£70m NHS dental fraud claim

The government has announced that under the current dental contract system an estimated £70m was wasted on dental fraud in a year

Figures published by NHS Protect, the lead on tackling and identifying crime across the health service in England, show dental fraud may have cost the NHS £75.1 million in 2009-10.

The government has committed to introducing a new dental contract system that will focus on improving the quality of care patients receive, increase the availability of NHS dental care and promote good oral health. Part of this process will include reducing the risks of dental fraud before it becomes a problem and proactively analysing data on dental contract claims to spot irregular or suspect claim activity.

The government will work with NHS Protect to tackle the current problem of contract fraud by:

- changing how some dental treatments are recorded to prevent fraud
- undertaking a further analysis of dental fraud to help identify weaknesses in the system
- developing an awareness programme of dental fraud risks, including workshops with local anti-fraud staff to help spot dental fraud activity
- moving to a new single way of working for managing all NHS dentistry services

Health Minister Lord Howe said: “This shows the current dental contract system is not fit for purpose and needs to change to ensure NHS funds are protected and used to benefit patients.”

“It is totally unacceptable that some NHS dentists have abused the system for personal gain. Fraud of any kind will not be tolerated and any allegation of fraud is taken seriously.

“We believe dentists should get paid for the quality of care they provide rather than simply for the number of treatments. That is why we are currently piloting this approach with dental practices around the country in a new dental contract to make sure we get things right and minimise the risks of fraud.”

Barry Cockerell, Chief Dental Officer said: “The vast majority of dentists behave ethically and provide high quality dental care to their patients. Action needs to be taken against the small minority who behave dishonestly and submit fraudulent claims. We are working closely with NHS Protect to raise awareness of fraud risks to help prevent and deter fraudulent activity.

“I would also urge colleagues in the profession and patients to report any suspicions of fraud or corruption to NHS Protect on their confidential fraud and corruption reporting line or to their PCT.”

Reducing the risks of dental fraud may have cost the NHS £75.1 million in 2009-10.

“As the lead organisation in tackling NHS fraud, NHS Protect will effectively coordinate investigative and intelligence resources and take swift action where suspicions of fraud are found. We will also seek the recovery of any NHS funds lost through the actions of fraudsters.”

Under the current contract the most common types of fraud include submitting false claims for patients who did not exist, claiming for treatments that did not exist, claiming for false claims for patients who did not visit the dentist and submitting claims for more expensive treatment than was actually delivered.

To view the NHS Protect report visit www.nhsbsa.nhs.uk/3650.aspx.
All smiles at National Smile Month launch

The British Association of Dental Nurses (BADN) campaign for tax relief on CPD costs has been successful in increasing awareness of the benefits of continuing professional development for dental nurses.

The campaign, which is dedicated to improving oral health, was launched in May 2012 and is supported by a number of dental professionals and associations.

BADN President Nicola Dyer said: “The campaign has helped to raise awareness of the importance of continuing professional development for dental nurses and the benefits it can bring to both patients and the profession as a whole.”

The campaign has received support from a number of organisations, including the British Dental Health Foundation, the British Dental Association, and the General Dental Council.

Community groups, businesses, schools, and members of the public are also getting involved by organising activities such as fun days, talks, sponsored events, displays, open days and competitions.

This year sees the launch of the National Smile Month ‘Smiley’ – a big smile on a stick. Participants are being encouraged to have their photographs taken with the Smiley and then upload them on to the National Smile Month Facebook and Twitter sites.

Many leading figures from the world of dentistry attended the launch of the campaign, which is dedicated to highlighting the importance of oral health. The launch was hosted by Parliamentary sponsor the Rt Hon Sir Paul Beresford MP, himself a dentist, and included speeches from some of dentistry’s leading experts including the Foundation’s Chief Executive Dr Nigel Carter and President John Siebert.

Dr Carter said: “Getting people to talk and think about their teeth and dental habits is vital to our goal of improving the state of oral health not only in the UK but worldwide.”

“The impact of poor oral hygiene is often underestimated and someone’s poor oral health can be a pre-cursor to a number of serious health issues such as stroke, coronary heart disease, diabetes and low birth weight babies. National Smile Month is about encouraging people to take better care of their smile and ultimately their general health.”

“We have had a tremendous response to the campaign. So far thousands of organisations have registered and will be spreading the messages and joining in the fun.”

National Smile Month is sponsored by headline sponsors Listerine, Oral-B, Wrigley and Steradent. The campaign is also being supported by Aldi, Argos, Bupa, Dunnes, Denplan, Lloyds Pharmacy, SavewaterSavemoney, SleepRight, Smile-on and Wilkinson.

To register for free ‘Smileys’, or for more information about the campaign, visit www.smilemonth.org.

The Department of Health’s Transition Risk Register from November 2010, which was a statement of potential risks of NHS changes, will not be published, following Cabinet agreement and a final decision made by the Secretary of State for Health.

The Secretary of State for Health sought the Cabinet’s views on the exercise of the Ministerial Veto in relation to the Information Tribunal’s ruling that the Transition Risk Register should be released. He did so as part of a full commitment to act in accordance with the provisions of the Freedom of Information Act, which makes specific provision for the exercise of such a veto.

The Coalition Government is committed to the Freedom of Information Act and has extended it to all academic schools through the Academies Act; and to the Association of Chief Police Officers, Financial Ombudsman Service, and the Universities and Colleges Admissions Service through secondary legislation. In addition, the Protection of Freedoms Act, which gained Royal Assent on 1 May, provides for the extension of the FOI Act to over 100 companies wholly owned by public authorities.

Risk Registers are a vital part of Government policy development. Ministers and officials should be able to deliberate sensitive policy formulation, in expectation that their views are not published at a time when it would prejudice the development and delivery of policies. If such risk registers were regularly disclosed, it is likely their form and content would change, and they would no longer be the effective internal management tools they are intended to be.

In light of the interest in this case, and in line with the Government’s commitment to be more transparent by opening up Government information, the Department of Health has published a document that sets out key information relating to the areas of risks in the original Risk Register. It also sets out the mitigating actions that have taken place since November 2010 and which are planned in the future. But it protects the language and form of the Risk Register.

The Department of Health will also publish a Scheme for Publication, which will set out proposals for reviewing and releasing material relating to the transition programme in the future. Both these documents will be published on the Department’s website.

The Secretary of State for Health launched the UK’s largest annual oral health campaign on 15 May, when national charity the British Dental Health Foundation launched the UK’s largest annual oral health campaign.

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New award for young dentists

The Harley Street Centre for Endodontics is launching the Young Dentist Endodontic Award 2012. Marking the 10th Anniversary of the centre, the award is open to any young dentist who graduated in the last three years, whether they are in their Foundation Year or just starting out on their career. Applicants are invited to submit a case report of their best endodontic treatment so far. An application form can be downloaded from: www.roottreatmentuk.com.

Julian Webber, founder of the Harley Street Centre for Endodontics, said: “We hope this award will inspire and encourage young dentists to develop skills in one of the most complex of primary care procedures. While endodontics is taught at dental school and practised by new graduates during their Foundation training, acquiring the confidence to carry out the procedure as well as managing patients is challenging.”

In addition to national recognition, there are five outstanding prizes. First prize is the new WaveOne Endodontic Motor, handpiece and accessories kit, from Dentsply UK and the second prize is a Morita Root ZX® apex locator from Quality Endodontic Distributors (QED). Three further runners up will win a pair of endo-benders from SybronEndo.

The winner’s case report will be written up in a UK dental publication and all successful applicants will be offered the opportunity to spend a day at the Harley Street Centre for Endodontics.

The award will be presented at an event at the Royal Society of Medicine in October this year to celebrate the 10th anniversary year of the Harley Street Centre for Endodontics. The judging panel includes Dr Julian Webber and Dr Trevor Lamb, endodontists at the Centre, and Prof Andrew Eder of the UCL Eastman Dental Institute. No names will be on the country having their picture taken and uploaded to various social media sites to show support and raise awareness for the campaign.

The launch saw members of the dental sector brandishing their smileys and showing their support for Smile Month, now in its 56th year. Parliamentary sponsor Sir Paul Beresford opened the launch; and there were short presentations by BDHF President John Siebert and Chief Exec Nigel Carter, as well as representatives of the campaign’s platinum sponsors Listerine, Precor & Gamble and Wrigley.

Let’s all support the campaign and get our smileys out there!

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**New lighter tint**

**Colgate® Duraphat® Dental Suspension**

**Fluoride Varnish**

**In surgery treatment for caries prevention**

- Clinically proven caries efficacy
  - 33% reduction in dmfs
  - 46% reduction in DMFT
- Quick and easy application
- Temporary light tint for visual control

Applying fluoride varnish containing 22,600ppm F is a recommended intervention in ‘Delivering Better Oral Health – An evidence-based toolkit for prevention’.

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**Endodontic Award 2012**

**The application process is simple - dentists are asked to submit details of one endodontic case which showcases their ability. The deadline for applications is 2 September 2012.**

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**Colgate®**

Dental Suspension 50mg/ml Dental Suspension.

Active ingredients: 50mg Sodium Fluoride equivalent to 22.6mg of Fluoride (22,600ppm F)

Indications: Prevention of caries, desensitisation of hypersensitive teeth. Dosage and administration: Recommended dosage for single application: for milk teeth up to 625mg (1.315ml Fluoride), for mixed dentition up to 0.4ml (19.5mg Fluoride), for permanent dentition up to 0.75ml (14.95 Fluoride). For caries prophylaxis the application is usually repeated every 6 months but more frequent applications (every 3 months) may be made. For desensitisation 2 or 3 applications should be made within a few days.

Contraindications: Hypersensitivity to colophony and/or any other constituents. Ulcerative gingivitis. Stomatitis. Bronchial asthma. Special warnings and special precautions for use: F the whole dentition is being treated the application should not be carried out on an empty stomach. On the day of application other high fluoride preparations such as a fluoride gel should be avoided. Fluoride supplements should be suspended for several days after applying Duraphat. Interactions with other medicines: The presence of alcohol in the Duraphat formula should be considered.

Legal classification: POM. Product licence number: PL 00019/00142. Product licence holder: Colgate-Palmolive (UK) Ltd, Guilford Business Park, Mead Road, Guilford, Surrey GU2 8JZ. Price: £22.70 excl VAT (£10ml tube). Date of revision of text: July 2009.
Dentists raise money for children's cancer ward

In December 2003, 15-year-old Robbie Anderson set up a Trust to improve the quality of life for young people spending long periods of time on the children’s cancer ward, where he too was a patient. As explained on The Robbie Anderson Cancer Trust website: “Robbie knew his cancer was terminal, but even that knowledge didn’t deter him from going to his school (last) Christmas in hospital, he set about fundraising for a large plasma TV screen for his ward. He wanted the children on the oncology ward to be able to do what everyone else was doing – playing games and watching Christmas films with their families, something many of us can take for granted. On December 24th it was fixed to the wall in the Day Room. Sadly, 10 weeks later, Robbie passed away.”

Cancer is a battle that must be fought on all fronts - the psychological fight is in many ways as important as the physical and Robbie’s time in hospital was made so much worse by the lack of any facilities for his age group.

“His Trust, which continues to support the Children’s Oncology Ward at Leicester Royal Infirmary, aims to work towards providing a facility where all children are treated in age-appropriate surroundings, with a particular focus on teenagers. The proposed unit will cost £1.4 million to build, but will be a centre of excellence with clearly defined spaces for each age group.

And this is where you, the reader, come in. In July, Robbie’s parents and members of the dental profession will be setting off on an epic journey to the exotic principality of Monte Carlo to raise funds and awareness of children and young adults suffering with cancer. The trip, however, will also be carrying out one of Robbie’s wishes, which was to go to Monte Carlo and place a bet on the number eight on a roulette table! All the participants are self-funding the drive and all money raised will go towards funding the age appropriate cancer facility at Leicester Royal Infirmary.

Energy drinks responsible for irreversible damage to teeth

A recent study published in the May/June 2012 issue of General Dentistry, the peer-reviewed clinical journal of the Academy of General Dentistry, found that an alarming increase in the consumption of sports and energy drinks, especially among adolescents, is causing irreversible damage to teeth—specifically, the high acidity levels in the drinks erode tooth enamel.

“Young adults consume these drinks assuming that they will improve their sports performance and energy levels and that they are ‘better’ for them than soda,” said Poonam Jain, BDS, MS, MPH, lead author of the study. “Most of these patients are shocked to learn that these drinks are essentially bathing their teeth with acid.”

Researchers examined the acidity levels in 15 sports drinks and nine energy drinks. They found that the acidity levels can vary between brands of beverages and flavours of the same brand. To test the effect of the acidity levels, the researchers immersed samples of human tooth enamel in each beverage for 15 minutes, followed by immersion in artificial saliva for two hours. This cycle was repeated four times a day for five days, and the samples were stored in fresh artificial saliva at all other times.

“This type of testing simulates the same exposure that a large proportion of American teens and young adults are subjected to their teeth to a regular basis when they drink one of these beverages every few hours,” said Dr Jain.

The researchers found that damage to enamel was evident after only five days of exposure to sports or energy drinks, although energy drinks showed a significantly greater potential to damage teeth than sports drinks. In fact, the authors found that energy drinks cause twice as much damage to teeth as sports drinks.

One of the researchers, Dr Bone, recommends that her patients minimise their intake of sports and energy drinks. She also advises them to chew sugary-free gum or rinse the mouth with water following consumption of the drinks. “Both tactics increase saliva flow, which naturally helps to return the acidity levels in the mouth to normal,” she said.

Energy drinks are causing enamel damage

As unemployment of the under 25s surpasses the 1m mark, Neil Sikka, of Barbi- can Dental Care, has created an initiative that will provide training and real job prospects.

Working in conjunction with Tower Hamlets, the local college and other practices in the Canary and Whitehorse, Neil’s iNSkills initiative will provide disaffected youth of Tower Hamlets and Newham the opportunity to learn and work within the dental world. After an 18-month period, candidates will graduate with an NVQ Level 4 qualification in Dental Nursing.

Neil Sikka states: “Within the Square Mile there are some of the most successful businesses and the richest people. But just outside, is Tower Hamlets and Newham, the poorest borough in the Capital. We wanted to create a scheme where we could offer people the chance of training, work and, more importantly, career development.

In the pilot scheme, launched in January 2012, trainees will be recruited from the borough of Tower Hamlets. Depending on the success of the initiative, it could go national.

Tower Hamlet Council’s Skillsmatch – the outreach team with established links in the community – will be responsible for sourcing, screening and mentor- ing the trainees throughout the duration of the course. Tower Hamlets College will provide the training on a day-release basis and students will gain work experience and valuable on-the-job training in selected for the other four days. Students will benefit from a mentor- ing scheme to ensure their performance is maintained.

Neil has been responsible for recruiting other practices to the scheme. The Dental Surgery in the Corn Exchange and Smile Im- plant Practice have both agreed to involved in the inaugural launch. Each practice will take on a minimum of two trainees, with the goal of a ‘earn as you learn’ element, where students will be paid for their working and college time.

Neil concludes: “We are very excited about iNSkills. Initial in- terviews are being arranged and we hope to recruit one of the two main list of candidates. We are very commit- ted to recruiting, developing and empowering our students and we are confident iNSkills will be a success.”

Leaflet and poster on NHS dental services and charges now available

Details of NHS dental services and new charges are outlined in a new leaflet and poster. The leaflet describes how NHS dental services in England work, including how to find an NHS dentist, what treatment to expect and how much it will cost. The poster shows the charges to pay from April 2012 depending on the treatment needed.

The NHS dental services in England (540K) leaflet includes information on: http://www.dh.gov.uk/health/files/2012/04/2900096-Dental-Poster-v1-TAGGED.pdf

○ Free NHS dental treatment or treatment to expect and charges now available

○ Dental appliances

○ Urgent NHS dental treatment and care out of hours

The NHS dental charges from 1 April 2012 (640K) poster includes details of: www.dh.gov.uk/health/files/2012/04/2900096-Dental-Poster-v1-TAGGED.pdf

○ Charges for each complete course of treatment

○ Charges for referral for a course of treatment

○ Treatments that are free

Where to find information on free dental treatment or help with health costs

Source: www.qag.org

iNSkills – a pathway to a brighter future

A new employment initiative, the under 25s surpasses the 1m

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The researchers found that damage to enamel was evident after only five days of exposure to sports or energy drinks, although energy drinks showed a significantly greater potential to damage teeth than sports drinks. In fact, the authors found that energy drinks cause twice as much damage to teeth as sports drinks.

One of the researchers, Dr Bone, recommends that her patients minimise their intake of sports and energy drinks. She also advises them to chew sugary-free gum or rinse the mouth with water following consumption of the drinks. “Both tactics increase saliva flow, which naturally helps to return the acidity levels in the mouth to normal,” she said.

Also, patients should wait at least an hour to brush their teeth after consuming sports and energy drinks. Otherwise, says Dr Bone, they will be spreading acid onto the tooth surfaces, increasing the erosive action.

Source: www.qag.org
The regime that shows plaque bacteria no mercy

Adding LISTERINE® Total Care to your patients’ daily prevention routine finishes the job started by mechanical cleaning

Communicating the value of a three-step daily prevention process – brush, floss and rinse – to patients in an effective manner will help to keep the message resonating between appointments, improving their commitment to better oral health.

Following mechanical cleaning with a mouthwash that will lower the bacterial burden in the mouth is an extremely important part of achieving the ultimate in oral care at home, and something that patients need to understand is their responsibility. You can help patients do this by promoting a partnership approach that clearly and concisely presents the benefits of combining daily prevention with regular hygiene appointments.

Brushing and flossing/interdental cleaning are pivotal to oral hygiene. They displace and dislodge plaque bacteria that can cause gingivitis and periodontal disease from the tooth surface. But bacteria from other areas of the mouth can recolonize on teeth quickly.¹

Using LISTERINE® after mechanical cleaning destroys bacteria effectively, killing up to 97% of them in vivo.²

This lowers the bacterial burden in the mouth and in plaque that reforms.³ And when used for six months, LISTERINE® can reduce plaque levels by up to 52% more than brushing and flossing alone.⁴

The LISTERINE® Total Care range

The LISTERINE® Total Care range ensures that there is an effective adjunct to help reduce plaque bacteria and manage biofilm in every patient. Plaque biofilm is the main cause of gum disease, and plaque formation begins immediately after brushing. LISTERINE® has broad antibacterial effects against a wide range of species of germs, killing them by destroying their cell walls and inhibiting their ability to multiply.

In addition to containing the LISTERINE® four essential oils – menthol, thymol, methyl salicylate and eucalyptol – which have antibacterial properties and kill plaque bacteria, LISTERINE® Total Care products offer various levels of fluoride and other benefits to suit patients’ needs.

Finish the job. Finish off with Listerine.
Donated materials save teeth in rural Uganda

**DENTSPLY**

Patients in rural Uganda have potentially avoided extractions and kept more of their own teeth thanks to DENTSPLY glass ionomer materials. The company donated materials to the Teeth for Life project organised by DENTAID and Christian Relief Uganda.

Project leader Barbara Koffman, who has been visiting Uganda since 1996 to run free dental pain relief clinics, says donations make a big difference to people with little or no access to dental care.

“When I first went to Uganda, I found a government clinic with very little in it, just two or three forceps and a mouth mirror without a handle,” says Barbara.

She developed a mobile clinic, staffed by volunteer dentists, hygienists and nurses to give hygiene instruction alongside clinical care.

On the most recent trip, in February and March, a small drill and the DENTSPLY GL material made a big difference. “Rather than take painful teeth out, we were able to restore them,” says Barbara. “We are very grateful for any help we are given.”

The next visits to Uganda will be leaving on 1st June and 6th September. Any qualified staff wishing to volunteer to help – with partners attending as helpers – can find out more at www.dentaid.org

CEO of DPA takes legal action over unfair dismissal

Leeds-based solicitors Cohen Cramer has been instructed by Derek Watson, former CEO of the Dental Professionals Association (DPA), in his unfair dismissal claim following the proposed transfer of DPA assets.

After taking independent legal advice on behalf of the members, Derek Watson advised the DPA’s Council that the transfer was unlawful, requiring a majority vote of DPA members. The proposed transfer went ahead and shortly afterwards, Derek was suspended for gross misconduct and subsequently dismissed despite having an exemplary employment record.

Derek Watson said “I am devastated, having worked for the DPA and its members for seven years, by Council’s decision to instantly dismiss me following my advice on their legal obligations regarding the transfer of DPA assets. I am still hoping for, and working towards, a positive solution for the Association and its members.”

Cohen Cramer, specialist lawyers to the dental profession, have submitted a claim to the Employment Tribunal. “No employee should have to tolerate the kind of treatment described by Mr Watson. We are pursuing a number of claims with both the DPA and CODE to address this situation”, says Sarah Leyland, Head of Dental Employment Law.

#A P McCoy OBE joins Bridge2Aid as new patron

A P McCoy OBE joins Bridge2Aid as new patron

Bridge2Aid are delighted to announce that A P McCoy OBE joins us as a new Patron. A P McCoy won BBC Sports Personality of the Year three times, and has been British Jump Racing Champion Jockey every year since 1995/96.

The previous winner of the Cheltenham Gold Cup, Champion Jockey every year since 1995/96.

“I really do feel that together we can make a real difference to people’s lives in one of the poorer parts of the world and urge you to support them in whatever way you can”.

Shaenna Loughname, Bridge2Aids UK Manager said: “We are really pleased that A.P has agreed to become a patron. He has been a supporter of our work for many years now, showing an interest in the work that we do and helping raise much needed funds for Bridge2Aid.”

King’s hosts first conjoint in Orthodontics under the Royal College of Surgeons of Edinburgh

King’s College London Dental Institute hosted the first conjoint in Orthodontics on 25-26 April 2012 under the auspices of the Royal College of Surgeons of Edinburgh.

Previous successful arrangements had been in place for the previous four years allowing a conjoint M Clin Dent and MRD examination in the restorative specialties. This conjoint, in the era of major governance frameworks, was one of the new exams.

In the Orthodontic specialty, the Membership in Orthodontics is assessments were closely intertwined with the assessment for the Master of Science in Orthodontics. The conjoint arrangement offers major advantages for all those involved, exposing candidates to a rigorous and robust assessment process yet supporting the candidate experience.

The examiners represented both organisations and had a broad experience in examination of all aspects of specialist knowledge. They all adapted well to the combined process with major positive outcomes from this unique integration.

The examinations were organised by Fraser McDonald, Professor of Orthodontics at the Dental Institute. He said: “In the days of professional leave restrictions and constraints in health service financial rewards in all employing authorities, this seems the only way forwards to ensure objective specialist evaluation. It can only help support our patients.”

The process was observed by Simon Camilleri and Kevin Mulligan from the University of Malta.

The examiners included (shown in the picture, back row from left to right) David Tewson, Alan Jones, Fraser McDonald, Dirk Bister, Jeremy Breckon, and Nigel Taylor (front row from left to right) Samantha Hodges, Anna Gibilaro, Margaret Collins, Robert Evans.

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