**Government ‘spin’ continues**

The Tories have accused the government of spin and distortion, after it claimed access to NHS dentists has improved.

Official figures released at the end of last year show that 1.2m fewer patients saw an NHS dentist in the two years running up to June 2008 than in the last two years under the old contract.

However Anne Keen, the health minister, told Parliament in December that ‘there is no question but that access has improved throughout the country’.

The minister has since admitted, in a parliamentary written answer, that she based that claim on figures from less than one third of primary care trusts.

Mike Penning, the shadow health minister called it yet another example of this government treating the British people like fools’. He said: ‘Their attempt to gloss over their complete failure on dentistry by basing their calculations on just three out of ten areas in England is typical of the sort of spin and distortion we have become used to under Gordon Brown.

But it won’t wash. Millions of taxpayers know that Labour are not being straight with them because they or their families are no longer able to see an NHS dentist, to tell them otherwise is an insult to their intelligence.’

A Department of Health spokesperson said: ‘In many areas of the country, increased investment, new NHS dental practices and more NHS dentists have already supported increased access. We want to ensure that this progress is reflected all over the country.’

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**Chemical leak**

The town centre in Barnsley in Yorkshire was sealed off for four hours and dental staff were rushed to hospital after a fire caused a chemical leak at a dental surgery.

The Dental Studio on Peel Arcade in the town centre was cordoned off and shoppers and workers were evacuated after fears that the chemical which is used to develop X-rays was toxic.

A small fire had broken out at the surgery exposing the chemical waste products to heat and causing it to give of ammonia fumes.

A police spokeswoman said: ‘Some of the staff were exposed to the fumes and were experiencing some irritation around the eyes and nose. They were taken to hospital for a precautionary check up but later discharged.’

Fire crews used sand to mop up the chemical and the manufacturer was contacted to collect the fluid.

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**Knife robber**

An man armed with a knife robbed a dental surgery in Surrey. The robber raided the surgery in London Road at lunchtime on 26 January and escaped with an unknown amount of money. A woman in her forties received slight injuries during the raid and was treated at the scene for cuts to her hand.

The robber is a white man in his 20s, who was seen wearing a grey hooded top.

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**Diploma award**

Dr Sarah Glover of the Birdgate Surgery in Pickering, Yorkshire is celebrating after gaining a diploma in restorative dentistry with the Royal College of Surgeons.

Dr Glover studied dentistry at Cardiff University and qualified in 1996. Dr Glover said: ‘My special interest in this subject has led me to be able to take referrals from other dentists and patients in the area.’

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**House raffle**

A dental technician and his wife are raffling their four-bedroomed house in Devon, with tickets costing just £25.

Stephen and Caroline Sicklemore have had their house in Dawlish on the market for £490,000 but after it failed to sell, they have decided to hold an online draw. There is a total of 27,000 tickets at £25 each. The couple have pledged to give 5.6 per cent of the prize fund, up to £25,000, to a cancer charity.
Dental units on the move

The first national oral health improvement programme, aimed for young children in Wales is being rolled out with the help of a fleet of mobile dental units.

The scheme, which was launched by First Minister Rhodri Morgan, involves a team of dental health support workers giving out toothbrushes and toothpaste to school children along with oral health advice.

Part of the service will be delivered via mobile dental health units that will play a key role in providing specialist preventive care and treatment to schools.

The designed to Smile programme was announced last year by Health Minister Edwina Hart and has already been running on a much smaller scale.

It will now be rolled out through two super pilots in North and South Wales. Children in nursery, reception and year one classes in schools, in areas deemed to be of greatest oral health need, will be visited by the dental fleet.

Over 500 schools are expected to benefit from the scheme during their rollout over the next three years.

Welsh children have the worst rates of tooth decay in the UK. On average, a five-year-old in Wales has between two and three decayed, missing or filled teeth, compared to less than two in Great Britain as a whole.

The First Minister Rhodri Morgan said: ‘Bats of tooth decay are far too high in Wales given that it is almost a preventable disease.’

‘This programme recognises that extra level of oral health problems we face in Wales. Through ‘Designed to Smile’ we hope to achieve a greater level of preventive care and treatment to children in Wales so that we can reduce the number of children with dental problems that are in need of dental health to the UK average level and then to even lower levels.’

Health Minister Edwina Hart said: ‘This programme will help meet our One Wales commitment to provide a new public health focus on dentistry and ensure that children are given the tools they need to maintain good oral health.’

The British Dental Association (BDA) Wales welcomed the initiative. Stuart Geddes, BDA Director for Wales, said: ‘There is clearly much work to be done to improve the oral health of Wales’ children and this fleet of mobile dental units is a good way of taking oral health education and message visits to those who might not normally receive them.

Professionals have already been working in the super pilot areas. Working alongside Cardiff and Vale Community Dental Service to really make a difference by reducing dental decay levels in children. We have now appointed the ‘Designed to Smile’ teams and they are already busily working in schools and with parent groups to get the message across that healthy teeth are important.’

While Dr Michelle Seager programme lead for Cardiff and the Vale NHS Trust called the programme a ‘very welcome Welsh Assembly Government development’ and said it ‘will enable the Community Dental Service to really make a difference by reducing dental decay levels in children.

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Daniel McAlonan, health and safety adviser at the British Dental Association’s (BDA) Professional Advisory Services, will be exploring the issue of the safe management of healthcare waste.

The last speaker, Paul Jenkins, operational manager for the Sterile Services Department at Swindon and Marlborough NHS Trust, will talk about maintaining high standards of decontamination and complying with HTM 01-05.

The seminar meets the educational criteria set by the General Dental Council for verifiable CPD (6 hours) and is certified by the BDA.

For further information on the programme and to book your place on this seminar please contact: Merete Hatlesdal, events executive at the BDA.

Welsh children will receive oral health advice as well as toothpaste and toothbrushes

Reviewing infection control

The British Dental Association is holding a one-day seminar aimed at the dental team on best practice for managing infection control in the surgery.

The event is being held on Friday 27 February at the Cavendish Conference Centre in London.

The dental profession is currently undergoing a period of rapid change within infection control and is eagerly awaiting the new HTM 01-05, Decontamination in Dentistry.

This new document will consolidate previous guidance into one and incorporate practice standards that are an opportunity for dental professionals to learn from industry experts on how these new developments will affect their practice and how to overcome challenges.

Kevin Lewis, dental director at Dental Protection Limited, will be speaking at the seminar on general guidelines for infection control in dentistry and the legal context around infection control and ethical responsibilities.

Judith Doig, practice manager and Samantha Wright, head nurse at the Private Dental Centre, will be looking at the practical lessons learnt in infection control management and techniques for getting the whole practice involved and committed to infection control.

Caroline Pankhurst, senior clinical teacher at King’s College London Dental Institute, will be discussing guidelines for effective use of barrier techniques: gloves, glasses, masks, surgery clothing and immunisation protocols and access for practice staff.

Carmel Maher and Sarah Green, regional consultants at strake UK, will be speaking on the fundamentals of systematic hand washing and being aware of what gloves are available and the mist suitable for you and your team.

For further information on the programme and to book your place on this seminar please contact: Merete Hatlesdal, events executive at the BDA.

Welsh children will receive oral health advice as well as toothpaste and toothbrushes

Dental schools to join hands

For the first time, three dental schools have joined forces to develop joint research opportunities.

Cardiff University’s School of Dentistry, the Peninsula Dental School in Exeter and the dental school at University of Bristol have formed the South West & Wales Dental Schools’ Research Symposium.

The initiative is designed to develop research excellence and open up more avenues of funding.

Professor Elizabeth Treasure, dean of the School of Dentistry at Cardiff, said: ‘Developing research that impacts patients locally, regionally and globally depends on the sharing of knowledge across the profession to advance treatments that produce real results for patients.’

The School of Dentistry is the only one of its type in Wales, providing unique and important leadership in dental research, teaching and patient care. We are very excited to be able to be part of this symposium which is the start of strengthening research collaborations across the three institutions.’

Professor Liz Kay, dean at the Peninsula Dental School, believes that the three institutions bring ‘knowledge, skills and expertise that can make South Wales and the West Country an international centre for dental research of the highest quality.’

While Professor Jonathan Sandy, head of Bristol Dental School, commented: ‘There is now a realization that Schools need to collaborate to maximize their research potential. The three Dental Schools cover an area which accounts for 10 per cent of the UK population which should enable translation of research into clinical and population sciences.’

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The Tories are spitting feathers once again this week after the government said access to NHS dentistry has improved. Ann Keen remains adamant that it is getting better in the dentistry world, and it probably is looking good in the three areas she refers to. But what about the other areas? Well if we base our opinion on the official statistics released at the latter part of last year, it is hard to be optimistic. With 1.2m fewer people seeing an NHS dentist in the two years up to 2008 compared to the last two years under the old contract, is it any wonder why the Tories think they can do better? Nevertheless, the Department is resonant to such bashings. Said the DH, ‘with more money, new NHS dental practices and more NHS dentists, progress is imminent.’

The move to introduce mobile dental units to sort out children’s teeth in Wales is to be applauded. The scheme means children will receive toothbrushes and toothpaste as well as oral care advice in a bid to stamp out tooth decay. With Welsh children having the worst rates of tooth decay in the UK, Designing an intervention that should make a real difference. Not only that, now that the scheme will extend through two super pilots in North and South Wales, improved oral health ‘areas deemed to be of greatest oral health need,’ is literally just around the corner. No less than 500 schools will benefit from the scheme in the next three years. A big thanks go to First Minister Rhodri Morgan please.

Stamping out decay

"The British Dental Association is holding a seminar on how to prepare for retirement. This is an opportunity for dental professionals to get financial advice on retirement, as well as guidance on the more personal life-changing issues.

A spokesman for the BDA said: ‘Learn from, and interact with, our panel of experts offering you advice on how to manage the changes retirement brings, including financial planning, NHS pension scheme, disposing of the practice and much more.’

The seminar includes a talk by Roy Smitheman, financial adviser, from Lloyd & Whyte, on managing finances during retirement, inheritance tax, long-term care and equity release.

Mike Marigold, managing director of Montgomery Charles, will talk about saving for retirement. Jonathan Eastmond from BDA Professional and Advisory Services will speak about how to sell your practice.

The seminar meets the educational criteria set by the GDC for verifiable CPD (5 1/2 hours) and is certified by the British Dental Association.

For further information on the programme and to book your place on this seminar please contact: Erica Sprigge, events officer at the British Dental Association. Tel: 020 7565 4598, fax: 020 7565 4591, email: events@bda.org.

Essential seminar

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Durapat

High Fluoride Toothpastes

Colgate Durapat toothpastes, the only high fluoride toothpastes offering daily prevention for high risk patients in their own home.

Durapat 2800ppm
- For patients 10 years and over
- 20% caries reduction in DMFS 1
- Listed on the dental practitioners formulary on the NF as Sodium Fluoride 0.619% DPF

Durapat 5000ppm
- For patients 16 years and over
- Reverses 76% of root carious lesions after 6 months 2
- Listed on the dental practitioners formulary on the NF as Sodium Fluoride 1.1% DPF

Prescribing 2800ppm F or 5000ppm F toothpastes are recommended interventions in ‘Delivering Better Oral Health – An evidence-based toolkit for prevention’ launched by the DH 2007.

Durapat 2800ppm Fluoride Toothpaste. Active ingredient: Sodium Fluoride 0.619% (2800ppm F). Indications: For the prevention and treatment of dental caries (cavities and need for fillings) in adults and children over 10 years. Usage and administration: Apply to a soft brush apply a 2-3 mm thick toothpaste to each toothbrush once daily after each meal. Contraindications: This medical product must not be used in cases of hypersensitivity to the active substance or by any of the ingredients. Special warnings and precautions for use: Attention is drawn to the potential risk of fluoride toxicity in fluoride sources map due in flourina. In order to prevent the accumulation of F, the total intake must be assessed before the fluoride toothpaste is ever used. Fluoride uptake, drops, chewing gum, etc. and swallowed. If swallowed, may be avoided during use of Durapat toothpaste.

Durapat 5000ppm Fluoride Toothpaste. Active ingredient: Sodium Fluoride 1.1% (5000ppm F). Indications: Prevention of dental caries in adolescents and adults over 4 years of age. Particularly amongst patients at risk from multiple factors including poor oral hygiene. Usage and administration: Apply to a soft brush apply a 2-3 mm thick toothpaste to each toothbrush once daily after each meal. Contraindications: This medical product must not be used in cases of hypersensitivity to the active substance or by any of the ingredients. Special warnings and precautions for use: Attention is drawn to the potential risk of fluoride toxicity in fluoride sources map due in flourina. In order to prevent the accumulation of F, the total intake must be assessed before the fluoride toothpaste is ever used. Fluoride uptake, drops, chewing gum, etc. and swallowed. If swallowed, may be avoided during use of Durapat toothpaste.

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Colgate Professional
Guilty McGowan faces the charges

A dentist in Northern Ireland, who left a patient in pain after she bolted up routine clinical procedures, has been found guilty of misconduct.

Clare McGowan, a dentist in Belfast, left the woman in pain after the crowns she had fitted kept falling out. The woman returned again and again to the surgery but was told that the pain would settle down.

McGowan was found guilty of a series of allegations.

McGowan was also accused of asking patients to pay in cash and stuffing wads of notes into her handbag.

The General Dental Council heard that when the Belfast dentist resigned she took the patient’s records with her.

Another patient made a complaint that when McGowan bungled work on her fillings at the Cavity Corner Dental Surgery, Antrim Road, north Belfast, she told the hearing: ‘It’s my personal opinion that the problems I have experienced with accesses and root canal surgery is as a result of the filling. I was not happy at all that the work has not been done to a proper standard.’

Scottish Childsmile launch

Children at six schools in Inverness have had their teeth varnished as part of a new Scottish oral health improvement programme called Childsmile.

The programme is being rolled out in schools and nurseries across the full NHS Highland area by 2011.

Specially trained Childsmile nurses are visiting schools and nurseries and applying a fluoride varnish to the teeth of children whose parents have agreed to the procedure.

The youngsters involved are aged between two and six-years-old and the fluoride will leave their teeth orange for a couple of days, but the colour soon disappears.

Consent forms have been distributed to parents and they have been given the opportunity to ask any questions or raise concerns at a consent meeting.

The new look Council will be made up of 12 registrant members and 12 lay members.

‘These are exciting times to become involved in healthcare regulation, and this is a great opportunity to play a leading role,’ said GDC president Hew Mathewson.

GDC hunts down members

The General Dental Council is looking for registrant members and lay members to join its new Council.

The General Dental Council (GDC) wants a wide variety of people to apply and is looking for candidates with experience of being involved in public life and sound judgement. People also need to be able to make sense of complex issues, think clearly and have the ability to be fair and see the bigger picture.

The decision to implement a new look, smaller, fully appointed Council follows the 2007 publication of the White Paper setting out the Government’s plans for healthcare regulation, including how the councils of healthcare regulatory bodies should be made up.

To apply for a place on the new Council, go to http://www.gdc-uk.org/.
The DENTSPLY you know:
Over 100 UK surgery brands

The DENTSPLY you don’t:
150,000 dental professionals educated worldwide every year
A new recruitment agency in Northern Ireland has been set up to attract experienced dentists from across the globe to work in Northern Ireland.

KMS Dental Recruitment on Spencer Road in Northern Ireland, is the first of its kind in the country, and already has a number of vacancies and candidates on its books.

There is an ongoing shortage of dentists, particularly in the north west region of Northern Ireland and recent recruitment drives by local health authorities have failed to attract dentists, with many local practices last year closing their books to NHS patients.

KMS Dental Recruitment has been set up by recruitment specialist, Kevin McShane. Mr McShane said: ‘We are delighted to bring our recruitment expertise into the dental profession in Northern Ireland, where there is a large demand for extra dentists to serve our local population.

The company’s main aim is to attract experienced, qualified dentists to Northern Ireland from Britain and further afield. This will add to the existing pool of local dentists and ensure easier access to dental services for local people throughout Northern Ireland.’

KMS Dental Recruitment serves dentists and dental practices across the whole of Northern Ireland from its Derry headquarters.

Calling international dentists

Benfleet Dental Studio, in Downer Road North, Benfleet, had planning applications rejected twice by Castle Point Council.

Planning officers were concerned that the new surgery would cause traffic jams on Bread and Cheese Hill. But the National Planning Inspectorate in Bristol overturned the judgement.

Stephen Denny, partner at the NHS practice, said: ‘I don’t think the council ever wanted it used for this because of the amount of traffic. But since we opened, transport has been absolutely fine.’

He added: ‘It was a shame we had to fight for so long, because the area really needs more dentists.’

The new surgery was given permission to open on the condition it is used as a satellite surgery, taking extra patients from the practice’s other surgery in High Street. As well as a regular surgery, the dentist also provides specialised treatment.

There is an orthodontist at the surgery and the practice also offers home visits. It also houses a training facility for up and coming practitioners and Mr Denny wants to recruit young dentists who will want to stay and work in the area.

Benfleet Dental Studio in Essex, which has finally opened after a two-year fight to get planning permission – is fully booked for the next four months.

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The number of Scots registered with a NHS dentist has gone up by a fifth in a year, according to official statistics.

A total of 57.2 per cent of adults, or more than 2.3m people, were signed up with a dentist at the end of September 2008. This is an increase of 19 per cent on the previous year.

A total of 810,682 children - or 77.4 per cent of those under the age of 18 - are also now registered with an NHS dentist, a rise of 10 per cent over the 12 months to the end of September 2008.

The figures, released by ISD Scotland, showed that an increase of registrations was recorded in all health boards but the figures were still very low in some areas of the country.

In NHS Grampian, 59.2 per cent of people were registered with a dentist, compared with 73.5 per cent of patients in Greater Glasgow and Clyde.

Children between the ages of six and 12 are most likely to be signed up, with 87 per cent registered with an NHS dental practitioner.

The statistics have been published in the wake of the announcement from the Scottish Government that it is investing £82m in dental healthcare in Scotland, providing 15 new dental centres as well as new GP surgeries and other community health facilities.

Shona Robison, Minister for Public Health, said that improving NHS dentistry was a 'top priority' for the Scottish Government.

She said: ‘The fact that more people than ever before are registered with an NHS dentist is great news for patients the length and breadth of Scotland.

However we cannot be complacent, because there are still longstanding geographical variations that will take time to even out.

With record numbers of dentists working in the NHS, I am confident we are laying strong foundations to reverse the years of decline seen under previous administrations.’

She added: ‘The problems in the north of Scotland with access to NHS dentistry are of long standing, but this government is working hard to reverse the years of decline seen under previous administrations.

We have already opened the new £21m dental school in Aberdeen, which will produce an extra 20 graduates per year.

And just last week NHS boards in the north of Scotland outlined their plans for spending more than £17m of Scottish Government money, with new dental centres planned in Aberdeen, Fraserburgh, Huntly, Inverness, Oban, Thurso, Campbeltown, Kirkwall and Stornoway.’

However Lib Dem health spokesman Jamie Stone said people should not lose sight of the bigger picture, as 45 per cent of adults are still not registered with an NHS dentist.

‘It is generally accepted that more dentists is the answer to the crisis in dental services, particularly in remote and rural areas. The government needs to make training new dentists a priority,’ the Highland MSP said.

While Lib Dem north-east MSP Mike Rumbles said the government had to make it lucrative enough for dentists in the private sector to work for the NHS.

He said: ‘There is only one way to solve it and that is for the Scottish Government to sit down and negotiate with the British Dental Association to change terms and conditions and bring them back into the NHS.’

More Scots than ever before have registered with a NHS dentist.

More NHS dentistry for Scotland

A dentist from Oxfordshire, has won an award for his invention which safely removes used surgical needles from a syringe - a device which prevents against needle stick injuries.

Steve Cooley, a dentist in Adderbury in Banbury, won the annual Banbury Innovation Award. Mr Cooley has won free legal and financial advice, free office space for a year, £500 in cash, a trophy, and other benefits to help with running a new business.

Mr Cooley set up Safe-Point Healthcare with his wife Lesley and business partner Phillip Field. He hopes that one day the product will be used in hospitals, doctors' surgeries and as part of vaccination programmes around the world. Safe-Point is a low voltage electrical device designed to address the problem of cross infection through needle-stick injury.

The device automatically unscrews the needle from the syringe and deposits it in a lockable bin.

Dentist wins invention award

Private dentistry at NHS prices

A new dental surgery in Burslem in Stoke-on-Trent is competing with the NHS by offering private dental care at NHS prices.

The Advanced Dental Clinic has opened in the premises of the former Moorland Road dental practice which closed last year.

Nearly 5,000 NHS patients were forced to look for a new dentist. Now they are being invited to return to join the new private surgery.

Partner Paul Harrison said: ‘We have taken the roll on and we are now trying to compete with the NHS by offering similar prices.’

The new owners have inquired about getting an NHS contract but so far they have been unsuccessful.

Dental surgeon Nuno Ferreira said: ‘The intention is to provide real quality treatments at a price similar to the NHS, with an extra quality which will compensate for the little bit extra that people may need to pay.’

He said patients could typically expect to pay £20 for a consultation, as opposed to the under-review £16.20 NHS charge.

A straightforward filling will cost £45. The NHS currently charges £44.60 for fillings.

The same price applies for root canal treatment or extractions.

The statistics have been published in the wake of the announcement from the Scottish Government that it is investing £82m in dental healthcare in Scotland, providing 15 new dental centres as well as new GP surgeries and other community health facilities.

Shona Robison, Minister for Public Health, said that improving NHS dentistry was a ‘top priority’ for the Scottish Government.

She said: ‘The fact that more people than ever before are registered with an NHS dentist is great news for patients the length and breadth of Scotland.

However we cannot be complacent, because there are still longstanding geographical variations that will take time to even out.

With record numbers of dentists working in the NHS, I am confident we are laying strong foundations to reverse the years of decline seen under previous administrations.’

She added: ‘The problems in the north of Scotland with access to NHS dentistry are of long standing, but this government is working hard to reverse the years of decline seen under previous administrations.

We have already opened the new £21m dental school in Aberdeen, which will produce an extra 20 graduates per year.

And just last week NHS boards in the north of Scotland outlined their plans for spending more than £17m of Scottish Government money, with new dental centres planned in Aberdeen, Fraserburgh, Huntly, Inverness, Oban, Thurso, Campbeltown, Kirkwall and Stornoway.’

However Lib Dem health spokesman Jamie Stone said people should not lose sight of the bigger picture, as 45 per cent of adults are still not registered with an NHS dentist.

‘It is generally accepted that more dentists is the answer to the crisis in dental services, particularly in remote and rural areas. The government needs to make training new dentists a priority,’ the Highland MSP said.

While Lib Dem north-east MSP Mike Rumbles said the government had to make it lucrative enough for dentists in the private sector to work for the NHS.

He said: ‘There is only one way to solve it and that is for the Scottish Government to sit down and negotiate with the British Dental Association to change terms and conditions and bring them back into the NHS.’
Conference covers five CPD areas

A conference covering the five core areas for Continuing Professional Development recommended by the General Dental Council, will be touring the UK this year.

Smile-on has joined forces with Professional Conferences and is putting on The Core CPD Update Conference 2009.

A spokeswoman for Professional Conferences said: ‘Designed to meet the needs of the whole dental team, the event will enable dentists and dental care professionals to satisfy the General Dental Council’s (GDC’s) requirement for verifiable Continuing Professional Development (CPD) in core knowledge areas and will initially take place in the following three venues. Hilton Hotel, Watford on 30 March, Hilton Hotel, Gatwick on 6 May and Kensington Town Hall, London on 11 May. The conference will also be held in Manchester, Bristol, Leeds and Birmingham.’

Speakers include Dr Colin Cook, founding member of the European Association of Dental and Maxillofacial Radiology. His presentation Dental Radiography: Today’s Requirements, Tomorrow’s Possibilities will cover the implications of ionising radiation regulations and the training required across the dental team.

Dr Cook will examine the different imaging options available, along with the benefits of each, including cone beam technology.

Dr Len D’Cruz, member of the British Dental Association’s General Dental Practice Committee, will give delegates the benefit of his dento-legal advisory experience with his lecture Legal and Ethical Issues: Risky Business - Avoiding the Banana Skins. Topics to be covered include consent, confidentiality, principles of criminal negligence and medico-legal pitfalls of the NHS contract.

D’Cruz will also explore current dento-legal topics to keep delegates up to date, and provide an understanding of where common problems occur and how risks can be minimised and avoided.

Dr Martin Fullford’s lecture ‘Dental Decontamination in the 21st Century’ will present an overview of infection risks in the practice, the range of decontamination methods available and how teams can achieve best practice.

With his presentation Dealing With Complaints Professionally, dento-legal adviser for Dental Protection Ltd and oral surgery expert Stephen Henderson will discuss patient feedback, the common causes of complaints and strategies to handle objections effectively.

With the NHS complaints procedure due to change on 1 April, Mr Henderson will look at the new procedure, the Dental Complaints Service and the role of the GDC.

Learning objectives include complaint definition and resolution, with delegates gaining a thorough understanding of how the NHS complaints procedure and Dental Complaints Service work.

The fifth core area will be covered by Dr Yusuf (Joe) Omar with the two-hour session Legal/Emergencies In Dental Practice, to help delegates develop a real group of their role in managing emergencies including epileptic seizures, diabetes and anaphylaxis. The lecture will incorporate helpful learning tools including films and when faced with an emergency, delegates will know exactly what equipment they need, and how to administer the necessary drugs.

The conference costs £99 plus VAT (excluding lunch) or £414 plus VAT (including two course seated lunch with wine).

Delegates can receive up to seven hours of certificated and verifiable CPD, and will be able to apply their knowledge immediately in their day-to-day duties.

For more information, and to ensure your place, call Professional Conferences on 01925 211060 or go to www.proconferences.com.

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High standards at Nith

A dental surgery in Dumfries in Scotland has been accepted onto the Good Practice Scheme by the British Dental Association.

The Nith Place Dental Practice has been recognised for its high standards of service by the British Dental Association (BDA). There are 102 requirements that the practice has to comply with under the scheme.

The head of Ab- erdeen University’s dental school claims the new school will cut NHS dental waiting lists in the north-east of Scot- land.

Professor James Newton, who has just been appointed head of the school, hopes that as many as 10 to 15 per cent of patients on the NHS dental waiting list can be treated by students.

The region’s dental waiting list is thought to be nearly 51,000. Consultation with patients begins next month to see who can be and who is willing to be treated by students.

The programme will start in the summer.

Professor Newton believes that once people are aware of the dental school, more patients who are not even on the waiting list will come forward. Professor Newton previously worked at Dundee Uni- versity where he was sub dean for teaching. He was also a senior clinical lecturer and honorary consultant in restorative dentistry.

He worked as a practising NHS dentist for six years before joining the university.

Professor Newton said: ‘This is an exciting opportunity to develop a centre of excellence for dentistry which will be beneficial not only

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Back care courses for Dental Professionals

High standards at Nith
So what if you haven’t managed to exercise every day or to start that diet or to leave the practice earlier – don’t berate yourself for this, because there’s still plenty of room for change. The resolutions you shouldn’t ignore are those that have an impact on everything else that goes on in your life. This year, with a darkening financial cloud ahead of us, there are very real reasons to make and stick to our New Year’s financial fitness resolutions. Here are our top tips to ensure that you and your loved ones remain in peak financial condition.

Say you will
Make sure you have a will and it is up-to-date. No apologies for making this our number one tip. The nightmare situation is if you have children and die intestate (without a valid will) your married or civil partner will only receive:

• Your personal effects (the deceased's personal belongings and chattels).
• £125,000 free of inheritance tax.
• A life interest in half the remainder of the estate.

By not preparing a will, you invariably cause difficulties for your family at a time which is already distressing enough. Imagine this very real scenario:

• Your next of kin have burrowed through your drawers and realised that no will exists so they go through the courts to gain the power to deal with your estate. This is time consuming and can be costly.
• When they eventually reach the point where they can gain access to your estate they then have to distribute it according to the Laws of Intestacy. If you are not married or have a civil partnership the position is even worse as the survivor would get nothing from the other's estate.
• After many months or even years without access to their share of your assets, it is quite possible your next of kin could suffer financial hardship and possibly go into debt.
• With a will it would simply be a matter of applying for probate (a process that is far quicker and easier to complete) with the net proceeds reaching the right hands much quicker and distributed as you would have wished.

Ensure you insure
Can you say ‘yes’ to all the following statements?
• If I die, all my borrowings can be repaid and my family will not need to compromise their lifestyle.
• In the event of an unexpected incident at work, such as a fire, theft or the loss of utilities, my business will not suffer financially.

The New Year is a time of renewal, often of the resolutions that we failed to keep the previous year! Peter Dunn reassures you there’s still time to put them right.
If you can’t wholeheartedly agree with all of these statements, your insurances need to be urgently reviewed!

Update your accounts
In the current climate this is even more important than usual. Management accounts give you a strong indicator of how the practice is doing on a month-by-month basis and whether any remedial action is needed. If you wish to expand your practice or purchase new equipment, asset finance companies are now much more stringent with their lending practices.

If you need a cash injection or you have to raise finance for a capital purchase, having everything you need to hand will reduce delays and the chances of a knock back. What might you need? Here’s a brief list:
• Your latest accounts should be signed off and your monthly management accounts should be up-to-date.
• Have invoices or order details available to show the purpose of the borrowing is genuine. Raising money at the last minute to cover an unexpected tax bill is no longer an easy option!
• Never miss a domestic mortgage payment. Defaulting on your most important loan will give you the highest rating of negativity and dramatically reduce your chances of raising finance.

Cash is king
Put aside the equivalent of three months income in a cash account to provide a buffer against unexpected expenditure. Remember that cash problems are easiest avoided if you are aware and managing your cash cycle. Do you have a cash flow forecast and are you able to predict the peaks and troughs of your cash cycles? Financial institutions are more resistant to lending now so you should communicate with them when a problem is foreseen rather than after it has happened – this shows that you are managing your business rather than reacting to circumstances that arise.

Review your investments
Are your investments and pensions in line with your tolerance to investment risk? In simple terms, how much are you prepared to lose in the short term in the quest for greater returns? Your risk tolerance is likely to vary according to age, income requirements and your financial goals. For example, a 60-year-old dentist approaching retirement will generally have a lower risk tolerance than a single 50-year-old dentist. The big question is, have your investments been reviewed recently? Does the investment strategy put in place some time ago still suit you today? This leads nicely on to our last tip!

Meet a specialist
You can make good on everything on our financial fitness list with one call to your financial adviser. Book a meeting, allocate ample time and resolve to get your finances up-to-date. The predictions for 2009 might be gloomy but there is always 2010 and beyond, and that’s where sound financial planning will pay dividends. Resolve to at least do that.

About the author
Peter Dunn is director and senior consultant for Heritage Financial Advisers, a team of independent, fee-based financial planning specialists dedicated to the dental sector. Peter has over 20 years experience of working within the dental industry in financial services companies allied to Dental Business Solutions and Practice Plan. In 2001, he relocated to Newbury with what is now Heritage Financial Advisers and assumed joint control of the company in 2006. To contact him, call 01635 48727 or email info@hfadvisers.co.uk.
In our practice in Charleston, S.C., we utilise dental implants as the preferred alternative to bridgework for replacing a missing tooth, filling extraction sites from removal of a broken tooth and, of course, for replacing aging, worn-out bridges. For the single tooth replacements, we are able in one surgical procedure to replace the tooth root with a permanent implant with no loss of bone.

Young patients who have lost one or more teeth from accidents and sports injuries benefit from permanent implants rather than sacrificing healthy teeth to accommodate a three or four unit bridge. The bridge eventually will have to be replaced and the young patient likely would face a lifetime of compromised dentition. Once the implant is in place, however, it functions the same as a normal tooth without complications associated with bridge-work.

Our patient, Bobby, was hit during a soccer game and fractured his left front tooth. The remaining root was removed and the dental implant and temporary crown were placed in the same appointment. If not for this technique to replace just the damaged tooth, Bobby would have had to have new crowns on either side of the damaged tooth that held the three-unit bridge. Further, the bone above the gum line would have shrunk, leaving a defect that showed when he smiled.

Today baby boomers are coping with dental problems associated with advancing age, and for many that means replacing aging bridgework.

A study published this year in the Journal of Oral Implantology reported that dental implants are 98 per cent successful and cause little or no bone loss. The study goal was to determine the level of bone loss over time at implant sites in the jaw. A key clinical issue was not whether bone loss would occur, but how much bone loss should be considered normal and acceptable.

The authors reviewed 60 charts of patients who received a total of 267 implants in two private dental practices in Israel and Germany. They found that 98.5 per cent of the implants survived and there was no discernible bone loss in 88 per cent of the implant sites. The mean follow-up time was 7.5 years.

These findings should be very encouraging for older patients who have had their original bridges in their mouths for 10 years or more and are considering implants.

For most, the bridges were inserted when the procedure was considered to be the norm in dentistry for replacing missing or compromised teeth. Unfortunately, many older patients today are unaware that aging dental bridges are a maintenance headache and a recipe for oral-health disaster. An old bridge is worthless for preserving good dental health. In essence, it’s a bridge to nowhere. Old and worn bridges are difficult to floss, often decay and almost always require replacement with longer bridges.
As a result, bridges generally fail after five to 10 years as patients have trouble flossing them. Because these bridges link missing tooth spaces to adjacent teeth, many patients have great difficulty flossing the bridge, and root surfaces below and around bridgework often decay, if they are not kept exceptionally clean by flossing. Because it is impossible to repair this marginal decay, the entire bridge has to be replaced. Unfortunately, teeth supporting the old bridge often are lost, requiring insertion of longer bridges that further compromise dentition. That’s why we have been advising our patients to replace those bridges to nowhere with convenient, reliable and permanent dental implants. Implants are proven to be a superior treatment alternative because they preserve the bone of the jaw, can be flossed easily, do not decay and function just like natural teeth. Also, to have implants you don’t have to sacrifice healthy teeth.

Our patient, Melissa, was missing her lower first molar and had been wearing a bridge. She had not been flossing regularly, as she stated it was too difficult to get under the bridge. The decay around the margin of one of the teeth in the bridge required replacement of the entire bridge. She chose to have a single tooth implant and replace the crowns on either side so she could floss normally and not have to replace the bridge again in her life. She is so happy that she can floss her implant just like a natural tooth.

In the last decade, prosthetic treatment planning has changed dramatically because of the acceptance of dental implants as a viable long-term option for replacing missing teeth. Why should we recommend higher risk procedures when dental implants are more predictable and a better alternative? Also, we are advising patients with old endodontically treated teeth with failed root canals to extract them and have implants placed instead of choosing apexectomies (surgery to try to save the root) that usually have a poor long-term prognosis.

Today highly precise computer-guided dental implant surgery has made the procedure faster, highly predictable, long-lasting and 97 per cent successful, which is far superior to outcomes with bridges. Therefore, we strongly recommend anyone with one or more missing teeth who is considering having a first bridge inserted or needs to replace an old one seriously weigh the benefits of dental implants before getting treatment.

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About the author

Olivia Calhoun Palmer, DMD
practices in Charleston, S.C., at Atlantic Implant Dentistry, where she specialises in general and implant dentistry and the care of infants born with cleft lip and palate. She is a diplomate with the American Board of Oral Implantology and a fellow with the American Academy of Implant Dentistry. She is also the president of the Southern District of the American Academy of Implant Dentistry and previously held positions of treasurer and secretary. Dr. Palmer is a member of the Alabama Implant Group, the American Dental Association, the South Carolina Dental Association, the Academy of General Dentistry, and the Pierre Fauchard Academy, among others.
Immediate implant placement and immediate loading after a complicated tooth extraction

By Xavier Vela, Spain

As implant dentistry continues to evolve to meet our patients’ demands for aesthetic tooth replacements with minimal downtime or inconvenience, the dental implant industry has responded with new technological advancements and research.

For example, the development of enhanced implant surfaces, such as the Osseotite® Dual-Acid-Etched Implant Surface, improved on the results seen with machined surfaced implants. Studies demonstrated long-term cumulative survival rates (CSRs) with Osseotite implants in the range of 95 per cent to 96 per cent (at five years), which represented an improvement over the CSRs of machined surfaced implants (85 per cent to 95 per cent).

With these enhanced implant surfaces, clinicians felt confident to perform early loading protocols and to place implants in compromised clinical situations. With multicenter, long-term prospective studies and the 10-year history of Osseotite, good long-term success with negligible peri-implant concerns has been demonstrated.

With such positive results, why should we continue to restratulate implant industry clinical practice to look for advancements in implant surface technology and designs? Implants typically demonstrate good initial primary stability at the time of placement; however, when bone remodels in the first few weeks after implant placement, primary implant stability can degrade with initial bone resorption, which in turn might impact the ability to successfully perform immediate loading protocols. To potentially address this concern, new nanotechnology in implant surface topography has been explored.

Biomet 5i is the first implant company in introducing a nano-structured implant surface, the NanoTite®, obtained by applying nano-scale crystals of calcium phosphate onto the Osseotite surface by using a Discrete Crystaline Deposition (DCD®) Process.

This process creates a more complex surface topography, which renders it a Bone Bonding® surface by the interlocking of the newly formed cement line matrix of bone with the implant surface.

The result is a more rapid bone formation with improved bone-to-implant contact (BIC) as demonstrated in animal studies and human histology. What is the significance of these findings in clinical practice? Clinicians can immediately load the implants, reduce the time to loading and treat more patients, even in compromised clinical situations such as poor bone quality, limited bone quantity or in grafted sites.

What about crestal bone preservation?

Preservation of crestal bone has proven to be critical for long-term implant success. This is especially true in the anterior aesthetic zone for support of the peri-implant soft tissues, as well as in areas of limited bone height so as to maximise bono-to-implant contact. One new implant design available today, such as the NanoTite Prevail® Implant, has built-in platform switching with the surface treatment to the top of the implant collar at the mediatisation point, creating a continuous bone loading surface allowing for this crestal bone preservation.

This implant has been designed with straight and expanded collar configurations. The straight collar configuration is ideally suited for sites with limited restorative space, such as missing maxillary lateral incisors or mandibular anterior.

The expanded collar configuration was used in the following clinical case and is indicated for cases where engagement of the crestal cortical plate of bone is required to achieve a high level of primary stability.

Case presentation

A 54-year-old female presented with the upper right milk canine (tooth 55) affected by caries, which has caused important occlusal and distal destruction and pulpar necrosis. The radiographic examination revealed an included final canine (tooth 15) and minimum root support of the milk canine but no presence of periapical defects.

The patient desired fast and aesthetic treatment and conventional crown restoration while a healing abutment of the included canine (tooth 13) and minimum root emergence profile were debrided before initiating the drilling for the implant insertion.

At the fourth-month control, the provisional crown was retrieved observing the ideal emergence profile created. Then a final impression was made and sent to the laboratory for the fabrication of the permanent crown while a healing abutment of the same size is left in the mouth.

The following day the out-of-premolar provisional crown made of a titanium hexed provisional UCLA cylinder (Biomet 5i) and resin is inserted and the access hole closed with light-curing composite (Fermit). A periapical radiograph for crestal bone levels control is taken.

The patient came back for periodic controls after one month, two months and nine months after provisional crown insertion. At the fourth-month control, the provisional crown was retrieved observing the ideal emergence profile created. Then a final impression was made and sent to the laboratory for final crown production.

A month later, at five months from implant insertion, the final screw-retained porcelain-fused-to-metal crown made from a machined gold alloy Certain UCLA cylinder (Biomet 5i) was inserted, as seen in Figure 10. A pericalapical radiograph was taken to control the interproximal bone levels, which showed less than 0.5mm bone remodeling mesially and no bone remodeling distally.

One month later, after six months of implant insertion, the provisional crown was retrieved, and the patient was back for control. We can observe in Figure 12 that the small defect in the distal papilla has been corrected during this interval, thanks to the expected maximum distance be-
tween the interproximal bone crest and the contact point of the crowns. After one year from tooth extraction and implant placement, the patient showed optimal aesthetic results with the papillae fully covering the interproximal spaces, full bone regeneration of the palatal defect and optimal crestal bone preservation (Fig. 13).

Summary

As demonstrated in the clinical case, the new implant designs available today with the nanotextured implant surface allow us to replace lost teeth immediately and place a provisional restoration also immediately, even in complicated tooth extractions that require bone grafting at the same time. Thanks, among other factors, to the platform switching included in the coronal implant macro design the peri-implant crestal bone and thus the optimal aesthetic result obtained can be preserved over time.

**Introducing Laser-Lok® microchannels** - a precision laser collar surface treatment developed from over 15 years of in vitro, animal and human studies at leading universities. Through this scientific research, Laser-Lok has been uniquely shown to attract a physical connective tissue attachment to a predetermined zone on the implant while inhibiting epithelial downgrowth and preserving the coronal level of bone.

Recently, this ground-breaking technology was further validated using human histologic evidence, microcomputerized tomography and scanning electron microscopy by Nevins et al and published in the International Journal of Periodontics & Restorative Dentistry. For more information, contact the BioHorizons Education Department at 08700-620-550 or visit www.biohorizons.com.

**About the author**

Dr. Xavier Vela Nebot was born in Badalona, Barcelona, Spain, on Oct. 16, 1965. He received his medical and odontology degrees from the University of Barcelona (UB). He has lectured nationally and internationally about aesthetic and multidisciplinary oral rehabilitations. He maintains a private practice in Barcelona, Spain, mostly dedicated to dental implants and prosthodontics. He also does clinical implantology research and is co-founder and member of the Barcelona Osseointegration Research Group (BORG). Dr. Vela has published several articles about dental implants nationally and internationally.

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Tips for carrying out implant treatment
David Bloom and Jay Padayachy of Senova Dental Studios offer their top 10 tips on assessing your patient in order to assess the best treatment method

1. Ensure you understand the components of your chosen system. Implant systems vary from manufacturer to manufacturer and all will have various components unique to that system both for the surgical and the restorative phases.

2. Ensure you have undertaken adequate training – especially for surgical phase but for restorative as well. There are many excellent courses but the GDC do not feel a weekend course is adequate training for surgical placement or anything but the simplest restorative procedures. See fig 1 showing zygoma implants – at 47mms these are not for the beginner.

3. Take radiographs to ensure components are fully seated before taking impressions and at final fit to ensure complete seating. See figs 2 to 4.

4. Use an implant type occlusion for implants when natural teeth are also involved in the occlusal scheme. This entails allowing a slightly lighter loading on an implant as there is no periodontal ligament to absorb the early forces and so excessive loading may not be apparent to the patient, which may result in occlusal overload and loss of integration. This is best checked with Shimstock to ensure the foil holds on natural teeth in light contact but not on implants. The foil should then hold in clenching on the implants.

5. Do not link implants to teeth – teeth have a periodontal ligament (allowing some movement) whilst implants do not and so the authors feel that linking implants and teeth is asking for problems in the future due to undue forces on the implants.

6. Ensure accurate diagnosis to ensure implants are the correct solution. Many factors are involved including the medical history, bone availability, and occlusal scheme. The placement of implants and their successful restoration is all about accurate diagnosis leading to an appropriate treatment plan as well as successful implementation.

7. Remember CT scans can be very useful to determine quality and quantity of the bone at each implant site. They are more accurate than ridge mapping. See fig 5 showing guided surgery using a Nobel guide constructed after a CT scan.

8. Ensure informed consent so that the patient understands the pros and cons of the treatment.

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procedures involved including complications, as well as all the alternative procedures along with the relevant prognosis. Alternatives can range from doing nothing, to different denture designs, and adhesive or conventional bridges.

Dense bone requires adequate irrigation to avoid overheating and with softer bone remember to under prepare the site and consider use of socket dilatation.

Ensure optimal aseptic technique. See fig 6.

Dental implant surgeon, Guy McElhan is credited for the implant surgery illustrated in this article. Mr McElhan takes referrals at Senova for implant placement only or restorative, as well as placement.

**About the author**

Dr David Bloom
A graduate of the Newcastle-upon-Tyne Dental School, Dr Bloom has been a principle at Senova Dental Studios since 1990 focusing on comprehensive restorative and cosmetic dentistry. A past president of the British Academy of Cosmetic Dentistry (2007-2008). David is also an accredited member of the BACD. He is a member of The British Society of Occlusal Studies, The British Society of Restorative Dentistry, The British Dental Association and is a sustaining member of The American Academy of Cosmetic Dentistry (AACD). He is also a fellow of the International Academy of Dental Facial Aesthetics. David is on the editorial board of the journal of Cosmetic Dentistry-the official journal of the American Academy of Cosmetic Dentistry. Dr Bloom is a clinical director of CO-OP.R8 seminars and instructs and lectures on all aspects of cosmetic dentistry in the UK and the US. ([www.coopr8.com](http://www.coopr8.com)).

Dr Jay Padayachay,
a graduate of the Newcastle-upon-Tyne Dental school, has been a principle at Senova Dental Studios since 1998 focusing on comprehensive restorative and cosmetic dentistry. A full member of the British Academy of Cosmetic Dentistry, he is a member of The British Society for Occlusal Studies, The British Society of Restorative Dentistry, The Pankey Association, The British Society of Periodontology and the American Academy of Cosmetic Dentistry of which he is a sustained member. He is also a director of CO-OP.R8 seminars and lectures in all aspects of cosmetic dentistry in the UK. ([www.coopr8.com](http://www.coopr8.com)).

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- How to take the perfect Centric Relation bite
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Dr. Sherman Smock knew how much potential his periodontal practice had, but he wasn’t sure how to realise it. ‘I felt comfortable with my practice philosophy,’ he says, ‘but my office was still underperforming. I was working hard, but not achieving progress.’

He had made some effort to improve his business by developing better customer service models and writing out his vision and sharing it with his employees. The trouble was, neither he nor his staff was following through.

Dr. Smock needed to do something. He sought out the services of Levin Group’s Total Implant Success™ Management and Referral Marketing program. After a detailed practice assessment, Dr. Smock and his consultant identified three major areas on which to work: leadership, practice systems and communication. Dr. Smock has since been happy to see his production increase by 22 per cent and his referrals by 18 per cent.

Leadership

‘I was not in control of my practice,’ Dr. Smock admits. He had developed a practice vision previously but, as he says, ‘I didn’t have the time or the skills to make it a reality.’

‘One of my greatest challenges,’ he says, ‘was coming to terms with the fact that any change for the better would have to come through my actions.’ With the help and guidance of his Levin Group consultant, Dr. Smock began taking charge of his team, initiating marketing and customer service systems, leading by example the way to a brighter future.

Practice systems

At first, Dr. Smock wasn’t sure whether leadership or practice systems should take a priority in his practice overhaul. His Levin Group consultant helped him realise the practice could work on both issues at the same time, that they are really two sides of the same coin. The office began making changes to the practice marketing plan and the way the office communicated with referring offices, to the practice’s customer service models and to the way the practice handles competition with the area’s other periodontal office.

Referral marketing

Dr. Smock’s office had been providing up-to-date periodontal treatments in areas such as bone and soft-tissue grafts. The office had also started offering continuing education classes for referring doctors to promote implant referrals. However, marketing was not a priority, and relationships with referring offices were left mostly as is, with no concerted efforts to strengthen them.

‘Stress levels were high,’ Dr. Smock says, ‘because we weren’t following basic business requirements. We were making no consistent marketing effort. This began to change as Dr. Smock and his team followed the Levin Group referral-based marketing program – a consistent and ongoing set of 15 to 30 strategies customised for each type of referring office.

Customer service

In the past, when we’ve performed patient satisfaction surveys, we received good marks in clinical services,’ Dr. Smock says, ‘but now I see superior marks in all areas of the practice, as well as in clinical services.’

By following their practice plan, the business office has become more effective in handling insurance issues and has improved collections. Efforts by the professional relations coordinator have enhanced the practice’s image in the eyes of referring offices. In addition, current patients, thanks to internal marketing and strong customer service, are happy to refer friends and family to the practice on a more consistent basis.

Conclusion

The changes Dr. Smock and his staff have made over a two-year period are remarkable. Production has skyrocketed 22 per cent, and referrals are up by 18 per cent. This should serve as an inspiration to any practice leader who recognises the possibility of greater success and professional satisfaction, but hasn’t yet figured out how to make it happen.

With the assistance of the Levin Group Method™, Dr. Smock has been able to focus on the integral areas of practice systems, communication skills and leadership, and the practice has grown.

As Dr. Smock knows, help is available, and hope is possible. In his own words, ‘We’ve gone from burnout to dreaming; survival to growth; aimlessness to direction; drudgery to joy; from a group of individuals to a team.’

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How to get what you want: an implant success story

By Roger P. Levin, DDS

Dr. Roger P. Levin is founder and chief executive officer of Levin Group, Inc., the leading implant practice management firm. Levin Group provides Total Implant Success™, the premier comprehensive consulting solution for lifetime success to implant doctors in the United States and around the world. For more than two decades, Dr. Levin and Levin Group have been dedicated to improving the lives of implant doctors.

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Owings Mills, MD 21117
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ADI launches dental implant mentoring database

Adrian Binney, the Welsh representative of the Association of Dental Implantology discusses the benefits of a new mentoring system for dental surgeons

**ADI BIENNIAL CONGRESS**
7-9 MAY 2009
ICC, BIRMINGHAM

Major international implant team Scientific Congress and Healthcare Exhibition at one of the UK’s leading venues, organised by the ADI as part of its continuing postgraduate implant education programme. Current and new case studies and research will be presented by leading implant exponents chosen for their ability to deliver generic material of scientific and educational value.

With registration now compulsory for all DCPs and the regulatory bodies more than ever critical of the quality of implant treatment, it has never been more timely for all professionals involved in the provision of implant treatment to keep up to date with current implant thinking and to ensure that each individual team member is competently trained to deliver the highest quality standard of care to patients.

**Thursday 7 May**

**Plenary Programme for Clinicians and Technicians**
- Professor J. Hruby, Germany
- Matthias Chiquet, Italy
- Jürgen Mehlhorn, Germany
- Saivir Pedersen, Ireland
- Lambert J. Stumpfel, USA
- Jan Kiehlhorn, Germany

**Combined Team Programme for Hygienists, Nurses, Practice Managers and Therapists.**
- Building Blocks for a Dental Implant Practice - Solid Foundations
  - Tracy Lennemann, USA
  - Carole Brennan, UK

**Friday 8 May**

**Plenary Programme for Clinicians**
- Paolo Trisi, Italy
- Ronald G. Presswood, USA
- Kenneth S. Heibel, Canada
- Thomas von Arx, Switzerland
- Professor Mark Thomson, UK

**A Journey through CAD CAM Technology for Technicians**
- Procon by Nobel Biocare: Hans Geselliger, Germany
- Procon by Nobel Biocare: Hakan Sallander, Sweden
- Dentsply by Dentsply, Canada
- Ivoclar Vivadent by Ivoclar Vivadent, Switzerland
- 3M ESPE by 3M ESPE, USA
- GlaxoSmithKline by GlaxoSmithKline, UK

**The Essentials of Dental Implant Nursing for the Nurses**
Presented by the implant team from Guys, Kings & St Thomas’ Hospital
- Dental Nurse Education and Training Centre, UK
  - Katherine Bond
  - Beverley Coler
  - Julian Eastmond
  - Leah Waters

**Saturday 9 May**

**Industry Workshops and Masterclasses for the Team**
- Attral Tech: Multi System Advancements in Digital Dentistry
- Biomet 3i: Advanced Techniques and Clinical Indications for Guided Surgery: Leveraging Advantages and Addressing Complications with Post Majewski, Poland
- Biomet 3i: Advanced Techniques and Clinical Indications for Guided Surgery: Leveraging Advantages and Addressing Complications with Post Majewski, Poland
- Procon Biocare: Socket Preservation/Ridge Reservation with Karl Ludwig Ackermann, Germany
- General Medical: Mincion Piezography Masterclass with Professor Tomaschczuk, Italy
- Straumann: SLActive with Frank Schwarz, Germany, etkon®CADCAM with Ashley Byrne, UK
- Iain McElarney, UK

**A journey through Biofilm Pathogens:**
Moving towards the whole Body Therapy for dental Hygienists and Therapists
- Tracy Lennemann, USA
- Carole Brennan, UK
- Lain McElarney, UK

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**Offering support**
One of the main areas highlighted by the GDC and heavily emphasised, is the need to be monitored to ensure a dentist in training is guided appropriately. This has long been part of the dental education process, indeed as students our basic dental education was monitored carefully to ensure we progressed.

There are a number of postgraduate training courses widely advertised by the Universities, dental specialist practitioners, the dental implant companies and via The ADI But the practicable day-to-day assistance in case assessment, planning and indeed surgical placement are difficult to arrange for the busy practitioner in a format that is suitable for the busy practice environment.

The Association of Dental Implantology has been aware of this and has been working towards providing for its members a selection of mentors who would be able to help in this phase of their dental implantology training. These are ADI members with experience in various systems and experience in a wide variety of dental implant procedures. The database is available via the ADI website. The mentors have been assessed and have all carried out a specific training programme in mentoring dental implantology training.

The database is open to ADI members at no charge, another benefit of ADI membership. The mentors can be selected by geographic position, implant system or indeed an ADI member could seek out a mentor to help with a specific area of implantology or specific procedure. Once contacted the mentor will guide and advise the training of their colleague. The arrangement of how much or little is required, how and when the two should meet and what appropriate fees would be charged would all be arranged between the two individuals, mentor and trainee.

This is another phase in the development of dental implant training, at which the ADI is at the forefront. Visit the website at www.adi.org.uk.
Maxillary denture retention – anatomical considerations

Achieving a well fitting upper denture can be quite straightforward and most of us achieve an acceptable result using our standard, tried and tested, technique.

Occasionally however the retention we, and the patient, are seeking is not achieved. This is the depressing moment when after fitting the denture you take your hand away and the denture fails to resist gravity, dropping gently to meet the lower arch.

This article addresses what we are actually trying to achieve when fabricating a well fitting denture base, potential warning signs and how problems may be resolved.

For a denture to fit optimally the following criteria are essential:

1. The denture base must extend properly over the maximum area possible without interference with the surrounding structures.
2. The occlusal plane must be at the correct height.
3. The teeth must be placed within the ‘neutral zone’ between the tongue and the cheeks.

Even if you achieve optimal denture base extension, there are still factors, which can compromise your retention:

1. CLOSE FIT
   To be effective the denture base also needs to have a close enough fit to the underlying mucosa to maximise interfacial surface tension, or ‘capillary surface attraction’. (The viscous force between the denture base and the mucosa quickly reduces as the distance increases. This is a direct result of your impression technique and material used.)

2. SALIVA
   The quantity and viscosity of the saliva affects its adhesive and cohesive properties.

3. BORDER SEAL
   An effective ‘seal’ round the entire denture border, is essential as this creates retention due to ‘atmospheric pressure’ and the easily recognised ‘suction’ which is the resistance to dislodgement that we use to test retention of our dentures.

   Hard palate – the basic support for the upper denture is the two maxillae and palatine bone. The keratinised mucosa over the midline is of varying thickness and critically is at its thinnest in the midline. In this area it is non-resilient and may need to be re-}

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For a denture to fit optimally the saliva affects its adhesive and cohesive properties.

Anatomical considerations for upper denture base extension.

1. Hard palate
2. Residual ridge
3. Incisive papillae
4. Maxillary tuberosity
5. Labial vestibule
6. Buccal vestibule
7. Alveolar process
8. Free margin of lamina papyracea
9. Palatine bone
10. Vibrissal line

resorption changes with time, and the pressure placed on it. For this reason the ridge is secondary in support to the hard palate. This can explain why dentures are liable to fracture in the midline, and why regular review and relining is so important.

Incisive foramen – Beneath the incisive papillae, this does not resorb and, as it is always positioned just behind the central incisors, gives an indication of the extent of resorption that has occurred.

Maxillary tuberosity – if the maxillary posterior teeth had been allowed to over-erupt prior to their loss there is a good chance of having a large tuberosity. It is not generally necessary to surgically alter these as they can provide significant resistance to rotational or tipping forces. It is, however, important to ensure that the occlusal plane is not compromised.

Lahial vestibule – these are either side of the anterior lahial frenum and running as far as the buccal frenum. It is often assumed that the form, and shape, of the lip is directly controlled by the shape of the lahial flange, this is not the case. It is the position of the necks of the teeth which should have most influence on the lip support, with the flange at its extremity being as thin as possible. Sufficient space needs to be made for the flange to navigate the lahial frenum (by manipulation of the lip during impression taking) as painful ulcers can quickly develop.

Buccal Vestibule – this is the area lying next to the tuberosity and extending from the buccal frenum to the hamular notch. Unlike the lahial vestibule the width of the buccal vestibule is critical. Correct recording of the buccal vestibule is often overlooked, it is however essential in creating the border seal. Problems are associated with recording the buccal vestibule because it changes size, in the same patient, depending on the contraction of the masseter and buccinator muscles and the position of the mandible. The distal portion of the buccal vestibule must be adjusted to accommodate the muscles, the ramus, and coronoid process during the impression. At rest the distal vestibule is at its widest and this is when it should be examined. When the mandible is moved forward or to the opposite side it reduces significantly through influence of the ramus and coronoid process. When the masseter contracts it is similarly affected.

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From a practical perspective it is essential to take a border moulded impression where both the initial impression compound, or heavier putty material and secondary wash material are allowed to set following careful movement of the movable from side to side.

Done correctly the shape of the coronoid process and mandible can be seen on the outer surface of the impression. If incorrectly done the results will be: too much space buccal to the flange and a loss of seal, or (if made too thick) painful bruising of the ramus.

Occasionally with large tuberosities there may be little or no space for the acrylic denture base material and a metal base is required, together with instruction on reducing excessive eccentric jaw movement.

Once successfully recorded, whoever casts and trims the model must know to box out this area and not to over trim the model, but to leave the width and height of the sulcus. This is only necessary in this area, the reflection of the sulcus being sufficient for the rest of the model.

Hamular notch – This is behind the tuberosity and between it and the hamulus of the medial pterygoid plate. The tissue in the hamular notch needs to be displaced by the denture to create the seal. If over extended, pressure will be exerted on the pterygomandibular raphe which extends from the hamulus to the retromolar pad (and which is pulled forward when the jaw opens). This can be extremely painful, with patients being unable to open their mouths or even swallow.

Vibrating line – this is classically taught as ‘the imaginary line across the palate that marks the beginning of movement of the soft palate when the patient says Ah’. The suggestion has always been that the post dam should be placed 2.5mm distal to this. Our experience is that the vibrating line is rarely visible. Instead we opt to palpate the join between the hard and soft palate to hand draw our preferred post dam position on the impression for transfer to the working cast. A second ‘minor’ post dam can also be utilised, especially if there are concerns over the patient’s tolerance to the distal palatal extension.

This article was contributed by Edinburgh Dental Specialists. Technical work by Danny Gilchrist, Bruce Innes and Sean McKenna of The Dental Implant Laboratory.
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Images courtesy of Dr. Julian Osorio.

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The price is right
Good business planning and implementing a strategic pricing policy is essential for the success of your practice, says Dr Paul Tipton

Establishing a new pricing policy that will immediately allow you to take one day off a week from clinical practice, but still make the same levels of profit, is one of the most important decisions a dentist can make.

How is this done?
Let’s take an example. A dentist prices a composite filling at £50. If the patient is willing to pay £50, you need to ask yourself whether you think they would pay £59.50. Still more, but not quite £60. The answer is that they would, probably. Putting the price up from £50 to £60 is therefore an increase of 20%. If this is applied across your whole practice, the result is approximately the same income in four days rather than five. This then allows the dentist to take one day off a week and grow his business.

Charging for lab fees
Simple issues such as missed appointments cost every practice on a regular basis, but have you ever considered the number of hours a year you lose in profitability terms through a failed restoration? A single crown that fails due to a production fault may cost you two hours of your valuable clinical time, seeing the patient again, removing the crown, new implants and a second visit for the fit. Instead, you could be using this time to generate income. Your laboratory may offer a replacement at a preferential rate, but what about the lost revenue in your clinical time. To overcome the situation illustrated, you simply ask your laboratory to register the Prestige Fixed Prosthetic Failure and Accident warranty. This facility is designed to not only cover your clinical time on failures through manufacturing fault, but also for damage to a prostheses through accidental damage.

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A vital resource

The best way to reach out to your patients is with a new website, says Amy Rose, who shows just it’s benefited one of her clients who treats dental phobics

Everyone understands the unique benefits of using the internet to research topics from the history of Rock ‘n’ Roll to the finer points of Chaos Theory, and purchase products as diverse as DVDs, antique clocks and sports cars. As an information resource it is unparalleled, with new data being added all the time, and sites such as Wikipedia go through constant revision.

Most UK dentists have a website, and enjoy the competitive edge this gives them. A website is the most cost-effective marketing tool you can employ, enabling you to educate and inform your patients with detailed treatment lists and post-treatment advice. With regular updates, you can keep the site content fresh and your patients up to speed with any changes to the practice, including staff changes and any completed training courses.

Beating phobia

Dr Jenny Pinder has benefited greatly from a professionally designed website. ‘I specialise in treating dental phobics,’ she says, ‘a very specific market.’ Dental phobia affects a high percentage of those people who do not regularly visit the dentist, and can lead to chronic cases of periodontal disease and other painful, sometimes irreversible, oral health issues.

Sometimes the phobia results from a traumatic childhood visit to a dentist, or a general fear of clinical environments. Often it is a combination of more localised fears, including a fear of syringes and of having objects inserted into the mouth. ‘A very specialised management of the patients is needed,’ states Dr Pinder. Often, dentists will not be able to treat dental phobics, who need a sympathetic ear, patience, different communication and treatment techniques – in fact, a whole new brand of expertise.

With such a large number of dental phobics in the UK, it was important for Dr Pinder to have an effective method of advertising her particular service. She met Nigel from Dental Design, a website design agency predominantly in the dental industry, and resolved to implement a new site.

Standing out

First of all, Dr Pinder had to outline the aims of the site. ‘I gave them some pointers as to what I wanted, and we did a couple of tri- als,’ she says. ‘We gradually got to the best result. They got the flavour of what I wanted to get across.’ By working closely with Dr Pinder, the website design team reached a solution that met all of the client’s needs. The site was also designed with a ‘links’ page, especially important considering the aim of the site. Now, Dr Pinder can give patients fast access to informative sites to help them come to terms with their fears. There is also a testimonials page so that prospective patients can read about the practice’s success stories. Since the comments are by other dental phobic patients, when they arrive in person for their first appointment.

Extra features

The site was also designed with ‘links’ page, especially important considering the aim of the site. Now, Dr Pinder can give patients fast access to informative sites to help them come to terms with their fears. There is also a testimonials page so that prospective patients can read about the practice’s success stories. Since the comments are by other dental phobic patients, when they arrive in person for that first appointment.

One excellent benefit of working with Dental Design is the exclusive use of HD (high definition) animations accompanied by professionally written treatment text. Dr Pinder’s site has a section dedicated to ‘treatments’, allowing visitors to read extensive Q&A entries about topics including ‘crowns’ and ‘flossing’, with sharp images and smooth animations. With this unique combination of still and moving images, and straightforward text, dental phobic visitors can get a great idea of what is involved in each step of a procedure, and their fears will be assuaged.

Dental phobia can lead to chronic cases of periodontal disease and other painful oral health issues.

Dental phobia can lead to chronic cases of periodontal disease and other painful oral health issues. Of course, aside from the business benefits, dental phobics can now find treatment that much more easily. Dental Design’s comprehensive Search Engine Optimisation service has meant that Dr Pinder’s site appears close to the top of the results list in popular search engines such as Google – a crucial feature of any web design project. After all, it is no good having a rich and helpful site that vanishes beneath thousands of other sites.

‘It has been very rewarding financially and professionally,’ Dr Pinder concludes. ‘I am proud of what the site does. The people who have found me through it might not have found me otherwise.’ Thanks to this new website, dental phobics in the area can find a specialist who will give them the standard of care they require, and those further afield can benefit from an accessible resource of helpful information.

In many cases, dental phobics are desperate for treatment, but have been too afraid to seek it out. Thanks to a regularly updated, content-rich site, they can now find the support and expertise they need. ‘We have rebuilt people’s lives,’ says Dr Pinder. ‘Some people are unhappy because of their dental phobia. This website has allowed them to find help.

For more information on Dental Design’s services, please call 01202 677277 or email contact@dental-design.co.uk. To see samples of websites designed by the team, or to view HD treatment animations, visit www.dental-design.co.uk.

About the author

Amy Rose has over six years experience in the dental profession, working predominantly in a marketing capacity. Amy currently heads up the design and marketing team at Dental Design Ltd. For more information, call Amy Rose 01202 677277, email contact@dental-design.co.uk or visit www.dental-design.co.uk to see exactly what the system has to offer.
Nurturing your staff

You’ve got to support team members in new roles if they’re to flourish. If you don’t, they might become unhappy, and at worst, leave the practice, warns Sharon Holmes

During the time I’ve been working for the Dental Arts Studio, I’ve found recruiting new team members a challenge. A team should be made up of different personali- ties, each with their own talent and potential.

If you have too many leaders, you have war. If you have too many followers, you have chaos. You can follow guidelines while conducting an interview and you can make a selection based on this, but this is only a guide and not a way to guarantee you’ll make the correct selection. Only once the new member joins the team, will you notice what their strengths and weaknesses are.

A tough call

Not long ago we decided to employ a third receptionist for Clapham Junction. The reception area here gets really busy. Extra pair of hands was essential. At any given time there could be up to 14 patients in our waiting room.

One day I was in the practice, I noticed one of our receptionists shine. She was totally in control, even with phones ringing and patients waiting for attention at the desk. She maintained a smile; a pleasant tone of voice and nothing seemed to distress her. From this time onwards she had caught my eye.

I spoke to the operations co-ordinator at the practice that had interviewed her and she filled me in on her CV and employment history. I also asked the practice manager about her performance and she assured me she was brilliant at her job. This made me think two things.

First, she might not stay long as she would want a more fulfilling role in the future—ambition cannot be placed in a box. Second, if I promoted her to practice manager level in one of our other branches, she might not enjoy the responsibility and I would lose her anyway.

As it happened, we were recruiting for a practice manager to take care of one of our branches. I approached Dr Malhan and Dr Solanki to offer her the position. They were just as concerned as me. In the past, we have moved staff into senior roles as they had proven fantastic and we have watched them become very stressed and unhappy. Just because someone may be brilliant at one role does not mean that they will be fantastic in the new more responsible role.

Practice management is a daily challenge and takes exceptionally strong leadership skills to take a practice forward. Corporate practices are even more of a challenge as there is usually no principal dentist on site.

Keeping in touch

I am very in touch with my staff and I easily notice their change of behaviour sooner than later. This allows me the opportunity to re-arrange their role to get them back to where they were before. I do this by talking to them regularly and letting them know there is nothing wrong with not enjoying more responsibility. You can either handle it or you can’t. It’s that simple. I’ve found that staff will rarely let you know they are unhappy. They would rather hand their notice in and leave, so they don’t feel as though they’ve failed. Before this happens, I step in and invite them to talk to me about their progress. Most important of all, I listen and try to meet their needs. Some staff are worth holding on to.

One of the most important aspects of promoting a member of staff into a more senior role is to make sure they receive enough training. You must make sure you follow up with them daily to see how they are getting along. You offer advice and support no matter how trivial it may seem to you. No question is too big or small. Remember: what is old hat to you is all new and frightening to them.

There is no one else they can turn to on-site as the nurses have very little to do with the management of the practice.

Normally, it takes three months before the candidate is able to manage without your micro-management. If they fail, I have failed them. I give staff feedback at every opportunity, which they enjoy, especially when they finally get a task right.

Tending the young

This lesson I have only learned recently from past experience. You cannot promote someone to a more senior role and expect him or her to flourish. You have to tend to them like young seedlings. Believing in someone too much without giving him or her the training is not fair to the person you have offered this opportunity. Also though, you can only help some-one grow if that is what they want as well. My mantra to my staff is: ‘All for one and one for all’.

As Winston Churchill once said: ‘Play the game for more than you can afford to lose, only then will you learn the game’.

Extra pair of hands was essential.

About the author

Originally from South Africa, Sharon Holmes moved to the UK in 2002. She thoroughly enjoys her position as business development manager at the Dental Arts Studio and her role in the dental industry, which has moulded her into a winner in her field. She believes that her position is based on common sense.
Dr Phil Bennett's Sinus Lift Course

BioHorizons is pleased to announce their sponsorship of Dr Bennett’s Sinus course which will take place at Lyme Bay Dentistry in Lyme Regis on 26-27 April. This course - maximum 6 attendees - is open to the more experienced implantologists. The emphasis is on the practical execution of the technique.

Dr Philip Bennett B.D.S., L.D.S., R.G.S., F.I.C.O.I. is well known in Implantology circles; he has constantly been at the forefront of dental implant education, and is the immediate past president of the Association Dental Implantology UK.

He is retained by several implant companies to advise on the UK market and is a certified educator for many others. He has over twenty years of practical experience and his many courses, held at the postgraduate centre at Lyme Regis, have won him acclaim both nationally and internationally.

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Innovative Ultrasonic Surgery

NSK’s powerful VarioSurg is the first choice for ultrasonic surgery as it is packed with features to help control exacting procedures. With its strong, precise cutting power enhanced with TiN (Titanium Nitride) coated bone cutting tips available in a wide variety of shapes and sizes, NSK’s VarioSurg has increased cutting efficiency, reducing cutting time to leaving a surface that aids bone formation.

NSK’s VarioSurg employs ultrasonic cavitation of the irrigation solution reducing heat generation, minimising osteonecrosis and avoiding damage to any surrounding soft tissue. The VarioSurg also features an industry first optic handpiece, providing enhanced visibility of the surgical field.

Finally, NSK’s VarioSurg is so versatile that it can be used in numerous areas of dentistry including bone surgery, sinus lifts, periodontal surgery and endodontic surgery. Set a new standard with the VarioSurg Ultrasonic System and call June White at NSK on 0800 6541909.

Sident Dental Systems

Galileoos Compact
The NEW entry level 3D cone beam for GDPs and Implantologists

The NEW Galileoos Compact from Sident Dental Systems offers a convenient entry to the world of 3D cone beam digital diagnostics, with the ability to expand with an upgrade at a later date.

Galileoos 3D cone beam digital x-ray systems offer Practices the power of integrated diagnostics and treatment planning via a single imaging system.

With their innovative Cone Beam technology, they can calibrate a large volume 3D image set (over 200 exposures) in a single low-dose scan lasting 15 seconds or less. This 3D image set is then processed and displayed using their integrated GALAXIS 3D software.

The Galileoos Compact presents its 3D images in perfect image quality and facilitates easy navigation and diagnosis in traditional PAN and TSA presentations. The Galileoos Comfort offers CEPH views too.

For further information please call Sident Dental Systems on 01952 582900, email j.colville@sident.co.uk or visit www.sident.co.uk.

Lead with Laser-Lok®

The groundbreaking implant technology from BioHorizons uses Laser-Lok® microchannels; a series of precision-engineered cell-sized channels laser-etched onto the collar of BioHorizons’ dental implants.

Laser-Lok microchannels are a product of over 15 years of research and documented studies and are the new standard with the VarioSurg Ultrasonic System and call June White at NSK on 0800 6541909, in a sterile syringe delivery presentation.

Stay Ahead in Implants

New guidelines from the GDC highlighting the importance of postgraduate education when performing implant procedures, means that now has never been a better time to plan your implant education.

This course offers practitioners the perfect opportunity to experience a practical, hands-on approach to the restorative aspects of implant dentistry.

If you’re expected to practice to the highest standards possible then you need to be trained to the highest standards and you can be confident that all ITI courses are led by qualified implantologists.

Keep up-to-date with the new implant training regulations and attend one of the ‘Foundation in Restorative Implantology’ courses on one of the dates below in 2009.

04-05 Jun • ITI Education Centre, Gatwick 24-25 Sep • ITI Education Centre, Gatwick 01-03 Nov • ITI Education Centre, Gatwick 02-03 Dec • ITI Education Centre, Gatwick

Book your place today by visiting www.iti.org.uk/education or contact the Education Department on 01293 651270.

More Than Implants

Implant dentistry is an exciting and rewarding discipline and to help you realise your true practice potential, Straumann offer a unique loyalty programme - MORE THAN IMPLANTS™

Effectively taking into consideration your knowledge and experience of implant dentistry with three practice-building levels, MORE THAN IMPLANTS™, MORE THAN IMPLANTS™ GOLD and MORE THAN IMPLANTS™ PLATINUM, Straumann deliver tailor-made solutions through Network, Education, Service and Ideas.

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VITAL: Still using a membrane?

If you, like most implantologists and periodontists, find membranes difficult to handle, then VITAL is the main contender for you. It reliably and quickly turns into bone, a feat achieved thanks to the developments at Biocomposites Ltd, a UK-based and world leading company in the field of bone regenerating technologies. VITAL is a simple to use graft material that sets to become cell occlusive scaffold membrane. It is required. It does not contain any animal tissue and implants can be placed into it after 4 to 6 months.

For more clinical and research information please contact Swallow Dental Supplies on 01555 655124 or visit www.swallowdental.co.uk.

Four Implants – One Procedure

When choosing an implant system you may already have an idea of the attributes you require: reliability, and predictability to name but two - now these are joined by the “choice and versatility”2 of the key words at Straumann.

Totalled committed to your needs, Straumann have developed their range of implants to offer unmatched treatment flexibility, so you can use the same surgical kit, prosthetic kit and procedure whichever Straumann implant is demanded by the clinical situation.

As the most practice-proven system on the market, the Straumann® Dental Implant System provides a unique combination of reduced healing time, long-term reliability, simplicity of use and a high degree of versatility.

As a dental professional, you are looking for a partner who understands your specific needs and requirements. Your partner should be Straumann®, delivering effectiveness and convenience unmatched by other implant systems helping to take your practice one step further.

Discover how the Straumann® Dental Implant System can become the perfect addition to your practice! Contact Straumann on 01293 651230 or visit www.straumannuk.com.
The Wonders of Waterpik® Dental Water Jet

An innovative alternative to flossing!

Clinical studies have shown the dental water jet is more effective than dental floss and reduces the signs of inflammation even in patients with braces, implants, crowns, bridges and diabetes.

Since 1962, the Waterpik® Dental Water Jet, also called an oral irrigator, has been evaluated in more than 50 clinical studies at 27 independent university-based research centres. Collectively, the studies show it is safe and can significantly reduce plaque biofilm, bleeding, gingivitis, subgingival bacteria, probing pocket depth, and inflammatory mediators associated with bone loss. It has even been tested against brushing and flossing demonstrating up to 95% better reduction in inflammation.

Water Pik is a leading manufacturer of oral health care products dedicated to innovation, sustainability and health. Their products are easy, fun and effective to use.

For more information contact Suzy Rowlands on 0207 612 4166, email info@bacd.com or visit www.bacd.com

Bring Carl Zeiss Into Your Practice With EyeMag Smart Loupes

Accurate diagnosis and successful treatment requires high quality equipment, with today’s dentist needing a magnification solution that promotes the best ergonomic posture.

Carl Zeiss has used 150 years of expertise to develop the EyeMag Smart, which enables the accurate identification of structures at 2.5X magnification with a high depth of field and colour fidelity extending to the peripheral zones, and a large field of view.

For your professional courtesy discount on the Waterpik® Dental Water Jets speak to your dental wholesaler or for more information visit www.waterpik.co.uk. The product is also widely available in Boots stores.

What A Great Start To The Year

What better way to begin 2009 than with a host of innovative and enlightening BACD courses? Throughout January the British Academy of Cosmetic Dentistry (BACD) worked with highly acclaimed professionals to present the latest topics.

Dr. Tif Qureshi presented The Inman Aligner: Latest Techniques With Removable Appliances For The Cosmetic Dentist. He was the first dentist in the UK to pioneer the appliance, which is renowned for its speed, ease of use and relatively low cost compared to other orthodontic techniques.

Dr. Peter Huntley presented Orthodontics and Restorative Dentistry: Helping Each Other. He clearly demonstrated how interdisciplinary management of complex adult problems has the potential to enhance orthodontic and restorative outcomes.

Even weight distribution makes the EyeMag Smart comfortable to wear during long procedures, and with easily adjustable settings and a working distance of 50mm to 550mm rising in 50mm increments the dentist can always find the best distance from the treatment area, facilitating diagnosis and treatment. Also the EyeMag Smart can be easily adjusted to satisfy individual requirements that include interpupillary distance.

For more information call Nuview on 01455 759650 or email info@nuview-ltd.com, www.nuview-ltd.co.uk

At the end of the year, it’s ‘Easy’!

IvoClaris Vivadent offers dentists a decisive advantage: Excess material can be much more easily removed, whilst the habitual proven features of the material – high bond strength and good adhesive properties – remain unchanged.

IvoClaris Vivadent introduces the improved version of the luting composite Multilink Automix. Due to the new formula of Multilink Automix, dentists can now remove excess material with much less difficulty... it’s ‘Easy’.... The excess material is cured for two to four seconds per quarter surface of the tooth, this turns material into material into a gel-like consistency, allowing the easiest possible removal of Multilink Automix ‘Easy’.

The high bond strength and good long-term adhesive properties of Multilink Automix in the Automix syringe continue to impress users. This composite with a broad range of applications is available in the shades opaque, yellow and transparent.

Look out for the clear marked Multilink Automix ‘Easy’ syringes, available immediately.

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A dentist was picked up by the tax authorities and subjected to a full enquiry that lasted 57 months. His wife, also a dentist, endured an investigation lasting over 50 months. In the end, they paid £6,000 to the inspector.

Usually, a full enquiry will look back over 3-5 years of accounts. However, there has been a case of an inspector wanting to go back 14 years! Imagine how much you would have to pay your accountant at the end of all that!

With Tax Investigation Cost Protection from Professional Fee Protection Ltd (PFP), you can benefit from insurance of up to £75,000 towards accountancy fees in the event of a tax investigation, and also receive expert advice and support throughout the process.

For more information contact PFP on 0845 307 1177 or email info@pfp.uk.com, www.pfp-online.com.
The eighth annual Premier Symposium was attended by a capacity crowd on Saturday 29 November at King’s College London. With over 400 delegates registering for the event the audience had significantly increased from 50 the previous year. This event has become something of a landmark in the dental calendar. With many delegates returning year on year, it is not surprising that the attendance figures continue to grow.

This year there was an increase in the number of DCPs in the audience.

A team effort
The Premier Symposium is jointly organised by Dental Protection and Schülke, and is recognised as a leading forum for dental risk management, cross infection control and health and safety issues. In addition to providing six hours CPD, the event also provides an opportunity to present the Premier Awards to dentists and DCPs in recognition and support of research and projects into these topics during the previous twelve months.

An expert selection
The premier symposium 2008 featured the following speakers:

• Angus Walls Handle with Care - Treating the Older Patient.
• Stephen Flint Bisphosphonates and their impact upon dental care.
• Caroline Pankhurst Barriers – Facts and Myths in infection control.
• Tony Hoskinson Managing Risks and Complications in Endodontics
• Guy Hirst and Trevor Dale Lessons from the Flight Deck (Accident causation, safety and human factors)

The day was chaired by Dr Kevin Lewis, Dental Director of Dental Protection who said: ‘The success of the Premier Symposium is based on two essential components; the calibre of speakers and relevance of the topics to our audience. With the popularity of the event increasing and with so many familiar faces in the audience the Premier Symposium is tangible evidence of Dental Protection’s core value of being at the heart of the profession that we serve. We look forward to welcoming even more delegates next year.’

Plans for the 2009 event are already in hand, so early booking is advisable. For more information on Dental Protection, visit www.dentalprotection.org.

To book please call smilestudio on 020 7482 5333

The biggest crowd ever attend Premier Symposium 08
WILL YOU SELL US YOUR PRACTICE?

SPADENTAL IS LOOKING TO ACQUIRE HIGH QUALITY DENTAL PRACTICES ACROSS ENGLAND AND WALES FOR ITS PRINCIPALS.

If you are interested in selling your practice as a ‘whole’ practice, either immediately or in the not too distant future, we would very much like to hear from you.

It is our policy when we acquire and invest in a practice to ensure the healthy continuity of the services you provide both for your patients and staff. At the same time looking at ways of supporting and developing the growth and future potential of the practice.

In absolute strictest confidence and without obligation, if you would like an informal discussion on your thoughts, ideas and options with us, with possibly an indication outlining a competitive offer for your practice from us, then please contact Paul Massey - Acquisitions Partner on 01600 891560 or 07836 701922 or by emailing paul.massey@spadental.co.uk

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✓ Backed with 30 years of dedicated gum health expertise
✓ Over 67% of the ingredients are for the care of gingiva and teeth – compared to 25% in many other regular dentifrices
✓ Free from sodium lauryl sulfate – suitable for patients using 0.2% chlorhexidine digluconate mouthwash

Corsodyl Daily Gum & Tooth Paste is clinically proven to kill bacteria that can cause gum disease¹. With regular brushing, it helps maintain firm and tight gums and a low gingival index².

Recommend Corsodyl Daily Gum & Tooth Paste – because teeth need gum care too


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