Dental trauma leads to death

A nine-year-old girl starved herself to death after developing a fear of dentists, an inquest heard.

Sophie Waller, from St Dennis in Cornwall, had an operation to remove her milk teeth after she stopped eating or speaking, after cracking a tooth on a boiled sweet.

She refused to go to the dentist to be treated for tooth ache because her tongue had been emaciated state had they seen her before she died.

Pareidolistic pathologist Dr Marie-Ann Brundler said Sophie died on December 2, 2005 from acute renal failure caused by starvation and dehydration.

Dr Brundler said she would have expected a health professional to have noticed Sophie's emaciated state had they seen her before she died.

The inquest heard that although Sophie lost 11 kgs in the four weeks before her death her parents, Janet Waller, a nursery teacher, and her husband Richard, a taxi driver, did not take her back to a doctor.

A week later Sophie was so emaciated, her hair was falling through her back. She weighed less than four stone when she died.

Paradental pathologist Dr Marie-Ann Brundler said Sophie died on December 2, 2005 from acute renal failure caused by starvation and dehydration.

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The inquest heard that although Sophie lost 11 kgs in the four weeks before her death her parents, Janet Waller, a nursery teacher, and her husband Richard, a taxi driver, did not take her back to a doctor.

They told the hearing they rang the hospital but were told by a nurse not to bring Sophie in as she was now under the care of a community child psychologist.

Dental trauma leads to death

Dr Cockcroft condemns survey

The Chief Dental Officer for England has condemned a survey, claiming 5m people in the UK have tried DIY dentistry, as ‘ludicrous’.

The survey for Which? magazine found eight per cent have tried DIY dentistry and the same amount of people knew someone else who had tried it.

Around a quarter of those had attempted to remove a tooth with pliers. Three in 10 had tried to whiten their own teeth using household products, while 12 per cent had attempted to take a tooth out using a string tied to a door handle.

The survey revealed that DIY techniques included fixing chewing gum. Which? carried out the poll to publicise more detailed research it is carrying out into the state of dentistry in the UK.

It is asking members of the public to submit their own experiences of dental treatment to collate evidence which will be submitted as part of a Government review in April.

Which? polled 2,651 adults aged over 16 in England online from January 19 to February 4, 2009. It extrapolated the figures to suggest that three million people have tried DIY dentistry.

He said: ‘These findings come from an online multiple choice survey that has no statistical credibility. It is ludicrous to suggest that three million people are doing DIY dentistry. DIY dentistry is dangerous and unnecessary. Thanks to our investment of over £2 billion in NHS dentistry, there are now lots of new NHS dental practices expanding and opening around the country.’

Shadow health minister Mike Penning called the survey results a direct consequence of the introduction of Labour’s botched dental contract.

However Dr Cockcroft criticised the survey and questioned its credibility.

Life changes

Opening your own business is the ultimate goal, but it is also a massive, life changing decision says Simon Hocken.

New habits

Fixed appliance orthodontics has become an efficient and widespread treatment for malocclusion but can we do better?

Dr Howard Stean

Clinician, author and tutor

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Nobel Biocare's roadshow

Nobel Biocare is holding a roadshow exploring the benefits of dental restorations that have been generated with computer aided design (CAD) and computer aided manufacturing.

The Procera Roadshow will be held on the evening of 12 March at the King's Hall, Balmoral in Belfast.

Guest speakers, Dr Philip Pettemerides and Eva Forst will review the benefits of computer aided design/computer aided manufacturing (CAD/CAM) and how to handle working with zirconia and alumina restorations.

Their presentation will cover topics ranging from complete rehabilitation of the natural dentition, to complex edentulous situations with 3D-CT treatment planning and surgery, to highly demanding single tooth restorations in the anterior maxilla.

The Procera Roadshow is accredited with two hours CPO (Continuing Professional Development) points and will provide evidence based aesthetic solutions to help dental professionals grow their businesses.

To book a place and for free registration, please contact Rupak Dey on: +44 (0) 1895 452 921 or email: rupak.dey@noblebiocare.com.
Guest comment
Fare Dodgers

Why should you join your professional association? – part 1

Some years ago, John Hunt, then Chief Exec of the BDA wrote: ‘If you are not a member of your professional association, you are riding on the bus without paying your fare’. He was, of course, talking about dentists who weren’t members of the BDA, but that statement is even more true today – and not only for dentists, but for all other members of the dental team as well.

Dental Care Professionals (that is, dental nurses, hygienists, therapists and technicians) are now registered professionals – and with that professional status comes professional responsibility. Responsibility to the patient, responsibility to other members of the dental team – and responsibility to oneself, to do the job properly, to behave like a professional, do what professional people do – keep yourself up to date, not just tick the boxes of your CPD requirement, but learn and grow in your chosen profession; treat others – patients and colleagues – with dignity and respect; be proud of your profession – and join your professional association!

If there is one thing which amazes (no, let’s be honest - infuriates!) me more than all those dental nurses who ring the BADN® office expecting us to offer them help, advice, support and information even though they’ve never bothered to join (in other words, they expect to get something for nothing – paid for by all those dental nurses who DO support BADN), it’s the number of dentists who ring us and expect the same thing - because they’re too tight-fisted to join the BDA or the DPA, but expect an association funded by dental nurses to help them! That’s not just riding on the bus without paying a fare – that’s hijacking the whole damn bus!

Whether you are a dental nurse, a hygienist, therapist, technician or dentist – if you want to be treated like a professional, you have to behave like one. One of the best ways to demonstrate your professionalism, make sure your views are heard, influence the future of your profession, is to join your professional association. Make no mistake - dentistry (and I use the word in its widest sense, to include dental nursing, dental hygiene, dental therapy and dental technology) is now a profession. And if you are one of those people who wouldn’t even consider themselves a ‘professional’, who doesn’t understand what all this fuss about ‘professionalism’ is all about, maybe now is the time to start seriously considering that job down at Tesco.

‘Be proud of your profession – and join your professional association’

Pam Swain
MBA LCGI FIAM MCMI is the chief executive of the British Association of Dental Nurses, the UK’s only professional association for dental nurses. Pam has worked for the BADN for 15 years this month, and previously worked for several multi-national enterprises including Hilton International and NATO and in investment banking, in Vienna, Brussels, Bermuda and Boston.

About the author

Colgate 360° Deep Clean

The difference a little blue can make to your patients’ periodontal health

Look closely at the New Colgate 360° Deep Clean toothbrush, and you’ll see blue tapered ends on the outer bristles. These are Colgate 360° Deep Clean’s special SlimTip™ bristles.

See the blue tapered tips disappear below the gingival margin.

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GDPUK round-up

Rather than any major debates dominating the GDPUK forum of late, shorter, less-involved discussions have been the order of the month.

Topics relating to the study of occlusion and the comparison of techniques and courses have been popular with members throughout January. Illustrating their posts with images, colleagues have discussed several cases and the use of various appliances.

In the practice management arena, members aired their views and shared experiences of dealing with verbally abusive patients, how to ensure the patient does not return, and supporting the practice team after such an event. An older topic concerning whether to give compassionate leave in unusual circumstances was rehashed, and this attracted further questions and concepts.

Despite the first meetings of the BDA Rep Body and the GDPC’s three-year cycle, there wasn’t much discussion of UK dental politics. Often, this is a time when political ideas and crystal-ball gazing are flowing fast and there is always condemnation of the UDA system, but there were few ideas of how to move the agenda forward, to make everyone happier about NHS dentistry.

GDPUK has been offering some verifiable CPD and hopes to offer more of this during 2009. An endodontic course was busy at Birmingham Dental School and attendees will use the event for networking, and putting faces to names they have known for years by email and on the web.

An innovation for UK dentistry has been GDPUK offering a webinar to members for free. This will be aired in early February and will be reviewed in this column. Sponsoring dental companies make this possible, and CPD certificates are sent out by email. These two events have made the New Year an exciting time to be involved in GDPUK, and as its owner, I have been involved in many aspects of improving the site, but more about this later in the year, and perhaps, like a blog, I can tell you more of the personal effects for me, as the year goes by.

I have been experimenting with what might be the next big thing on the web – Twitter. www.twitter.com has been championed by many savvy people, and despite being about two years old, has recently published its billionth ‘tweet’. Words such as this, are featured in Twittonary, its own dictionary, and real-world news seems to break there very early. Twitter also works on your mobile phone. A way of describing it is as microblogging, maximum message size on Twitter is 140 characters so writers have to be brief. By the time this column is published, expect GDPUK to be putting out its latest news by this method to colleagues who are interested. More followers might be found!

Dr Anthony V. Jacobs started the GDP-UK emailing list in 1997, and the group membership is now just under 2000. The list is read in all corners of the UK dental profession as well as by laboratories, and the trade and dental industry. Qualifying in London in 1979, Dr Jacobs is now in partnership with Dr Stephen Lazarus, practicing at 406 Dental in Manchester. He enjoys his profession, and takes pride in providing both simple and complex gentle dentistry, as well as caring for families in a relaxed atmosphere. Dr Jacobs has a long-term commitment to continuing professional development, both for himself, and for the profession in general through his mailing list. He has been a member of the British Dental Association (BDA) since 1975, and is presently Chairman of the Bury and Rochdale Local Dental Committee (LDC). Dr Jacobs also sits on the committee and helps to organise the annual conference of Local Dental Committees.

About the author

Dr Anthony V. Jacobs

Other accessories also available sterile.

Contact us to find out more!
BOS rolls out leaflets

The British Orthodontic Society has produced two new Patient Information Leaflets covering orthodontic mini screws and oral health.

The new leaflets follow an informal question and answer format to allow patients to readily understand and absorb bite-sized portions of information about their potential treatment and on-going care.

The British Orthodontic Society (BOS) now has twelve Patient Information Leaflets – all developed by the Clinical Standards Committee of BOS.

A spokeswoman for the BOS said: ‘The leaflets are produced to help reinforce the verbal advice given to orthodontic patients at chair side. Unfortunately, many patients forget a significant amount by the time they leave the consulting room. The PILs are designed to be read in the same way to ensure that they are as readable as possible.

David Morris, chairman of the Clinical Standards Committee which developed the leaflets commented: ‘Both new PILs should provide orthodontists with a useful aide-memoir on the main methods of achieving healthy gums and teeth for life.’

He added: ‘The emergence of mini-screws, with their ability to provide non-compliant orthodontic anchorage, is still evolving. However, as it is an invasive procedure, it is important that we provide prospective patients with up to date information on their potential outcome. This PIL will be regularly updated as more robust scientific evidence concerning their clinical effectiveness comes to light.’

The other titles in the PIL series are: Your First Visit to the Orthodontist; Orthodontic treatment – what are the risks?; Fixed appliances; Functional appliances; Removable appliances; Headgear; Retainers; Orthognathic Surgery and Adult Orthodontics.

The Mini Screws and Oral Health patient information leaflets are available from the BOS by calling 020 7535 6860.

The cost is £1.50 per 100 (plus £1.50 postage and packing). Copies can also be viewed or downloaded for free from the BOS website: www.bos.org.uk

Next National Smile Month campaign

The British Dental Health Foundation (BDHF) has announced the date for the next National Smile Month campaign.

National Smile Month 2009, will be launched on May 17, where surgeries, hospitals, Primary Care Trusts, schools, colleges and businesses across the UK will support the event.

Look After Yourself, Brush for Health highlights the systemic links between oral and overall health. Recent research has linked oral health to heart disease, diabetes, strokes and pregnancy problems, not to mention tooth loss and familiar dental issues, emphasising the importance of good oral hygiene.

Foundation chief executive Dr Nigel Carter said: ‘The Foundation is very excited to be working on the second trans-Atlantic National Smile Month and we look forward to working alongside partners and thousands of event organisers in both countries.’

Support for the campaign comes from platinum sponsors Oral-B, Wrigley’s ORBIT Complete sugar-free chewing gum and Tesco Dental Insurance.

To order your own National Smile Month resources or for more information go online or contact the Foundation on 0870 770 4000.
Striking the Balance

With April’s contract looming large and facing the challenge of an adverse financial environment, who should a mixed practice turn to for help?

As a dentist dedicated to the values of the NHS, Jim Lafferty tries to reconcile practising NHS dentistry with the financial realities of running his practice in South Yorkshire. With the help of Henry Schein Minerva he has been able to introduce more efficient working practices that are helping him establish a private element to his practice whilst still being able to fulfil his NHS commitments.

Getting the balance right between NHS and private provision, particularly during current financial constraints is a delicate operation, but Jim Lafferty and his wife Nicholea, who is also a Partner in the practice, have successfully kept pace with the increasing demands of patients without losing sight of their need to deliver quality NHS provision to the community.

With a practice that is almost 90% NHS, Jim’s natural comfort zone is not to “hard sell” private treatments to his patients, never-the-less he recognised the need to meet the increasing demands from some patients and encouraged by his Henry Schein Minerva Field Sales Consultant, Steve Coustol, admits he was pleasantly surprised by the experience.

Steve offered his skills in business development as an “added value” service from Henry Schein Minerva – this concept took Jim a little time to get used to as it’s a long way from the traditional role of a rep just interested in taking orders. Steve helped Jim to understand how to communicate differently with different people and helped him with the presentation of treatment plans. Although Jim found this a bit of a novelty at first he quickly came to realise that talking with patients about their individual concerns is just a natural part of his professional life.

“Steve explained how he wanted to help the practice and convinced me that between us we could build a dynamic synergy with the aim of increasing the level of private turnover.”

One of the first things that Steve did was to review Jim’s prices. Orgreave Dental Surgery is located in a traditional “working-class” area, but few patients are actually exempt from charges and Jim was conscious of the potential problems of introducing wholesale radical price rises. However, with all the marketing knowledge available to Henry Schein Minerva, Steve was able to pinpoint those prices which were a little low and advise that other practices had found little resistance to a modest price increase. Jim admits this was a difficult but never-the-less very worthwhile project.

“I was a little nervous about the price increase, however together we worked out the realistic level for certain services and reviewed them in terms of fixed and material costs, then re-set them accordingly. I think we handled the situation very sensitively and actually had no adverse comments whatsoever from our patients.”

This simple task not only had a dramatic financial impact on net profit but also allowed Jim to clinically expand his treatment offering and provide more in terms of value and service. This in turn has given him increased job satisfaction, enabled him to offer different treatments and freed him from some of the restrictions of the NHS.

“I have always been interested in discovering more about the latest treatment protocols. Being able to use different materials and the latest techniques has really expanded my horizons.”

Despite the fact that Jim is running an NHS practice on a tight budget his belief in Steve and Henry Schein Minerva is unwavering. He is more motivated they are to take up other treatments. He recognises though that under current economic conditions, maintaining uptake of complex treatment plans may be more difficult as patients consider every aspect of their spending patterns and look to save money where they can. He recognises that in this scenario his role is to explain the long-term benefits of treatment and ensure his patients maintain their overall oral health through consistent regular care.

So what of the future? Jim’s reservations about what April 2009 will bring mirror the thoughts of many of those with NHS contracts. He has been through tortuous negotiations with his local PCT but is still set to face a significant shortfall in April. Ultimately Jim does not want to leave the NHS but fears that the continued PCT squeeze will force him and many like him to rethink their NHS position. However, the thought of “going private” during the current economic downturn does not fill Jim with as much fear as it might once have done. Having worked with Steve for 5 years and experienced the difficult but necessary processes of raising prices and explaining complex, high value treatments, Jim feels more prepared than ever for the challenges his practice is set to face during the coming year.

For more information email: me@henryschein.co.uk
“Henry Schein Minerva have helped me to gradually increase my level of private provision without compromising my NHS commitment. At every step I have felt in control and comfortable with the pace and substance of the changes, all of which have had a positive financial impact on our practice. I am confident this experience will help me face the impending challenges of 2009.”

Jim Lafferty – Principal, Orgreave Dental Surgery, Sheffield

Me & Henry Schein

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email: me@henryschein.co.uk

www.henryschein.co.uk
New chair for GDPC

John Milne, a dental practitioner in West Yorkshire, has been elected as the new chair of the British Dental Association’s General Dental Practice Committee (GDPC).

Dr Milne is a partner in a mainly NHS practice with two branches, one in Featherstone and the other in Normanton, near Wakefield. He also holds a clinical assistant post in orthodontics at Pinderfields Hospital in Wakefield.

Dr Milne said: ‘It is a great honour to be elected to chair the General Dental Practice Committee.

The profession faces a number of significant challenges as we begin 2009, with issues with the 2006 reforms still needing urgent attention and the economic downturn a concern for dentists and patients alike.

For the sake of both the profession and the patients we serve, it is important that we press strongly for constructive reform of the NHS contract.’

Dr Milne is a member of the Department of Health’s Key Stakeholder Group and featured in Lord Darzi’s Next Stage Review Group.

Dr Milne will be supported by the two newly-elected vice chairs of GDPC; Cornwall-based dentist Peter Hodgkinson and West London practitioner Henrik Overgaard-Nielsen.

The GDPC, an autonomous committee of the British Dental Association, represents the interest of dentists working in general practice and act on their behalf. It is recognised by the government as representing NHS general dental practitioners.

Debating the future

The chief dental officers for England and Scotland will be debating the future of dentistry, along with the British Dental Association, at a keynote seminar in the summer.

The Westminster Health Forum Keynote Seminar on the Future of Dentistry will be held on 12 May at Westminster.

The seminar will examine issues around the future of dentistry, access to NHS dental treatment and dental contracts.

It is timed to coincide with the publication of the recently announced review into NHS dentistry and as the gross income protection scheme ends for dentists in England.

The discussion will bring together policy makers from Government and Parliament with key stakeholders and it will include how current strategies may change dental care in the UK and how they can be implemented across the primary care trust network.

The various sessions in the seminar will examine: the review into NHS dentistry and access to NHS treatment; recommendations for improving the dental contracts and funding allocation; addressing regional differences in oral health and barriers to participation; the changing role of dental practitioners; the role of the private sector; and dental practice in Scotland in comparison with England.

Dr Barry Cockcroft, Chief Dental Officer for England, Susie Sanderson, chair of the British Dental Association; and Margie Taylor, Chief Dental Officer for the Scottish Government will be giving keynote addresses at the seminar.

Angie McBain, president of the British Association of Dental Nurses will also be speaking.

For more information or to book a place at the seminar go to http://www.westminsterforumprojects.co.uk/dietandhealthforum/diary.aspx
As mentioned in the previous article about the Charisma Effect, charisma is essentially intangible. In spite of this, you will always know when you are in the presence of a charismatic person, because they have the ability to engage your attention in a way that someone without that personality trait would struggle to do.

I want to quote from an article in respect of the actor Will Smith, which I came across while on a recent trip to the USA:

’Spend seven seconds sitting across from Will Smith, and you’ll discover why he is a superstar. He’s charming and attentive, observant and clever – without ever seeming to try. When he talks, he makes eye contact; when he laughs, it takes over his entire body. Though he seems happy-go-lucky, he didn’t end up where he is by accident – Smith is consistently in charge, on point and thinking ahead.’

Not everyone is fortunate enough to be born charismatic, but with a bit of effort, anyone can develop it to a greater or lesser extent. Here are 10 tips to help you do so.

1. It is said that the overwhelmingly large part of communication is non-verbal. Often your body language says more than your words. It is therefore essential to show positive body language. Your posture is so important – individuals who slouch or hunch their shoulders convey negative messages. Smile and look people in the eye when communicating.

2. Develop your communication skills – speak and write...
with flair. Speaking confidently is not a gift possessed by all, but can be developed by all. Tone, cadence, use of pauses, speed of speech; emphasising certain words – sometimes repeating key words; lack of ‘uhs’ and ‘ums’ and ‘you know’ and avoidance of jargon; varying the number of words in successive sentences; and, not least, vocabulary – all these contribute to your style of speech, and many to your particular style of writing. Think about Barack Obama compared with John McCain. A neat handwriting can be achieved by practice and says so much about you as a person.

3. Develop an individual style of ‘being’ – in what you wear, how you conduct yourself etc. This helps to establish your ‘presence factor’, the impact you make on people you meet, the first impression you create. It requires being particular about everything you do, whether it’s ordering a particular type of tea (say Assam or Earl Grey) or coffee (double expresso macchiato rather than instant with milk), your favourite tipple (Balvenie double-wood single malt rather than ‘whisky’). It means you dress with flair and style, not necessarily flash but always neat, shoes polished, hair styled, nails cleaned.

4. Charismatic people convey the message that they are ‘authentic’ – authentic people are more likely to be trusted. Authentic people have the courage of their convictions. To be authentic, always follow through on your promises/actions – walk the talk, don’t just talk the talk. Always deliver more than you promise – never disappoint. Believe in your cause – believe in yourself.

5. Make everyone you meet feel important. Be generous with praise without being sycophantic. Be warm but be genuine. Engage with people, find a point of rapport with each and every person – make people feel good about themselves and good about you.

6. Sense of humour is key – but never at anyone else’s expense. Convey an image of loving life, of being fun to be with, of being playful. Above all don’t take yourself or life too seriously – life may be depressing, but it doesn’t mean you have to be depressed!

7. Be master of your domain: prepare your subject thoroughly – develop your expertise, skills and knowledge. Work to eliminate areas of weakness. Leave nothing to chance.

8. Passion: being passionate requires that you be enthusiastic, spontaneous, challenging and energetic. It is what excites you and gets your adrenalin flowing.

9. Persistence: charismatic people do not take no for an answer. Like the legendary Pacman, if they cannot get round an obstacle, they go over, under or even through it. Giving up is not an option. Finding the ‘tipping point’ is: looking for the often small ‘tweak’ that will take you across the threshold.

10. Most of all, have the courage of your convictions: be prepared to take intelligent and considered risks (within reason) to get where you want to be. Be prepared sometimes to step into the unknown – feel the fear about finding the extended you, but do it anyway. Changing your life can be so much fun, and can be so exhilarating and worthwhile.

Since selling his prizewinning dentistry100 practice, Ed Bonner acts as a consultant (guru) and practice coach to the dental profession, working with individuals as well as groups of dentists. If you would like to arrange a free telephonic consultation, he can be reached at bonner.edwin@gmail.com.
Greasing the wheels
Simon Hocken of Breathe Business concludes his advice to dentists opening their first practice

Who are you?
Whether you’ve just created a new practice or taken over an existing business, your first task is to determine the brand image, which will set you apart from the competition and identify how your services are different, and better, than those your potential patients have experienced before.

Communication is vital. A new practice must advertise and engage with the local press and radio station to promote its presence in the community, and existing patients need to be informed, both as a matter of courtesy and to introduce any new services, if their practice has changed ownership. As well as patient-dentist relationships, public relations must be cultivated to establish a local reputation for ethics and excellence as quickly as possible.

Practice management must be focused from the very beginning on the total patient experience, and a change of ownership is the ideal opportunity to refresh the front of house decor and facilities. If your practice proves unsatisfactory you need the freedom to change.
• Scrutinise the practice’s income and outgoings daily, or at least weekly, for the first few weeks. Preventable ‘leakage’ may become apparent, perhaps the result of habits which have persisted among the staff for many years.
• Review the business’s regular supply contracts. Better deals may be on offer elsewhere, which our old friend inertia has prevented the previous owner from pursuing. If you’re starting from scratch, shop around.
• Don’t tie yourself to an initial contract for more than 6 months – if the service proves unsatisfactory you need the freedom to change.
• You may want to make administrative or layout changes in the interests of improving efficiency, but evolution is much more likely to keep the patients and staff onsite than revolution!
• All the patients will be new to you, so take time at their first appointments to get to know them. On the other hand, don’t be tempted into extravagant offers of cut price treatments!
• The most successful practices are always those with a dedicated team whose members pull together. Talk to your staff, inspire them with your vision, and maintain their enthusiasm with a performance based bonus scheme and opportunities to advance their careers.
• Be prepared for setbacks. A key staff member may unexpectedly decide to move on, and inevitably you will lose some patients.
• Don’t be persuaded to allow the previous owner to stay on as an associate – there is bound to be friction as you makeover ‘his’ practice into yours, and staff loyalty will be divided.

‘Investing in your own practice is a life-changing decision’

From the very beginning, be aware of your tax liabilities and make appropriate provision. Discuss with your accountant when your tax year should end; April 5th is not necessarily ideal, nor is it compulsory – many practices find it convenient to plan for the end of the calendar year.

Investing in your own practice is a life-changing decision and success is heavily dependent on not only adequate and thorough planning but on how the plan is carried out. While becoming a principal, a business owner, and your own boss may be the realisation of a dream, it carries with it considerable responsibilities, not least towards your staff whose livelihoods now depend on you and your business skills. The unattributed motto famously displayed on the desk of Harry Truman, ‘The buck stops here’, applies to dental principals as well as American presidents.

Boost your knowledge
Recognising that most working dentists have little opportunity to acquire the skills or experience needed to oversee what is essentially a specialist, retail, service sector business, Breathe Business has devised a series of workshops entitled Breathe Breakthrough to brief aspiring principals on the different aspects of selecting, purchasing and managing their first practice. These workshops, commencing in September, feature one to one coaching and are restricted to only 20 places to ensure delegates are as well prepared as possible for independence and success in the increasingly competitive UK dental market.

About the author
Simon Hocken BDS has owned two private practices and is an accredited coach. He has recently joined forces with Chris Barron to form a new business training and coaching company called Breathe Business. Simon can be contacted at The Breathe Business Group by emailing bonnie@nowbreathe.co.uk, calling 01268 577078 or visiting www.nowbreathe.co.uk.

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Recognising that most working dentists have little opportunity to acquire the skills or experience needed to oversee what is essentially a specialist, retail, service sector business, Breathe Business has devised a series of workshops entitled Breathe Breakthrough to brief aspiring principals on the different aspects of selecting, purchasing and managing their first practice. These workshops, commencing in September, feature one to one coaching and are restricted to only 20 places to ensure delegates are as well prepared as possible for independence and success in the increasingly competitive UK dental market.

About the author
Simon Hocken BDS has owned two private practices and is an accredited coach. He has recently joined forces with Chris Barron to form a new business training and coaching company called Breathe Business. Simon can be contacted at The Breathe Business Group by emailing bonnie@nowbreathe.co.uk, calling 01268 577078 or visiting www.nowbreathe.co.uk.
Networking as you know it is dead! (Especially in today’s economy)

In the current economy, networking is one of the most important marketing tools for professionals. Whether we are talking about Wall Street, attorneys, accountants, financial planners or any other high-end professional group, networking has been a mainstay of how they obtain referrals. Those who network well have the highest levels of referrals and enjoy the greatest success.

The same used to be true in implant practices. The better networkers who spent time focused on their referring doctors had higher referrals, higher production and higher profit. The difference between the highly successful practices and all the rest was more about who ceased referral marketing activities after a few years in practice and who continued the process for the long term.

Since 1985, Levin Group has had the only one-year comprehensive referral marketing program for implant doctors with complete strategy, writing and graphics support. Part of its foundation was the kind of traditional networking described above, and it has been extremely effective for nearly a quarter of a century. However, in today’s troubled economy, it has become necessary to modify implant marketing strategies. The process of networking must evolve to meet the demands of a whole new economic environment.

The facts are that implant referrals are dropping off due to GPs doing more implant procedures. The changing face of networking can be described as meeting people in hopes of increasing the amount of business you do with them. In the case of implant networking, it has traditionally been about meeting referral sources and encouraging them to refer to your practice. This strategy has been effective, but this kind of networking needs to be augmented. The future of strong implant practices is not about traditional networking as you've always understood it.

First off, let’s stop thinking about how to network and more about who is in the networks themselves. Networks refer to groups of people with whom you interact on a regular basis and have developed extremely strong relationships. The question is, just how strong are your networks? In all likelihood, they are not as strong as they should be. Since Levin Group works with hundreds of implant doctors engaged in referral marketing on an annual basis, we can categorically state that the gap between highly successful implant practices and those that ‘get by’ is widening due to the diversity of networks (or lack thereof).

Networks mean more to your practice than friendships alone

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Innovative equipment solutions for performance beyond the expected
Highly successful implant doctors know that there is no higher priority for prac-
tices than growing their base of refer-
ring doctors. These doctors have
developed robust networks to
interact with these doctors on
a regular basis to develop rela-
tionships. Whether it is through
dental, personal, community or
family activities, they have
recognised that the key to growth
revolves around powerful net-
works.

Think about it this way. You
have a good friend who is a gen-
eral dentist. He sends you all of
his referrals because he is your
good friend. You do not real
ise it, but you are already involved in
relationship marketing although
you justify it by the seri-
city of really liking this person
as a friend. For many implant
doctors, this is where the
success than growing their base of
relationships. That is
why Levin Group has used a
weighted value points system
with clients for the last 25 years.
It ensures that implant doctors
do not simply gravitate to refer-
ring doctors who are friends, but
also build relationships with an
entire network.

Deliberate relationships
You have probably heard of
the six degrees of separation. It
refers to the idea that you are
within six contacts of anyone on
the entire planet. It’s an eye-
opening concept. For example,
let’s say the contact person in
question is the president of the
United States. You probably
know somebody who knows
somebody, etc. and by the rela-
tion connection, somebody has met
the president of the United States.
The same idea is easily ap-
plied to referring dentists in your
community.

‘Not all relationships are based on
a desire to spend time with people’

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gum disease

DENTAL TRIBUNE United Kingdom Edition - February 25-March 1, 2009 Practice Management 15
Using the theory behind six degrees of separation, Levin Group has created a new concept called Deliberate Relationships™ successfully in implant marketing programs, and it is having tremendous benefit for its client practices. Traditional networking often ends with one contact. Like six degrees of separation, we are talking about reaching far past that first connection. With Deliberate Relationships, you have to identify individuals beyond your initial network, initiate a relationship and then enhance that relationship until that individual begins to refer to your practice on an almost or completely exclusive basis. This new concept is working extremely well.

Deliberate Relationships start by identifying key offices with whom you would like to work. The concept is based on using your networks to develop a relationship with these offices and then cultivating that relationship. The objective: turn them into valuable referral sources.

The problem with many implant doctors is that once they have identified and initiated contact with different referring doctors, they fail to pursue and maintain those relationships. Either the referring practice never refers and the implant doctor has given up on them or referrals begin to drop off, which is equally problematic. The key to Deliberate Relationships is to maintain and pursue the relationship until results are achieved and sustained. One point is that you never get to stop maintaining the relationship. When you do, that relationship and other networks begin to falter. Fortunately, this does not take much time.

Building powerful networks

The place to begin building networks is by looking at your current referral relationships. Evaluate which relationships have been productive, which create opportunity and which open doors for other relationships to begin building a network.

While this seems like it would take a great deal of time, it actually does not when you employ a professional relations coordinator. This individual will carry out the bulk of your marketing strategies.

However, do not be fooled into believing that all of this can be done without any effort on the implant doctor’s part. To build and maintain networks, people need to know you, be in contact with you and develop a relationship. Today more than ever before, networks will become a key factor in the success of implant practices.

Conclusion

In the past, traditional networking was sufficient to build and maintain a practice. An implant doctor would enter practice and develop key relationships. These relationships would sustain the doctor throughout his or her career. This is no longer the case. Networking as typically practiced is no longer the most effective way to engage in referral-based marketing.

Building extended networks is an almost guaranteed method of increasing referrals to your practice. It requires at least 15 strategies functioning all the time and carried out by a professional relations coordinator. In addition, the implant doctor will need to evaluate where networks can be built and maintained. Levin Group has clients today that will actually take a group of referring doctors on trips to continuing education, take them fishing in different parts of the world, invite them into business networks that focus on topics of interest, etc. Networks are the logical next phase of referral-based marketing and one that we have proven is extremely effective.
Time to sell?
You’ve made the decision to move on from your practice, but what do you do next? ASPD member Graeme Burn takes you through the selling process.

Once you’ve decided the time is right to sell your practice, the first thing you need to do is have it valued. And then, if the price is right, it’s likely you’ll consider selling it to either a co-expense sharing principal, partner, associate or corporate body. You should then carefully consider its assets – patients (Goodwill), qualified staff, premises and also equipment.

Changing ownership
A private practice will not have to worry about the notoriously variable attitudes of the individual PCTs to a change of practice ownership – if you do have a GDS/PDS contract then try to ascertain from colleagues or members of the LDC who may be aware of recent changes of practice ownership within your PCT as to its attitude. A great deal of care and consideration needs to be given to the approach made to the PCT and once again the expert specialist and independent advice of one of the solicitor members of the ASPD is likely to be of considerable benefit leading to the Practice sale progressing through planned phases as intended by all parties.

Organising your paperwork
In the sale of any dental practice, usually the most time spent is on the preparation and distribution of copies of supporting documents relating to the practice, not only those that concern patient numbers, but those relating to your qualified staff, associates and hygienists, any payment collection plans, the property itself and equipment.

Ensure all agreements with your associates and hygienists are up to date and likewise with all employment contracts. Be able to produce for all those working with you confirmation of GDC registration as well as Hepatitis B vaccination records – many buyers are also now seeking confirmation of Hepatitis C and TB vaccinations.

Freeholder responsibilities
If you have been the freehold owner for over 20 years, can you easily access the Title Deeds; is there an outstanding mortgage? If the property is leased, how long does the lease have to run? Would your buyer be best placed to renegotiate a new lease for a satisfactorily extended period, but beware this can take some time.

As a freeholder or (leaseholder together with your landlord) you must also be able to provide to any buyer copies of the following: an Energy Performance Certificate, an asbestos report, a Disability Discrimination Act audit as well as health and safety files, and any certificates for the mains electricity, gas, fire and emergency lighting and perhaps even copies of the water hygiene schematics (showing faucets to tank lay-outs). Comprehensive enquiries will also be made relating to the property and its history.

In respect of the practice equipment you need to provide current certificates of inspection, details of amalgam separation equipment; clean water supplies, up-to-date PAT results, servicing of fire extinguishers, fire and burglar alarms. As well as supplying contract documentation for these there will be those with regard to disposals, likely to be separate, for waste and sharps.

When all preparatory matters are in hand you also need to decide what your own personal timetable will be for the future. Do you wish to remain as an associate for a few months or even a couple of years? Are you prepared to work as a locum at the practice? Are you prepared for a reasonable non-competitive clause excluding you from working near the practice? How does the realisation of the agreed sale price affect your tax and pension status? And when would be a good time to actually complete the sale and what are your intentions for the proceeds of sale?

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Many buyers are also now seeking confirmation of Hepatitis C and TB vaccinations

When all preparatory matters are in hand you also need to decide what your own personal timetable will be for the future. Do you wish to remain as an associate for a few months or even a couple of years? Are you prepared to work as a locum at the practice? Are you prepared for a reasonable non-competitive clause excluding you from working near the practice? How does the realisation of the agreed sale price affect your tax and pension status? And when would be a good time to actually complete the sale and what are your intentions for the proceeds of sale?
Many dental professionals will be familiar with the old approach of HM Revenue & Customs when it came to investigating the tax return. Previously, HMRC would send out queries and correspondence after the submission. Nowadays, if HMRC wishes to contest specific areas of the self-assessment tax return, an Aspect Enquiry will be initiated. Aspect Enquiries differ from Full Enquiries in that there will be no request for all books and records. However, Aspect Enquiries can be very complex and may require the provision of detailed information about several different aspects of the tax return. Although an Aspect Enquiry covers less than a Full Enquiry, the difference may be no more than a minute amount of information.

It is always a good idea to consider an Aspect Enquiry as a potential Full Enquiry. The Inspector knows that, once the Aspect Enquiry has been satisfied, another Enquiry cannot be initiated unless a new problem with the tax return comes to light. For this reason, HMRC will closely scrutinise every single Aspect Enquiry case and, if further questions are raised from this process that indicate wider problems with the entries, the Inspector may reclassify the case as a Full Enquiry and request all of your documentation.

When you are the subject of an Aspect Enquiry, the Inspector will likely require any information you have that supports the entry on the tax return. If your explanations, or those presented to the Inspector by your accountant or investigation specialist, do not satisfy the Inspector, the Enquiry may be reclassified as a Full Enquiry. It is therefore important to ensure that you have all the necessary information and documentation to support your tax return. If you are unsure about how to respond to an Aspect Enquiry, it may be helpful to consult with a tax professional or seek legal advice.
not satisfy, you may well end up facing a Full Enquiry.

Counting the cost

In its previous incarnation, the Aspect Enquiry was straightforward and relatively easy to deal with. Unfortunately, things have changed, and the Aspect Enquiry is now much more complex and demanding. This means that it can take a lot longer to complete, which is good news for whoever is on your payroll, with fee costs rising. In some cases to several thousand pounds.

Because of the costs involved in arguing the point with an Inspector, it can sometimes be better simply to accept the findings of the HMRC and pay the extra tax demanded. You might do this with considerable chagrin, but at least you will avoid having to write out a cheque for an accountant or investigation specialist that would make an even bigger dent in your bank account.

Often, you are left weighing up the potential cost of fighting your corner, and the cost of paying what the Inspector asks for – unless you have some sort of tax investigation cost protection.

What price for peace of mind?

Several companies offer protection policies to cover the fees incurred during an aspect or investigation by an Inspector. For example, you can meet this head on and not have to worry about the cost of proving your innocence.

It is especially galling to be randomly selected for an Aspect Investigation. You can imagine the scenario. With your business taking the full brunt of the credit crunch, you are spending every possible moment in the practice, treating as many patients as possible and/or ensuring that everything is running smoothly to keep that precious income flowing. Suddenly you are contacted by HMRC. You are under investigation. Because the Inspector is under no obligation to justify the Enquiry, you don’t know whether it is because you have done something wrong, or whether you have simply had your name pulled out of a hat. In any case, you have neither the time, nor the expertise, to handle your own defence. You need to use an accountant, or locate a specialist.

Even if, at the end of this process, the Inspector declares that you are in the clear, no sooner have you breathed a huge sigh of relief, but a bill slips through the letterbox from your accountant or specialist. How small would the fee have to be before you felt philosophical about it all?

Your first port of call

In order to protect your bank balance, you need to contact a provider of tax investigation cost protection to find out about policies including cover for professional fees incurred during Full Enquiries, VAT Enquiries, PAYE Disputes and NIC Disputes, to provide comprehensive protection.

Providers might be able to offer insurance that will pay up to £75,000 towards an accountant’s or investigation specialist’s fees in the event of a tax investigation. Providers may also appoint a specialist.

It is vital that, when discussing your needs with a policy provider, you inquire about Aspect Enquiry cover. When you weigh up the cost of cover alongside the potential costs of arguing with an experienced and thorough Inspector from HMRC, you’ll see that it really is an easy decision to make. In these financially trying times, the last thing you need is to be handing over thousands of pounds to an accountant.

For more information contact PFP on 0845 307 1177, email info@pfp.uk.com or visit www.pfponline.com. PFP also offers the HR Plus service for unlimited employment advice.
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Habit correction in the growing child

By Dr. Chris Farrell, BDS

The impact of tongue thrust, incorrect swallowing and mouth breathing on dental and facial development has been well documented over the past 100 years. As Angell noted in his 1907 edition, 'The influence of the lips is an interesting study and almost every malocclusion has some manifestation of it.'

Many others have observed the need for a more biological approach to orthodontic treatment in view of the published limitations of the mechanical approach of the past. More recently, Otopalik in the AJODD demonstrated the pessimism of the stability of orthodontic and surgical correction. 'My observation over the years is that change is the only constant factor and to expect long-term stability is not possible... Muscle factors, tongue position and function all play a great part and can lead to eventual change and recurrence of the original problems.'

Treating soft tissue dysfunction

Myofunctional therapy has been advocated since the 1960s as the treatment for tongue thrust and other habits. It has proven to be time consuming with unpredictable results after many hours of therapy. Mechanical treatment like tongue ovals have shown limited effectiveness. The American Journal of Orthodontics, however, does indicate there is certainly some merit in early myofunctional therapy in the mixed dentition prior to orthodontic treatment, although no long-term studies support its benefits. Most practitioners say it is all too difficult, not significant and go for long or permanent retention periods.

Dysfunction of the soft tissues does have a significant impact on dental and craniofacial development, although there are still those who wish to adhered genetics having the only influence on growth. The presence of a tongue thrust swallow in Class II and open bite cases alone would justify a closer look at the impact of treatment of these habits. Also mouth breathers have been shown to be more prone to poor craniofacial growth and malocclusion.

Functional appliances or growth modification techniques are not directed at the treatment of these habits. The use of these techniques is not the subject of this discussion, as their alone evoke great controversy in the profession.

Poor habits that influence the craniofacial and dental development and their treatment have been too long ignored. Incorrect facial growth, overwhelming demand for orthodontic treatment and its instability would suggest there is a need for a simpler myofunctional treatment appliance in a modern form to cost-effectively treat these habits before, during and after orthodontic treatment. In some cases, this treatment could eliminate the need for fixed orthodontic treatment. In all cases, it could have the potential to decrease the complexity of extractions and increase the stability of the orthodontic correction.

Early treatment?
The practice of applying orthodontic treatment once the permanent dentition has erupted with the use of multi-banded techniques has become the predominant approach to treatment of malocclusion by orthodontists worldwide. The American Journal of Orthodontics and Dentofacial Orthopedics in January 2002 devoted the entire edition to compiling the information on the 'limitations' of early orthodontic treatment. The current consensus is to the former is the correct approach and is not being debated here. However, the same issues did highlight that 'myofunctional therapy seems to be useful in some situations.' The need for further investigation was noted.

Early myofunctional treatment of these soft tissue influences on malocclusion could bring the favorable results early treatment advocates have promised but so frequently failed to deliver.

A need for review
The assumption that the fixed appliance therapies are 'the best we can do' without the need to change is under question. The poor stability of fixed orthodontics with or without extractions has been published time and again. The norm is relapse.

Estimates vary with clinical criteria, but possibly 70 per cent or more of our adolescent population now require orthodontic treatment at some time. It would appear orthodontic resources are overburdened under the current system. It is also questionable whether this is the most cost-effective solution in the long term based on purely scientific criteria. Can we get a better result by concurrently recognising and treating these aberrant muscular forces that may well be driving the course of the malocclusion long after the fixed orthodontic treatment has finished?
obtain lip seal. This is well known among those of the speech pathology profession, who have advocated for many years the power of adjunctive myofunctional therapy for assisting difficult orthodontic cases.

The TRAINER system merely uses a single-size, pre-fabricated appliance to achieve a similar therapy. This removes the need for one-to-one professional training and tedious exercise programs for the child.

Rather than debate the pros and cons of this approach, let us look at how the TRAINER system applied at the mixed dentition stage has improved craniofacial growth, corrected poor habits and dental alignment.

Clearly these selected cases show significant favorable craniofacial and dental changes. This treatment of the soft tissue dysfunction can be implemented before, during and after conventional orthodontic treatment. It is low-cost and low-time treatment. Minimal staff training is required. Can we ignore the potential of this treatment adjunct?

Do we want to improve the craniofacial development of growing children and reduce the requirement for complex orthodontic treatment with extractions and surgery? Correction of the soft tissue dysfunction may hold the key.

The optimum advantage of the TRAINER technique is that it is fundamentally NOT orthodontic. The correction of mouth breathing (Hinz), lip and tongue habits (Angle), and redirecting not growth but muscle forces (Frankel), are the primary objectives of the seemingly unintrusive, flexible appliance system either for the mixed dentition in brackets or in the permanent dentition.

The limitation of patient cooperation is always the argument for not using removable appliances. But one not requiring fabrication, not readily subject to breakages and certainly of low cost can be applied to large numbers of the growing population of which a large percentage will be motivated to comply.

This myofunctional approach is more modern and less time consuming compared with previous methods and is used throughout East and West Europe by orthodontists.

References

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Sydney University
E-mail: chrisf@myoresearch.com
Many patients who present seeking cosmetic dentistry have underlying functional, structural and biologic problems. If either the aesthetic desires or functional needs are not met, the sequelae can be extremely traumatic for all concerned. Typically these patients have been drilled and filled over the years and often exhibit signs of tooth surface loss (attrition, erosion, abrasion, for example). A more comprehensive approach is required than the single-tooth dentistry which is customary, but where do we start? Here we consider the steps required by reference to two patients.

Where do I begin?

Our first goal is to understand our patient’s wishes. Richard wanted a nice smile. He is a successful business man and was now very concerned about his appearance. But he was also somewhat concerned that he had two teeth that had been accessed for root canal therapy but wouldn’t settle, had numerous teeth that kept breaking and was aware that he ground his teeth and often woke with sore facial muscles and a muggy head.

Jenny had had problems with her periodontal condition for some time. She had already lost several teeth and many of her remaining teeth were heavily restored. Her main desire was to keep her teeth and if possible, have some put back. At the same time, she related that she had never had a nice smile and if that was possible she would be very happy.

What Am I Trying to Achieve?

Accessing the patient’s wishes provides invaluable information in helping us determine what we are trying to achieve. Most importantly we need to have a vision of the desired result – what does a healthy, stable, attractive mouth look like?

Combining the patient’s desires with these goals will produce beautiful, long-lasting, comfortable, predictable results.

Start at the beginning

Whenever the presenting condition or our patients’ desires, it is essential that we have a records process in place that will allow us to carry out a comprehensive examination so that we may use that information to determine what problems the patient has and how we may help them. Digital photographs are not only an essential record but also an excellent aid in diagnosis, helping the patient see and understand the problems that they may have.

It is important to be consistent in the photographs that are taken and in the camera settings that are utilised. Additional shots may also be taken to help illustrate specific points.

Impressions are taken being careful to record all the teeth and sufficient tissue detail. Alginate is still an accepted material and when mixed, the alginate model is cast promptly, I will often use polyvinyl siloxane (PVS) materials in quick two stage putty wash technique that I find help record all necessary information with the added advantages of stability and the potential to recast.

An earlobe is taken so that the models can be mounted onto an articulator. This relates the upper to the condyle, records the occlusal/incisal plane and provides the correct arc of closure for the lower cast.

Biologic assessment

The periodontal condition is recorded and an oral cancer check is performed. The teeth are examined for signs of decay and failing restorations. Any necessary radiographs are taken.

Case planning and delivery

Once the records have been gathered, we can now analyse the information and develop a treatment plan.

Visualisation

The first step in this process is to develop a mental image of our optimum result. It is important to focus on the possibilities and not to be constrained by the restrictions that are often placed upon us.

Model work

Careful analysis and diagnostic waxing of the mounted casts will produce the 3D image of the mental picture we developed above.

Temporisation

Once the records have been taken and the provisional restorations are adjusted for function and aesthetics.

Once all desired goals were met, photographs, impressions, bite record and earlobe were taken of the provisionals. The technician can then ‘reverse engineer’ the final restorations so that nothing is left to chance.

Richard’s case

This initial contact was on the upper left first molar and lower left first molar – the teeth which had been accessed for root canal therapy but wouldn’t settle. He had mild periodontal disease, several fractured teeth and numerous failing restorations. Preliminary treatment involved initial therapy with the hygienist and three teeth were whitened and reshaped/restored. Any necessary radiographs were taken.

Once the implants became integrated, the lower teeth were whitened. The lower anterior teeth were restored and at the same time the upper teeth were prepared and temporised according to the diagnostic wax up. The provisional restorations were adjusted for function and aesthetics.

Once all desired goals were met, photographs, impressions, bite record and earlobe were taken of the provisionals. The technician can then ‘reverse engineer’ the final restorations so that nothing is left to chance.

Jenny’s case

Records were gathered as described above. The patient’s joints were stable and healthy. As signs of occlusal instability were present it was decided to work in centric relation. Preliminary mouth preparation involved extracting several teeth that were beyond redemption and intensive periodontal treatment. Two carious teeth were cleaned and temporised. An optimum result was visualised and then waxed up on the models according to the desired goals.

Once the periodontal condition was stable, implants were placed in the upper left first molar and both lower first molar areas. Gingival recession was also carried out at this stage. The upper teeth had failing restorations, were structurally challenged and needed to be repositioned slightly for functional and aesthetic improvement. To achieve our aims, it was decided that the upper teeth should be restored. The lower teeth were in generally good order but the patient wished for them to be whiter and the incisal edges of the lower anterior teeth needed to be reshaped to improve function and aesthetics. It was decided that the lower teeth should be whitened and reshaped/restored using composite.

Once the implants became integrated, the lower teeth were whitened. The lower anterior teeth were restored and at the same time the upper teeth were prepared and temporised according to the diagnostic wax up. The provisional restorations were adjusted for function and aesthetics.

Once all desired goals were met, photographs, impressions, bite record and earlobe were taken of the provisionals. The technician can then ‘reverse engineer’ the final restorations so that nothing is left to chance.

Aesthetic & Functional Goals

<table>
<thead>
<tr>
<th>Aesthetic</th>
<th>Functional</th>
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<tbody>
<tr>
<td>Incisal Edge Position</td>
<td>Centric stops on all teeth</td>
</tr>
<tr>
<td>Gingival Position</td>
<td>Non-interfering posterior teeth</td>
</tr>
<tr>
<td>Golden Proportion</td>
<td>Anterior guidance in harmony with Envelope of Function</td>
</tr>
<tr>
<td>Width to Length Ratio</td>
<td>Condyles in Centric Relation</td>
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Diamond dust is packed into the jig in combination with some putty (futar D, blue mousse). If it is difficult to manipulate the patient, a Lucia jig may be first used to de-program the muscles. When the loads have relaxed, it will be possible to record the bite utilizing the jig in combination with bimanual manipulation.

Correcting underlying functional problems is essential for impressive results when performing cosmetic procedures, says Dr Buckle.

Listen to Dr Buckle talk on this in more detail at Clinical Innovations Conference on the 16th May 2009. As well as various seminars with One Consulting and the Dawson Academy.

Clinical
ity and to fulfil both his aesthetic desires and dental needs we would need to provide numerous restorations. Therefore, it was decided to work in centric relation. Optimum treatment was visualized according to desired goals and then a diagnostic wax up was created. Preparation was carried out according to structural requirements and in line with matrices derived from the diagnostic wax up. Provisional restorations were placed again using matrices derived from the diagnostic wax up.

The provisionals were then adjusted to ensure that all functional and aesthetic goals had been met. Photographs, impressions, bite records and earbow were taken. The technician was then able to copy all parameters and add his artistry to create the final result.

How do I achieve success?

A definition of success is: ‘The achievement of something desired, planned, or attempted’. By having definite goals at planning, preparation, provisionalisation and placement success is much more predictable. Ultimately having patients who are comfortable, functioning well and extremely pleased with their result will be our defining test. I am often asked what is the most important piece of equipment to buy. In my view the answer is simple – invest in YOURSELF! Without knowledge no piece of equipment can save us. Commit to being a lifelong student and enroll on a comprehensive education programme such as that provided by the Dawson Academy. Knowledge is power!

Acknowledgements & disclosures

Thanks to Peter Kouvaris of JK Dental Laboratory for his excellent work and his contribution in planning these cases, Dr Liam McGrath for his expertise in placing the implants and Dr Maurice Levi who carried out the root treatments. Dr Ian Buckle is a member of the teaching faculty at the Dawson Academy. He will be appearing at several venues around the country with a full day lecture that expands on this article.

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Dr IAN BUCKLE

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Feeling the fear
To help avoid panic setting in and sleepless nights when preparing clinical case presentations, Sarah Armstrong suggests planning ahead, and making sure you have a back-up patient in place.

The very mention of the words ‘clinical case presentation’ is likely to instil fear in undergraduate readers and no doubt most of us can recall the panic and anxiety endured in preparing them. Clinical case presentations form a fundamental aspect of undergraduate clinical examinations and increasingly are incorporated into postgraduate training, notably the Membership of the Joint Dental Faculties (MJDF) examinations.

The key to a successful case presentation is planning. Read, re-read and memorise (if possible!) the guidelines provided by the examining institution. Each institution varies widely in their requirements including patient selection (their suitability, range and complexity of treatment required) and in how the case should be presented and assessed. In some cases, a written report is expected, in others a presentation, a poster board and/or a viva examination may be necessary. Guidelines can change on a frequent basis so it’s vital to find the most up-to-date information and plan ahead accordingly.

A likely candidate
Possibly the most important, but often most difficult task comes in finding a suitable patient. Often treatment is required to cover several dental disciplines, and combining this with factors such as treatment complexity and your own preference of treatment you are keen to undertake can make the selection process very tricky. The best way to combat this is to start looking early, ask colleagues for suitable cases but be careful not to be too picky, it could take months to find your ‘ideal’ case by which time you may have very little time to provide the treatment, or worse – the deadline may have been and gone!

Once your case patient is selected, it’s essential they understand what is required of them and the significance of the treatment. Often it will be necessary for them to attend numerous appointments over a prolonged period so motivation is critical – find out any work commitments/other factors which may make treatment scheduling difficult and plan accordingly.

Does your patient need to be present for the presentation? If so, make sure they are aware of this and know when this will be; last minute holiday plans can really throw a spanner in the works! A frequently overlooked aspect of patient motivation is oral hygiene. This needs to be stressed at every appointment, as without this, any restorative work provided is destined to failure. Make sure your treatment plan is appropriate for the patient.

Good baseline records are absolutely essential. These may include; clinical records, charting, correctly mounted casts (using a facebow record or not dependent on the case), radiographs, photographs and laboratory work and are vital not just for the presentation but as diagnostic aids to it. It’s no good discovering important investigations are missing, or pathology has been overlooked just before the deadline.

Carrying out treatment
Once your treatment plan has been formulated, the next stage of planning can begin. Break down the treatment into manageable chunks and plan your time accordingly, remember appointments will inevitably be lost due to illness/cancellations. Does your case involve extensive laboratory work? Make sure you leave plenty of time to allow for failed impressions/delays. Do you need to allow time for wound healing? Make sure this is accounted for in your planning.

Make provision for a back-up patient. This is crucial. Patients may lose interest in the treatment, move away, take ill, or even die. The unexpected can happen, and often will.

Dealing with hiccups
Problems inevitably will arise. Try not to panic when they do, a key part of assessing a case involves evaluation of problems which arose and how you overcame them to your advantage. If something has gone wrong, it’s likely you’ll be asked to discuss it so prepare ahead. Plan potential questions, if you are carrying out an oral presentation or viva it’s possible to lead the discussion down paths you feel more comfortable discussing. Consider each stage of your treatment, what else could you have done? What is the prognosis of the patient’s treatment? What will the patient’s dentition be like in five years time? What about in 10? Or even 20?

Finally, don’t be afraid to ask colleagues and senior members of staff for help. An additional opinion can often give useful food for thought, throwing open debates you may not have even considered.

Good luck!
These days, it takes something special to make your presence felt in the dental industry. However, a new surgery can make all the difference when it comes to offering the highest standard of treatment. Not only are patients impressed by an exciting, unique design, they also view the team differently. It really is amazing what a refurbishment can do, if you have the right support.

One of a kind

We have tried to do something truly unique and groundbreaking with our surgery design. Unlike the common-or-garden L-shape surgery, we have opted for one that is horseshoe-shaped. The cabinetry is stylish and modern, and alpine-white. The chair is lime green. These fashionable colours and tones help us create the illusion of space.

For the flooring we have chosen non-slip lino for safety and durability, and laminate wood for the reception area. We chose the latter because it looks great and has more ‘personality’ so the impression the visitors get is not just cold and clinical.

The ceiling of the surgery is Perspex. We had unlimited options here, because the space was just an empty shell when we acquired it, and we chose Perspex not just for aesthetic reasons but also because it was unique – something we wanted the whole practice to be.

The surgeries have a full glass frontage. Of course, the glass is not entirely transparent. The eyeline is protected, to prevent people from seeing into the surgery, but the glass nevertheless gives the impression that the surgery is larger than it is, preventing nervous patients from feeling trapped.

The lucky horseshoe

I am often asked how and why we came to this final design. We thought long and hard about the shape and layout we wanted for the surgery, and I discussed the matter with my wife, the practice principal, and enlisted a specialist surgery design and equipment company to help us make the best decision. Clark Dental’s experts helped us to shape the design in a way that was functional and aesthetic.

In part two of this feature, Almir Bajramovic talks about how Clark Dental was instrumental in the surgery refurbishment.

For more information contact Clark Dental Wickford Essex Office on 01268 733146 or email enquiries@clarkdental.co.uk or Clark Dental Nantwich Cheshire Office on 01270 613750 or email sales@clarkdental.co.uk
**Instaclave Series 5**

Not sure exactly what you need yet? Rent instead!

Manufactured in the UK for over 50 years, the Instaclave Series 5 is the tried and trusted bench top autoclave from Burtons. Supported by their nationwide team of trained Service Engineers it offers Practices everything they need for fast and reliable autoclaving functionality, with an option to suit every clinical requirement.

Simple to operate and with unsurpassed reliability, the Instaclave Series 5 is the most versatile and reliable benchtop autoclave available.

However with so many options it can be difficult to choose the best one for you, particularly when current Legislation and BDA Guidelines on Sterilisation are under review. Therefore Burtons offer a fixed cost affordable rental service from just £70 per month. With no minimum hire period it offers a complete choice of models and options, upgrades at any time – without penalty, routine service visits, breakdown cover, pressure vessel inspection and certification.

For further information contact Burtons on 01222 834300 or email j.colville@burtons.co.uk or visit www.burtons.co.uk

**CEREC® from Ceramic Systems**

**Over 600 Dentists cannot be wrong**

Over 600 Dentists have bought CEREC® from Ceramic Systems (CEREC®) in order to double their productivity and to celebrate their 10th Anniversary of selling CEREC® in the UK, Ceramic Systems (CEREC®) are inviting anyone interested in evaluating this amazing Practice Building product to a free demonstration at The Court Yard Dental Institute.

CEREC® is a computer-aided design and create creating precision fitting all-ceramic restorations at the chairside. It enables Dentists to design and create all-ceramic inlays, on-lays, partial crowns, veneers and crowns for the anterior, premolar and molar regions. Eliminating the need for messy and time consuming impressions, CEREC® utilises a digital impression taking technique to capture the data which is then used to design the restorations which is then milled from a solid block in the milling unit via a wireless connection.

For further information, contact Ceramic Systems Limited on 01952 582956, e-mail j.colville@ceramicssystems.co.uk or visit www.ceramicssystems.co.uk

**Get a FREE trip to Copenhagen. With Heka Dental you’re in safe hands!**

Heka Dental invite Dentists to visit Copenhagen to see their newest and most advanced treatment facilities, as well as their beautiful city. There will be several trips a year, normally running from Thursday morning to Saturday afternoon. During which guests will have an opportunity to visit their factory as well as Wonderful Copenhagen. For Dentists ordering a Heka Dental package before or during the trip the entire visit will be free. Otherwise, Dentists will only need to pay for the flight and hotel.

Heka Dental is a Danish company, with a reputation for service and support, over 50 years they have an unparalleled experience of the quality of the products and the dental team.

UNIC is the epitome of ergonomic design. Everything – instrument table, trays, light, x-ray unit etc – is within easy reach. Heka Dental call it intuitive design and functionality – everything is exactly where you expect it to be, making even complex clinical procedures easier, more efficient and comfortable for the patient and dental team.

Heka Dental equipment is available in the UK from Dental Services Direct, telephone 01386 267 278 or visit www.heka-dental.co.uk for further information.

**Dental Services Direct can make the most of your space**

Whether refitting an existing surgery or starting from scratch, designing a layout and choosing the right products for you and your team can be time consuming and often a little hit daunting. If you’re not sure where to start, Dental Services Direct can help and advise, giving impartial advice and the benefit of many years of experience. From building your new project to the project close out, they will professionally project manage the entire job, presenting you with a brand new, fully functioning surgery.

The safety of both patients and the dental team continues to be of utmost importance, all instruments needing to be cleaned in a hygienic and controlled environment. This is another area where the Dental Services Direct sales team have the knowledge and experience to work with your practice, the design of a sterilisation room.

For further information on how you can make the most of your practice contact your local sales office: Scotland and the North: 08452 600500 South: 0845 6005050 South West: 0845 6005050

**Surgery Design**

Surgery Design offers the most comprehensive bespoke Project Management Service for Surgery Refurbishments. So you are considering reequipping make sure you talk to them!

CEREC is proven to increase profits plus adds the ‘wow’ factor to any practice, CEREC enables you to provide your patients with same day crowns, bridges etc without the expense and time of waiting for the laboratory to construct the prosthesis.

To find out how the Sirona team can help support your practice and for no obligation demonstration of the CEREC 5D system telephone 0845 071 5040 or email info@sironadental.co.uk or visit www.sironaacademysolutions.co.uk

**Classical Dental Cabinetry Ltd**

**New CDC Design Consultant For Scotland**

Classic Dental Cabinetry Ltd are pleased to announce that they have appointed a Design Consultant for Scotland. Uwe Bartisch is available to discuss any refurbishment needs with you and represents Merlin Professional Practice Management Software. Uwe can be contacted directly on 07958 121290.

**Sited Dental Systems**

**Visit The Courtyard... where dreams become reality!**

Sidental Dental Systems offer the most comprehensive bespoke Project Management Service for Surgery Refurbishments. So you are considering reequipping make sure you talk to them!

Sirona Specialists for over 50 years they have an unparalleled reputation for service and support. They offer the choice from the complete range of Sirona Treatment Centres, 2D and 3D digital and film based x-ray apparatus – including Galileos 5D digital cone-beam equipment, their extensive range of Sirona handpieces, and auxiliary items including Stoelzler, SBOEndo and the DAC Universal sterilisation unit.

Wherever possible, clients are invited to visit The Courtyard Clinic, Sidental’s state-of-the-art training and showroom facility, where they can see the complete range in action.

Finally Sidental will under take a complete Project Management Service, including installation and post installation service support, to enable these dreams to become reality.

For further information contact Sidental Dental Systems on 01952 582900 or email j.colville@sidental.co.uk
Building on CEREC success.

The chairside CEREC 3D CAD/CAM system couldn’t be simpler. After taking an optical impression of the preparation and the antagonist, you are in complete control of the finished prosthesis. The movements of the margins and the proximal contacts. From there on the CEREC system fabricates the crown, inlay, onlay or veneer accurately, quickly and to the very highest quality. The finished prosthesis is highly aesthetic and exhibits excellent strength. CEREC automatically and accurately computes the occlusal contacts referring to the antagonist to do so.

Using the CEREC system you will produce perfect chairside ceramic restorations. The system allows you to place the new prosthesis in the same visit saving you and your patient time, laboratory fees and ultimately making your business more profitable.

To find out how the Sirona team can directly support your practice and for a no obligation demonstration of the CEREC 3D system telephone 0845 071 5040 or email: info@sironaidental.co.uk. www.sironaidental.com

TRI-SOK Now available in a cost effective 7gr Tube!

Tri-Sok is used for the treatment, after development, of inflammation in an extraction socket. Tri-Sok also prevents infection in the extraction socket where there is a history of Dry Socket and where the extraction has been traumatic. It contains Chlorotetracycline, a broad-spectrum antibiotic that acts against infective organisms.

Aspirin exerts analgesic and anti-inflammatory actions. The topical application reduces swelling and post-operative pain.

Tri-Sok is available from Panadent 01688 874 299 plus VAT or your usual supplier.

New Aseptico Chair for Children

The Velopex team are delighted to launch a brand new paediatric portable dental chair – from Aseptico. The chair, developed with extensive input from the Childsmile project in Fife, Scotland is now available.

The Aseptico range provides the ability to create a ‘dental surgery’ in any room anywhere - all you need is power. The equipment combines comfort and power (surgery) whitening procedures.

The ESTETICA E80 is a suspended chair that gives the patient and dental exceptional freedom of movement. The area under the unit is completely open for the dentist and assistant; there is plenty of room for comfortable leg positioning.

The ESTETICA E80 takes your health into consideration as the individual working positions and habits ensures that your posture is constantly healthy, stress-free and relaxed.

The Primeus 10S is designed to offer all the quality and technology advantages of a KaVo unit, with specific emphasis on the benefit of working flexibility. It also offers a number of new features including the Memory storing system, the Memospeed and multifunction foot control and all for highly competitive prices.

For further information, please contact KaVo on 01494 735 000, email: sales@kavo.com or visit www.kavo.com

Are You Sitting Comfortably?

Introduce leading cutting-edge technology into your practice with KaVo and see fantastic results.

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Going for Gold!

2009 sees Takara Belmont celebrate the golden jubilee of their UK business and this auspicious occasion is the perfect opportuinity to reflect on the last fifty years.

The pursuit of the twin objectives of health and comfort are what a lot of us will follow in our personal lives, and Takara Belmont extends this commitment to the dental chair, with the customisation of the Cosmos chair. The Cosmos chair is now available in a more happy returns in the next fifty years.

In short, the provision of high quality, reliable products coupled with excellent service levels means customers can look forward with confidence to more happy returns in the next fifty years.

A new course on applied occlusion and progressive splint therapy

S4S Dental Ltd are pleased to announce a new course for 2009. Called “Applied Occlusion and Progressive Splint Therapy for Predictable Dentistry”, the six hour seminar will be presented by Dr Helen Harrison a GDP with extensive experience working with occlusal splints. To date over five hundred patients have been treated with occlusal splints in Dr Harrison’s practice during the last five years. The course is aimed at both complex and routine dental care.

The in-depth seminar will cover temporomandibular joint function and anatomy, diagnostics and treatment planning, principles of progressive splint therapy – relief of pain and stabilisation and recommended next steps – options for defining.

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The in-depth seminar will cover temporomandibular joint function and anatomy, diagnostics and treatment planning, principles of progressive splint therapy – relief of pain and stabilisation and recommended next steps – options for defining.
tive treatments beyond splints to reliable dentistry

Six hours verifiable CPD will be earned from this course which will be held in London on 26 June 2009 and 27 November 2009. The course fee is £402.50.

To book your place please either call 0845 Dental on 01455 641777 or visit www.4SDental.com.

Snappy Half Term Special Offer

Diamond Snappy is available from the Swinson-based manufacturing company, Kimberley-Clark, for only £15.00. Each pack is available at only 50p.

Perfect Bleach Homebleaching system for gentle and permanent tooth whitening.

Effective, permanent and gentle – with Perfect Bleach Voco offers a bleaching gel which meets all requirements of modern tooth whitening. Whitening of vital teeth is decoloured through ageing or deposits of discolorants (e.g. from coffee, tea, red wine or nicotine), can be carried out in a simple and effective manner. Simultaneous external and internal bleaching of endodontically treated teeth is also possible, as well as the treatment of tetracycline discolorations.

Conducted by Matt Everatt, technical director of Voco Dental, these sessions offer two hours verifiable CPD and the opportunity to understand how this split therapy can bring a useful revenue stream to the practice and provide effective relief for many patients.

For more information please contact 020 7795 1234, email cpd@eastman.ucl.ac.uk or visit www.eastman.ucl.ac.uk.

TMD therapy – new courses

A new series of practical sessions have been introduced by 4SD Dental Ltd where dentists can learn about the benefits of the NTI-tss chairside splint as a predictable therapy for TMD, clenching, headaches and migraine.

For more information please call John Jesshope of Blackwell Supplies on 020 7224 1457 or fax 020 7224 1691.

Alkapharm ‘learning lunch’

Reviewing your practise infection control policy?

The Alkapharm ‘learning lunch’ focuses on professionally recognised procedures for the successful, day to day prevention of cross contamination within the dental surgery environment.

Alkapharm ‘learning lunch’ is designed as a refresh for the whole team and covers the day to day aspects of cross-infection control in the dental surgery, lunch sessions can be scheduled for either during the practice lunch period or at the end of the clinical day.

Learning Lunch helps meet the requirements of the GDC re-certification scheme by updating knowledge and skills for the benefi- cial practice environment and the whole clinical team for which attenders can claim verifiable CPD.

Dentomycin: The Adjunctive Treatment for Chronic Adult Periodontitis

Dentomycin is clinically proven to reduce pocket depths by as much as 42% over 12 weeks when used in conjunction with scaling and root planing.

This adjunctive treatment for moderate to severe Chronic Adult Periodontal Disease does not interact with alcohol and is easily tolerated. Its pre-filled applicator enables direct application to the pocket base and makes it much easier to treat plaque and calculus in deep, irregular pockets and molar furcations. Key periodontal pathogens are significantly reduced following the application of Dentomycin in every 14 days for 5 or 4 applications.


For more information please call John Jesshope of Blackwell Supplies on 020 7224 1457 or fax 020 7224 1691.
Refreshing new show hits the dentistry profession

Taking place on March 13 and 14 2009 at Birmingham's NEC, The Dentistry Show aims to attract over 2,500 dental professionals, offers exceptional insights, hitherto an ideal opportunity to meet with thousands of potential clients, competitors and industry leaders.

The show has been split into five different conference programmes aimed at five different areas of the dental profession:

Dental aesthetics in the UK
An outstanding international clinical programme combining the prodigious growth areas in the UK dental market: dental implantology, cosmetic dentistry and facial aesthetics.

Simply dental
Designed for NISQ dentists and their team members, this conference programme targets dentists thinking outside of their usual routine, focusing on politics, business and clinical aspects of NHS dentistry.

Hygienist symposium
Hygienists and therapists are given the chance to listen to top speakers on subjects surrounding dental implants, whitening, sales coaching and oral health, to develop their skills and advance themselves in their practice.

Aesthetic technician
In accordance with the growth areas of the UK dental market, the programme will focus on the private dental sector, including topics of implantology and cosmetic dentistry with lectures from well-respected speakers.

Dental insight
This conference aims to help busy, stressed practice managers run successful and profitable practices, by looking at ways to develop practice management skills, to make team work pay, gain financial control and tendering.

To book your ticket
Conference passes cost £945 plus VAT. To find out more about the show and to book your place, visit www.thedentistryshow.co.uk and register now.

Below are some of the companies you will find at the show.

Dentalx’s Dental Tribune • United Kingdom Edition • February 25–March 1, 2009

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Dental Tribune
United Kingdom Edition • February 3–March 1, 2009

Nobel Biocare invites UK dentists to explore the latest Nobel products at the 2009 Dental Show at Birmingham’s NEC on the 13th and 14th of March.

Delegates will be able to talk to the experienced Nobel Biocare team on the latest innovations and aesthetic solutions product range which includes:

• NobelActive is a new implant offering high initial stability even in compromised bone situations, built in Platform Switching™ and dual function prosthetic connection.

• NobelReplace™ facilitates the transfer of extra oral implant planning to allow predictable placement of implants.

• NobelReplace –™ parallel implant wrench simplifies all procedures for all indications with concurrent implant assessment, including guided 4, internal abutment connector, TitanRail™ at the all-in-one up to seven colour coding.

And much more...

Nobel Biocare also offers practice planners and the whole dental team, high quality training to maximise the business and clinical benefits afforded by its products.

For more information contact: tanyamowat@nobelbiocare.com or call +44 (0)1895 462 921.

Take It To The Next Level
Visit PracticeWorks at The Dentistry Show 2009

The Dentistry Show will be showing for the thirty first time at the NEC Birmingham from the 13th and 14th of March. The leading provider of companies within the dental market will be demonstrating their products and services.

Leading provider PracticeWorks will be promoting their impudent technologies such as the Practice Management Software Version 6.1 that is being run in practices nationwide. The new Managed Service does not require any software to be installed onto the computer and there is no need to back up the system.

This unique software will eliminate the previous stress of tracking files and clinical notes, as all appointment books, clinical charting, selas and medical records are stored centrally with easy access. The PracticeWorks team will also be available to discuss the latest digital imaging technology.

Visit PracticeWorks and transport your practice into the future!

For more information please contact PracticeWorks on 0800 169 6962 or visit: www.practiceworks.co.uk

A-dec Solutions
At A-dec, we offer the industry’s most innovative technologies and solutions which have been created to improve the performance, safety and comfort for both the dental team and patients. Examine the difference A-dec can make in your practice. Our chairs, lights, cabinets, delivery systems, and sterilization equipment are engineered to be fully integrated and perform beyond expectations. We don’t settle for anything less. And that’s how we’ve been doing business for over 40 years.

A-dec will be attending and exhibiting at the Dentistry Show from 13-14 March on stand 554 of Pavilion 1 & 2 at the NEC.

The A-dec team look forward to welcoming you to our stand. For more information about A-dec products and services, contact us on freephone 0800 233285 or 02476 350001. The full A-dec range can be viewed on our web site at: www.a-dec.co.uk

Dental Business Solutions
Dental Business Solutions is the UK’s leading business advisor to dentists and their practice teams. With over thirty years experience of working exclusively alongside the profession it is our aim to advise and support dentists and their teams and to provide practical help and support at all stages of their career whether associates or principals. Our vision is to provide solutions to the problems and frustrations that dentists face in managing their businesses on a day to day basis and to empower our clients to enjoy more quality time relaxing with family and friends.

We offer our clients a free initial meeting at Network House enabling us to establish how we can best help in each individual case. For more information please do not hesitate to telephone us on 01844 260111.

Dentistry Resource Company Stand 45B

BIOMET 3i is a leading manufacturer of dental implants, regenerative and restorative products.

This year BIOMET 3i is proud to present the following innovations:

NanoTitre implant surface, Navigator CT Guided Surgery System, Encode Complete Restorative Technology and full range of bone regeneration materials.

The company also provides educational programs and seminars for dental professionals of various levels and implant related interests across United Kingdom and the world. BIOMET 3i is based in Palm Beach Gardens, Florida, with operations throughout NorthAmerica, Latin America, Europe and the Pacific Rim.

For more information, please call BIOMET 3i UK and Ireland office on 01628 820 314, email ukmarketing@3implant.com or visit the company’s website: www.biomet3i.com.

The NEW JK-UK Dental Laboratory Services facility a subsidiary of JK-Dentallab, Oral Design Center, USA

The JK-UK Dental Services mission is to handle all UK dentists in a UK real time service oriented customer service business. This laboratory is operated by Richard Bleach BDT. Where you go for Workmanship, Education & Services you can take to the Bank

This new JK-UK lab gets a solid A in every benefit that matters to your practice: Affordability, Customer Service, Aesthetics, Academics—Assurances

JK/Dental Laboratory Services Room 232, Featherstone House, 375 High Street Rochester, Kent ME11 1DA Tel. 07958072724 rbleach@jkdentallab.co.uk

Septodont is the market leader in dental anaesthetics. With over 75 years experience in the dental market, the company now serves 150 countries from 5 different continents are proud to announce their participation at this year’s Dental Show in March.

Much has happened since last year. Throughout the year we have been involved in the development of our company with the objective of improving both customer service and support. This investment is most evident in our expanded team of Product Specialists who are with consumers in dental practices on a daily basis. Highly trained and able to offer advice on product choice and usage, we are always there to help whenever a need arises.

IDT is a London based group of companies specialising in processing CT images for pre-surgical planning.

Our primary business is to provide multi-planar reformatted images, 3-D views, and models for dentists and surgeons planning the placement of dental implants.

As distributors for Materialise Dental NV of Belgium, Imaging Sciences International of USA and Digital Imaging of Glasgow we offer the leading software package for reconstructive surgery and dental implant planning – SimPlant, the leading surgical drill-guide — SurgiGuide, the leading low dose cone beam CT scanner – CAD and the leading stereo photographic facial imaging system — IDT30 – all backed by unparalleled technical support.

Septodont products can offer call FREE on 0800 435155, log onto our website www.septodont.co.uk or visit us at Stand 82.

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JK/Dental Laboratory Services Room 232, Featherstone House, 375 High Street Rochester, Kent ME11 1DA Tel. 07958072724 rbleach@jkdentallab.co.uk

A-dec Solutions

At A-dec, we offer the industry’s most innovative technologies and solutions which have been created to improve the performance, safety and comfort for both the dental team and patients. Examine the difference A-dec can make in your practice. Our chairs, lights, cabinets, delivery systems, and sterilization equipment are engineered to be fully integrated and perform beyond expectations. We don’t settle for anything less. And that’s how we’ve been doing business for over 40 years.

A-dec will be attending and exhibiting at the Dentistry Show from 13-14 March on stand 554 of Pavilion 1 & 2 at the NEC.

The A-dec team look forward to welcoming you to our stand. For more information about A-dec products and services, contact us on freephone 0800 233285 or 02476 350001. The full A-dec range can be viewed on our web site at: www.a-dec.co.uk

Dental Business Solutions

Dental Business Solutions is the UK’s leading business advisor to dentists and their practice teams. With over thirty years experience of working exclusively alongside the profession it is our aim to advise and support dentists and their teams and to provide practical help and support at all stages of their career whether associates or principals. Our vision is to provide solutions to the problems and frustrations that dentists face in managing their businesses on a day to day basis and to empower our clients to enjoy more quality time relaxing with family and friends.

Our services include Accountancy and Tax Compliance, Payroll, Practice Management Consultancy, Acquisition and Disposal, Incorporation, Operational Audits, Patient Finance facilities and Patient Care Plans.

We offer prospective clients a free initial meeting at Network House enabling us to establish how we can best help in each individual case. For more information please do not hesitate to telephone us on 01844 260111.

Dental Resource Company Stand 45B

BIOMET 3i is a leading manufacturer of dental implants, regenerative and restorative products.

This year BIOMET 3i is proud to present the following innovations:

NanoTitre implant surface, Navigator CT Guided Surgery System, Encode Complete Restorative Technology and full range of bone regeneration materials.

The company also provides educational programs and seminars for dental professionals of various levels and implant related interests across United Kingdom and the world. BIOMET 3i is based in Palm Beach Gardens, Florida, with operations throughout North America, Latin America, Europe and the Pacific Rim.

For more information, please call BIOMET 3i UK and Ireland office on 01628 820 314, email ukmarketing@3implant.com or visit the company’s website: www.biomet3i.com.
The 2009 British Dental Conference and Exhibition

Guarantee your future as a dentist – find out what the future holds at the BDA's upcoming conference in Glasgow, from June 4 to 6

The 2009 British Dental Conference and Exhibition in Glasgow will be looking at how dentistry is transforming. Speakers at the conference will be offering guidance on how to ensure your future as a dental professional can be even more successful. The free exhibition will enable you to seek out the latest products and services and network with your peers in a relaxed environment.

Charan Gill, founder of the Harlequin Group and featured on Channel 4’s Secret Millionaire, will be opening the conference with Entrepreneurship: re-awakening your potential. Charan will then be joined by our main clinical speakers, Dr Cherilyn Sheets and Niek Opdam.

Dr Sheets will be advising how best to meet the demands of today’s aesthetic restorative practice. Cherilyn is a clinical professor of restorative dentistry at the USC School of Dentistry in Los Angeles, and co-executive director of the Newport Coast Oral Facial Institute, California.

Niek Opdam, assistant professor in cariology and restorative dentistry, University of Nijmegen, and a lecturer on posterior composites is travelling from The Netherlands to share his expertise in placing large posterior composite resin restorations.

Other speakers include:

Paul Speight, professor in oral and maxillofacial pathology, University of Sheffield – who will be helping you gain a better understanding of oral cancer.

Nicola Innes, Clinical Lecturer in Paediatric Dentistry, Dundee Dental School — managing caries in children.

John Gibson, Consultant and Honorary Senior Lecturer in Oral Medicine, Dundee Dental Hospital and School — explaining how allergies in the dental surgery can be dealt with.

Sheila Scott, an experienced business coach with an in-depth knowledge of the dental industry will be exploring how best to handle complaints and what really matters to patients.

Nigel Rimer, a respected author, TV presenter and motivational speaker, will impart his wisdom on what it takes to lead a successful business.

Other topics which will feature at the conference include infection control, power whitening, Botox, business planning, and gum disease.

Whatever your field of dentistry, there will be sessions to appeal to you.

Highlights

• Over 80 speakers
• All your CPD hours
• A free exhibition featuring over 100 exhibitors
• Free exhibition hall seminars
• A packed social programme including: free exhibition hall drinks reception (4 June), Friday night party and VDP ball (5 June) and the Conference dinner (6 June).

For further details and to book your place at the conference which takes place at the Scottish Exhibition and Conference Centre in Glasgow, visit www.bda.org/events or call 0870 166 6625.
An implant course to provide you with the necessary knowledge and skills to start a successful career in implants. The course is aimed at general dental practitioners looking to integrate implant dentistry into their patient care.

42 Harley Street
London W1G 9PR
Tel: 020 7631 1488
Fax: 020 7631 1646
Mobile: 07944 970 140
marian-harley@hotmail.co.uk

The course provides:

- All necessary education to comply with the GDC guidelines as set out by the Faculty of General Dental Practitioners, UK and the Royal College of Surgeons, England, in the document entitled: Training Standards in Implant Dentistry for GDP’s 2008 (download at GDC.gov.uk)
- Compliant with GDC guidelines for 185 verifiable CPD points.
- Benefit from over 20 years of clinical knowledge & experience.

The course:

- 18 full days spread over a 14 month period, located in Harley Street, London.
- Maximum of eight candidates per course.
- Each candidate will place and restore at least two implant cases under the direct supervision of Dr Mark Hamburger. In addition: treatment planning, surgical and restorative observation of all course patients.
- Guest speakers:
  - Dr Henri Thuau, Consultant Maxillo Facial & Oral Surgeon
  - Dr Jo Omar, Medical Emergencies and CPR

For further information and to request a brochure/registration form, please contact:

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United Kingdom Edition
February 25–March 1, 2009
Classified 51

Kodak Dental Systems - Logicon Caries Detector Software Challenge

Surfaces 31M (upper) and 30D (lower) – Logicon indicates caries penetrating into dentin in both surfaces that should be restored. Picture below taken during restoration confirms decay was well into the dentin of 31M (left) while concentrated in a narrow channel in 30D (right)

If you would like a demonstration of Logicon Software and to find out how you can obtain Logicon, contact Ernesto Jaconelli at Carestream Health, Inc. on 07764 351716 (free Line) or e-mail ernesto.jaconelli@cshdental.com.

Implantology Mini Residency

ONE YEAR SURGICAL & RESTORATIVE IMPLANTOLOGY COURSE
WITH DR MARK HAMBURGER, SPECIALIST PROSTHODONTIST

An implant course to provide you with the necessary knowledge and skills to start a successful career in implants. The course is aimed at general dental practitioners looking to integrate implant dentistry into their patient care.

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Implant courses with Dr Mark Hamburger

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London W1G 9PR
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Fax: 020 7631 1646
Mobile: 07944 970 140
marian.harley@hotmail.co.uk

Dental Practice Consultancy Service
Do you need advice on:
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- Practice Valuation
- Financial Health Check
- Practice Agreements

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Tel: 01782 719 123
Fax: 01782 719 124
noel@extract-dental.co.uk

Logicon Caries Detector Software Challenge

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40% of adults across the world suffer from gum disease
(Source: BBC News - Health)

STOPS GINGIVITIS BEFORE IT STARTS

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