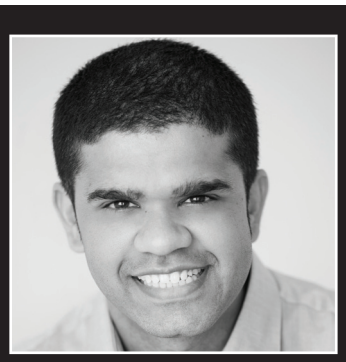

This month, **DR NILESH R PARMAR**, asks, when is one too successful?...

DENTISTRY isn't easy. Making the decision to look into people's mouths for the rest of your life is a tough one. Getting into dental school is almost impossible. Qualifying and leaving dental school usually requires a divine intervention. Finding a VT place with a trainer who you'll get along with is a long shot, before, finally, by some miracle, finding a dental practice where you can work for the rest of your days.

It's a hard day's work as a dentist. We don't work in an office where we can happily walk to the loo whenever the urge takes us. We can't sit and make phone calls or update our Facebook status or send a Tweet when the mood hits us. Having a busy dental list is frantic! If you are seeing 30-40 patients a day, you won't even have time to go to the loo. The spare five minutes when you may actually get to hit the bathroom, you'll find that one of your patients has beaten you to it and it's "occupied".

What am I getting at? Well, non-dentists can't really understand how much pressure a dentist is under. People generally want miracles from us, they want it for free and they want it to work for life. Most of you will know that the main bulk of my work is dental implants. My patients pay a lot of money to have a part of their anatomy replaced, but, often, I find their expectations are too great. They will happily pay £40k for a BMW and pay another £2k to have the air conditioning fixed two years later. But, if they pay a similar amount for some shiny dental implants, they seem to think that these will last for life without any maintenance.

Making money as a dentist (yes, "money" – the taboo word!) is not easy. Yes, we can all earn a decent living fixing teeth, but to actually earn a sizeable income doing good quality dentistry isn't easy. Just being a good clinician isn't going to cut it; you need to be a good dentist, a good businessman and a shrewd decision maker.

So, why is it that being a successful dentist is a bad thing? Surely we should be applauding those in the dental world who are providing first class treatment and getting paid accordingly for it. There is nothing wrong with making money in the medical field; look at our American cousins across the pond. American dentists are some of the most highly paid in the world, and rightly so – the work we do is hard and took years of training. You worked hard to be in the position you are in, so enjoy it – you've earned it. ■

JANET COLLINS, head of standards at the GDC, looks at the new Standards...

DEVELOPING the new Standards for the Dental Team *has been a lengthy and in-depth process, but one that we think has produced standards which have patient protection at their heart and provide more clarity on what we expect of dental professionals.*

The current Standards were first published in May 2005. At that time, dental nurses, dental technicians, clinical dental technicians and orthodontic therapists were not registered, and the needs of those groups were not necessarily considered in the drafting of the current Standards.

It has taken nearly three years to review the Standards and produce Standards for the Dental Team*. We believe it has been worth the hard work. The Standards Review Working Group was established in February 2011 to oversee the review and was clear from the outset that the development of the new Standards should be firmly based on evidence. The project involved a mixture of both qualitative and quantitative research methods, registrant and stakeholder engagement and targeted qualitative research, as well as consultation on the document itself.*

The first stage of the research involved asking patients and the public what they expected from their dental professionals in relation to standards. The next stage echoed these questions with registrants and stakeholders, and also asked what they would like to see from the new Standards, as well as what problems they had encountered with the current version. The final stage involved asking for views on the format and content of the drafts.

We listened to what people said throughout the process and made key changes on the basis of that feedback. Each section of the new document includes the relevant patient expectations. We heard about the importance of communication from both patients and registrants, and we now have a standalone principle on communication. We were told that we needed to produce guidance on using social networking sites, like Facebook, and that is exactly what we've done. Registrants also told us that they wanted more clarity, and we have strengthened the language and included more prescriptive guidance. "Must" and "should" are used throughout the document so that registrants know exactly what we expect from them. Other changes include: standalone principle on personal behaviour; greater emphasis on softer skills; and new requirements to display indicative prices for treatment.

As with the current Standards, all registrants have an individual responsibility to behave professionally and to follow the principles at all times. If a complaint is made about a registrant, their behaviour/conduct will be measured against the Standards and guidance.

The new Standards have been approved by Council and will take effect on September 30 2013. You can view them on the GDC website at www.gdc-uk.org. ■

Dental Wellness Trust

An update from the **DENTAL WELLNESS TRUST**...

THE Dental Wellness Trust has started to implement an oral health education programme in Khayelitsha, Cape Town. To understand the needs of local communities, the Trust has been working in partnership with South African charity, Ikamva Labuntu. One project has been the translation of training materials into the local language, Xhosa. We are also using tippy taps, which is an innovative way to access water. Tippy taps are easy to make and can be constructed using recycled materials. The first "official" tippy tap was built in the 80s by Dr Jim Watt, in Zimbabwe. Many variations have since been developed to suit the needs of local communities (see www.tippytap.org/ for more).

We are researching the dental needs of the elderly in care homes. To begin with, we are carrying out an assessment of oral health for the elderly residents of Highlands House care home in Cape Town. This initiative followed a seminar in April for 20 carers and managers, led by Dr Linda Greenwall and Dr Alon Livni at Highlands House. Oral health often has low priority in elderly care. The seminar aimed to show the importance of oral health care and the relationship oral health has with overall health and wellbeing. This initiative will be used to develop oral health protocols for the elderly in care homes in the UK.

Pilot oral health education workshops have begun for school children in Luton. In June, a team of volunteers spent the day delivering workshops at Pirton Hill Primary School. We propose to implement the workshops within the primary schools of Luton, where the dental decay is significantly higher than the national average in the UK. The workshops aim to teach and reinforce positive oral and healthy dietary habits to prevent the development of dental disease – in keeping with the message of overall good health. Our research indicates that there are a number of existing schemes aimed at improving oral health within Luton, however, the majority of which are targeted at the under-five age group. At present, we are piloting the workshops and welcome feedback from the schools to ensure future workshops are effective and enjoyable to promote our messages.

As the new academic year approaches, we are welcoming interest from dental students who would like to become student representatives. We are excited to announce that students from Bristol Dental School have adopted the Dental Wellness Trust as their chosen charity for the coming academic year. The student group plans to promote oral health in local schools and raise awareness of the charity in Bristol.

We are also excited to announce that Dental Wellness Trust founder, Dr Greenwall, was a finalist in the WIZO UK Commitment Awards. The awards recognise outstanding commitment and passion for charitable causes. A significant number of high caliber individuals were nominated for the Charity Entrepreneur category, which recognises a philanthropic individual who is committed to using their inventiveness and vision for the development of others. ■

CDO, **BARRY COCKCROFT**, fills us in on the latest developments...

THE publication of Securing Excellence in Dental Commissioning*, in February, was warmly welcomed, and the idea that all dental services should be directly commissioned by NHS England is viewed by all stakeholders as a very positive step.*

There was an inevitable hiatus after the publication of the document, whilst appointments were made and policy intentions became clearer.

NHS England plans, in relation to dental commissioning, are now much more developed; commissioners for NHS dental services have been identified at area team level and the first meeting of the National Dental Commissioning Group took place on August 6. The meeting was really positive, with priorities identified and more work streams established.

Prior to the meeting, NHS England held four regional engagement events around the country, and these proved informative, constructive and popular (so popular, in fact, that some people who attended were not invited!). The days were jointly chaired by myself and David Geddes, head of the direct commissioning of primary care within NHS England, and supported by Sandra White, Public Health England regional lead for commissioning.

Serbjit Kaur, deputy chief dental officer, who has been leading the work on the development of the pathway approach to care, gave an update on the work and significant progress which has been made to date. Janet Clarke and Colette Bridgman both spoke on the work streams they are leading on improving services and outcomes for vulnerable groups and the reconfiguring of oral surgery services, which offers significant advantages to both commissioners and patients.

The events were extremely interactive. Delegates took part in two separate workshop sessions, and the feedback for those was used as the basis for much of the discussion at the National Dental Commissioning Group.

Delegates who attended the events will receive a full report and collation of the feedback. The days' proceedings were concluded by talks from Health Education England on the crucial role education will play in developing the workforce of the future to meet the ever changing needs of the population, and from the leads of the contract reform programme currently being led by the Department of Health.

This quite extensive clinical and commissioner engagement has set the working style that NHS England means to adopt. One of the key feedback points was the helpfulness of these meetings, and we will certainly be looking to build our stakeholder engagement along these lines. ■