Dental news

The BDJ News section accepts items that include general news, latest research and diary events that interest our readers. Press releases or articles may be edited, and should include a colour photograph if possible.

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PROPERTY MILLIONAIRES ABANDON DENTAL CHAIN PLANS

Property millionaires Fergus and Judith Wilson have abandoned their plans to set up a national chain of 24-hour private dental clinics near motorway junctions.

The couple, former maths teachers in comprehensive schools, who started their buy-to-let property business in 1975 and now have a portfolio worth £240 million, announced last year that that they would set up a chain of clinics, charging the same or less than the NHS, staffed by dentists from Eastern Europe.

They hoped to open their first clinic in Maidstone, staffed by 150 dentists, but have been deterred by the length of time it would take to get planning permission.

'I am afraid it's a dead duck,' Mr Walsh told the *BDJ*. 'I am going to be 60 soon and just can't wait five years to get this going. I have got other fish to fry. We are used to buying houses, not building them, and didn't realise the time scale would be so long.'

Hearing of people flying to Budapest for dental treatment, the Wilsons thought it would be simpler to bring the dentists to the UK.

'Joe public thought it would be a great idea. People are still telling me they can't get a dentist. But the logistics proved unworkable,' Mr Wilson said.

'As a former teacher in the public sector I am sympathetic to dentists trying to make a living. But the public just see that they can't get treatment,' he added.

NEW SUPPORT PROGRAMME FOR SICK DENTISTS

The National Clinical Assessment Service (NCAS) has announced the launch of a new service to support sick dentists and doctors. The programme, to be launched initially in London in autumn, promises practitioners with alcohol, drug or mental health issues advice on accessing local services 'and confidential treatment where local services are unable to meet practitioners' needs.'

NHS and independent providers are being invited to tender to run the prototype service.

Alastair Scotland, director of NCAS, said: 'The tendency for doctors and dentists is often to manage their own health problems, to self-medicate, to chat informally to a colleague rather than seek a proper consultation and treatment. We need to change the culture so that practitioners feel able to access highly professional and confidential care.' The focus of the programme will be early intervention.

Joe Mee, founder and co-ordinator of the Dentists' Health Support Programme, which was established in 1986, said: 'This is to be welcomed particularly if it is well funded. But the programme will be seen as an arm of the state and people may be put off contacting it for that reason.'

Dr Mee, stopped drinking in 1981 and took early retirement from dentistry in 1997. He believes the strength of the existing service is that it uses dentists who have overcome drug and drinking problems to contact those who are identified as having difficulties.

'My worry with the new one is that people will have concerns about contacting it. The wife of an alcoholic dentist is not going to use it, for instance, because she would be shopping the meal ticket'.

A study of 767 vocational dental practitioners, published in the BDJ (*BDJ* 2007; 203: 701-705) in December found 44 per cent of men and 39 per cent of women reported binge drinking. Seventeen per cent of men and 12 per cent of women used illicit drugs and four per cent of men used ecstasy at least once a month.



BE CLEAR ON MONEY AND TOUGH ON QUALITY, PCTs TOLD

PCTs commissioning services should be clear about the amount of money to be spent on dentistry, and tough on quality, according to new guidance from the Department of Health,

The procurement note, *PCC Hints and tips paper: Procurement lessons learned from recent PCT exercises*, says successful procurement requires clarity, and the ability to assess providers' readiness to get the service up and running.

'Be very clear about the type of service required and what the PCT wants to get out of the exercise. Is it better access, quality, value for money? What things is the PCT prepared to compromise on?' the guidance asks. It says: 'Be very clear about the actual amount of money available for commissioning and don't forget to take account of superannuation.'

It suggests that PCTs should use best practice from other areas as a starting point and develop a robust procurement process. 'Be very tight on minimum quality criteria – it is a waste of time shortlisting or interviewing applicants who cannot demonstrate that they can deliver on quality,' it says.

It calls for clear assessment criteria against which all applicants can be judged and attention to how contracts will be managed. PCTs' requirements on management could be included in the specification, it adds.

The guidance also advises PCTs to 'assess providers' readiness to "hit the ground running" to avoid delays in the opening of the service.' One option to avoid recruitment delays would be 'to set the contract start date for around August when the new vocational trainees come on stream,' it suggests.

Successful tendering exercises have enabled PCTs to recommission lost services, improved access in specific locations, improved quality and secured improved value for money, the guidance says.

Giving evidence to the Health Select Committee's inquiry on dental services last month, Karen Elley, consultant in dental public health at Sandwell PCT, said the PCT considered the 2006 contract helped the development of services for under-provided areas.

The number of patients seen increased by 10,664 between March 2006 and March 2007 in Sandwell. Only one exclusively NHS practice ceased to provide NHS care in April 2006. There was also evidence of slower turnover among dentists, and a more stable workforce, since April 2006.

Dr Elley welcomed the opportunities the commissioning process allowed for innovations such as one practice in Sandwell providing mouth guards for adolescents playing sport. But she acknowledged concern about funding after 2009. 'I would like the money to be ring fenced,' she told the committee.

Andrew Harris, primary care manager for Devon PCT, told the committee, that there had been a £1 million shortfall in income from patient charges in Devon in the first year of the new contract.

Two new practices had been opened and four extra dentists employed.

Since June 2007 6,435 patients had been allocated to an NHS dentist. But 7,700 patients remained on the PCT waiting list.

But in its written evidence to the select committee Devon's patient and public involvement forum said: 'The promise of an improved service and access following the changed procedures operative from April 1 2006 has not been seen to be a complete success by the dentists or the public.'

RESEARCH APPOINTMENT AT KING'S

Timothy Watson has been appointed King's College Dental Institute's new director of research. He will also continue with his current role as professor of biomaterials and conservative dentistry. Professor Watson leads a multidisciplinary team which aims to integrate materials science and imaging techniques for clinical innovations.

He is a co-author of *Pickard's Man-ual of Operative Dentistry*.

NEW SECRETARY FOR SCOTTISH FACULTY

Robert Chate has been appointed secretary to the faculty of dental surgery of the Royal College of Surgeons of Edinburgh. Mr Chate, who qualified at Manchester university, is currently regional adviser for the East of England and an examiner in orthodontics for the membership exam of the Royal College of Surgeons of Edinburgh. He will take up his new position in September.



PATIENT SAFETY BEFORE TARGETS, GDC ADVISES

Dentists should not let targets, financial considerations or loyalty to a colleague compromise patient safety, the GDC has warned in new guidance for dentists with management responsibility.

The guidance, aimed at practice owners, managers and directors of dental corporates, says: 'Put patients' interests before your own or those of any colleague, organisation or business.'

'Make sure that you do not put the interests of patients at risk by allowing financial or other targets to have a negative influence on the quality of care provided by the people you direct or manage,' it adds.

Staff should be able to raise any concerns about colleagues early on, it says.

MP QUERIES EFFECTS OF INCREASED DENTAL STUDENT NUMBERS

MP Norman Lamb (North Norfolk, Liberal Democrat) has queried the effect of increased dental student numbers on clinical teaching time.

In a written question last month Mr Lamb asked if the Department for Innovation, Universities and Skills had assessed the impact of increased student numbers on the clinical time included in training.

He also asked what assessment the Department had made of the dental academic workforce and what plans it had to increase the number of academic posts in UK dental schools, and whether there was a recommended student: teacher ratio.

Education minister Bill Rammell (Labour, Harlow) said: 'Although we have not specified a student teacher ratio we are aware from surveys conducted by the Council of Heads and Deans of Dental Schools of a decrease in the number of clinical academic dentists.'

'In order to address this challenge in the context of the increase in student numbers the Department of Health has allocated additional funds building to £29 million by 2010/11 for the clinical training of dental students,' he added.

'With the development of outreach training in dentistry, more students are receiving part of their training in general dental practices where suitable trained and experienced dental practitioners provide clinical training, he said.

A survey by the Council of Heads and Deans of Dental Schools, published in May last year, found that in 2006 there were 435 full time equivalent clinical academics in UK dental schools – some nine per cent fewer than in 2000. Fifty five per cent were over 46.

'The high proportion of older clinical academics poses problems for dental schools' workforce planning,' the survey noted.

'It is vital to ensure that individuals are attracted to a career in clinical academic dentistry in sufficient numbers to allow for the maintenance of a healthy pool of researchers and clinical teachers to rise up the clinical academic ranks and replace those leaving the population,' it said.

The survey showed the ratio of men to women in academic dentistry was seven to one. There were 12 female professors in UK dental schools compared with 84 male. At senior lecturer level men outnumbered women by three to one. 'With 56 per cent of all dental students now women it is vital these individuals are able to fulfil their full potential in their chosen career, academic or otherwise,' the survey said.



The latest figures from the University and Colleges Admission Service (UCAS) show a total of 1,199 students were accepted by UK dental schools for the current academic year. The intake comprised 691 women and 508 men.

DENTAL CONTRACT DRIVING DENTISTS FROM NHS, SELECT COMMITTEE TOLD

The current dental contract is failing patients and driving dentists away from the NHS, according to Dr Susie Sanderson, chair of the BDA's executive committee.

Giving evidence to the House of Commons Health Select Committee last month (February) Dr Sanderson said: 'We have found the transition to the new contract very unsatisfactory indeed.' Provision of services by PCTs was 'patchy' and the scrapping of patient registration in 2006 threatened continuity of care, she added.

The contract favoured episodic, painrelief oriented treatment rather than prevention, she said.

Dr Sanderson, who has two practices in Sheffield, one entirely NHS and one mixed, told the committee that the unit of dental activity (UDA) was 'a crazy unit' unsuited to measuring what dentists were doing. The target driven nature of the new contract, which was imposed on the profession in April 2006, was driving dentists away from the NHS, she added. One of the dentists in her own practice was taking early retirement, at the age of 55, because she 'could not take any more' and would be a great loss to the NHS, said



Dr Sanderson. The BDA believes 1,000 dentists have been lost to the NHS since April 2006.

Overall access to NHS dental services had dropped by about 250,000 since 2006, she told the committee.

In written evidence to the committee the BDA said PCTs' varying expertise in commissioning services had led to 'a new postcode lottery of NHS dental provision.' It called on the government to allocate full dental budgets to PCTs so that they would no longer be reliant on income from patient charges.

In 2005/06 patient charge revenue was £159 million (26 per cent) lower than anticipated by the Department of Health, so PCTs were 'forced to cover this deficit by commissioning less dentistry and implementing inflexible targets for dentists,' said the BDA.

Asked by health select committee chair, Kevin Barron (Labour, Rother Valley) what dentistry would look like in 10 years time, Dr Sanderson said: 'I do fear for the diversity of care.'

Iain Hathorn, chair of the British Orthodontic Society, said there were six year waiting times for orthodontic treatment in parts of the country.

Commenting on the effects of the dental reforms on manufacturers, David Smith, vice-president of the Dental Laboratories Association, told the committee that complex dentures and bridge work had virtually disappeared while there had been a massive increase in demand for one-tooth partial dentures. 'We hardly made them at all before. But now we are making them in vast numbers,' he said.

MARCH 31 PENSION DEADLINE FOR ADDED YEARS

Dentists in the NHS pension scheme who want to buy added years to boost their pension must apply in writing before March 31. The current facility for buying added years is being closed under changes to the NHS pension scheme, announced last September.

But it has been agreed that those who write to the relevant agency – The NHS Pension Agency, Scottish Public Pensions Agency or the superannuation branch of Health and Personal Social Services, Londonderry – will be entitled to a contract which will come into effect on an individual's birthday between April 1 2008 and March 31 2009. All existing added years contracts will be honoured.

Under new arrangements it will only be possible to buy a maximum of £5,000 of additional pension per annum.

People who join the new NHS pension scheme, after April 1, will have a normal pension age of 65, as opposed to 60 in the current scheme.

Significant changes are also being made to survivor pensions. At present survivor pensions are only available to legal spouses and registered civil partners and the survivor generally loses the pension on remarriage. From April 1 unmarried partners can get a survivor pension, provided they are nominated by the pension scheme member. From April 1 survivor pensions will be for life, so that a member's surviving spouse, civil partner or unmarried partner will keep their pension for life, even if they later re-marry or co-habit with another

person. These provisions will apply both to those in the current, and the new pension scheme.

Members retiring on, or after, April 2 2008, will have the opportunity to give up part of their pension in order to increase their retirement lump sum.

Wallace Mair, BDA pensions officer, said: 'The disappearance of the added years facility is regrettable, as is the fact that contribution rates will rise. But the scheme remains a gold standard one and the introduction of pensions for unmarried partners and the revised lump sum arrangements are very welcome.'

NHS Pension Scheme members considering retirement before April 2 2008 are advised to consider their options carefully.

If you retire after April 2 you will be able to increase your tax free lump sum substantially by giving up some pension.

DIARY

MARCH

Scottish Dental Practice-Based Research Network National Symposium Soft tissue management and research in dental primary care

Date: 13 March 2008 Venue: Frankland Building, Dundee University

Details: Gill Ramsay, Tel: 01382 420107 g.ramsay@chs.dundee.ac.uk

BDA seminar: Setting up in practice

Date: 14 March 2008

Venue: Holiday Inn Liverpool City Centre

www.bda.org./events

Safeguarding Children in Dentistry

Date: 14 March 2008

Venue: Royal College of Surgeons of England www.rcseng.ac.uk/fds/courses/fds

British Society for the Study of Prosthetic Dentistry Annual Conference

Date: 15-18 March 2008 Venue: Exeter Thistle Hotel Michael.fenlon@kcl.ac.uk

FIRST CORPORATE BODY CONVICTION

Community First for Treatment, which ran two dental practices in Lincolnshire, has been successfully prosecuted by the General Dental Council for illegal dentistry.

The company, which opened surgeries in Peterborough and Boston in September 2006, was convicted of two offences at Peterborough magistrates' court last month, fined £1,000 and ordered to pay £3,000 towards the GDC's costs. This was the GDC's first prosecution of a corporate for illegal dentistry.

Rachel Lea, GDC spokeswoman, said: 'As Community First for Treatment was receiving payment for dental work when the majority of its directors were not GDC-registered dentists or dental care professionals it was committing an offence under the Dentists Act.'

The directors, who were not present in court, opened the practices promising private care at affordable prices. But both practices closed suddenly last summer.

In a hearing at Southampton magistrates court last month dental technician Joe Jordan was also found guilty of 14 offences of illegal dentistry. The offences related to the treatment of five patients which involved taking impressions and manufacturing and fitting dentures which caused discomfort. Mr Jordan was not registered with the GDC

and these were criminal offences under the Dentists Act.

Mr Jordan began working on a severely disabled man in a care home weeks after appearing in court for a similar offence, the court heard. Nurses at the home were concerned that the dentures he fitted were so loose, so they took them out to save him choking. Mr Jordan also went to the houses of four other people and took impressions of their mouths, made the dentures and tried to fit them. He was, registered only to make the dentures.

Mr Jordan, of Denture Care & Repair, a mobile business in the Winchester area, was given 100 hours of community service for each offence and ordered to pay a toal of £1,322 compensation to patients. He was ordered to make a contribution of £400 towards the GDC's costs.

The latest convictions followed two earlier convictions of Mr Jordan for illegal dentistry at the same court in December 2006. On that occasion he was given a 12-month conditional discharge. By committing the new offences Mr Jordan breached the conditional discharge. He was resentenced to an additional 100 hours community service.

A two-day hearing will take place in August and the GDC will apply for an anti-social behaviour order (ASBO) against Mr Jordan.

OLYMPIC MEDALLIST TO SHARE TIPS FOR SUCCESS

Olympic champion Roger Black will be speaking on strategies for success at the opening of this year's BDA conference in Manchester.

Roger, who won the 400 metres silver medal at the 1996 Olympics in Atlanta, has overcome a series of setbacks during his career.

Brought up in Portsmouth, where his father was a GP, Roger, aged 41, was diagnosed with a leaky heart valve when he was 11. It was while staying on at school an extra year, to retake an A-level in order to get into medical school, that he decided to give athletics a go. He joined Southampton Athletics club and won the European junior championships in 1985. He also won his

place at Southampton medical school but left after a term to concentrate on athletics.

After several operations for a broken foot, he won a gold medal at the world championships in 1991. He has undergone two operations for a hip problem, removal of both knee cartilages, and bouts of glandular fever and psittacosis, or parrot fever.

Few people can relate to winning Olympic medals but most can relate to having illness, injuries and tears along the way, he believes.

Roger, who was awarded an MBE in 1995, is now a television sports presenter, and was a contestant in the 2004 series of *Strictly Come Dancing*.

