

LETTER TO THE EDITOR

Seeking clarification

Sir, first of all my strong support for your associate themed issue.

Associates are real dentists whereas practice owners are business people who in many practices may be dentists or may not.

It is of course important for dentists (whom I believe you should primarily support as the BDA) that you are active in matters such as NHS contract, Provider contracts and government dental negotiations as these do affect those employing or contracting with associates.

I would take some issue with the article entitled 'Responsibility and practicality of providing locum cover for an associate'.¹ To start with, NHS GDS (and NHS England) does not have 'locum' as a recognised position. If an associate performer is unable to work, then whomever replaces them has to be another performer. That performer will have to be included in the Provider's contract list of performers. I would expect them to have a written contract (the BDA contract is a good model) with the Provider. It will be the Provider who has the final responsibility to send in claims towards the practice's contract total and the Provider

who receives the payment from NHS England (and patient fees).

It is the Provider who is responsible to provide the UDAs by having performers carry out the treatment on the Provider's patients.

I am aware that many contracts stipulate that associates are responsible for getting locums to cover them but for NHS work I do not believe that this should be the case and I am unaware of any regulations allowing performers to subcontract. 'Locum' performers may not work on the original performer's number but must use their own performer number. They will of course be credited with their own superannuation contributions just like any performer.

I have only discussed NHS work above. Non-NHS private patient work is different and Nashima's article is correct in relation to those cases although I think in a mixed practice it would be complicated to have two contracts for the locum.

B Westbury, via email.

Reference

1. Morgan N. Responsibility and practicality of providing locum cover for an associate. *BDJ In Practice* 2019; **32**: 34.

NEWS

GDPs seeing more children for preventive treatments

There are early signs that dentists in England are seeing more children and providing more preventative treatments according to the latest NHS dental statistics for England.¹

Although the increase in dental attendances in under 18s is under one per cent compared to the previous year (41.4% compared to 41%), it is worth acknowledging that thousands more children have seen a dentist, says Claire Stevens, spokesperson for the British Society of Paediatric Dentistry.

The figures show that more than 50% of children had fluoride varnish treatments which will protect their teeth and reduce the risk of dental decay in the future.

She added: 'Fluoride varnish treatments are one of a range of measures advocated by Public Health England which are essential if we are to bring down decay levels. We want to see a continuing reduction in the sugar content of food drink, tooth brushing schemes in nurseries and schools across the country and implementation of community water fluoridation in areas of high need.'

'Unless we focus our efforts on the most deprived communities, we run a risk that dental health inequalities are widened. Improved attendance is welcome but the acid test will be whether in the years ahead there is a reduction in children who need to see us for multiple extractions under general anaesthetic.'

'I am hopeful that the ongoing impact of our Dental Check by One campaign as well as the recommendations in the newly published Green Paper will see the number of children seeing a dentist increase dramatically.'

Reference

1. NHS Digital. NHS Dental Statistics for England 2018-19, Annual Report. Available online at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2018-19-annual-report-pas> (Accessed September 2019).

NEWS

Increase in dealing with violent or aggressive patients

The Dental Defence Union has seen an increase in dental professionals wanting advice or support on how to deal with violent or aggressive patients.

In the five years 2014-2018, the DDU supported members with 118 cases involving harassment or threatening and aggressive behaviour directed at dental professionals or practice staff. There were 64 cases in the second two years compared with 54 in the first three years, a rise of 19%.

The majority of cases involved abusive or aggressive behaviour by patients such as calling the practice repeatedly to harass staff, making vexatious complaints, using abusive and threatening language and posting allegations on social media. In a handful of cases the dental professional

had contacted the police because they were concerned for their safety or because a confrontation had become violent.

David Lauder of the DDU commented: 'Most patients get on well with their dentist but occasionally the professional relationship can turn sour. Sadly, it is not unknown for patients to pose a threat to the wellbeing and safety of practice staff.'

'While the overall numbers remain low, there has been a slight increase in cases reported to the DDU. This may point to an increase in unacceptable behaviour, but it could also reflect a zero-tolerance approach by dental professionals who rightly want advice about how to protect practice staff and other patients.'