reward Points.

“In addition to dental health and business success, training and assistance with compliance will be a major theme of the new association”, says Chief Executive Derek Watson. “This will be delivered mainly through a series of Webinars which enable dentists to learn at any Web-enabled PC, tablet or smartphone.”

So far fifteen lunchtime Webinars have been organised, including Management Monday, Financial Friday and a course on improving your IT skills. These are open to all, but DFO members are entitled to priority registration and verifiable CPD.

As you will have seen from the news on the front page (or did you turn straight to this to see what I had to say?) the Office of Fair Trading has backed up its report (first reported in DT Vol.6 No.15, June 4-10, 2012) with patient awareness campaign highlight patient’s rights to treatment at the dentist.

This is being complemented with videos and an information sheet, tailored to each country in the UK. To see the video, go to the OFT’s YouTube channel and take a look – probably worth it as you can bet your patients probably will.

Last week saw the ninth annual BACD conference in Manchester. It was an exceptional conference with some really world class names speaking at the event. I have to say my favourite (and I did go to more than one, I promise) was a lecture by Rafi Romano on Current Innovations in Aesthetic Orthodontics. I am hoping to get a clinical case study from him for an upcoming 2013 issue of Dental Tribune, watch this space!

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
Or email: lisa@healthcare-learning.com

Proven to improve fluoride uptake at the tooth surface. Recommend the only 500ppm fluoride daily mouthwash.
A dentist based in Stevenage in Hertfordshire has been struck off by the General Dental Council (GDC) following a public hearing into allegations of dishonesty.

The allegations heard by the GDC’s Professional Conduct Committee are in connection with incidents that occurred between January 2009 and October 2010 when Jonathan Anyetei (Registration No. 58109) was practising as sole principal at the Dental Surgery, 15 Town Square Chambers, Stevenage, Hertfordshire SG1 1BP.

The Committee found, among other things, that Mr Anyetei had:

- Failed to ensure that appropriate cross infection control standards were adequately complied with – for example, clean and dirty areas in the surgery were not clearly defined.
- Failed to ensure that legal requirements relating to health and safety in the workplace were satisfied – for example The Fire Precautions (Work Place) Regulations 1997.
- Failed to ensure that appropriate cross infection control standards were adequately complied with – for example, clean and dirty areas in the surgery were not clearly defined.
- Failed to ensure that dental nurse staff working in the practice were adequately protected against Hepatitis.

In addition, on 50 July 2010, the Hertfordshire Primary Care Trust terminated Mr Anyetei’s General Dental Services Contract, under which he provided NHS dental services, but he continued to hold himself out as providing NHS dental services. The Committee found that his conduct in that respect was dishonest, unprofessional and not in his patients’ best interests.

The Committee said:

“Dishonesty is a serious matter in any person. In the case of a dentist, dishonesty is a betrayal of trust which sits at the heart of the dentist/patient relationship. The public and profession have the right to trust a dentist’s integrity. The public also rightfully expect a dentist to maintain appropriate measures in place for sterilization and to prevent cross infection. You placed staff and patients at totally unnecessary risk of serious harm. The Committee noted the seriousness of the charges proved, and was in no doubt that this constituted misconduct.”

In the circumstances the Committee determined that the only appropriate and proportionate sanction to maintain the standards of the dental profession and public confidence in it, was that of erasure.

Mr Anyetei’s registration was immediately suspended and unless he exercises his right of appeal, his name will be erased from the register.

### Effects of tooth whitening under inspection by EU

The Council of European Dentists (CED) is currently conducting a one-year survey on possible negative side-effects of tooth whitening and bleaching products. The committee has called upon dentists in the EU to report their own and their patients’ observations.

The survey includes tooth whitening and bleaching products that are not freely available on the market to consumers, that is, those that contain between 0.1 and 6 per cent hydrogen peroxide. It runs until 51 October 2015. The initial results will be reported to the European Commission by the end of next year.

### GDC sets out new guidance for employers

The guidance contains a number of key points, including:

- A team of vets at a Scottish wildlife park have given a polar bear root canal treatment.
- The vets were called in after the usually-playful Arkos was feeling subdued, leading staff at the park to discover a problem with his upper left canine tooth.

Douglas Richardson, animal collection manager at the park, said the vets and park staff were pleased with how the operation went.

He said: “Arktos really is a lucky bear and we were delighted to be able to save his tooth.

“In the wild the infection would have tracked through his system, causing him a great deal of pain and discomfort and, over the longer term, it could eventually kill him.”

### Polar bear enters dentist’s chair

The previous guidance in this area was put in place during the transitional period for dental care professionals – meaning they could register with the GDC without having a formal qualification. This ran from 51 July 2006 to 50 August 2008.

Since then what was meant by the term “in-training” has been reviewed and new guidance has now been agreed.
UPCOMING WEBINARS:

12/12/12  19:30  ‘Demystifying clinical research papers’ Stephen Hancocks

13/12/12  19:30  ‘Modern Treatment Options for Periodontal Disease’ Ian Peace

19/12/12  18:00  ‘Medical Emergencies’ Joe Omar

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The team at Perfect 32

Parents responsible for dental fears

Businesses pledge for more fruit and veg

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Parents responsible for dental fears

Businesses pledge for more fruit and veg
Relationship between dental health and poverty

Researchers found that as body mass index (BMI) increased with age, so did the number of cavities. These findings were published in the online Journal of Pediatric Health Care article, “Childhood obesity and dental caries in homeless children.”

The study examined the physicals of 157 children, from 2 to 17 years, who lived in homeless shelters. Most were from single-parent families headed by women with one or two children.

While studies in Brazil, New Zealand, Sweden and Mexico have shown a relationship between obesity, dental health and poverty, few US studies have examined how the three factors are linked.

The findings support reports from the Centers for Disease Control and Prevention that obesity and poor oral health have doubled since 1980, raising the risk of diabetes and other health problems, as well as issues with self-esteem.

Poverty contributes to poor dental health by limiting access to nutritious food, refrigerators to preserve food and even running water in some homes, said Maguerite DiMarco, associate professor at the Frances Payne Bolton School of Nursing at Case Western Reserve University.

“Many people do not realize,” she said, “that dental caries is an infectious disease that can be transmitted from the primary caregiver and siblings to other children.”

Another problem for children of poverty is access to dental care, where families lack the financial means and transportation to make and keep an appointment. And some working poor may not qualify for Ohio’s Childhood Health Insurance Program, which subsides health and dental care reimbursements to providers.

“There are no easy solutions,” DiMarco said, “especially with the homeless population.”

GDC makes patient information more accessible

The General Dental Council (GDC) has launched more accessible versions of its patient information.

The ‘Smile EasyRead’ patient information leaflet explains the role of the GDC; what patients can expect at their visit to a dental professional; and what they can do if they’re unhappy with their experience.

It features larger font, pictures to support and explain the text, shorter sentences and language that sounds natural when spoken.

The GDC established a register of Special Care Dentistry specialists in 2008. Special Care Dentistry is concerned with improving the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of these factors.

Sukina Moseojee, the most recent registrant on the GDC’s Special Care Dentistry specialist list and a Locum Consultant in Special Care Dentistry at King’s College Hospital NHS Foundation Trust, said: “Smile EasyRead” is comprehensive and easy to understand. It will help raise awareness among vulnerable patients and their carers about the standards of care they should be receiving from the dental team."

Alison Keens, Head of Nursing and Therapies - Adults with Learning Disabilities at Guy’s and St Thomas’ NHS Foundation Trust said: “People with learning disabilities need information to be provided in an accessible format. This excellent document will enable more people with learning disabilities to have a better understanding of and make more decisions about their own dental care.”

As well as EasyRead, Smile is available in print in Plain English, online in Welsh, Bengali, Chinese, Punjabi and Urdu, and as online audio files in English.

Dental professionalscan also access audio and Large Print versions of the GDC’s ‘Standards for dental professionals’, as well as accessible continuing professional development and employment advice. GDC Chief Executive and Registrar Elyvne Gilvary said: “We are committed to providing accessible information and services. We want all patients to be aware of what they should expect from their dental professional and how we can help if something goes wrong.”

Free copies of Smile and Smile EasyRead, and download translations and audio files can be downloaded from the GDC website: www.gdc-uk.org

Is your dental partnership legal?

NASDAL are advising all dentists to think twice before going into a dental partnership with a family member.

Some smaller practices comprise a partnership between a dentist and their spouse, but if the spouse is not a General Dental Council (GDC) registrant, this may be illegal.

Nick Hancock is a Chartered Accountant and a NASDAL member who was recently asked for advice by a dentist in partnership with his wife who was the practice manager. “Regrettably, I had to inform the dentist that he should dissolve the partnership. Under The Dentists Act 1984 it states ‘... an individual who is not a registered dentist or a registered medical practitioner shall not carry on the business of dentistry …’”

Damien Charlton, a member of the NASDAL Lawyers Group says there is one exception. “When the practice holds a General Dental Services (GDS) contract, the National Health Service Act 2006 permits certain non-GDC registrants - including a GDS practice employee - to enter a GDS contract. The Dentists Act specifically states that receiving income under a GDS contract is not deemed, for the purposes of that Act, to be carrying on the business of dentistry.”

He added: “It’s essential that the partnership formed for the purposes of the GDS contract is kept separate from any private work carried out by the practice because it is only receipt of income under a GDS contract that falls within the exception to the definition of the ‘business of dentistry. This means (amongst other things) keeping separate sets of accounts and ensuring that the non-GDC registrant does not receive any income from the non-GDS parts of the practice.”

Dentists in an ‘illegal partnership’ are strongly advised to dissolve it. Once the partnership has dissolved, the registered dentist can continue to trade in a different format. This could be as a sole trader, a limited liability partnership or as a limited company. It is essential that you seek expert financial and legal advice to ensure that the structure you choose complies with the complex rules and regulations which govern the practice of dentistry.

BDA Scotland welcomes new director

Pat Kilpatrick has been appointed as the new Director of the British Dental Association (BDA) for Scotland. She will take up her post in January 2015 and brings to the post extensive experience in the healthcare sector including operational and strategic management, policy development, and postgraduate teaching and research.

Graduating from the University of Dundee, Pat joined the Graduate Training Scheme for NHS management before going on to senior roles within NHS Scotland including Director of Clinical Development at NHS Argyll and Clyde and Director of Planning at North Glasgow University Hospitals Trust. She led the National Task Force on the development of Primary Care Trusts in Scotland in 1997.

As Academic Director in the School of Management at the University of Stirling, she developed the first MBA postgraduate degree programme designed to develop the management skills of both doctors and dentists.

Latterly her career has been in consulting. She joined Tribal Consulting in 2006 as a Director within their national advisory team, before going on to launch her own business in 2010.

Pat said: “Dentistry in Scotland faces a complex set of challenges, I look forward to playing my part in helping the profession overcome them and advancing the cause of oral health in Scotland.”