Cosmetic dentistry ‘most popular aesthetic treatment’
According to a recent report, cosmetic dentistry is the most popular aesthetic treatment. The survey, which was conducted by The Sun, found that four per cent of those who took part in the survey have had their teeth altered, whilst three per cent have had teeth whitening. However, not everyone who took part in the survey had undergone cosmetic surgery. The report stated that 85 per cent of respondents said that they had not had any work done, but many said that relatives had suggested getting some form of cosmetic treatment.

Dentists after dark
A raunchy short film on vampires has hit the internet as a bid to young patients through the dentists’ doors. Using YouTube as their base, NHS Northamptonshire posted the advert after research found that a large population of 18-24 year-olds were not visiting the dentist. Targeting the under 25s due to its obvious connection with precision, the short film is of a bedroom scene which goes horribly wrong when the vampire’s female victim turns the vampire away because of his bad breath. The film can be seen on YouTube.

New BDTA campaign launched
‘Delivering quality for dentistry’ is the message being communicated by the BDTA to the dental team throughout 2011. The marketing campaign will promote members’ delivery of superior products and services, accuracy in providing the right help and support and their continuous development of innovative solutions and technologies. The internal workings of a watch mechanism have provided the imagery for the campaign due to its obvious connection with precision, accuracy, reliability and the opportunity to explain that BDTA members help dental practices and laboratories ‘run like clockwork’. Linking in with the messages of the campaign, the BDTA will also be communicating the need to include a reference to using high quality equipment and materials in the right way as part of the GDC’s revalidation progress. The BDTA will also highlight the importance of exhibitions and practical techniques as valuable learning methods. For further information on the BDTA visit www.bdta.org.uk

CQC reg fees – just when will we know?
With just two weeks before registration with the Care Quality Commission goes live, when will dental practices find out the cost?

With D-Day for practices registering with the Care Quality Commission (CQC) approaching, practices are still waiting for the answer to the question – just how much is this going to cost us anyway?

Registered providers need to ensure that the standards overall are maintained. We will consult every time that we propose any changes to fees, and we will provide enough detail so that our plans can be scrutinised and challenged openly.

The profession has been waiting for guidance on registration fees since October 2010, when the consultation on the provision of a fee scheme for all registrants of CQC was published. The consultation ended January 17, 2011.

In the consultation, the CQC stated: ‘We do not underestimate the impact on providers of paying fees, especially in the current economic climate. We have looked carefully at our costs and will continue to do so. We have a responsibility to collect fees from those we regulate and to demonstrate we are an efficient and effective regulator. The benefit of that for providers is related to the public assurance that being registered provides, and the access to information about providers’ compliance that we make available to people who use services, the wider public and commissioners of services. There is also the reassurance of knowing that we will tackle poorly performing and unregistered providers to ensure that standards overall are maintained.

We will consult every time that we propose any changes to fees, and we will provide enough detail so that our plans can be scrutinised and challenged openly.

With potential for fees starting from upwards of £1,500, practice owners have been calling for clarification of costs to enable them to include the costs in their budget planning.

The British Dental Association (BDA) has been campaigning for clarity in the CQC’s fee structure; also arguing for no fees to be charged to dental practices to be registered.

Dr Susie Sanderson, Chair of the BDA Executive Board, said: ‘It is staggering that dentists are still in the dark about CQC fees so close to the deadline for registration. We call on CQC to make an announcement on this issue immediately so that practices have the information they need to plan effectively for the new financial year.’

A CQC spokesman said: ‘We will announce the fee structure for dental providers next week. These providers will start receiving the fee this coming week. These providers will start receiving fees from central government.'