Pay down, hours up

New figures make for bad reading for dental professionals...

Novel figures show that the average pay for self-employed dentists who hold a primary care contract fell by £1,000 to £15,700 in 2010/11.

The decrease is detailed in one of two new reports published by the Health and Social Care Information Centre (HSCIC). The other report, on dentists’ working hours to 2011/12, suggests their average weekly hours have gradually increased.

Dental Earnings and Expenses, England and Wales, 2010/11 reported that in 2010/11 taxable income (gross earnings minus average expenses) from NHS and private dentistry was:

- £117,200 for self-employed primary care dentists who held a contract with their primary care trust (England) or local health board (Wales) – known as providing-performer dentists (who make up about 28 per cent of the primary care dental workforce). This is an 8.5 per cent decrease from £128,000 in 2009/10.

- £62,900 for self-employed primary care dentists who work in a practice but do not hold a contract – known as performer only dentists and who make up the majority (about 72 per cent) of the primary care dental workforce. This is a 4.2 per cent decrease from £65,600 in 2009/10

The report also showed that when both groups were considered together:

- 59.8 per cent earned a taxable income of less than £75,000 in 2010/11 compared to 55.8 per cent in 2009/10.

- 1.1 per cent (241 dentists) earned a taxable income of at least £500,000 in 2010/11, compared to 1.5 per cent in 2009/10.

Dental Working Hours, England and Wales, 2010/11 and 2011/12, also published recently, is based on a survey sample of both full and part time providing-performer and performer only dentists carrying out NHS work in primary care. It provides context to the earnings figures and suggests:

- Between 2006/07 and 2011/12 there were gradual increases in average weekly hours. For providing-performer dentists hours increased from 59.6 to 41.9 hours (smaller increase for performer only dentists), the main factor being a gradual increase in the proportion of time spent on non-clinical work (25.8 per cent in 2011-12).

- In 2011/12, providing-performer and performer only dentists reported working an overall average of 57.5 hours per week in dentistry, of which 28.1 hours (47.8 per cent) were devoted to NHS dental services.

Dental Earnings and Expenses, England and Wales, 2010/11 presents earnings and expenses results by Strategic Health Authority in England, age and gender. It is at www.ic.nhs.uk/pubs/dentalearn-expip11

Dental Working Hours, England and Wales, 2010/11 and 2011/12 can be found at www.ic.nhs.uk/pubs/dentalworking-hours1012
Dentist walks the Two Moors in aid of Mouth Cancer Foundation

A dentist from Weymouth, Dorset and his partner Danielle Wootton, a university lecturer, are walking the Two Moors Way in Devon this September in aid of the Mouth Cancer Foundation. Paul Kelly said: “We decided to do something to raise awareness of the consequences of mouth cancer and Danielle has had a relative die from this condition. Figures for mouth cancer are on the increase”. The Two Moors Way is just over 100 miles and goes over both Exmoor and Dartmoor to finish in Haybridge. Danielle said “neither of us are long-distance walkers but we have been training hard and we are hoping that the weather remains favourable, particularly for the Dartmoor stretch. Fortunately we are doing this over eight days. We are paying for our own accommodation and every penny we receive in support goes to the Mouth Cancer Foundation”.

They are also working on their navigation skills as part of the route is described as “unway-marked” open moorland. Fortunately Paul has done some navigation before, but he still feels the need to practice in the field with a compass and an ordinance survey map.

He said: “We have read blogs of others who have done this walk and had nothing but rain day after day. We hope that doesn’t happen to us”. Paul said: “We are taking seriously the requirement to upgrade our fitness levels”. Paul used to be a keen surfer, mountain biker and badminton player but he said that it had been too easy to let these activities slip by the wayside as years passed. Danielle used to enjoy cycling and tennis and she says that she is really enjoying discovering a level of fitness that she thought she had lost. They have had support from a local radio station, set up for the period of the 2012 Olympic events in Weymouth and Portland, that has been playing recordings of an interview with Paul to raise awareness about mouth cancer.

Paul stated that the aim of the walk was not only to raise funds but also to raise awareness about the population regarding mouth cancer. He will be emphasising the importance of early diagnosis, attention to risk factors, and the changing demographics, with more young people being affected.

For any one who wishes to donate visit http://www.mycharitypage.com/paulkelly

Rise in young female dentists working for the NHS, says new report

A n increasing number of female dentists are working for the NHS, with the gap between male and female numbers narrowing, a new Health and Social Care Information Centre (HSCIC) report shows.

Of the almost 23,000 high street dentists who performed NHS activity in 2011/12, 44.5 per cent were female. This is up from 43.5 per cent on the previous year and from 38.8 per cent in 2006/07.

There has been a gradual increase in the number of female dentists making up the under-55 age group; which is now 55.4 per cent compared to 55.2 per cent in the previous year and 51.8 per cent in 2006/07.

The report; NHS Dental Statistics for England: 2011/12 brings together information on different aspects of NHS dentistry in England, from the number of dentists working for the NHS and the amount of activity they perform, to the number of patients seen by an NHS dentist.

Key facts include:

- 29.0 million patients (56.6 per cent of the population, including children and adults) were seen by an NHS dentist in the 24 months to June 2012; a 0.4 million increase on the 24 months to June 2011 (55.8 per cent of the population) and a 1.4 million increase on the 24 months to March 2006, immediately prior to the introduction of the current dental contract when 55.8 per cent of the population were seen by an NHS dentist.

- 7.8 million child patients, or 70.7 per cent of children, were seen by an NHS dentist in the 24 months to June 2012, 0.4 percent point (42,000) more than the 24 months to June 2011 when 70.4 per cent of children saw a dentist but the same number and percentage of children as in the 24 months to March 2006.

- The number of courses of treatment performed on the NHS increased by 126,080 (0.8 per cent) in a year to reach 59.6 million in 2011/12. This number has been increasing each year since the courses of treatment measure was first introduced in 2006/07.

HSCIC chief executive Tim Straughan said: “Today’s figures come hot on the heels of two more HSCIC reports that show dentists’ working hours have gradually increased. Primary care dentists have also seen a drop in their taxable income. Together, these dentistry reports offer a broad picture of what is happening within the dental profession and its patients.”

September is Colgate Oral Health Month

This September, The British Dental Association and Colgate are partnering to raise awareness of oral health as part of overall health. Colgate Oral Health Month, now in its 10th year, aims to inform and educate the general public on the importance of good oral health, and to encourage communication between dental professionals and patients. The theme for the 2012 campaign is “Oral Health as Part of Overall Health” with the following messages:

- Brush your teeth twice a day with fluoride toothpaste
- Avoid sugary snacks and drinks between meals
- Visit the dentist regularly

To help raise awareness and engage with the entire population, Colgate is running a national radio advertising campaign, focusing on the three key messages above. Additionally Colgate is hosting a Q&A event on their Facebook page during the month of September inviting the general public to have their oral care questions answered by a dentist.

Dental professional participation is key to the success of this campaign. Colgate will provide all registered practices with Colgate Oral Health Month practice packs containing educational materials to help your team create a practice display. Colgate Oral Health Month is an opportunity to reinforce the benefits of improving oral health as part of a national campaign, and your entire dental team can play a key role, as part of your on-going delivery of care.

A national Colgate Oral Health Month road show will provide oral health information to the general public throughout the month of September. Venues include Croydon, Cardiff, Kingston, Reading, Bath, Islington, Birmingham, Liverpool, Manchester, Sheffield, Leeds, Newcastle and Glasgow. Dental hygienists and therapists will provide oral care advice and raise awareness of oral health as part of overall health. If you’re interested in attending one of the road shows, full details of the venues can be found at www.colgateprofessional.co.uk.

Colgate will provide a verifiable CPD Programme for all dental professionals: Delivering Better Oral Health – Promoting Prevention in Adults. This will be available to download from 1st September at www.colgateprofessional.co.uk.

For further information please contact the Colgate Oral Health Month registration line on 0161 665 5861.
Editorial comment

This week sees the start of Colgate Oral Health Month (COHM) - a dental public health campaign now in its tenth year.

Aiming to inform and educate the general public on the importance of good oral health, and to encourage communication between dental professionals and patients, COHM is a partnership between the BDA and Colgate with activities such as roadshows and a social media campaign to get the message across to the public that oral health is a fundamental part of overall health.

Get involved with the campaign - contact the Colgate Oral Health Month registration line on 0161 665 5881 for a registration pack and more information about the campaign’s events.

As I write, the Paralympics are now in full swing so please join me in wishing all competitors (but especially Team GB) the best of luck.

BDA welcomes Monitor licensing exemption proposal

The British Dental Association (BDA) has welcomed a proposal that providers of primary dental services in England will not be subject to licensing by Monitor. The proposal, which is outlined in a Department of Health consultation published today (15 August 2012), follows extensive lobbying by the BDA.

The BDA has made the case against the need for Monitor to license dentistry since the possibility was raised by the publication of the Health and Social Care Bill in 2010. BDA campaigning has stressed to politicians and the Department of Health the extensive regulatory regime to which primary care dentistry is already subject, and has seen BDA officers regularly pressing for confirmation that Monitor’s regime would not be applied to the sector.

Dr John Milne, Chair of the BDA’s General Dental Practice Committee, said: “Dentistry is already subject to extensive regulation. Adding another, unnecessary layer to the many that already sit across our practices would serve only to tie dentistry up in even more red tape. That’s why the BDA has lobbied hard against the possibility of Monitor licensing dental practice.

“We are pleased to see that our campaigning appears to have borne fruit and welcome today’s proposal that primary care dentistry will not be subject to Monitor’s regime. This is a sensible recommendation and good news for dental practice.”

The consultation document, Protecting and promoting patients’ interests – licensing providers of NHS services, considers who will be licensed by Monitor, how licensing will operate and the financial penalties that Monitor will be able to impose for breaches of its licensing conditions. The BDA will be reinforcing its view that what has been recommended is appropriate in a formal response to the consultation.

News

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don’t hesitate to write to:
The Editor,
Dental Tribune UK Ltd,
4th Floor, Treasure House,
19-21 Hatton Garden,
London, EC1 8BA
Or email:
li@dentaltribuneuk.com

O R A L  H E A L T H  M O N T H  S E P T E M B E R  2 0 1 2

Oral Health as Part of Overall Health

This year, Colgate and the British Dental Association are partnering to raise awareness of oral health as part of overall health. As part of your on-going delivery of care, the entire dental team can get involved to reinforce the benefits of improving oral health.

Visit www.colgateprofessional.co.uk to download the 2012 verifiable CPD programme ‘Delivering Prevention in Adults’.

If your practice has not previously been involved in Colgate Oral Health Month, please call 0161 665 5881 to register.

Visit www.colgateprofessional.co.uk
Researchers identify markers of oral cancer

A group of molecular markers have been identified that can help clinicians determine which patients with low-grade oral premalignant lesions are at high risk for progression to oral cancer, according to data from the Oral Cancer Prediction Longitudinal Study published in Cancer Prevention Research, a journal of the American Association for Cancer Research.

"The results of our study should help us identify patients that not everyone with a low-grade oral premalignant lesion will progress to cancer," said Miriam Rosin, Ph.D., director of the Oral Cancer Prevention Program at the BC Cancer Agency in Vancouver, British Columbia, Canada. "However, they should also begin to give clinicians a better idea of which patients need closer follow-up."

Oral cancers are a global public health problem with close to 300,000 new cases identified worldwide each year. Many of these cancers are preceded by premalignant lesions. Severe lesions are associated with a high progression risk, and would be treated definitively. However, the challenge within the field has been to distinguish which low-grade lesions are the most likely to progress to cancer.

In 2000, Rosin and colleagues used samples of oral premalignant lesions where progression to cancer was known to have subsequently occurred in order to develop a method for grouping patients into high-risk or high-risk categories based on differences in their DNA. In their current population-based study, they confirmed that this approach was able to correctly categorize patients as less or more likely to progress to cancer.

They analysed samples from 296 patients with mild or moderate oral dysplasia identified and followed over years by the BC Oral Biopsy Service, which receives biopsies from dentists and ENT surgeons across the province. Patients classified as high-risk had an almost 2.5-fold increased risk for progression.

Next, two additional DNA molecular risk markers called loss of heterozygosity were added to the analysis in an attempt to better differentiate patients’ risks. They used the disease samples from the prospective study, and categorised patients into low-, intermediate- and high-risk groups.

"Compared with the low-risk group, intermediate-risk patients had an 11-fold increased risk for progression and the high-risk group had a 52-fold increase in risk for progression," Rosin said.

Of patients categorised as low-risk, only 5.1 percent had disease that progressed to cancer within five years. In contrast, intermediate-risk patients had a 16.5 percent five-year progression rate and high-risk patients had a 65.1 percent five-year progression rate.

"That means that out of every three high-risk cases are progressing," Rosin said. "Identifying lesions are more likely to progress may give clinicians a chance to intervene in high-risk cases, and may help to prevent unnecessary treatment in low-risk cases."
Making Digital Dentistry Happen

3D Printing Solutions for Digital Dentistry

- Print stone models, veneer try-ins and delivery trays, surgical guides, denture try-ins, orthodontic appliances and more
- Produce parts faster with superior accuracy and resolution
- Eliminate manual work and improve efficiency

Objet Eden260V 3D Printer

Find out how Objet 3D Printing can transform your dental business today.

www.objetdental.com • dental@objet.com
BDA celebrates individual contributions to dentistry

Fourteen individuals who have made outstanding contributions to dentistry have been honoured by the British Dental Association (BDA) in the organisation’s 2012 Honours and Awards which it has announced this week.

BDA Fellowship, which is awarded in recognition of outstanding and distinguished service to the dental profession, has been conferred on three individuals: Dr Mike Arthur, a general dental practitioner in Lanarkshire and former Chair of the BDA’s Scottish Council; Dr Lester Ellman, a general dental practitioner and former Chair of the BDA’s General Dental Practice Committee (GDPC); and Dr Raj Joshi, a consultant in restorative dentistry who has represented hospital dentists at a national level for many years and served as both Chairman and President of the South Yorkshire Branch.

BDA Life Membership was conferred on three individuals: Dr John Mooney, the current Chair and former President of the BDA’s East Lancashire Cheshire Branch who has served as a Vice Chair of GDPC and member of the BDA’s Executive Board; Mr Jackie Morrison who has served both the BDA’s Community Dental Services Group and its West of Scotland Branch in roles including President; and former Consultant in Dental Public Health Dr Richard Ward, a former Chair of the BDA’s Eastern Counties Committee for Community Dental Services (now Salaried Dentists Committee).

Three individuals’ names will be entered on the BDA’s Roll of Distinction: British Dental Trade Association Executive Director Tony Reed, Emeritus Professor Philip Sutcliffe and BDA Director Linda Wallace.

Dr Malcolm Heath of the BDA’s Eastern Counties Branch, and Dr John Herrick, who has played a leading role on the BDA’s Salaried Services Committee, have been awarded the BDA’s Certificate of Merit for Services to the Association. Dr David Croser, Communications Manager for the BDA, has been appointed to the BDA’s Certificate of Merit for the campaign to allow dentists living with HIV to practise, and Dr Mervyn Drumain, a leading figure in the BDA’s Metropolitan Branch, have been awarded the BDA’s Certificate of Merit for Services to the profession.

A ceremony to present the winners with their awards will be held in London in November.
Afer Team GB Hockey star Kate Walsh suffered a serious facial injury during the Olympics, an oral health charity believes it serves as a timely reminder for those requiring mouthguards to get fitted up.

Mouthguards are an essential piece of kit when it comes to playing sports that involve physical contact. The British Dental Health Foundation is advising parents whose children play contact sports to get their child fitted with a mouthguard to help protect against unwanted accidents.

It is estimated 40 per cent of all mouth injuries can be relat-
ed to sports. Minor dental injuries can include a chip or crack in the tooth. Athletes can also lose teeth and suffer damage as the result of biting the tongue or the cheek. Biting the inside of the mouth can also lead to cuts that may require stitches. Fractures of the upper and lower jaw, cheekbones, eye sockets or any combination can have more serious consequences.

Karen Coates, Dental Helpline Advisor at the Foundation, said: “While mouthguards may not protect against concussion or have any impact on its severity, they can reduce further oral health complications.

“If your child plays football, rugby, cricket, hockey or rounders, or any contact sport then they will need a mouthguard.

“Although you cannot get mouthguards on the NHS, the Foundation recommends you talk to your child’s dentist. A mouthguard needs to fit the mouth exactly and protects teeth and gums properly.

“The mouthguard is fitted individually so you should constantly review them to make sure it is still fit for purpose as your child develops.”

If your child is involved in an accident and loses a tooth, Karen offers the following tips for a speedy recovery:

• Firstly, if you can find the tooth and it is clean - put it back into the socket yourself.

• Put the tooth straight into a cup of milk or keep it in your mouth.

• Do go to a dentist or hospital as soon as possible.

• Do take painkillers if necessary.

• Don’t hold the tooth by the root, as teeth are surrounded by fragile ligaments which need to be kept intact if the tooth is to be replaced.

Donations made at the viewing will go towards the children’s charity Smile Train, as Dr Michael Zuk explained: “Lennon gave his tooth to a fan in good spirit so I wanted to do a few things that would raise awareness of the charity Smile Train, so we are asking people that come to view the sculpture at Kirsten’s Art Show this weekend in Edmonton to consider making a donation which helps children with cleft lip and palate.”

The sculpture was created by artist Kirsten Zuk, whose brother, dentist Dr Michael Zuk, won the tooth at an auction in Stockport for £19,500 last year. According to reports, Kirsten Zuk has incorporated the small piece of the molar in her clay model of the singer as a tribute to the Beatles icon.

Speaking about the sculpture, which will be on display during Edmonton’s Fringe Festival, Kirsten said: “I love John Lennon – I’ve been a huge fan all my life. This is like a time capsule. It will contain his DNA.”

Donations made at the viewing will go towards the children’s charity Smile Train, as Dr Michael Zuk explained: “Lennon gave his tooth to a fan in good spirit so I wanted to do a few things that would raise awareness of the charity Smile Train, so we are asking people that come to view the sculpture at Kirsten’s Art Show this weekend in Edmonton to consider making a donation which helps children with cleft lip and palate.”

The tooth was originally given to Lennon’s housekeeper Dorothy Jarlet, who worked for the singer at his home in Weybridge between 1964 and 1968.

---

Dental Focus® Web Design supports the Mouth Cancer Foundation 10km Awareness Walk

The 7th annual FREE Mouth Cancer Foundation 10km Awareness Walk will take place on Saturday 22nd September at Hyde Park in London. The event will raise much-needed funds for the Mouth Cancer Foundation, while also working to raise awareness of all head and neck cancers.

Among the many sponsors of the event is Dental Focus® Web Design – an award-winning team of online marketing experts, with more than 500 dental websites to their name. As part of Dental Focus’s commitment to the charity and its issues affecting dentistry, Dental Focus won’t just be sponsoring the Mouth Cancer Foundation Awareness Walk – members of the team will also be taking part in the walk as well! With last year’s event a fantastic success, this year’s event aims to be even bigger and better than ever before.

To join the Dental Focus® team on the walk, you can register for free at www.mouthcancerwalk.org.

On the day of the event, from 1pm, you will be able to collect your participant bib, t-shirt and refreshments for the walk that will start at 2pm. Once the walk is complete you can look forward to receiving your very own goodie bag packed with freebies, with prizes awarded to the highest individual and team fundraisers.

For more information visit www.mouthcancerwalk.org.

---

Dentists will lose 5% of patients and their fees under a new government-backed contract, which was supposed to help improve accessibility and affordability.

---

Planmeca signs record-breaking Saudi contracts

Finnish dental equipment manufacturer Planmeca delivers three fully digital teaching environments to King Saud University College of Dentistry and the National Guard of Saudi Arabia Health Affairs as part of an extensive local health care development and investment to education.

This substantial delivery agreement includes a turnkey solution with more than 1,000 dental units, simulation units, 2D and 3D X-ray systems combined with a female dental college and builds a new dental hospital on the male college campus. At the same time, the National Guard of Saudi Arabia invests in top level teaching environment for the educational and research purposes of the King Saud bin Abdulaziz University for Health Sciences College of Dentistry.

In co-operation with its local distributor Care Ltd., Planmeca delivers the complete digital university installations including 990 Planmeca Compact i and Planmeca Sovereign dental units and 100 simulation units as well as a complete imaging system consisting of 18 Planmeca ProMax 3D dental X-ray units, 545 Planmeca ProX digital intraoral imaging systems all interconnected with Planmeca Romexis software. The installations will be completed in fall 2012.

---

Dental Protection launches new workshop

The third workshop in Dental Protection’s communication and risk management skills series will be launched on 28 August in Hong Kong during the FDI Annual World Dental Congress. Key stakeholders from a variety of countries have been invited to attend the inaugural workshop that will be introduced by Kevin Lewis (Dental Director) and facilitated by John Tiernan (Director of Educational Services DPL/MPS).

Like other workshops in the series, Mastering Difficult Interactions is a three-hour interactive workshop that is available to members free of charge and to non-members at a charge.

Mastering Difficult Interactions provides a solution-focused approach to enhancing effectiveness and ease when dealing with difficult interactions.

By attending this workshop delegates will:

• Understand the choices available when faced with a difficult interaction
• Learn techniques to minimise conflict and deal with challenging scenarios
• Build the skills to effectively “diagnose” the problem
• Learn personal and “survival” skills to reduce stress
• Improve the clinical outcomes of these complex situations

The new workshop will run in the UK and Ireland later this year when early booking is advised. Full details are available online http://bit.ly/0ZkVve

---

---

---

---