2011 Clinical Innovations Conference: Worldwide Expertise That Will Inspire You

OG and Smile-On, in con-
junction with the Dental
Awards and the Faculty
of General Dental Practice
(UK), will again be hosting
the 2011 Clinical Innovations
Conference (CIC). Now in its eighth year,
the CIC promises to be bigger and better
than ever, with a wealth of top
speakers, including the AOG’s
President, Pomi Datta, who said
“Last year’s conference and the
dinner brought together innova-
tors and thinkers of this millen-
ium. We are going to build on that
with our partners and friends. We
want to make this the most excit-
ing annual event in Europe.”

The 2011 conference prom-
ises to be outstanding, with
an impressive lineup of speakers
guests and with the bene-
efit of hands-on sessions to aid
in your education, the event will be
an inspirational learning experi-
ence for all dental practitioners,
regardless of your field or ability.
In addition, attending the Clini-
cal Innovations Conference will
earn you up to 14 hours of verifi-
able training, a good way to up-
hold your CPD requirements.

The 2011 Clinical Innovations
Conference is due to be held on the
Friday 6th and Saturday 7th May,
2011 at the Royal College of Phy-
sicians, London. Due to the high
demand for places in 2010, practi-
tioners are advised to book early in
order to ensure their attendance.

Dental professionals can ex-
pect to learn more about the latest
developments within the field of
endodontics from the likes of Ju-
lian Webber, occlusion from Raj
Rayan OBE, as well as discover
the benefits of practising mini-
mal invasive orthodontics with
speakers such as Tif (Qureshi and
James Russell, Wolfgang Richter,
president of the EACD), will also be
speaking at the event. His lecture
entitled Esthetic Excellence with
Direct Composite Restorations
speakers The Importance of Material
Knowledge will enable practition-
ers to: establish their own goals on
the way to dental excellence; to un-
derstand the importance of knowl-
edge in material properties; and
learn the sensible handling of bonding materials and techni-
cal sensitivity.

Other confirmed speakers
include the internationally ac-
claimed Nasser Barghi, Joe Omar,
Peet van der Vyer, Eddie Lynch,
Bob McElland and Wyman Chan,
amongst many others.

On Friday May 6th, attendees
will also have the opportunity of
attending the Conference Char-
ity Ball, which will be held at the
fashionable Millennium Mayfair
Hotel. Last year’s proceeds went
to the AOG-sponsored project in
parts of India. Dental professionals
are advised to book early in
order to ensure their attendance.

With an unprecedented line-
up of relevant lectures and prac-
tical hands-on sessions on the
programme, dental professionals
of all levels are bound to find the
2011 CIC a truly stimulating and
motivating learning experience.

So why not use this opportu-
nity to keep in touch with inno-
vations in this dynamic and fast-
growing area of dentistry and help
your practice reach its most profit-
able potential?

For more information, visit
www.aoguk.org

For early bird offers, or to
book, call Jamie on 0207 400 8989
or visit www.clinicalinnovations.co.uk

‘Striking the balance’ for civil litigation costs

Sir Rupert Jackson, a judge
of the Court of Appeal has
put together what has been
regarded as a “comprehensive
and cogently argued” Review
of Civil Litigation Costs and as a re-
sult, the Government is to have
a consultation about civil litigation
funding, marking a turning point in
civil litigation.

The aim of the consultation is
to “strike the right balance” be-
tween those who are require justice
and an assurance that costs are
fair and appropriate, implement-
ing Sir Rupert’s recommenda-
tions on reforming “no win no
fee” conditional fee agreements
(CFAs), where costs can far ex-
ceed the compensation awarded.
One such case recorded that a
patient who claimed compensa-
tion for a damaged back tooth
was awarded £1,500 within five
months; however the patient's
doctor's solicitor claimed costs of £220,000.

To reform the costs of civil
cases successfully, it has been
suggested that necessary claims
can be brought, reasonable
claims should be settled as early
as possible, and unnecessary
claims should be deferred.

If Sir Rupert’s First Report
is implemented it could lead to a
significant reduction in legal
costs, for not only claimants and
defendants, but also the Govern-
ment and the taxpayer. This is
because many disproportionate
of costs of defending claims are
fooled by the taxpayer.

Rupert Hapsenbroekers,
head of the DDU said: “We
believe that the current system
is unfair to the general dental prac-
titioners we represent who are
paying for these spiralling legal
costs through their subscriptions
as well as to taxpayers who are
funding those dental cases in-
denified by NHS bodies. The
DDU wholeheartedly supports
the changes proposed which ad-
dress the problem of excessive
and disproportionate costs, with-
out affecting the ability of patients
to seek compensation when they
have been negligently harmed.

MDU Head of Claims, Jill
Harding added: “We agree with
the proposal that defendants
will not recover costs from los-
ing claimants in CFA-funded
cases and in return claimants
don’t need to take out insur-
ance against these costs. Claim-
ants themselves should be ex-
pected to fund their solicitors’
success fee from any damages
awarded and would then have an
interest in the costs incurred on
their behalf. To ensure fair-
ness to claimants, we agree
that the success fee needs to be
capped and that there should
be a 10 per cent increase in the
general damages that claim-
ants are awarded. We think this
approach strikes the right bal-
ance and that the proposed
changes will be introduced.”

Kevin Lewis, Director of
Dental Protection, commented:
“Recent years have seen a rapid
increase in the number of UK
dental claims, and in the propor-
tion of overall costs that is con-
sumed by the lawyers acting for
the patients concerned. Overall,
the claimants’ lawyers receive
more than the patients they rep-
resent, and in some cases a lot
more. This is particularly likely
when claims are being conduct-
ed by certain law firms operating
under Conditional Fee Arrange-
ments (CFAs) – popularly de-
scribed as “no win no fee”, and
this fact is starkly illustrated by
two examples drawn from recent
cases:

a) Patient received damages of
£14,500 - claimants costs claimed
£125,000

b) Patient received damages of
£5,500 - claimants' costs claimed
£95,000

“We gave evidence to Lord
Justice Jackson’s review of the
civil justice system, and wel-
come his recommendations and the early indications since
then that there is an appetite
within government for these
much-needed reforms which
strike a fair balance for all par-
ties. We particularly applaud the
proposed new test of proportion-
ality taking into account all the
factors of the litigation, not just
the fact that the costs were nec-
essary incurred. This would
address the problem of very high
legal fees claimed by claimants’
lawyers in connection with rela-
tively modest dental claims.”
Editorial comment

There has been a great emphasis lately on the growth of social media in the dental profession (coincidentally, we have an article on that very subject in this issue, see pages 9-10). This was never more apparent than at this year’s Dentistry Show in Birmingham, when both days saw a dental ‘Tweet-up’ – a meet of people involved in Twitter for their companies or practices.

Friday’s Tweet-up saw a networking group of roughly 30 people, most of which only knew each other through tweets. It was great to put faces to names and network with people who I would not normally have had the chance to speak to at such an event. Thanks to those who had the idea to get together and make it happen, and also to those who attended.

You can follow Dental Tribune on Twitter @dentaltribuneuk...

The GDC’s view to postpone the decision affecting the use of the title Dr has given profession- als whose input to the consultation was dismissed as being the ‘Usual Suspects’ to reiterate their point. If you’re not a usual suspect – now is your time to make a contribution to the debate as the strength of feeling is so high right now there has never been a better time to have your voice heard. Take a look at page six to see clinician comments on this. Anger of Apple Dental Practice, your profession needs you!

Inequalities should be top priorities

BDA Scotland’s manifesto for the election, something to smile about, provides a reminder that Scotland’s oral health continues to fall behind Western European norms. The manifesto explains that measures such as the expansion of the successful Childsmile scheme have a key role to play in addressing this issue. It also calls for the fluoridation of water supplies; something the BDA believes could dramatically improve the oral health of children in Scotland’s most deprived communities.

Focusing on the quality of care patients receive will also be important, the manifesto says. It calls on the new Government to re-think lifelong registration which was introduced in 2010 and recognise the importance of regular attendance in stemming the growing number of cases of oral cancer Scotland is suffering. It also calls for progress on the introduction of oral health assessment follow-up evaluation of pilots for such a tool at the end of 2010.

The number and location of dentists in Scotland also requires attention, the BDA believes. The manifesto cites the continuing shortage of dental academics and geographical disparities in the provision of both primary and secondary dental care as problems that must be addressed.

Andrew Lamb, BDA Director for Scotland, said: “Despite improvements in the dental health of Scotland over the last 40 years, there is a great deal still to do if we are to eradicate persistent oral health inequalities. We have successes to celebrate, including the excellent Childsmile scheme and improvements in access to dental care in some areas, but the new Government will nonetheless face significant challenges in the field of dentistry and oral health. Candidates standing for election this year must pledge to work with the dental profession to take on those challenges and deliver improvements for patients.”

Effective enamel defence. Superior plaque control.* Combined.

Choosing a mouthrinse has often meant choosing between effective enamel protection and effective plaque reduction. Until now. New Listerine Total Care Enamel Guard contains 225 ppm fluoride with high uptake and comparable re-hardening to formulations with twice the fluoride.1 Add this to its ability to kill bacteria associated with dental caries2 and reduce plaque by up to 52% more than mechanical methods alone3 and you can see why you should consider adding it to certain patients’ oral care routines.

LISTERINE® Total Care Enamel Guard

All-round protection for enamel

*Superior to other daily-use mouthwashes

Top 10 strangest requests...

When it comes to oral care, dentists are the experts. However, as one recent news story revealed, there are some patients who have asked for some special requests for their smiles. Prosthetic fangs, gold “grills” and tooth tattoos might sound like slightly crazy requests, but there are some requests that are simply weird.

The Chicago Dental Society surveyed more than 300 members to find out the strangest dental requests they’d ever received from patients. Their answers might shock you!

1) “Can you give my dog braces?”
2) “Can I keep the teeth I extracted to aid in my diet?”
3) “May I have an emergency cleaning visit? It’s my high school reunion and I need a bright, white smile to face my old boyfriend.”
4) “I will pay you or your hygienist to floss my teeth at my office every day.”
5) “I just broke off my engagement. Can you prepare my tooth so that I can keep the diamond in it?”
6) “Pull all my teeth, and just give me dentures.”
7) “Can I have an emergency cleaning visit? It’s my high school reunion and I need a

Orthodontic treatment changes must be explained

Changes to the future provision of Health Service orthodontic treatment in Northern Ireland must be fully explained to patients waiting for care, the British Dental Association (BDA) advised today. The General Dental Services (Amendment) Regulations (Northern Ireland) 2011 will see the Index of Orthodontic Treatment Need (IOTN) being used to decide which cases will be funded by the Health Service. The new regulations, expected to take effect from July 2011, will stipulate that Health Service orthodontic treatment will be restricted to patients who score 5.6 or more on the IOTN scale.

The BDA believes it also important to use a ‘commonsense’ approach for adjudicating on borderline cases of orthodontic treatment. The index represents a significant change for patients. Undoubtedly some patients with an expectation of orthodontic care will be disappointed that they will not be eligible for treatment on the health service, so it’s vital that DHSSPS ensures that patients understand what the index means for them. It’s also important that a ‘commonsense’ approach to adjudicating on borderline cases is adopted.”

Frozen and smokeless

The Welsh Health Minister is set to announce that dental charges will be frozen at the 2006 level making this the fifth year in a row that the charges have been frozen.

The current system has three price bands, which relate to the complexity of the treatment; band 1 treatments cost £12, band 2 treatments cost £59 and band 3 treatments cost £117. The cost of emergency treatment will also be frozen at £12. Dental treatment is considerably cheaper in Wales than England.

Along with these price freezes, plans to dramatically reduce smoking levels in Wales have recently been unveiled, outlining that playgrounds and all NHS property could be made smoke-free zones. The ultimate goal is a “smoke-free society” and to reduce exposure to second-hand smoke.

National Smile Month to bring out the ‘Smile Factor’

The UK’s leading independent oral health charity, the British Dental Health Foundation (BDHF), is delighted to announce the theme for this year’s National Smile Month: the ‘Smile Factor’. Running from 15 May – 15 June.

The aim of the campaign is to put the smile back on peoples’ faces and help them display their full personalities through the ‘Smile Factor’ theme. Now into its 55th year, National Smile Month remains an integral part of the Foundation’s work in promoting greater oral health. As in previous years, the Foundation will also be raising the awareness of a healthy diet and the link between good oral health and good overall body health and promoting the three key messages of brush for two minutes twice a day using a fluoride toothpaste, visit your dentist regularly, as often as they recommend and cut down on how often you have sugary foods and drinks.

Chief Executive of the BDHF, Dr Nigel Carter, described the thinking behind this year’s campaign: “They say you can hide behind a smile if you are not happy or are self-conscious about your teeth, so many people are missing out on showing their very own ‘Smile Factor’.”

Every year the BDHF encourages local communities, practices and individuals up and down the country to take part and get involved in National Smile Month, and as ever, there will be a wide range of different ways in which people can do just that.

There will be many family and community events throughout the campaign – all of which need your support.

If you’d like to find out more about National Smile Month, wish to take part in an event or organise one, all campaign material is now available. Please call the BDHF PR Department on 01788 550972 to request a copy.