Parliamentary group
An all-party Parliamentary group
has been formed to ‘promote a
greater awareness of dental
therapy’. The group which is
chaired by MP Charlotte Atkins,
Labour MP for Staffordshire
Moorlands and vice president of
the British Fluoridation Society,
is planning to visit dental prac-
tices to enable practitioners to
talk about the issues that really
matter to them and their patients.
The group will also look at best
practice, hold themed meetings
and public debates.
Part of its role will be to monitor
the progress of the Health Select
Committee’s recommendations
for NHS dental services while in-
vestigating and raising aware-
ness of oral health issues in
general.

More complaints
The Dental Complaints Service
(DCS) has seen complaints in-
crease by eight per cent. The DCS
logged 1,467 complaints in Decem-
ber 2008. For January–Decem-
ber 2008, the DCS logged 1,617
complaints, an increase of 9.2 per
cent over the equivalent period in
2007. The average number of
complaints logged since the
launch of the DCS in May 2006 is
now approximately 32 per week.

A breakdown of the type of com-
plaints received showed that:
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
crowns with household glue,
bursting ulcers with a pin and
sticking down loose fillings with
cheewing gum.

However Dr Cockcroft criti-
cised the survey and questioned
its credibility.
He said: ‘These findings come
from an online multiple choice
survey that has no statistical
credibility. It is ludicrous to sug-
gest 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 open-
ning around the country.’

Shadow health minister Mike
Penning called the survey results
‘a direct consequence of the in-
duction of Labour’s ‘botted
dental contract’.

Dr Cockcroft condemns survey

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.

A week later Sophie was so
emaciated, her hair was falling
out and they could see her spine
through her back. She weighed
less than four stone when she
died.

Paediatric pathologist Dr Marie-Anne Brundler said Sophie
died on December 7, 2007 from
acute renal failure caused by
starvation and dehydration.

Dr Brundler said she would
have expected a health profes-
sional to have noticed Sophie’s
emaciated state had they seen
her before she died.

The inquest heard that al-
though Sophie lost 11 kgs in the
taxi driver, did not take her back
although Sophie lost 11 kgs in the
to see a doctor.

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Dental trauma leads to death

Dr Cockcroft condemns survey

A year-old girl starved
herself to death after devel-
oping 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 den-
tist to be treated for toothache be-
cause her tongue had been
nicked on a previous visit to the
dentist.

Doctors took the decision to
remove all eight of her milk teeth
so she would not have to undergo
repeat operations and suffer
more psychological trauma.

Her parents, Janet and Richard,
claimed this decision was taken
without their consent and left their
daughter ‘devastated’.

When she was discharged she
continued to refuse to eat any
solid food and only took small
amounts of yoghurt, fruit and
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‘build up’ drinks.

Dentist and humour

A dental nurse has been fired
after she left a patient with a
benign cyst.

Ms Jones, a nurse at a dental
practice in London, was reprimand-
ed after leaving a patient with a
cyst.

A dental nurse has been fired
after she left a patient with a
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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/computer aided manufacturing.

The Procura 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 reveal 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, in complex edentulous situations with 3D-CT treatment planning and surgery, to highly demanding single tooth restorations in the anterior maxilla.

The Procura Roadshow is accredited with two hours CFP (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@noblubiocare.com.

Bankrupt dentist closes surgery

A dentist, who lost his contract after failing to meet primary care trust targets, has closed his surgery and gone bankrupt.

Mr Howell faces a total of eight charges stretching over a period of more than ten years between March 1998 and October last year.

Since Mr Howell was taken into custody, one of his patients has revealed how she has paid a substantial fee for dental treatment, Surgery Dental Care in Ballymoney, but now has no idea when the work will be carried out.

The woman who does not want to be named said: ‘I’m not being told anything. If the work is not completed, what happens?’

Mr Howell is thought to one of only a few dentists in Northern Ireland who carry out highly specialised dental surgery.

A notice placed on the window of the surgery in the name of the principal dentists of Causeway Dental Care, Robin Alexander and David Wilson, said: ‘We are shocked and saddened by the events of the last few days and apologise to our patients for any inconvenience. The practice will reopen as soon as possible and we will be in touch with patients to re-schedule their visits.’

Dentist charged with murder

A dentist in Northern Ireland charged with murdering his wife and a police officer, has now also been accused of sexually assaulting a number of women.

Colin Howell was charged at Coleraine Magistrates Court in Coleraine, with murdering his wife Lesley Howell and former RUC officer Trevor Buchanan nearly 18 years ago.

Dr Colin Howell, 50, and Hazel Stewart, 45, appeared in court in Coleraine, Co Londonderry.

They were charged separately with the murders of Trevor Buchanan, 31, an RUC officer, and Lesley Howell, 50, whose bodies were discovered in a car in the neighbouring seaside town of Castlerock, in May 1991.

Howell, from Co Antrim, was remanded in custody, but Stewart was granted bail.

At the time, a coroner ruled that Mr Buchanan and Mrs Howell killed themselves and Mr Howell has also been charged with sexually assaulting a number of women.

He is accused of four counts of indecent assault on a woman and of unlawfully applying a stupefying or overpowered drug in order to commit an indictable offence.

The Pytchley Court Dental Surgery in Corby, Northampton, has closed leaving 7,500 NHS patients without a dentist.

Dentist Zac Isaiaed, who had had his practice for five years, revealed that Northamptonshire Primary Care Trust (PCT) stopped his contract after he failed to meet the set units of dental activity targets. As a result, he had to declare himself insolvent.

He said he feels he has been left ‘high and dry’.

A Northamptonshire PCT spokesperson said: ‘We have written to all patients of the Pytchley Court Dental Practice to ensure they are doing all we can to work with other local practices so everybody can access routine appointments to provide their dental care. The details of this incident are highly sensitive so we can’t give any more at this stage.’

Dentist denies sexual assault

A dentist and former councillor has denied a charge of sexual assault.

Dr Adrian Heath, who works at the Genesis Dental Care practice in Gainsborough, appeared in court, charged with touching a woman’s breasts on 13 August last year.

He was formerly a West Lindsey councillor and stood as a Liberal Democrat parliamentary candidate in 2005 General Election.

The 45-year-old entered a not guilty plea during a short hearing at Lincoln Crown Court.

Judge Michael Heath agreed to an application for Dr Heath’s trial to be moved out of Lincolnshire because he is so well known in the county. Dr Heath, was granted bail on condition that he does not contact the complainant.

Simply the best student

Students all over Britain and Ireland will be competing for the title of ‘Best CeramX Dental Student in the World’.

Dentsply, dental products’ manufacturer, is sponsoring the competition.

The UK winner will then compete against students from international dental schools with the three finalists’ cases being presented at September’s International Association for Dental Research meeting in Munich, Germany.

The first prize for the UK winner is an Apple iPod and docking station, second prize is an Apple iPod and the third winner wins £50 of vouchers. First prize for the global winner is €5,000, second prize is €2,000 and third prize is £1,800.

For more information contact Dentsply on freephone number 0800 072 5515 or email enquiry@dentsply-gb.com.

Kodak Dental Systems - Logicom Caries Detector Software Challenge

Logicom is a pattern recognition program for extracting information out of digital radiographs that the dentist might otherwise not be able to see. It can be applied immediately to a Kodak SDR-105/155 radiograph. The program is started with a cursor mode tool for enabling the dentist to select the surface of interest in the radiograph. The program then automatically produces a diagnostic report.

Over the next three weeks you can compare your assessment to Logicon. Start today with the example below: Examine your assessment on page 31.

If you would like a demonstration of Logicon contact the complainant.

DT
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……. and yourself! – 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 ever 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

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.

These longer, flexible SlimTip™ bristles slip into the gingival crevice with a soft sweeping action that is gentle on the gingivae.

Recommend Colgate 360° Deep Clean for a deeper, healthier whole mouth clean

For more information, call 01483 401 901
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 Dental and Baseline Health Advisory Group, as well as vice-Chair 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

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Clinical Innovations Conference 2009

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 proportion of the information given to them within a short time of leaving the consulting room. The PILs are deliberately kept succinct and to the point as research shows that people are affected by a ‘three minute culture’ and have limited attention spans, so it is important to get the salient points across in a clear and simple fashion.’

The BOS claims that these information leaflets are particularly user-friendly as they have been produced with guidance from the Plain English Campaign and British Dyslexia Association to make them easier for patients to read.

The British Dyslexia Association advised the BOS that by using a cream background with a matt finish and by avoiding using red text, the information would be more easily assimilated by those dyslexic.

All future Patient Information Leaflets will follow the same format and when current leaflets are republished, they will be produced 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. 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 7353 8680.

The cost is £1.25 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

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.

BOS rolls out leaflets

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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 practitioners 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 than comfortable with the help he has received which is now routinely helping him to prepare treatment plans for high value restorative cases. Jim has been delighted at the positive reaction of his patients which he describes as a “snowball effect”, the more you offer patients, the 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
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 interests 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 adrenaline 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 to advance their careers.

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 – 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 Barrow to form a new business training and coaching company called Breathe Business. Simon can be contacted at The Breathe Business Group by emailing bonnie@now-breathe.co.uk, calling 01326 377078 or visiting www.nowbreathe.co.uk.

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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.

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).

Innovative equipment solutions for performance beyond the expected

The stylish design and robust quality of A-dec equipment is clear to see, and as you would expect, it provides all the functionality and flexibility required for efficient and ergonomic working. But A-dec also believes in developing solutions which go beyond the expected and offer improvements to the usual ways of working. Like thinking about the critical role of the nurse in 4-handed dentistry, which led to our unique A-dec 445 Nurses Console cabinet mounted at the 12 o’clock position that improves ergonomics for the whole surgery team. And thinking about the management of today’s modern dental materials led to our Treatment Console solutions which enable the usage of Procedure Tubs and Trays. Such innovations require ‘out of the box’ thinking unconstrained by convention – and we encourage you to think differently as well. So to explore the possibilities and seek a better way, give us a call and ask for a copy of our new A-dec solutions brochure.

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Networks mean more to your practice than friendships alone

It is a sad truth that many referring doctors view implant practices as commodities. In other words, many referring doctors are not as concerned with who they refer to because they feel that most implant doctors have relatively equal skills. Valid or not, this is how many decisions are being made. Traditionally, many referring doctors send patients based on numerous factors including location, fees, age of the implant practice, etc. In the past, this approach was sufficient to generate referrals to an implant practice, and most implant doctors made a reasonable or excellent living. But, things are changing.
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 referring 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 sixth connection, somebody has met the president of the United States. The same idea is easily applied to referring dentists in your community.

Highly successful implant doctors know that there is no higher priority for practice success than growing their base of referring doctors. These doctors have developed robust networks to interact with these doctors on a regular basis to develop relationships. Whether it is through dental, personal, community or family activities, they have recognized that the key to growth revolves around powerful networks.

Think about it this way. You have a good friend who is a general dentist. He sends you all of his referrals because he is your ‘good friend’. You do not realise it, but you are already involved in building their networks. That is good for him. It is good for you. But it is also good for the implant doctors in your community.

Now, this may smack of corporate altruism, but you are already involved in building their networks. That is good for him. It is good for you. But it is also good for the implant doctors in your community.

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Dental Tribune United Kingdom Edition - February 25–March 1, 2009 Practice Management

1. Who is this good friend, who refers exclusively to my practice, friendly with?

2. How can I access these other dentists, meet them, develop relationships and sustain those relationships to maintain referrals?

Now, this may smack of creating friendships based on ulterior motives. Well, yes, absolutely! In business, not all relationships are based solely on a natural desire to spend time with a certain individual. In fact, the implant doctors who have the best networks strategize the amount of time they will spend in different situations to ensure that they are continually maintaining and building their networks. That is good friend. You do not realise it, but you are already involved in relationship marketing although you justify it by the sincerity of really liking this person as a friend. For many implant doctors, this is where the process stops. Conversely, highly successful implant doctors would look at this friend and, while enjoying the friendship, would see an opportunity to begin creating a network. These implant doctors would want to know the answers to the following two questions:

1. Who is this good friend, who refers exclusively to my practice, friendly with?

2. How can I access these other dentists, meet them, develop relationships and sustain those relationships to maintain referrals?

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Using the theory behind six degrees of separation, Levin Group has created and is using 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.

Dr. Roger P. Levin
Dr. Roger P. Levin is founder and chief executive officer of Levin Group, Inc., a dental practice management consulting firm that provides a comprehensive suite of lifetime services to its clients and partners. Since 1985, Levin Group has embraced one single mission — to improve the lives of dentists.

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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 patient 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, and also have available copies of each individual’s up to date Professional Indemnity Insurance.

Freeholder responsibilities
If you have been the freeholder 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 layouts). 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?

About the author
Graeme Burn is the senior partner of Burn & Company, Solicitors, York, North Yorkshire. He has specialist knowledge of dentistry, having advised dentists throughout England and Wales for the last 15 years. He is a member of the Association for Specialist Providers for Dentists (ASPD).

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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. This Full Enquiry will of course necessitate a comprehensive review of the business and may also examine paperwork for earlier periods.

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, 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 by an accountant or investigation specialist in the event of a tax investigation. The obvious benefit is that you do not need to surrender the point to the Inspector because the 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 PPP 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.

**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.

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**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 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 the 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 PPP 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. Angle in his 1907 edition noted, ‘The influence of the lips is an interesting study and almost every malocclusion has some manifestation of it.’

Many others after Angle, particularly Graber, have observed the impact of these soft tissue influences in perpetuating malocclusion. However, there is still little attention paid to this in orthodontic treatment planning.

Graber and others in this century 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 AJOOD showed 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 or 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 cribs 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 case 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 they 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 simple 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 that the former is the correct approach and is not being debated here. However, the same issue 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 anteroposterior forces that may well be driving the course of the malocclusion long after the fixed orthodontic treatment has finished?

The TRAINER system
The essentials of myofunctional therapy are complex but can be focused on a few basic principles. The first myofunctional exercise is to position the tongue tip correctly at rest and to

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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


Contact

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Treatment planning comprehensive dentistry

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.

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 heavy 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

Whatever 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 photography, 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 excellent material to use and when the impression is invested the model is cast promptly, I will often use polyvinyl siloxane (PVS) materials in a quick two stage putty wash technique that I find helps record all necessary information with the added advantages of stability and the potential to recast.

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

The goals of the TMJ/occlusal examination are to assess the health of the joints and determine if occlusal therapy is needed. It is also important to assess the level of parafunctional activity that is occurring. A thorough history is taken, appropriate muscles are examined for signs of tenderness and range of motion is noted. Centric relation load test is performed using bimanual manipulation. Doppler asculation or Joint Vibration Analysis is also useful. The dentition is evaluated for signs of instability – wear, mobility, migration, for example.

Central relation bite record

The last piece of information required to mount the casts to a semi-adjustable articulator is a bite record which relates the lower cast to the upper cast. Again bimanual manipulation is used to achieve centric relation (CR) and the record is taken with wax (Deltar, Great Lakes Orthodontics) or vinylpolysiloxane 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 temporary restorations have been perfected for function and aesthetics, the technician can copy this information to produce predictable, stress-free results.

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 intense periodontal treatment. Two carious teeth were cleaned and temporised. An optimum result was visualised and then waxed up on the mounted 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 recontouring was also carried out at this stage. The upper teeth had failing restorations, were structurally changed and were not in the 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 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 earbow were taken of the provisionals. The technician can then ‘reverse engineer’ the final restorations so that nothing is left to chance.

Richard’s case

Richard’s examination revealed that, in centric relation, his 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 teeth were treated. A splint was provided and root canal treatment was performed on the upper and lower first molars. These teeth then settled unexpectedly, Richard had signs of instability...
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 visualised 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.

The fee per delegate is £345 and qualifies for 6.5 hours CPD.

Dr. Buckle qualified from Liverpool University in 1985. He has over 20 years experience in general practice both in the private sector and with the National Health Service. The first International Faculty Member of the Dawson Academy, he has completed every level at the Dawson Center for Advanced Dental Education in St Petersburg, Florida. He has worked as a teaching assistant with Dr John Cranham in Virginia, USA and in the UK. He has achieved Masters level in aesthetic dentistry with the Rosenthal Institute based at New York University and now works with the Institute as a senior clinical instructor in London, New York and Palm Beach. He is a published author, sought after speaker and has appeared on radio on numerous occasions. Dr Buckle now runs a private practice with his partner Dr Liam McGrath concentrating on comprehensive aesthetic and implant dentistry. He will be talking at the Clinical Innovations Conference on the 16th May 2009 at the Royal College of Physicians, Regents Park, London. Call 020 7400 8989 for more information and to book your place. Or go to www.clinicalinnovations.co.uk
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, stress and endurance 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 of treatment which is destined to failure. Make sure your treatment plan is appropriate for the patient. Problems inevitably will arise. Try not to panic when they do, a key part of assessing a case involves evaluation of problems which arise 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!

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/cancellation. 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 arise 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,
Design for life
In part one of a two-part series, Mr Almir Bajramovic explains how a new surgery can help you fulfil your potential

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 ground-breaking 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.

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About the author
Almir Bajramovic has worked in the dental field for the last seven years. He is a graduate of Leeds Metropolitan University and Bremen University where he studied marketing, and is currently managing two very busy and successful dental practices.
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 team to time through to decoration, they will professionally manage the entire job, presenting you with a brand new, fully functioning surgery.

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Industry News

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- Diet and nutrition
- Therapeutics and drugs in sport
- Medico-legal aspects of dental injuries

The end of the course participants will be able to take an active role in the health care of sports people and advice team doctors, physiotherapists and dieticians accordingly.

For further information or to register for September 2009, please contact the Programme Administrator on 020 7905 1272, email contact the Programme Administrator or visit cpd@eastman.ucl.ac.uk or cpd@eastmanucl.ac.uk or cpd@eastmanucl.ac.uk

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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 three years. As such she has both complex and routine dental care.

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

United Kingdom Edition · February 25–March 1, 2009

Indusry News

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 (CPD) 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 4 days for 5 or 4 applications.

For more information please call John Jessop 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.

Learning Lunch is designed as a refresher for the whole team and covers the day to day aspects of cross-infection control in the dental surgery environment which can be scheduled for either during the practice lunch period or at the end of the clinical day.

Survive and Succeed Despite The Financial Climate With DPCS

In the past, dentistry has been seen as recession proof in comparison to other industries. However, with a great deal of their income now generated from discretionary purchases, many dentists will begin to experience long-term difficulties.

Patients are certain to question whether they can really justify dental treatment, and many might well seek to avoid what they see as unnecessary expenditure.

The Dental Practice Consultancy Service (DPCS) helps dentists set up well thought-out and robust business models to help them prepare for the future.

For more information call 0161 652 5500 or visit the Dental Practice Consultancy Service Website at www.denitallconsulancy.co.uk.

Philips on stand GO, Hall 11.5

Brristling with new ideas at the IDS

Philips has orchestrated a very strong presence at the 53rd International Dental Show (IDS) in Cologne, Germany between 24 and 28 March 2009. With 1,750 companies exhibiting, the sonic toothbrush manufacturer has pulled out all the stops to encourage people to visit them: The stand - GO10 in the Dental Section and GO2 in the Hospitality area.

During the event, dele-gates will also be invited to attend 10-15 minute lectures on Motivational Interviewing and Patient Profiling in the private auditorium which forms part of the Philips Stand. Visit the International Desk on the stand for English speakers or one of six sales stations for German speaking help.

To arrange a ‘learning lunch’ for your practise or for further information telephone Alka- pharm on 01785 714919.

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 discoloured through ageing or deposits of dis-colourants (e.g. from coffee, tea, red wine or nicotine), can be car-ried 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 S4S Dental, these sessions offer two hours verifiable CPD and the opportunity to understand how this splint therapy can bring a useful revenue stream to the practice and provide effective relief for many patients.

The two hour course costs £40.00 and is being held on 19 March 2009 in London, 25 April 2009 in Glasgow and 25 June 2009 in Hertford.

To book your place please either call S4S Dental on 01455 641777 or visit www.s4sdental.com.

Perfect Bleach incorporates multi-tituted, flat, trimmed, end-rounded filaments which have been angled in different directions to provide a brushing action that penetrates, lifts and sweeps plaque away on both for-wards and backwards strokes.

If its successor, CrossAction Complete, also benefits from the addition of rubber filaments on the right and left side of the brush to stimulate the gingiva whilst the new textured surface on the re-verse of the brushhead can be used to clean the tongue and re-move odour-causing bacteria.

TMD therapy – new courses

A new series of practical sessions have been introduced by S4S Dental Ltd where dentists can learn about the benefits of temporomandibular joint (TMJ) therapies.

CrossAction incorporates multi-tituted, flat, trimmed, end-rounded filaments which have been angled in different directions to provide a brushing action that penetrates, lifts and sweeps plaque away on both forwards and backwards strokes.

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Survive and Succeed Despite The Financial Climate With DPCS

In the past, dentistry has been seen as recession proof in comparison to other industries.
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 exhibitors an ideal opportunity to meet with thousands of potential customers and gives delegates the chance to gain further training and meet with peers. 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 NDIS dentists and their team members, this conferenece programme sets out to educate dental professionals on the latest topics with the guidance of SIM's Dentures specialist. The programme is fully comprehensive, user friendly clinical information system available now!

Dentalxpress - Stand B7

Dentalxpress is a leading UK supplier of surgical and prosthetic indication. All implants carry an unconditional life-time warranty, are CE Mark certified and are registered under the ISO 13485:2003 international quality standards.

Dental insights

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 £495 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.

DENTAL TRIBUNE

United Kingdom Edition - February 25–March 1, 2009

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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 every stage of their careers 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.

September is the market leader in dental aesthetics. 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 Dentistry Show in March.

Much has happened since last year. Throughout the year we have been involved in all 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 consultants 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.

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

September is a leading manufacturer of dental implants, regenerative and restorative products.

This year BIOMET 3i is proud to present the following innovations: NanoTite 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 the UK 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 829314, 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.

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.

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- 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 Risner, 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.
DENTAL TRIBUNE United Kingdom Edition · February 23–March 1, 2009

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.

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:

Implant Courses with Dr Mark Hamburger
42 Harly Street
London W1G 9PR
Tel: 020 7631 1488
Fax: 020 7631 1646
Mobile: 07944 570 140
marian.harly@hotmail.co.uk

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.

Do you need advice on:
- Starting a Practice
- Practice Valuation
- Financial Health Check
- Practice Agreements

Contact Mike Hughes
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Fax: 0161 652 3305
mike.dentalconsultancy.co.uk
www.dentalconsultancy.co.uk

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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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