OFT campaign gives patients ‘Right to Smile’

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

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 their 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.

“The Right to Smile” campaign is supported by organisations such as the BDA, Oasis, IDH, Which!, NHS Choices, the Department of Health, the Welsh Government, the Scottish Government and Citizens Advice.

Judith Frame, OFT Head of Campaigns, said: “While the UK has one of the highest standards of oral health in the world, and satisfaction levels among patients are high, our report found that people are often confused about what they’re expected to pay, and don’t always have the information they need.

This campaign aims to help patients be clearer about what to expect, and more engaged when making decisions about their choice of dentist and treatments.”

Barry Cockerott, Chief Dental Officer for England, said: “Giving patients good information is key to a high quality service. We are delighted to support the Office of Fair Trading’s campaign. This material will help patients make informed choices about their 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.”

www.dental-tribune.co.uk

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 Carter 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. Dr Douglass Michels, president and CEO of OraSure Technologies, manufacturer of the kit, states: “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.
First aiders are being asked to identify defibrillators made by HeartSine Technologies Ltd after two potential faults were found. The faults could lead to depleted batteries and hence the device being unavailable for use in the event of a person having a sudden cardiac arrest in a public place.

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.

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
- 08A0055000 to 10A00070755 inclusive
- 10C00200000 to 10C00210518 inclusive

The 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 Privity 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 Privity Council has been notified of this decision and the suspension will remain until the Privity 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.
Editorial comment

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.8 No.15, June 4-10, 2012) with patient awareness campaign highlights 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!

Dental association launched

Dental Fusion Organisation (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.
Steadenage dentist struck off

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 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 measures were in place for sterilization and to prevent cross infection. You placed staff and patients and at totally unnecessary risk of serious harm.
- Continued to hold himself out to patients or potential patients, offering unnecessary root canal treatment.

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:

- Employment and enrolled or waiting to start on a recognised programme that will lead to GDC registration;
- Studying on a recognised programme that leads directly to GDC registration.

The full guidance document can be found on the GDC website: www.gdc-uk.org/dentalprofessionals/education/pages/dcpsi-training.aspx

Polar bear enters dentist’s chair

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 Arktos was feeling subdued, leading staff at the park to discover a problem with his upper left canine tooth.

Arkots, who weighs 75 stones, was sedated and placed on an operating table made up of scaffolding poles and thick planks. His tooth had become damaged at the tip and rotted through, causing the polar bear to need root canal treatment.

After three hours, the treatment was successfully completed.

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.”

“ar the end the infection would have tracked through his system, causing him a great deal of pain and discomfort and, over the longer term, it could have by killed him.”
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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
Dental practice wins at MyFaceMyBody Awards

The team at Perfect 32. The team at Perfect 32 was presented with The Best Community and Charity Award for its work in raising awareness of oral cancer and for its mouth cancer screening initiative in practice. The practice is also working alongside the award winning UK charity, The Mouth Cancer Foundation, to develop and launch a mouth cancer accreditation scheme for dentists across the UK.

The evening had an interna
tional flavour as tape
termed dentists from all over the world. Stephen Handsides, owner of MyFaceMyBody, said: “The competition was fierce so even making the shortlist was an ac-

Amongst the possible im-
A new study conducted by

cientists at the Rey Juan Carlos University of Madrid highlights the im-

portant role that parents play in the transmission of dentist fear in their family. Previous studies had al-

ready identified the associa-
tion between the fear levels of parents and their children, but they never explored the different roles that the father and the mother play in this phenomenon.

América Lara Sacido, one of the authors of the study explains that “along with the presence of emotional transmission of dentist fear amongst family members, we have identified the relevant role that fathers play in transmission of this phobia in comparison to the mother.”

Published in the Inter-
national Journal of Pediat-
rice Dentistry, the study ana-

lysed 185 children between seven and 12 years and their parents in the Autonomous Community of Madrid. The results were in line with previous studies which found that fear levels amongst fathers, mothers and children are in-
terlinked.

The authors confirmed that the higher the level of dentist fear or anxiety in one family member, the higher the level in the rest of the family. The study also reveals that fathers play a key role in the trans-

mission of dentist fear from mothers to their children as they act as a mediating variable.

“Although the results should be interpreted with due caution, children seem to mainly pay attention to the emotional reactions of the fa-

ters when deciding if situa-

tions at the dentist are poten-
tially stressful,” states Lara Sacido.

Consequently, transmis-

sion of fear from the mother to the child, whether it be an increase or reduction of anxiety, could be influenced by the reactions that the father dis-

plays in the dentist.

Amongst the possible im-

plications of these results, the authors outline the two most salient; the need to in-

volve mothers and especially fathers in dentist fear preven-
tion campaigns; and to make fathers to attend the dentist and display no signs of fear or anxiety.

“With regard to assistance in the dental clinic, the work, with parents is key. They should appear relaxed as a way of directly ensuring that the child is relaxed too,” notes the author.

Parents responsible for dental fears

More fruit and veg will be added to ready-

meals, and supermarket fruit and veg sections will be expanded as part of a

new drive to encourage ev
eyone to get their 5-a-day. Public Health Minister Anna Soubry announced today.

The move comes as part of the latest Responsibility Deal pledge, aiming to encourage action across the food industry to help people eat more fruit and vegetables. This includes foods right across the board - fresh, frozen, canned, dried and juiced products, as well as fruit and vegetables in pre-

prepared food, such as ready-

meals.

Eating five portions of fruit and veg a day helps to low-

er the risk of serious health problems, such as heart dis-

ease and some cancers, but figures show that two thirds of people still don’t eat enough.

The new pledges include:

• ALDI will increase the amount of store space dedicated to fresh pro-

duce and feature their own branded ‘Super 6’ fruit and vegetable lines in their pro-

motional activities including TV advertising.

• Iceland will offer coupon deals on fruit and vegetables, increase their promotion to its customers using new website and social media features, as well as introduce new fruit and vegetable products.

• LIDL will rebrand its en-

tire fruit and vegetable range making it more appealing - particularly for children - with fun characters and jokes on kids’ packs.

• Subway will launch a new campaign fronted by elite ath-

letes Louis Smith and Anthony Ogogo, two of Subway’s Fa-

mous Fans, to promote their choice of a Low Fat Sub per-

sonalised with their favourite extra salad items.

Businesses pledge for more fruit and veg

The General Dental Council (GDC) has prosecuted illegal teeth whitening company Pearl Teeth Whitening Limited.

The Company, trading as Pearl National, was charged under section 45 of the Den-


tsists’ Act 1984, which states:

“A body corporate commits an offence if it carries on the business of dentistry at a time when a majority of its direc-
tors are not persons who are either registered dentists or registered dental care profes-
sionals.”

A representative of Pearl National of my fault, guilty at Doncaster Magistrates’ Court on Friday 23rd November.

During sentencing, District Judge Bennett said: “It is clear from their website that Pearl National oper-
ated from a large number of locations and from the facts of the case presented to me, that they employed unqualified people to provide teeth whit-

tening to their customers.”

He added that it occurred to him that the company “must have received a lot of money and had never filed accounts at Companies House.”

The court has fined the firm £5,500 and ordered them to pay £4,000 towards the GDC costs.
Relationship between dental health and poverty

O besity and dental cavities increase as children living below the poverty level age, according to research from the Case Western Reserve University and the University of Akron.

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 12 years old, who were 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 subsidises 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 help explain the text, shorter sentences and language that sounds natural when spoken.

The GDC established a register of Specialist 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 Mossajee, 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 professionals can 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.

GHC Chief Executive and Registrar Elyne Gilvarry 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 downloadable 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 bring 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.”