

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.

Please direct your correspondence to the News Editor, Joanna Lyall at the BDJ, The Macmillan Building, 4 Crinan Street, London N1 9XW or by email to j.lyall@nature.com

UK'S FIRST WOMAN DENTAL DEAN JOINS POWERLIST



Cynthia Pine, Salford University's Dean of Health and Social Care, has been included in Powerlist 2008, which honours Britain's 100 most influential black people.

She was congratulated by Prime Minister Gordon Brown at a reception at the Foreign Office on October 8. Mr Brown described the Powerlist as 'a celebration of the achievements of 100 remarkable people – a testament of what can happen when talent meets opportunity in our country today.'

Professor Pine was the UK's first female dean of dental studies when she was appointed at Liverpool in 2003. During her time there Professor Pine secured funding to double the number of dental students from 50 to 107, making Liverpool the largest dental school outside London. She was awarded a CBE in 2006.

DEPARTMENT OF HEALTH TO INVESTIGATE DENTISTS WHO RECALL HEALTHY PATIENTS

Chief Dental Officer for England, Barry Cockcroft, is discussing with PCTs how to stop dentists 'playing the system', recalling healthy patients for checks too frequently and dividing courses of treatment to trigger extra payments.

A Department of Health official quoted in *The Independent* on October 13 said: 'There is gaming (playing the system) going on and we have got to deal with it. If we don't we are losing too many appointments. The overriding public concern over dentistry is about access, not quality of service. We can't improve that when gaming is going on. If we can deal with it, it will go a long way to meeting access targets.'

'These dentists are seeing the same healthy patients a lot. Instead of recalling them every year or two they are coming back every three or four months. They are also splitting courses of treatment. It is worst in areas which have not got strong NHS provision already,' the spokesperson added.

Ending the practice of healthy patients being recalled too frequently could release an estimated 800,000 appointments, according to *The Independent* report. Gaming was more prevalent in the South of the country, where access to NHS dentistry was worse than in the North, but all areas were affected, it said.

In a statement the Department of Health said: 'NICE guidance says that adults with healthy teeth do not need to go to their dentist as frequently as six months if there's no clinical need. Many patients have been seeing their dentist at six month intervals for

years but there is no evidence to support this as clinically necessary. The recommended NICE check-up period is every two years.'

The statement adds: 'It is a contractual requirement for dentists to apply the NICE guidance. However it is now clear from new data available to PCTs that many patients are being seen every six months or so. This effectively prevents new patients from getting access to NHS dentistry.'

In answer to a written question on dental charges from the Prime Minister's office on October 6, health minister Ann Keen said a single charge covered all the interventions identified within an NHS treatment plan.

'This applies whatever the gaps between appointments within that course of treatment,' she said. 'Additionally, if within two months of the course of treatment ending the patient requires further treatment which falls within the same or a lower charging band as the previous treatment, no charge may be made in respect of that further treatment.'

Peter Ward, chief executive of the BDA, said: 'The BDA does not have the necessary data to comment on these suggestions. The interval between patients being recalled by their NHS dentist is, according to NICE guidelines published in 2005, a matter for the practitioner's clinical judgement in consultation with the patient. The BDA supports this guideline.'

Dr Cockcroft is due to speak to the National Association of Dental Advisers conference in York on November 13.

GOVERNMENT PROMISES FAIRER FUNDING FORMULA AFTER ACKNOWLEDGING 'DISAPPOINTING' PROGRESS SINCE NEW CONTRACT

Progress on improving access to dental services since the introduction of the new contract in April 2006 has been 'disappointing', the government has admitted. But it remains confident that that the contractual arrangements give primary care trusts (PCTs) the power to commission appropriate local services.

The health select committee's report on dental services, published in July, (*BDJ* 205: 2, 54-65) concluded that access across the country was uneven following the introduction of the new contract, and that the number of patients seen by an NHS dentist had fallen. The report called for PCT dental funding to be allocated on local needs rather than a historic basis, improved PCT commissioning drawing on advice from public health specialists, reinstatement of registration, and a review of the UDA system and an increase in the number of treatment bands.

The government's response to the report, published on October 7, said: 'We accept the committee's view that progress on improving access to date has been disappointing and we will work with professional and patient groups to review how we can achieve the maximum benefits for patients from

these reforms. The government fully accepts that more needs to be done.'

'The government is committed to developing a fairer formula for allocating funds,' the response stated. 'However, any new formula is likely to benefit the same areas where there have historically been more NHS dentists, as these tend to be the areas with greater oral health needs.'

In the response, the government agrees that more use should be made of dental public health specialists to improve PCT commissioning and says the NHS Management Board is working with strategic health authorities 'to agree high impact changes that will most rapidly improve access to NHS dentistry'.

'There is currently no shortage of dentists interested in taking up the new contracts being tendered by PCTs and interest in providing vocational training places is higher than ever,' it says. 'That said, we do expect that dentists holding restricted contracts – such as child-only contracts – may decide to leave the NHS as these are phased out. PCTs will need to be proactive in replacing these services as quickly and seamlessly as possible,' the response points out.

The select committee called on the government to investigate why the

number of complex treatments carried out had fallen since the introduction of the new contract and suggested an increase in the number of treatment bands from three to five or more.

In its response the government says: 'We will review the bandings as part of our study of how NHS dentistry will develop over the next five years.' But, it adds, 'Any contractual currency has ultimately to rely on dentists delivering care to meet clinical need, and not allowing their judgement to be affected by the degree of remuneration a treatment will attract.'

The response acknowledges that there might be a case for bringing back registration, although it does not see this as essential for continuity of care. 'We recognise, however, the significance still attached to the term "registration" and will examine the scope and options for some form of registration in consultation with the dental profession,' it says.

BDA Executive Board Chair Susie Sanderson said: 'This response acknowledges the many issues facing NHS dentistry in England and Wales. We hope that the positive response to the BDA's call for dialogue with the profession and patient groups signals the start of a more constructive relationship between the government and the profession. We look forward to meeting the Chief Dental Officer to begin this process.'

LET DENTISTS PRESCRIBE NICOTINE REPLACEMENT THERAPY, URGES ANTI-SMOKING REPORT

Dentists should be allowed to prescribe nicotine replacement therapy (NRT) and prescription charges for NRT should be abolished, according to a new report aimed at reducing health inequalities.

Beyond smoking kills: protecting children, reducing inequalities, published this month, calls for more money to be put into smoking cessation services and for strengthening of links between dentists and stop-smoking programmes. Funded by Action on Smoking and Health, Cancer Research UK and the British Heart Foundation, the report is endorsed by some 100 other organisations including the BDA.

'England leads the world in providing free stop smoking services but the

level of investment is below the level of need, despite their demonstrable cost effectiveness,' the report notes. 'Variations in the content and quality of stop smoking services are also problematic,' it adds.

'People who use the NHS should always have easy access to specialist stop-smoking services during their care,' it recommends. All health professionals should have the skills to offer basic stop smoking advice, dentists should be allowed to prescribe NRT, and smoking cessation should be taught in all undergraduate programmes for health professionals, the report urges.

It also calls for support to targeted on deprived and marginalised groups.



PATIENTS NEED MORE OPENNESS FROM DENTISTS, CONSUMER CHAMPION TELLS CONFERENCE

Dentists should make sure all patients are supplied with treatment plans to which they give informed consent and no practitioner should ever try to cover up a mistake, Peter Walsh, chief executive of patient safety charity Action Against Medical Accidents (AvMA) has urged.

Speaking at a conference on legal and ethical issues in dentistry, organised by AvMA in London this month, Mr Walsh said patients still faced many areas of confusion, such as the distinction between private and NHS treatment. Treatment plans and informed consent needed to be better understood and used, he said.

Mr Walsh, former director of the Association of Community Health Councils in England and Wales, also called for much greater openness when mistakes were made. Health professionals have a duty to be open but the GMC could not

identify a single case brought against a doctor. 'What about the GDC?' he asked the audience of dentists, solicitors, GDC members and legal advisers.

There were up to 1 million patient safety incidents a year in English hospitals and many were not recognised and others ignored or covered up, he said. But research showed being open could reduce the likelihood of litigation. 'To err is human but to cover up is unforgivable,' said Mr Walsh, quoting chief medical officer Sir Liam Donaldson.

Dentists are required to identify all care and treatment needed and to include this in a treatment plan at the start of a course, health minister Ann Keen said in a written parliamentary answer this month. 'A single charge covers all the interventions identified within that NHS treatment plan. This applies whatever the gaps between appointments within that course of treatment,' she said.

EQUIP FRONTLINE STAFF TO RESPOND TO COMPLAINTS, SAYS NAO REPORT

All frontline health staff should be equipped with the skills to respond to complaints constructively, a National Audit Office report has recommended.

Feeding Back? Learning from complaints handling in health and social care, published this month, says: 'Focussing on the early and prompt response to concerns can avoid escalation into a formal complaint.'

It cites the example of a patient 'Mr J' who had been with a dentist 15 years having twice-yearly check ups until the dentist retired. On consulting a new dentist he was diagnosed with chronic gum disease and urged that prompt action was needed to rectify the situation. 'Mr J complained that his former dentist had failed to diagnose a chronic gum infection during numerous consultations,' says the report.

'As the dentist had retired Mr J's complaint was made directly to the

PCT. The complaint progressed to the Ombudsman as the dentist did not respond to the PCT's or the Healthcare Commission's requests for information.'

In 2006-07 the NHS received 133,400 written complaints of which 32 per cent related to primary care services. It spent an estimated £68 million on local resolution.

The culture and attitudes of an organisation are often a barrier to responsive complaints handling and staff can be defensive, the report notes.

Managers should communicate to staff the importance of complaints in patients' experience of a service and patients should be given clear explanations about how to make a complaint including the use of 'email, telephone, letter and informal approaches.'

The report says that more could be learned from complaints.

APPOINTMENTS IN INFLATABLE SURGERY ALMOST FULLY BOOKED, SAYS DENTAL TOURISM PROMOTER

Hungarian Dental Travel (HDT), which launched a tour of England and Scotland in an inflatable surgery last month to encourage patients to seek treatment in Hungary, has met with a 'very promising' response, according to managing director, Chris Hall.

Mr Hall said the inflatable consultation room, which is transported on a former NHS ambulance, had visited Lincoln, Stockport, Liverpool and London so far, offering half hour assessments from 9am to 7pm. 'And apart from three spaces in Liverpool and two in London it's been fully booked,' he said.

Eight people had been to Hungary for treatment since the start of the tour, and another ten were expected to go, he said. The main demand was for implants, crowns and bridgework, and cost was the key issue in deciding to seek treatment abroad.

One woman assessed in London had gone to Hungary the following week for £3,481 worth of treatment including crowns, fillings and implants, Mr Hall said. The next stops on the tour are Glasgow and Manchester, and HDT, which is based in Aubourn, near Lincoln, is considering getting another portable surgery to expand provision.

'At the moment we are still trialling the initiative, but the reaction so far has been really surprising. We were expecting some criticism but haven't got it,' said Mr Hall.



DIARY

NOVEMBER

Triennial Conference of the Royal College of Physicians and Surgeons of Glasgow

Date: November 6-7 2008

Venue: SECC, Glasgow

Details: www.rcpsg.ac.uk

Annual meeting of the Society of Craniofacial Genetics

Date: November 11 2008

Venue: Convention Centre, Philadelphia, USA

Details: www.craniofacialgenetics.org

British Association for the Study of Cosmetic Dentistry Scientific Meeting

Date: November 12-13 2008

Venue: Royal Institute of British Architects, London

Details: www.bascd.org.uk

British Academy of Cosmetic Dentistry Annual Conference

Date: November 13-15 2008

Venue: Hilton Metropole, Birmingham

Tel: 020 7612 4166

Email: suzy@bacd.com

National Association of Dental Advisers conference

Date: November 13-14 2008

Venue: Park Inn, York

Details: www.nada-uk.org

Infection control in dental practice – national conference

Date: November 21 2008

Venue: SECC, Glasgow

Tel: 0141 201 9353

Decontamination for the dental team

Date: November 26 2008

Venue: Redwood Hotel and Country Club, Bristol

Tel: 01722 432622

Essential CPD for the dental team: dental radiology and radiation protection

Date: November 29 2008

Venue: Royal Society of Medicine, London.

Tel: 020 7290 3946

DECEMBER

BDA seminar: setting up in practice

Date: December 12 2008

Venue: BDA, London

Tel: 0207 563 4590

SCOTTISH HEALTH MINISTER OPENS NEW DENTAL SCHOOL IN ABERDEEN

Aberdeen Dental School has been officially opened by Scottish public health minister Shona Robison.

The school, which is graduate-only entry, offers a four-year course and will eventually train 20 dentists a year. But the first year's cohort is limited to 15 students.

Students at the school are eligible for a bursary of £4,000 a year from the NHS, on condition that they carry out five years' (or part-time equivalent) of NHS dental work in Scotland, beginning within one year of graduation.

Opening the new building, which is due for completion in October next year, Ms Robison, pictured with Dr Jim Newton, acting lead of the new dental school, said: 'Today's opening proves how serious we are in the Scottish government about reversing the long-term decline in NHS dentistry in Scotland. Young dentists who train at the dental school will provide a significant boost to the numbers of trained practitioners in our country, helping to bring NHS dentistry within reach of more and more people.'



Daria McDowall, project co-ordinator at Aberdeen Dental School, said offers had gone out on the posts of lecturer in oral biology, clinical teaching fellow in restorative dentistry and senior clinical lecturer in restorative dentistry. Meanwhile teaching is being done by staff from Aberdeen and Dundee universities, guest lecturers from other dental schools and GDPs.

Andrew Lamb, BDA director for Scotland, said the opening of the new school was good news and increased the number and geographical spread of students training across Scotland. 'We must be careful though that resources are not taken away from existing dental schools at Dundee and Glasgow. It is important that all three training institutions in Scotland are adequately resourced and staffed,' he said.

PROFESSOR ANDREW EDER APPOINTED TO NEW EASTMAN CHAIR OF RESTORATIVE DENTISTRY AND DENTAL EDUCATION

Professor Andrew Eder has been appointed to the newly established Chair of Restorative Dentistry and Dental Education at the UCL Eastman Dental Institute.

Professor Eder, a member of the *BDJ* board of advisors, has a history of 20 years of service to the Eastman. The appointment builds on his involvement in postgraduate dental education as Director of CPD since 2002, including the *BDJ*'s own CPD programme, Director of Education Strategy since 2006 and Chair of the Division of Clinical Education since 2007.

This appointment coincides with the Eastman's launch of collaborative educational studies looking into the effects of educational outcomes on clinical



practice, the social science aspects of graduate dental education, and the development of innovative technology. Professor Eder has recently been appointed Associate Dean of the UCL School of Life and Medical Sciences, where he is leading a team developing continuing education opportunities within medicine and allied professional areas.