

NEWS

## Win win for new associate dentists and the British Dental Association Benevolent Fund thanks to RBD award

A £1000 donation has been made to the BDA Benevolent Fund by dental accountants and business advisors Ross Brooke Dental (RBD) following an award launched last year for newly qualified dentists.

For every associate who became a client, RBD pledged a £200 donation to the BDA Benevolent Fund. Four lucky associate dentists are now enjoying the best possible start to 2024 with Ross Brooke Dental (RBD) as their accountants and business advisors. Ross Brooke Dental rounded up their donation to £1000.

Linda Giles and Nathan Poole chose the BDA Benevolent Fund because of its inspiring role in supporting dental students, dentists, and their families through hard times and because it is celebrating its 140th anniversary.

Laura Hannon, the charity's Chief Executive commented: 'We are incredibly appreciative of Ross Brooke Dental for choosing us as their charity and for their donation. Help from the wider dental profession is invaluable as it allows us to support more dental students, dentists, and their families but also to promote the work we do to those that may need our assistance.'

Linda said: 'We are delighted to have supported the charity as it marks its important anniversary as well as taking on four new clients who are now operating on a good financial footing.'

Nathan added: 'The relationship between dentist and accountant is one of great trust. If you can find the right accountant from the outset, you should prosper as a dentist, safe in the knowledge that you can turn to someone who understands you, your business, and your needs.'

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LETTER TO THE EDITOR

## An astute assessment

Sir, Further to the excellent article by David Croser,<sup>1</sup> those dentists still treating NHS patients should remember that there are other considerations if withdrawing from treatment.

If actually treating NHS patients, then dentists must be Performers. That means that they are performing treatment on behalf of Providers who are in contract with the NHS to Provide treatment to patients accepted by their practice. The NHS patients are *patients of the Provider* not the Performer.

If a Performer wants to withdraw from treating an NHS patient then *the Provider* must see if another Performer in the practice contract can treat the patient. If

no other Performer can or will continue the treatment then *the Provider* must inform NHS England that the treatment is discontinued and tell them the reason (a common reason is irretrievable breakdown of relationship with *the practice*, or zero tolerance of abuse) and tell NHS England what treatment is outstanding.

Be aware that such patients can complain either to the practice or NHS England and the Complaints Procedure must be followed.

**B. Westbury, via email**

Reference

1. Croser D. Withdrawing from a patient's treatment. *BDJ In Pract* 2024; **37**: 24.

NEWS FROM THE BDA

## EU Parliament bans amalgam from 2025

The European Parliament's vote to ban dental amalgam from 1 January 2025 'will have significant impacts on NHS dentistry', the BDA warns.

On 14 July, the European Commission adopted a proposal to revise the Mercury Regulation, to introduce a total phase-out of the use of dental amalgam and prohibit the manufacture and export of dental amalgam from the EU from 1 January 2025 – five years earlier than expected. This vote will hit all four home nations but will have a disproportionate impact on services in Northern Ireland, which tops the UK league table for oral health inequality, and has the highest proportion of filled teeth.

Under post Brexit arrangements, Northern Ireland will be expected to phase out dental amalgam on the same basis as EU member states. Divergence means the rest of the UK faces disruption and higher costs given the impact on supply chains, but not a formal ban.

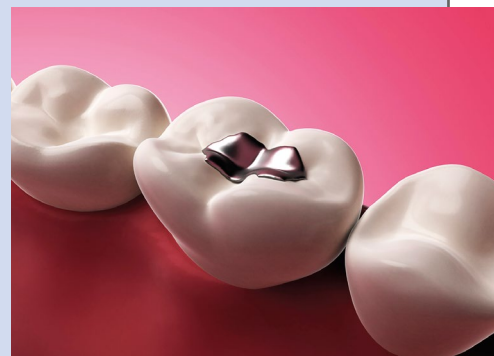
MEPs backed amendments stating that Member States need to 'ensure appropriate reimbursement is made available for mercury-free alternatives' to limit the socio-economic impact. That is precisely what's needed from UK Governments.

Without action a ban will eat into clinical time and resource that are in short supply,

likely creating further access barriers. There are no indications where the millions in additional funding required will come from nor the workforce to carry out the tens of thousands of extra clinical hours.

The Nuffield Trust warned in December that NHS dentistry was at the most precarious moment in its 75-year history. Without decisive action, this ban will only hasten the service's demise.

BDA Chair Eddie Crouch said: 'When we are set to lose a key weapon in the treatment of tooth decay all four UK Governments appear asleep at the wheel. When alternative materials can't compete, this will add new costs and new uncertainties to practices already on the brink. Without decisive action this could be the straw that breaks the back of NHS dentistry.'



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