Benevolent draw
The Christmas Draw for the British Dental Association Benevolent Fund raised £1,265,975. Applications to the Fund rose by 50 per cent in 2008, with £260,000 given to needy dentists and their families.

Sponsored silence
A dental nurse in Hereford held a sponsored silence to raise money for Breast Cancer Haven. Kate Beale, who works at Smith, Coleman and Holloman Dental Practice in Bromyard, kept a day of silence in support of a relative with cancer.

Tribune correction
Dental Tribune would like to apologise for printing Simon Hocken’s details incorrectly in the previous issue. Hocken can be contacted at The Breathe Business Group by emailing simon@nowbreathe.co.uk or calling 01548 853660. More information can be found at www.nowbreathe.co.uk

Dentistry statistics
Chief Dental Officer, Barry Cockcroft has welcomed the latest access dentistry statistics from the NHS Information Centre. The figures showed an increase of 400,000 (2.4 per cent) in the courses of treatment delivered by NHS dentists, in 2008/09 from the same period last year.

Money Matters
Pension protection
Are you doing all that you can to maximise your pension position? Whatever you do – don’t get hit by the tax man says Ray Prince.

Tricky reactions
More people than ever before have an allergy to something, but what do you do if your patients are allergic to you? Mahri explains.

Keeping fit
Composite is a fantastic material with an abundance of uses, but are you making the most of it? Philip Lewis shares his ideas.

Helping hand
Read how Dental Hygienist, Barbara Koffman travelled to Uganda to promote and improve dental facilities with her team.

‘Sham’ fluoridation for Southampton
Health bosses are to go ahead and fluoridate the water in Southampton, despite 72 per cent of residents objecting to the idea.

The decision, which will affect around 200,000 people, follows a large public consultation and months of debate.

Jim Easton, the South Central Strategic Health Authority’s (SCSHA) chief executive, said: ‘We recognise that water fluoridation is a contentious issue for some people. The board was satisfied that, based on existing research, water fluoridation is a safe and effective way to improve dental health.’

Bob Deans, chief executive for Southampton City Primary Care Trust (PCT) said: ‘Southampton City PCT continues to believe that a water fluoridation scheme, when introduced with continued oral health promotion, will be the most effective way of reducing the large numbers of tooth fillings and extractions currently needed by children in Southampton.’

The British Dental Association (BDA) also welcomed the decision which it claims has been supported by dentists in the region.

The BDA’s scientific adviser, Professor Damien Walmsley said: ‘The BDA commends South Central’s decision as we believe that fluoridation is a safe and effective method of reducing dental decay and oral health inequalities. We look forward to the day when we see fewer children in Southampton having to endure the pain and discomfort of dental treatment or the trauma of having a tooth extracted as a result of adopting this initiative.’

In Southampton, four in every 10 children have a filling by the time they start school.

The decision by South Central Strategic Health Authority to back fluoridation is the first under 2003 laws, giving health authorities powers to demand the service from water companies.

The decision by the SHA will enable the PCT to go ahead and ask Southern Water to add the chemical to the water, probably by 2010.

A three-month consultation on the plans revealed that 72 per cent of 10,000 local people were opposed to the scheme.

John Spottiswoode, chairman of Hampshire Against Fluoridation, called it ‘absolutely disgraceful’ and said: ‘They have refused to listen to all the evidence we have given them. They have ignored the will of the people – 72 per cent didn’t want it and yet they still are going to do it. It is deeply unethical.’

Anti-fluoridation campaigners claim it is ‘mass medication’ and that it is linked to health risks such as bone cancer and hip fractures. It also increases fluorosis (staining) of teeth.

Elizabth McDonagh, chair of the National Pure Water Association, said it is considering legal action against the scheme in Southampton. She claims the health authorities blatantly promoted fluoridation during the three-month consultation and called the consultation a ‘sham and a waste of public money.’

SHAs are required to make decisions on the ‘cogency of the arguments’ and not simply on numbers of people and organisations for or against proposals.

Authorities in north-west England, Derbyshire, Bristol, and Kirklees in West Yorkshire are thought to be among those preparing to go down the same route.

Fluoride is currently added to the water drunk by about 5.3m people in England, a ninth of the population, mainly in Birming ham and the West Midlands and parts of the north-east.

The government wants to target fluoridation in areas affected by high levels of dental decay which is mainly deprived areas, where nutrition and oral health care is poorest.

The Scottish government already decided four years ago that it did not want local authorities to have the power to bring in fluoridation. The Isle of Man aban doned the idea last summer.

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**Clinical governance programme success**

Learning resources provider Smile-on has come up with a programme, to help dental professionals comply with the Healthcare Commission’s standards on clinical governance.

Smile-on’s Clinical Governance programme has been designed to correspond with the standards identified in Standards for Better Health (Department of Health, 2004).

The combination of an introductory seminar, comprehensive workbook, and 90-minute CD-ROM and/or online course, enables dental practices to comply with the clinical governance agenda.

The programme aims to help dental teams improve patient experience and satisfaction, reduce the scope for error, promote evidence-based care, encourage the involvement of the whole team and facilitate compliance with industry requirements.

A spokesperson for Smile-on said: ‘With the Clinical Governance Performance Management tool, practices can upload their progress so that primary care trusts can quickly and easily identify what has been achieved, and what remains to be done.’

For more information please call Smile-on on 0207 400 8989 or email info@smile-on.com.

**Polyclinic opens up for business**

The first in-store supermarket ‘polyclinic’ complete with a dentist, GP, pharmacist and podiatrist has opened.

Sainsbury’s has launched its first dental service in a supermarket last September in Sale in Greater Manchester, and it now has up to 5,500 patients registered.

David Gilder, head of professional services at Sainsbury’s, said: ‘Sainsbury’s Heathon Park is the first UK supermarket to enjoy an integrated healthcare facility with a dentist, doctor, pharmacy and podiatrist all on-site.’

Our experience at Sainsbury’s Sale shows us that the combination of a convenient location, flexible opening hours and competitively priced treatments will be very popular with local residents, many of whom will have found it difficult to access private dental care before now.

Professor Graham Stringer, MP for Manchester Blackley, said: ‘The opening of the dental surgery is great news for the people of North Manchester. The success of the doctors based in the store shows that there is a real need for easy access health facilities.’

** CODE launches contract pack**

CODE – the Association for Dental Practice, has produced a new contract pack with different versions for NHS, private and co-operative practices.

There are both self-employed and employed contracts, with the new self-employed agreements revised to create a balance between providers’ responsibility to ensure performers’ LDA targets are met and performers’ need to preserve their self-employed status.

Jonathan Cobbold, a partner of Gross and Co, who helped devise the contracts, said: ‘We have worked hard to ensure that the contracts are even-handed between the interests of all parties and that they are not over-restrictive and take into account the latest legislation, legal cases and precedents – to ensure that if followed correctly they are enforceable in the courts.’

The orthodontic agreement has been updated and incorporates safer payment arrangements for both NHS and private orthodontic practices.

Following consultations with orthodontists, new clauses have been included to ensure that performers start and complete an agreed number of cases per month and maintain the contract value.

A new Associate Agreement for Private Practice has been included within the pack. It has a clear payment structure and robust restrictive covenants. Employment contracts have been updated in line with the current legislation and contain additional clauses on probationary period, unpaid leave, absence for a range of reasons and family-friendly leave. Contracts are accompanied by guidelines on their use and letter templates.

Paul Mendlesohn, CODE’s chief executive said: ‘We are grateful for members’ contribution to this important contract update and hope that this new release will further simplify the process of dental practice management.

The updated contract pack is provided free of charge to all CODE members together with a complete portfolio of new CODE Contracts for therapists, hygienists, nurses and other staff in both hard copy format and digitally.

For further information about the CODE Contract Pack please contact Tanya Gilmore on 01499 254 554, email tanya@CODEuk.com or visit www.CODEuk.com.
I wrote last year about how positive scope of practice was for the dental team. It gave clarity to each team member’s boundaries and allowed people to view their job as a career with a path and room for development. It allows for the tailoring of the team to suit the practices requirements, presenting opportunities for job fulfilment that haven’t always been available.

The potential for good personnel utilisation and therefore increased revenue is a strong reality. I, like many DCPs, hope that this is just the beginning.

What is really getting up my nose, apart from grime from my daily underground commute, is the lack of vision of some of our fine profession. CPD is now compulsory for dental nurses yet they are not fortunate enough to be able to claim it as a taxable expense. Section 65 courses are hard to come by and hospital run courses are seriously oversubscribed.

No problem, the majority think, the principle in his or her wisdom will recognise the value of an educated, enthusiastic, confident professional as a team member as a pose to someone who feels about as valued as something you scrape off your shoe. No brainer eh? It is tax deductible and with the extension of duties as well as the core subjects a sound investment of practice money. Surely? Used correctly they can free up the clinicians time allowing them to focus on the finer treatment elements, safe in the knowledge that their team are supporting them all the way. And generating more income. That has got to be good.... right?

Try not to be too shocked, but there are still some of us out there who cannot see the benefit of team training, working together and sharing the workload out to those most suited to the job. They prefer to stumble along, shouldering the responsibility solely, burnt out and unsatisfied, and look at the nurse in sheer horror at the suggestion that they might be able to develop skills. God forbid, the nurse may even find enthusiasm for their job again.

In the current climate, people are valuing their pound more than ever. We want more for our money as consumers and we as a profession need to take note of this and change our spots accordingly. It is not enough to provide a mediocre service and assume they will just stick with you.

So come on, support your staff. Invest in your team. Dispel that myth about how much you don’t like to part with your money. Who knows, this time next year you could be looking back at 2009 as the year you shared some of the burden with people only too glad to help, and capable to boot. You could be feeling a bit more positive about your practice and actually enjoying the art of dentistry again. Nobody prepares you for the extra burden of running a team and business so delegate more and get back to the things you enjoy. Good luck. 

If you have an opinion or something to say on any Dental Tribune UK article or would you like to write your own opinion for our guest comment page? Do not hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1N 8BA.

Or email: penny@dentaltribuneuk.com
‘Routine check-ups save lives’

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BDHF backs NHS oral screenings

The message from the oral health charity comes after research revealed, that visual oral screening, is an effective low-cost measure in preventing mouth cancer.

The report published in the World Health Organisation (WHO) bulletin, led by RTI International, showed how routine visual screenings nearly doubled the early detection of mouth cancer.

The Foundation’s chief executive Dr Nigel Carter said: “This report confirms our message that prevention and early detection are key to curbing the effects of oral cancer.

Early detection leads to survival in nine in 10 mouth cancer patients. With nearly 5,000 people diagnosed each year in the UK, investment in NHS screening would be a real lifesaver.”

The new research studied 160,000 people in Southern India. Early detection was achieved in 42 per cent of cases where routine screening took place, almost twice the 24 per cent ratio in cases not taking part in screening programmes.

Sujha Subramaniam, a senior health won- dalist at RTI said: “Our results show that screening for oral cancers is comparable or less expensive than the more widely accepted practice of screening for cervical cancers.”

Four in five mouth cancer cases in the UK are linked to tobacco and smoking, creating an opening for targeting high-risk patients.

At last year’s Mouth Cancer Action Week launch, WHO oral cancer expert, Dr Saman Wannakassayana, called for dentists to be given greater powers to prescribe smoking cessation treatments.

The Foundation’s annual campaign runs each November, under the tagline ‘If in doubt, get checked out’. The campaign advises regular dental visits plus self-examination.

The next generation congregates

Over 250 recently qualified dentists turned up to this year’s Young Dentist Conference.

An expert panel of speakers included Neal Raval, a newly qualified dentist now working in Germany, Saanq Ali, winner of the Young Dentist of the Year award and James Hamill, a Northern Irish dentist with an award-winning practice.

Dr Hamill and Dr Ali addressed the young dentists’ concerns about setting up in practice in the current economic and political climate.

Both delivered advice to the delegates based on their own business models, suggesting that making a practice ‘stand out’ from others nearby would improve its chances of success.

Dr Raval advised the young dentists how to calculate the appropriate fees for services rendered - an area many young dentists feel uncomfortable discussing.

Dr Raval claimed that so long as a dentist is ‘consistent, predictable and successful’ when carrying out a procedure, and continues to build upon their professional education, they should not be embarrassed in charging a rate which reflects their knowledge and experience.

Finally, three young dentists in different areas of specialism – endodontics, periodontology and orthodontics acted as advocates for their chosen speciality in open debate to save it from being sent to Surgery 101; a take on the TV show, Room 101.

After a lively debate, the delegates chose to send orthodontics to Surgery 101, preferring to save the preventative attributes of endo and peri.

The Young Dentist Conference was organised by Dental Endodontics and Orthodontics of the British Dental Association and the British Dental Journal.

It was held at the Royal College of Physicians in London.

Cut alcohol says Foundation

The Mouth Cancer Foundation is calling for people to cut down on their alcohol intake or avoid it altogether.

Its message follows a study from the National Cancer Institute in Paris which found one unit of alcohol, the equivalent of half a small 175ml glass of wine per day, increases the risk of developing mouth cancer by 168 per cent.

For men the Mouth Cancer Foundation recommends no more than two standard drinks a day and for women no more than one standard drink a day.

The Mouth Cancer Foundation recommends peoples should cut down on alcohol

Symptoms of mouth cancer include:
1. A sore or ulcer in the mouth that does not heal within three weeks
2. A lump or overgrowth of tissue anywhere in the mouth
3. A white or red patch on the gums, or lining of the mouth
4. Difficulty in swallowing, chewing or moving the jaw or tongue
5. Neck swellings present for more than three weeks
6. Unexplained tooth mobility persisting for more than three weeks

News & Opinions
Dentsply rolls out awards

More than 200 people attended this year’s Dentsply/BDA Student Clinician Awards.

The event was held at the Mandarin Oriental Hotel in London and the awards for the best original research by undergraduate students were presented by Dr Linda Niessen, vice president and chief clinical officer of Dentsply International and Dr John Drummond from Dundee Dental School.

Dean Hallows, marketing director at Dentsply said: ‘These awards are massively important for the dental profession and are held in a number of countries around the world. They promote research, which is of course, the future of the dental profession and emphasise the continuous bond that exists between the profession and the dental industry. The future of the dental profession depends on a strong body of scientific research.’

Megan Cross from the University of Birmingham Dental School, won first prize for her entry ‘DNase activity within dental plaque and gingival crevicular fluid during a 21 day experimental model of gingivitis’.

She won an all expenses paid trip to the American Dental Association meeting in Honolulu in October. She will also become a member of SCADA - the Student Clinician Program of the American Dental Association.

Second prize of £500 went to Raheel Malik of Kings College London Dental Institute for his entry: ‘The role of the chemokine receptor “CXCR4” in oral squamous cell carcinoma tumour cell biology’.

The adjudicators’ prize for professionalism throughout the presentation went to Gemma Walker of the University of Sheffield, School of Clinical Dentistry for her entry ‘CT imaging and dental age estimation’.

Mr Hallows added: ‘They were all obviously winners as they had gone through an extremely rigorous selection process to get to this stage.’

Thirteen teaching schools in the UK put forward an entrant for the adjudication, which was held, at the British Dental Association’s (BDA) headquarters.

Each student presented a piece of original research to the three adjudicators – Professor Nairn Wilson, dean of Kings College London Dental Institute; Dr John Drummond, senior lecturer at Dundee Dental School and Professor Robbie McConnell from the Department of Restorative Dentistry College of Medicine at Cork University Dental School.

The Student Clinician Programme (SCP) was first introduced in 1959 at the centennial session of the American Dental Association (ADA) in New York.

Its purpose was to stimulate dental student membership in the ADA, introduce students to dental society activities, encourage original clinical and research work at the pre-doctoral level, and create a source of future clinicians.

As a result of the success of this programme, it is now held in Canada, the UK, Australia, Germany, Scandinavia, Japan, France, India, Thailand, South Korea, South Africa and Taiwan.

For information on the 2010 Dentsply/BDA Student Clinician Programme, contact Dentsply on 0800 072 5515.

3D Head and Neck for Dentistry DVD-ROM
An innovative new resource for dentists in practice, training and teaching.

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Each 3D view can be rotated and layers of anatomy can be added or removed. Point at any visible structure to label it, then access text with one click of a mouse.

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Welcome to the future

The British Academy of Cosmetic Dentistry will be holding a conference to help dental professionals get to grips with the latest advances in 21st-century dentistry.

The British Academy of Cosmetic Dentistry’s (BACD) Sixth Annual Meeting, takes place on 19-20 November at the Edinburgh International Conference Centre (EICC) in Edinburgh, Scotland.

The conference, The Future of Dentistry, will include lectures and seminars and covers materials, CAD/CAM, lasers, touch scanning and more.

Mouth cancer awareness alert

The Mouth Cancer Foundation is calling for more to be done to raise awareness of mouth cancer, after a survey revealed many Britons are unaware of the risk factors.

A new European wide survey at the International Conference on Innovative Approaches in Head & Neck Oncology (ICHNO), found the UK lags behind Europe in its awareness of one of the world’s most common cancers.

The About Face survey investigating public awareness of mouth cancer also known as head and neck cancer, commissioned by Merck Serono and the European Head and Neck Cancer Society (EHNS), found that although nearly nine out ten in the UK consider smoking to be a major risk factor, only one in two are aware that alcohol is a risk factor of mouth cancer and only one in seven are aware that HPV is a risk factor.

Human Papillomavirus (HPV) is the name for a common group of viruses. There are over 100 different types of HPV which affect the skin and the mucosa (the moist membranes that line parts of the body, such as the insides the mouth, throat, cervix and anus). Some types of HPV are known to increase the risk of developing particular types of cancer and are known as high-risk HPVs. Over 10 different types of high-risk HPV can be passed from one person to another. HPV is spread through skin contact, often during sex.

Founder of the Mouth Cancer Foundation, Dr Vinod Joshi said: ‘If prevention is to be successful, awareness of these risk factors needs to be much higher. Much more still needs to be done to educate the public about mouth cancer.’

The survey also revealed that about nine in ten people have had no contact with a patient and so remain unaware of its debilitating effects.

While the survey showed that people in the UK were generally more aware of the symptoms of mouth cancer than those in the other European countries, it found that more needs to be done if we are to treat the disease earlier and reduce morbidity.

Cancer can occur in any part of the mouth, tongue, lips, throat, salivary glands, pharynx, larynx, sinus, and other sites located in the head and neck area.

In its very early stages, mouth cancer can be almost invisible making it easy to ignore. Every three hours, someone in the UK will die from mouth cancer and the disease kills one in two people diagnosed due to late detection.

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Reserve by text

The British Dental Trade Association is again giving dental professionals the chance to reserve their BDTA Dental Showcase tickets by text.

Tony Reed, executive director at the British Dental Trade Association (BDTA), said: ‘In addition to the telephone, online and postal means of advance registration, we are pleased to offer potential visitors the chance to register by SMS for tickets to Showcase again this year. We recognise that a growing number of people choose to communicate this way and we want to make registration as easy as possible for all members of the dental team.’

Members of the dental team wishing to reserve tickets by SMS simply need to text their name, address and occupation and General Dental Council (GDC) number to: 07786 206276.

BDTA Dental Showcase 2009 takes place 12-14 November at NEC Birmingham.

To register in advance for your complimentary ticket visit www.dentalshowcase.com/visit, call the registration hotline on 01494 729959 or text your name, address, occupation and GDC number to 07786 206276.

Advance registration closes 6 November.

On-the-day registration: £10 per person.
The priority of any dental practice is to provide patients with the best treatment; this can only be achieved by ensuring the ultimate affordable technology. Installing equipment that embodies groundbreaking modern technologies will inevitably enhance and improve the image and reputation of your practice.

Do your research
There are a certain number of elements that must be taken into consideration when investing in the future of your practice; all of which have a large impact on the final decision. Deciding on a thorough plan is crucial, and considerable attention must be given to operating spaces and infrastructures, particularly to the transit of the materials and people involved. Having equipment that is logistically compatible with the practice guarantees that even complex procedures can be carried out in a certain manner ensuring ultimate quality and efficiency.

Space can be a primary issue for many practices, as they find themselves limited to what equipment they can install. If this is the case, the practice should consider a company that understands the finer aspects of design. Having the option to integrate custom-made equipment guarantees maximum operational capabilities within the busy practice.

Confidence is key
There is one important component that can separate a good company from an outstanding one – customer service. Having an exceptional customer-service record instills confidence in the customer, as they believe in the supplier’s ability to maintain the equipment’s performance.

Be safe
Above all, safety is the one area that cannot be compromised when purchasing new equipment. Choosing a company that utilises state-of-the-art therapeutic and ergonomic principles in the development of their equipment will ensure your patients and staff are provided with the very best in comfort and safety. As the number of astute patients and demanding technicians has increased, the hygiene concern and the risk of cross contamination are both considered more important than ever. There should be certain standards in all technology, such as authorized methods for treating bacteria and viruses combined with the ability to abolish all contamination.

Many practices believe that purchasing equipment from the most technologically advanced dental supplier is an enormous investment and they must part with a considerable amount of money. This does not have to be the case. You can buy good-quality practice equipment, at reasonable prices.

For further information about the comprehensive range of Castellini products, call 0870 756 0219 or visit www.castellini.com.
Sticking to the limit

Contractors should treat your budget with respect when carrying out a refurbishment or construction project, says Chris Davies

M ost of us are familiar with huge construction projects such as the Millennium Dome in London’s Greenwich, which was estimated to cost around £400 million, and ended up costing at least £200 million more—and that’s allowing for ticket sales. Then there is the new Wembley Stadium, notorious for being £400 million over budget and a year late¹.

Then there’s the Scottish Parliament, estimated at first to cost just £40 million, modest by today’s standards, finally running over budget by £135 million. But that’s nothing: the Channel Tunnel was finally completed at a cost of £10 billion... £5.2 billion over budget.²

What to expect

With so many dentists enlisting contractors to refurbish, renovate or construct premises from scratch, now seems like a good time to say a few words about budget, and what those dentists should expect from their contractor. Of course, the figures involved are hardly going to compare to those fiddled away in the above examples, but the practice is essentially the dentist’s livelihood.

What will the dentist do, for example, if the project exceeds budget?

If it is a small excess, then the dentist may grin and bear it, though he or she will certainly vow never to use, or recommend, the contractors they enlisted again. However, if it is a huge amount, this can cause a great deal of trouble. If the project is delayed, or halted altogether, you could very well lose those patients whose loyalty was hardest to earn. In order to avoid the potential problems caused by spiralling costs, enlist a contractor with a track record of sticking to the limits imposed by clients.

A team effort

The leading contractors working in the dental industry will manage the entire project on your behalf, keeping you informed along the way. However, you should ask your contractor if they employ a partnering approach. This means that everyone on the project works together, as a well-oiled machine, with optimum communication. The best contractor even offers workshops at the start of every project to ensure everyone is reading from the same page.

Partnering during the project also ensures cost-effectiveness, as everyone can share their expertise and work together to overcome obstacles. With a contractor who employs this strategy, your refurbishment or new build project will run much more smoothly, and there is a greater chance of it meeting the estimated cost.


About the author

Chris Davies

Appointed in 2006, rugby enthusiast and family man Chris Davies, has led Genesis’ new dental division to secure a significant share of the market. For more information on refurbishment, design and new build projects, contact Genesis on 01582 840484 or email info@genusgroup.co.uk

References: 1. Preshaw P.M. 2006. 2. Date of issue – Alliance Pharmaceuticals Ltd
When the Government announced its ‘Pension Simplification’ programme for April 2006 and called it ‘A-Day’, many in the pensions world (and investors) looked forward to many improvements and an easier way of planning towards retirement.

However, nearly three years on, in some ways it has had the opposite effect. This is particularly true of something called the Lifetime Allowance (LTA). This rule states that you are limited to how much pension benefits (from any source other than the state pension) you can have in your lifetime. The limit started at £1.5 million in April 2006, and is currently £1.65 million, rising to £1.8 million in 2010.

If you build up pension funds worth more than these figures, then you will be taxed on the excess at 55 per cent on lump sums and 25 per cent on a pension. It is important to remember that this tax would apply to the pension that (when taken) takes you over the limits.

Protecting your assets

Last summer, all dentists in the NHS Superannuation Scheme should have received a letter that discussed this very point. As a result, some have been worried whether this will mean they will lose out. It is a complex issue for many, and here we try to cover the main issue – whether you should apply for pension protection before the deadline of April 5 2009?

The first thing to mention is that this LTA rule could especially affect those who are high earners in the NHS, and have or will have around the equivalent of £1.5 million in their pensions.

Ray Price says it’s important that you’re doing all you can to maximise your pension position, to avoid a tax hit. If you are in your 40s, it’s unlikely that you will have exceeded the LTA limit.

Protect your pension

If you are in your 40s, it’s unlikely that you will have exceeded the LTA limit.
of 35 to 40 years’ service by retirement. There are two types of protection that the NHS offers, Primary and Enhanced. So what are these designed to achieve, and are they something that you should action?

Primary Protection – PP
This is available to Scheme members whose total benefits at A-Day (April 5 2006) were higher in value than the standard lifetime allowance of £1.5 million. It protects benefits by permitting an individual increase to the LTA, as calculated at April 2006. Further benefits can be accrued but a charge will be applied to any excess over the individual LTA protected benefits.

If you are unsure about whether you are eligible here, ensure you check this as soon as possible. This particularly applies to anyone who has a Merit Award, and/or other pensions.

Enhanced Protection – EP
If you are in your 40s, it’s unlikely that you will have exceeded the LTA limit as of April 2006. However, you may well exceed any new limits in the future.

So the idea of Enhanced Protection is to take these increases into account. However, there are limits on this option, and this is covered by rules called Relevant Benefit Accrual (RBA).

RBA is applied to those who have registered for Enhanced Protection to ensure that their benefits have not grown above prescribed limits set by HMRC. The limit has been set at the greatest of five per cent or the growth in the Retail Price Index for each year after A-Day.

If you are a hospital consultant and are in receipt of Merit awards, you may well exceed the LTA. A senior consultant with the accompanying seniority payments who gains a Gold or Platinum award will see their pensionable income increase dramatically. So from not having a problem one day, you may do the next.

Please note, if an individual applies for Enhanced Protection, they normally cannot pay further pension contributions. However, this does not apply to the NHS Pension Scheme, but does apply to any other pensions.

Enhanced Protection can also be lost if your total benefits, including added years contributions, grow too much. This is checked at retirement, looking at your benefits tested against Relevant Benefit Accrual.

In summary, Enhanced Protection removes the LTA charge completely but is subject to several important conditions:

• Benefits at retirement must be subject to a RBA test, and if this shows you fail the test, then all EP is lost

Currently the Government announced that the LTA limits will be frozen from 2011. They will not increase before 2016, and perhaps not even after then. This will have a dramatic effect for those with pension funds near the upper LTA figure, and many who thought that they had no problem as they were sufficiently below the LTA.

Registering for protection
You have until April 5 2009 to make your decision. You need to register your total pre A-Day benefits with HMRC. Further details can be found on the HMRC website at: http://tinyurl.com/7lfygc.

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both Primary and Enhanced Protection. NHS Pensions cannot apply on your behalf, so it’s down to you.

In order to register you will need to provide HMRC with a valuation of the capital value of your NHS Scheme benefits as at April 5 2006. If you require a valuation of the capital value of your NHS Scheme benefits at April 5 2008, you need to contact your local Pensions/Payroll Officer or PCT.

What it all means
You’re still with me? Great! It can be quite a dry subject, but I’m sure you’ll agree a very important one if there’s a chance you could be affected. So what would we advise? Well, a few general points.

As readers of our ‘Financial Tips’ email newsletter have probably heard before, when we develop a retirement strategy with a client, many do not require more investment into pensions (in addition to the NHS Scheme). In fact, many dentists quite often cease payments into non-NHS existing pensions since their own financial projections (Financial Sat Nav) shows that they do not require more income in retirement (which may well be subject to higher rate tax).

Another way of reducing or avoiding an LTA problem is to go part time at say age 55 or 60. This is something we have seen increasingly being considered by clients. For example, by working five years at three days per week, it could reduce your NHS fund value by around £100,000 on a Whole Time Equivalent salary of £170,000 a year.

You could, however, take a fatalistic view. Chatting to one client who would be affected, he had the attitude of ‘so what’. Rationally he thought that as he was only going to be taxed on any excess pension, he was a very fortunate man to be receiving so much. Not everyone may feel this way however.

Finally, as there is no downside to applying for PP or EP, we would advise you to do so. It is questionable whether EP will help in reality, but of course it may well do so in your case. So go ahead and apply (see previous link). The coming years will tell if this bit of extra paperwork out of the way now, will pay off.

Free Audio CD
To learn more about retirement planning options, you can request a free copy of one of Rutherford Wilkinson’s Audio CDs ‘How To Avoid The 3 Most Common Retirement Planning Mistakes’. Just call Catherine Lowes on 0191 217 5540 and a copy will be posted to you (please quote ref: DT).

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S o you’ve established your vision and your mission and you’ve worked through the various stages of the business planning process. You’ve completed your annual budget and now you face the task of determining and allocating the objectives – the drivers behind the achievement of your desired goals. For many businesses that do plan, this is where the whole process usually breaks down. There are many reasons why even after a rigorous planning process goals are not achieved. In this article we examine some of the more common mistakes; do you recognise any of them?

Getting the point

Many practices go through the process of setting budgets, determining objectives, undertaking annual appraisals etc., but they don’t understand that all these pieces of work must be integrated. They make the mistake of treating these activities as discrete processes – a tick box exercise rather than trying to achieve goal congruence i.e. all objectives and activities pulling in the same direction. For instance often the setting of personal objectives bears no relation to the key activities dictated by the business plan so individual team members are targeted to achieve goals that do not contribute to the overall goals of the business! It is no wonder that the practice fails to achieve its objectives and managers question the point of undertaking all this planning and appraisal stuff.

Management and measurement

The term performance management is the generic name given to various techniques, which ensure the business delivers on all fronts against the set expectations i.e. the objectives. Firstly you need to ensure that all the objectives are allocated. That means every member of the team must be given appropriate targets. It is vital that you maintain a consistent approach in this respect by ensuring that all team members are managed in the same way; doing so maintains morale and avoids any unjustified claims should you ever meet an employee in a tribunal. Now you are assured that everyone’s attention is correctly focused, you can move onto determining how you are going to keep check that they remain on track.

You must determine the appropriate metrics (measurement(s) or system) for each objective, set realistic targets for them, and of course, set up appropriate reporting systems to measure the performance against them. The measurement of actual performance against the targets determined almost always result in the identification of differences – good or bad – and these differences are commonly referred to as variances. It is these variances that give you clues to how to manage performance. A negative variance (someone who is not achieving their objective) may herald from a skills gap that will require training; it may be a process that needs refining or it could just be that the person is not as productive as he/she should be which will require some clear communication of expectations. There can be many reasons for under and over performance. The purpose of measuring is so you can identify and manage these variances so the business remains on track to achieve its annual targets.

Appraisal and performance management

Many people confuse appraisal with performance management. An appraisal is only one part of the performance management process. It is usually undertaken annually (sometimes every six months) and represents a formal (12-month) review. As such, an appraisal does not take place often enough to manage business performance as closely as it requires to be managed. Imagine identifying that a variance has occurred, knowing that corrective action is needed, and waiting six or 12 months to take action. By that time the business will have failed to achieve its targets.

So in addition to an annual appraisal you will need to set up another mechanism for review based on the frequency you consider appropriate. I have worked in organisations where this type of corrective action is needed on a monthly, weekly, and even daily basis – it all depends on the speed and type of business you are in.

You’re now thinking, ‘Oh no! It will take all my time as a manager to act this way.’ But the truth is, as a manager there is nothing more fundamental than ensuring your team is doing the right things and that you have a system for knowing they are doing these things right. The feedback you give people in this respect can be a 10s 15-minute activity and should therefore not prevent you from undertaking other responsibilities. And think about it, if you are helping people getting the right things and doing them right, most of the other tasks you do will be simple because the business is running smoothly – it’s working well and you are in control! When this process is managed properly you get fire-fighting and reacting to problems, to managing in a proactive way that is considerably less stressful and time consuming.

There are many flavours of performance management and you may have already come across various diagrams, processes and names of different approaches during courses you may have attended or books you have read. Although it has been packaged in lots of different ways, in essence it all boils down to one generic process: you set a target, you measure how you have performed against the target, you identify any differences between the target and actual performance (variance) and you discuss these with the owner of the objective (feedback) to determine what action is necessary to get things back on track.

Managing for success

By ensuring the objectives of the business have been done out and that each individual knows their part in the bigger picture, and the measurement of them is used to ensure you stay on track, you are effectively ensuring the business delivers its goals and ultimately its strategy. Morale will be high because the team will be focused towards achieving a common purpose and their regular feedback ensures they stay motivated. That’s what planning and performance management really is and those businesses and managers that do it well continue to perform well and profitably and they thrive despite market conditions beyond their control.

Money Matters

There’s an art to business planning, says Andy McDougall, who shows you how to avoid some common mistakes

Not just the patient in pain?

Let’s face it, after a day in surgery, who wants an aching back, neck and shoulders. It doesn’t stop there either. Pain can stop you working. It is also the most common cause of premature retirement amongst practising dental professionals.

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Andy McDougall

has over 25 years experience of business planning and brings techniques and expertise from a wide range of commercial and competitive business sectors. Andy now delivers business planning services to help members of the dental community to respond to the dynamics of an increasingly commercial and competitive environment. He helps businesses to reach the next level and to turn around poor performance. To find out more about business planning services, contact info@spoton-businessplanning.co.uk or call 01770 382859.
Whiter than white

Dr David Bloom and Dr Jay Padayachy of Senova Dental Studios offer tips to carrying out successful whitening treatments

1. Ensure hands-on training for you and your team. Hygienists and therapists can legally whiten after adequate training and upon a prescription from a dentist.

2. In-surgery products can be as strong a concentration of peroxide as you feel fit (typically up to 30 percent), but take-home should be limited to six per cent hydrogen peroxide as most trading standards are usually happy to accept this level of concentration to be dispensed to patients.

3. Manage patient expectation via a pre-whitening screening exam to assess suitability and advise the patient of all options.

4. Pre-whitening photographs are essential as a medico-legal record with and without a shade tab. Ideally, this should be done with an instant developing camera such as a Polaroid as this cannot be digitally altered. If taking a digital shot in a RAW format, take it in a JPEG as well, as a RAW is essentially a digital negative. See figs 5-6.

5. Use patient-consent forms for informed consent. Follow protocols via adequate isolation (see fig 7), but take care when suctioning off the whitening gel because if it touches the soft tissue (lips), a soft tissue ‘burn’ will occur. Pre-operatively warn patients about temporary sensitivity during the procedure and while using home trays.

6. Do not use chlorine dioxide as it will irreversibly damage the enamel.

See figs 1-4. This patient attended for whitening as she was unhappy with the colour of her teeth. From the photographs, it was possible to explain why whitening was not an appropriate option due to the heavily filled nature of her dentition and due to the posterior wear resulting in a collapse of her vertical occlusal dimension.

This two day Hands on masterclass will be held at the prestigious Senova Dental Studios, Watford, Hertfordshire on Saturday 25th and Sunday 26th April 2009.

Book early to avoid disappointment for just £995 plus VAT.

To secure your place please contact info@coopr8.com tel: 01923 655404
7. Follow in-surgery whitening with home trays for maximum results and top ups. While power whitening is not essential, it does aid patient compliance by kick-starting the process.

8. Tetracycline-stained teeth (from yellow to grey with no banding – degree 1, yellow brown to dark grey staining – degree 2, up to blue-grey or black with significant banding – degree 3) can be treated with prolonged home-tray use and may take anything from three to 12 months depending on the severity.

9. The whitening of a single discoloured non-vital tooth can be achieved rapidly using an in/out technique. It is essential to seal the root face with glass ionomer to minimize the risks of root resorption. If a single anterior tooth is discoloured but vital, it may well be amenable to tray whitening with a reservoir on this tooth only and only using whitening gel on this tooth.

10. To maximize practice efficiency, try not to use your main chair for whitening; it can easily be carried out in a massage chair with portable suction.

About the author

Dr David Bloom

a graduate of the Newcastle-upon-Tyne Dental School, has been a principle at Senova Dental Studios since 1990 focusing on comprehensive restorative and cosmetic dentistry. A past president of the British Academy of Cosmetic Dentistry (2007-2008), David is also an accredited member of the BACD. He is a member of The British Society of Occlusal Studies, The British Society for Restorative Dentistry, The British Dental Association and a sustaining member of The American Academy of Cosmetic Dentistry (AACD). He is also a fellow of The Pankey Association, The British Society of Periodontology and the American Academy of Cosmetic Dentistry of which he is a sustaining member. He is also a director of CO-OP.R8 seminars and lectures in all aspects of cosmetic dentistry in the UK.

Dr Jay Padayachy

a graduate of the Newcastle-upon-Tyne Dental School, has been a principle at Senova Dental Studios since 1998 focusing on comprehensive restorative and cosmetic dentistry. Full member of the British Academy of Cosmetic Dentistry, he is a member of The British Society of Occlusal Studies, The British Society for Restorative Dentistry, The British Dental Association and a sustaining member of The American Academy of Cosmetic Dentistry (AACD). He is also a director of CO-OP.R8 seminars and lectures in all aspects of cosmetic dentistry in the UK.
A magic bullet?
Philip Lewis considers the uses of composite in general dental practice

Composite is a substitute for amalgam and it can be used just about anywhere to good effect. Although it’s wrong to assume that despite manufacturers’ claims, all composites are basically the same and using it will convert an average dentist into a high-profile cosmetic dentist.

Composite is a fantastic material with an abundance of uses, but demands respect at every stage from treatment planning to finishing and polishing. The range of composites available is designed for uses in different clinical situations and the choice of an appropriate material is pivotal to achieving satisfactory results.

Unfortunately, these basic principles are ignored by many colleagues either through choice or due to lack of knowledge of the material, that it is considered too weak, causes sensitivity or staining rapidly after placement, for example. The aim of this article is to illustrate the results the material can produce and give an overview of the steps necessary to gain a good result.

Front teeth

Composite can be used to restore cavities, build-up fractures and mask various imperfections. In non load-bearing situations, a microfill is the material of choice due to its superior aesthetics and lasting surface sheen. In deep cavities it may be appropriate to use a hybrid or even a packable composite as a base. A lining of flowable helps protect the pulp and acts as an elastic buffer to absorb some of the forces of polymerisation shrinkage.

For the restoration of fractures or use as a veneer, several different materials may be built-up together including opaquers, various colours, enamel shades and characterisation stains. Layering techniques can create restorations that are almost invisible. However, there’s a huge range of products on the market, but when to use which? Quick, minimally invasive and cost-effective, composite can transform smiles.

Back teeth

Composite can be used for simple fillings, large reconstructions or core build-ups for crowns. Aesthetics in the posterior zone are usually not of the same importance as at the front and packable or hybrid materials may be chosen for their superior strength and abrasion resist-

A magic bullet?
There are a number of non-negotiable rules that must be observed when using composites. Careful layering is essential. There are several ways of doing this, but curing in bulk is most probably one of the greatest causes of post-operative pain and may even lead to the necessity for endodontic intervention. Research shows that properly placed posterior composite restorations perform as well as indirect porcelain with the advantages of the former being a single-visit procedure, easily repairable and easily colour-matched.

Composite must be cured in small increments. Curing in bulk leads to unacceptable polymerisation shrinkage with the additional risk that the depths of the restoration will remain soft – the dreaded ‘soggy bottom’. Curing lights must be regularly calibrated – insufficient lights will not produce an adequate cure. The curing time must be sufficient. The temptation to save a few seconds at this stage is very ill-advised. The greatest intensity of the curing light is at its centre. Especially at margins, the centre of the light must be utilised to ensure a proper cure and prevent lifting and staining of the edge.

Finishing and polishing must be carried out with care. Again, there are several methods of accomplishing this.

A case in point
This group of upper-left posterior molars displays problems ranging from marginal breakdown, leakage and fracture. About 90 minutes later, composite cores have been placed in the molars and large fillings in the premolars. Several materials were required, but as aesthetics was not the highest priority for this 73-year-old patient, a single shade was used. The buccal enamel is still intact so using a lighter composite brightens the tooth a little and provides good contrast for clinical re-assessment. This is not ‘cosmetic dentistry’ – it is general dentistry with cosmetics in mind.

A strong option
Composite is a substitute for amalgam. When it is used properly, it can do what all amalgams can do and in many cases better. The various types of composite are basically the same. They all belong to the same group of chemicals just as mice and coypus belong to the same group of mammals. It is the subtle differences that are important.

Using composite will convert an average dentist into a high-profile cosmetic dentist. No doubt about that – any dentist producing beautiful, long lasting restorations relatively quickly and easily at moderate cost is sure to become admired in his or her local community. The trick is to know what you’re doing. Getting it wrong confers the opposite effect even more quickly.

So how do we learn?
Like all techniques in dentistry, the use of composite requires formal training and lots of practice. The range of products and their possible applications may seem overwhelming, but help is at hand. The British Academy of Cosmetic Dentistry holds regular seminars and hands-on courses to help colleagues learn both the principles and practicalities of using this exciting material. Lectures and limited attendance courses are available for beginners and those experienced in the use of composites.

Colleagues wishing to know more should attend the Academy’s next annual conference in Edinburgh on November 20 and 21 2009 when eminent speakers from around the world will lecture on a range of cosmetic subjects including the use of composites.

For more information about the annual conference or general details about the BACD, call 020 7612 4166, fax 020 7182 7125, email info@bacd.com or visit www.bacd.com.
Dentists have recently been accused of ‘exploiting’ the system to maximise their incomes, denying thousands of patients access to treatment, by recalling healthy patients for checks too frequently.

Chief Dental Officer (CDO), Barry Cockcroft said: ‘A few dentists seem to be calling in patients inappropriately. The Primary Care Trust (Primary Care Trust) must sort this out at a local level.’

Dental Tribune: ‘So Graham where do you stand on this? There are a lot of ‘conspiracy’ theories going around. The Government got a bloody nose over the Health Committee report and is trying to deflect the criticism on to dentists. It’s coming round to Review Body evidence time of year. Or is it just that the figures from the new FP17s happen to be coming in now, showing that dentists are seeing patients too frequently?’

Graham Penfold: ‘I do not really like terms like ‘a few’ or ‘too frequently’; they are far too vague! Exactly, how many is a few? It does not sound like very many and if that’s the case then what is all the fuss about because it cannot be having that much impact? Also, what does too frequently mean? Surely, it is for a dentist to decide in conjunction with the patient how and when they should be seen. Loose language such as this is, in my view, meaningless.

Dental Tribune: ‘But two of the measures collected by the NHS are the percentage of forms for the same patient, re-attending within three months and the percentage returning between three and nine months. The National Institute of Health and Clinical Excellence (NICE) guidance on dental recalls clearly said that many patients with low risk of disease could come back in two years (adults) or one year (children). When the second quarter results came back in September they showed that some dentists were recalling at three month intervals, surely these irregularities should be exposed.’

Graham Penfold: ‘Sure, any ‘irregularities’ should be exposed, but let us look at two key points. What evidence is there to support a two year recall interval for adults or one year for children? I meet with many dentists and I am yet to find one who would support a recall interval of two years for adults; one year is the maximum and that is not suitable for all adults. An awful lot can happen and change in two years. As for children, their teeth can undergo dramatic changes in a short space of time due to a wide variety of factors. For me, under the NHS, all longer recall intervals are really about are freeing up dental capacity to sort out the access issue; it would be interesting to hear the defence societies views on this area! In addition, it has to be said that the deeply flawed new contract has put the need for commercial survival and best patient care in stark conflict with one another, but let’s point the finger of blame for that firmly where it belongs; the senior ‘policy’ makers at DoH.’

Dental Tribune: ‘The British Dental Association (BDA) challenged the Government to prove their assertions, surely a risky strategy. Many years ago I used to...’
Surely, it is for a dentist to decide in conjunction with the patient how and when they should be seen

Graham Penfold: ‘As I have said above, if the guidelines are not really evidence based and aimed instead at getting a government and chief dental officer off the hook on the access issue, then it is little wonder they are not being followed in their entirety. The government could pass a law making it compulsory for people to hop on their left leg for ten minutes every Thursday afternoon, but I doubt whether many citizens would bother to do it! Just as law can only exist with the will of the people, so re-call guidelines can only be credible if they are deemed to be in the best interests of both patients and the dentist who is responsible for their care and I do not believe that they are. So, I do not think that the BDA strategy is particularly risky because they are challenging a deeply flawed system underpinned by weak thinking.

Dental Tribune: ‘The PCTs have been given targets for increasing the number of people seen and they pay for the bulk of the care. Surely they can tell the dentists on their patch to see more of the people with problems and fewer of those who just want a reassuring check up. After all the PCT lays down how often you can have tests with your GP.’

Graham Penfold: ‘I think that PCTs will increasingly contract by postcode so they know that all patients in a certain postcode area are covered. It’s a relatively simple process whereby the patients know that piece of information and then the PCT can contract with an appropriate number of practices to provide care against specific criteria. So, if you are in pain or have a dental problem, the contract might say that you will see the patient within 24 hours, but if they just want a routine check up then they might have to wait, say, up to 15 weeks. By this method, PCTs could claim that the access issue has been resolved satisfactorily.

Dental Tribune: ‘Of course if you are a dentist and don’t like the NICE guidelines, you can always see the patient privately. Or will private practice be governed by NICE?’

Graham Penfold: ‘I believe that the most appropriate recall period is that agreed between the dentist and their patients based on best clinical practice, individual to each patient, and completely free from external influences particularly those which are politically driven. Happily, private practice does not have to face the PCT/NICE drumbeat of “you don’t need to see your dentist so often” and long may that be the case. Long live clinical freedom.

For further information, call Practice Plan on 01901 684155 or visit www.practiceplan.co.uk.’

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A mid fears that gum disease could be linked to other health problems such as cardiovascular disease, people are becoming more interested in oral hygiene. Even the Sex Pistols’ vocalist John Lydon (aka Johnny Rotten) has spent US$22,000 on improving his dental and oral health, having admitted in an interview that he was ‘poisoning himself’ with ‘gum infections’.  

Experts in a variety of fields including cardiology, endocrinology and periodontology have been considering the evidence of a link between periodontal disease and systemic conditions. The jury is still out, but it is better to be safe than sorry, and patients need to be made aware of the importance of oral health.

No time like now

This is the ideal time for patients to improve their oral health regimen and consider orthodontic treatment – in that order. No orthodontist will look to begin treatment if there is a case of swollen or bleed gums. In fact, the patient’s oral health needs to be impeccable before the orthodontist will go any further, with a sign-off from the dentist that the patient is dentally fit for the required procedures.

Orthodontic treatment has several benefits, not least of which is to give the patient the added confidence and attitude to life that comes with a nice, straight smile. However, another key benefit is that, in an even smile, there are fewer difficult-to-reach areas where infection can set in. It is easier to maintain the cleanliness and hygiene of an even set of teeth than it is to maintain an uneven set, and with interdental brushes and other products, patients can develop a first-class hygiene strategy.

With a great smile comes the confidence to attend the dentist regularly. Many people are ashamed of the state of their teeth, and predicting a lambasting from their dentist, refrain from making appointments, or even making them in the first place. This, of course, compounds the problem. We can only guess at how many patients notice blood when they are cleaning their teeth, but do nothing about it, making the assumption that if there is no pain, there is no disease.

Talk to your patients

So, in order to provide your patients with a first-class service, talk to them about their oral health regimen, and the products they use, if they are interested in orthodontic treatment, make them aware of the oral and dental health benefits. Tell them about the latest orthodontic treatment systems that involve the use of removable, clear medical-grade polymer positioners, and let them weigh up their options. Don’t pressure them into making a decision – orthodontic treatment does not work effectively without the firm foundation of patient commitment.

With leading experts throughout healthcare seriously considering whether periodontal and dental health are connected to systemic issues, and UK patients taking more of an interest in their smiles thanks largely to the media and our celebrity-driven culture, GDPs are wise to start enriching their treatment list to include orthodontics.

1. http://lifeandhealth.guardian.co.uk/health/story/0,,2283477,00.html
Feeling the itch?
Mhari Coxon sheds some light on what to do when someone really is allergic to the dentist

When I was pregnant with my second son, I did some locum hygiene work. I used to take my own powder-free gloves as the powdered ones irritated my annoyingly sensitive skin. Of course, having an 18-month boy and being pregnant, I was suffering from severe ‘nappy brain’ and forgot to take them to work on one particular day. I had no choice but to use the powdered ones that were available.

An adverse reaction
Sure enough, within a few hours my hands had become covered in a red rash and were itchy. My nose started to run and my eyes were irritated. I was a sneezing wreck (which is no fun when you are very pregnant).

I made it to lunch time and ventured out to find something to eat. I rubbed my eyes as they were very itchy. They felt a little burning and dry. The look on the lady’s face as I ordered my chicken, avocado and mayonnaise sandwich was odd. What? It’s not like I was ordering sweet corn, chocolate spread and sardine on brown. When I looked in the mirror, I realised the mucous membrane in my eyes had swollen and made me look very strange indeed.

This incident led me to my GP, then to the allergy clinic at Guy’s Hospital and finally to my diagnosis of latex allergy. Now, if I have accidental contact I can end up wheezing away reaching for the Piriton.

Natural rubber latex allergy
The incidence of natural rubber latex (NRL) allergy is on the increase. This is a Type I hypersensitivity. Classic reactions are angioedema, urticaria, and anaphylaxis caused by sensitivity.

Angioedema is an area of circumscribed swelling of any part of the body. It may be caused by the same mechanisms that cause hives except that the immunologic events occur deeper in the skin or in the submucosal tissue of the respiratory.
Urticaria (or hives) is an intensely itchy rash that consists of raised, irregularly shaped weals. The weals have a blanched centre, surrounded by a red flare. Urticaria is caused by histamine release from dermal mast cells. Histamine release is most commonly caused by an immunologic reaction between antigens and IgE antibodies bound to mast cell membranes. Histamine causes increased vascular permeability. Antigens, chemicals and physical agents (detergents or ultraviolet light) can cause urticaria.

Anaphylaxis is the acute reaction that occurs when an individual is introduced systemically into an individual who has pre-existing IgE antibodies.

The patient has difficulty breathing from constriction of the major airways and shock due to falling blood pressure. The reaction occurs within seconds to an hour of introduction of the antigen.

Some people react to the chemicals used in processing latex rather than the latex itself. This is known as Type IV hypersensitivity and symptoms are a red itchy scaly rash, often localized to the area of use, for example, wrists and forearms with glove use, but which may spread to other areas.

Dental treatment

Thankfully, treating patients with a latex allergy is easy for me. My whole surgery is latex free. I do use normal anaesthetic as the bung and seal when using local anaesthetic as the bung and seal. If I have to cover the buttons on the spittot as they are rubber (although, to be honest, this is better for cross infection purposes anyway).

But, with a little investigation and not too much expense, I have been able to make a suitable working environment for myself. A lot of the new education facilities are now setting up as latex free to avoid the issue. I would imagine that, in the not too distant future, all environments where contact with mucous membrane blocks; even the leads for my equipment can pose a problem. I have to cover the buttons on the spittot as they are rubber (although, to be honest, this is better for cross infection purposes anyway).

For example, I use Kerr polishing cups as they are latex free. I have been able to make a suitable working environment for myself. A lot of the new education facilities are now setting up as latex free to avoid the issue. I would imagine that, in the not too distant future, all environments where contact with mucous membrane blocks; even the leads for my equipment can pose a problem. I have to cover the buttons on the spittot as they are rubber (although, to be honest, this is better for cross infection purposes anyway).

Preventative measures

In the meantime, if I know I am going to be in an environment with NRL, I will always take an antihistamine (You try banning balloons from birthday parties and see how popular it makes you).

Treating NRL allergic patients

If you are going to see a known NRL allergy sufferer in a latex heavy environment then here is what I would suggest.

1. An antihistamine could be recommended before treatment for patients. (Most sufferers will have been prescribed one or recommended an over the counter variety suited to them)

2. If there is allergy, it may be worth referring to a hospital that can provide a latex free surgery.

3. Some dental patients have difficulty breathing from constriction of the major airways and shock due to falling blood pressure. The reaction occurs within seconds to an hour of introduction of the antigen.

4. Always book known sufferers in early in the day when less NRL will be airborne.

5. PHONE dental product companies to find latex free alternatives.

6. Mark notes very clearly and have a sign on the surgery door stating a latex free zone whilst the patient is in care.

More Information

There are some websites that could be very helpful to you as a professional.

Some very comprehensive information is available from The Health and Safety Executive: http://www.hse.gov.uk/latex/dental.htm

The Faculty of General Dental Practitioners (UK) of The Royal College of Surgeons of England, published the following book in 2004:

FGDP(UK) Good Practice Guidelines — Guidance for the Management of Natural Rubber Latex Allergy in Dental Patients and Dental Healthcare Workers ISBN 0 9545451 2 6. Price £20 to members of the FGDP £25 to non members. Available from the FGDP, Royal College of Surgeons, Lincoln’s Inn Fields, London WC2A 3PE. Tel 020 7860 6754

These articles published in the British Dental Journal could also be very helpful:

The dental management of patients with natural rubber latex allergy by E A Field, L Blongman, M AI-Sharkawi, L Perrin and M Davies, Volume 185, No2, July 25 1998

The provision of dental care for patients with natural rubber latex allergy: are patients able to obtain safe care? by A Clarke. Volume 197 no 12, Dec 25 2004, p740-52

For more information on anaphylaxis try the Resuscitation Council: http://www.resus.org.uk/index/search.asp?zoom_query=anaphylaxis&zoom_per_page=10&zoom_and=1&zoom_sort=0

About the author

Mhari Coxon is a dental hygienist practising in Central London. She is chairman of the London British Society of Dental Hygiene and Therapy (BS- DHT) regional group and is on the publications committee of its journal, Dental Health. She is also clinical director of CFPorDCP, which provides CPD courses for all DCPs. To contact Mhari, email mhari.coxon@cpdfordcp.co.uk.

If you take antihistamine there is no need to ban balloons at birthday parties.

If you are going to see a known NRL allergy sufferer in a latex heavy environment then here is what I would suggest.

If you are going to see a known NRL allergy sufferer in a latex heavy environment then here is what I would suggest.
When Barbara Koffman first got involved with Christian Relief Uganda (CRU), her dental hygienist experience and education training allowed her to recognise the need to promote and facilitate the development of dental services in Uganda. Since that time, she has worked tirelessly to raise funds for dental projects. Several rural health clinics have been equipped with Dentaid dental surgeries and since 2005, Barbara has been taking dental teams out twice a year to educate and to provide essential treatment.

Setting off
In September 2008, she led a team of three dentists, two therapists, a dental nurse, a hygienist and two non-dental members on a three-week trip, taking with them the first two Dentaid portable dental chairs that the oral health charity has produced. These have been designed to provide an easily transportable, safe and sturdy piece of essential equipment at a low, affordable price.

One of the first stops was to visit Mango Tree Educational Enterprises which has been working with Barbara for some time, producing culturally appropriate oral hygiene posters and visual aids. Barbara has also been responsible for overseeing the design of a booklet and poster to educate the Ugandans about the widespread traditional practice of Infant Oral Mutilation (IOM), locally known as Ebiino. This is a project instigated by Dentaid’s Action Group on IOM and the team have the opportunity to input their thoughts and ideas to the Mango Tree staff and the final drafts are agreed. These new educational materials will be available before the team return home.

Clinics in action
The first clinics are held in the village of Bulega. CRU has worked in this area for two years so local people are used to seeing the dental team arrive. For many of the team, it is their first time in Uganda and to arrive and be greeted by large crowds can be somewhat daunting! But they quickly load the equipment and set up the clinic into triage, treatment and post-op sections. Moses Joseph, a Ugandan dentist, arrives—he is from a contact charity in the UK, which has asked if he can work with them for a few days to gain experience. The team has the clinical expertise and equipment which he lacks. It soon becomes obvious that he is unfamiliar with the equipment, but he is very receptive and dentists Mark and Nick are good communicators so Moses Joseph soon learns the necessary skills.

The two Dentaid chairs are tried out and found to be very successful. Being adjustable, especially with so many patients to treat, they prevent the operators from developing aching backs. The dentists have several ideas for minor modifications to improve them which have been followed up by the Dentaid engineers. Each chair is portable and comes with an optional carrying case. CRU is very grateful to Romsey Rotary Club who funded one of the chairs and CRU has ordered four more for the March 2009 trip.
Over the two days the team treats over 200 patients; in addition each has received oral hygiene instruction, toothpaste and a toothbrush. UK dentist Mukund is very sad to have to extract permanent teeth from young children. In the UK it is rare these days because of fluoridation and education. One of CRU’s aims here is to train local people to reinforce the oral hygiene message.

A request had been received for a dental team to visit the Jinja Maximum Security Prison to treat amongst others the men on the condemned wing. Barbara asks her team if they are willing to undertake this and they all agree. The medical room has one table and chair – no equipment or drugs, so the decision is to set up the dental equipment on a shady veranda in full view of everyone. Several of the prisoners offer to help, so Barbara shows them how to lay out the instruments and wash and sterilise them; another is trained to give oral hygiene instruction and two become the team’s interpreters. About 60 prisoners receive treatment and each receives toothpaste, a toothbrush and a bar of soap. This is the first time a dental team has ever gone into Jinja prison.

Bavuma Island is the next destination for a 5-day clinic. All the equipment has to go by an hour and a half’s boat trip. Over the three days the team runs three clinics in different parts of the island, despite having to replace an outboard motor on the 5 hour sailing to a government health centre! The team is so well organised now that they set up in record time. In addition to the three dentists, Dr Mwanga, the dentist from Jinja Hospital, has joined them and 80 patients are treated in the two hours before the boat must leave to get back before nightfall.

One clinic is held in a small dark church at Kilongo. As usual the queues are long, but dental therapist Sonia is now the designated triage specialist and is very good at pinpointing those in greatest need. Everyone works very hard for three hours and all are tired after endless extractions.

But a treat is in store!

The next day a one-day visit is made to Mto Moyoni, a retreat centre on the Nile. Beautiful peaceful gardens and the opportunity to swim in the Nile soon recharge the batteries!

An early start sees the team off on a very bad and bumpy road to Kamuli. The charity has been four years in the building and preparation for the opening of the new CRU clinic at Kyeyya. Before the ceremony a general medical and a dental clinic are arranged – this is the first time that the people of Kyeyya have had treatment available in the village. The team examine a little boy, Geoffrey, with a large swelling in his mouth – possibly a cyst.

The clinic on Bavuma Island.
Events

Burkett’s Lymphoma. His father is asked if he is willing to take his son to Kampala for treatment; this will take several months and the prognosis is good, but it will take a lot of effort for them to travel so far, but fortunately CRU is able to help with the expenses.

On returning to Mango Tree the IOM booklet and poster are ready and Barbara gives the go-ahead for publication. Whilst in Kampala the team visit Geoffrey in Mulago Hospital. There is a 90% certainty that this is Burkett’s Lymphoma and treatment is already in progress. Barbara has arranged for two of the UK medical nurses at Kampala to do a survey for Dentaid of local mothers and their beliefs about Ebiino. These results will be collated by the Dentaid Action Group as part of the research into this barbaric practice. She also collects a supply of the finished Mango Tree materials and leaves copies at Mulago Dental School and four of the clinics they have recently visited. The next CRU dental team due to go out in March 2009 will follow this up for Dentaid to see if these new educational aids have been of value.

Barbara wants all the hard-working volunteers to relax and experience the sights of Uganda, with white water rafting, golf, shopping and a trip to see the gorillas amongst the activities enjoyed by the team. A dental team is being assembled scheduled for March 2009 and will include research projects on IOM for Dentaid. There are always opportunities for volunteers to travel to Uganda with Barbara, under the umbrella of Christian Relief Uganda. Please contact her on 07970 163 798 or email bkoffman@crucru.org. Further details available from www.christianreliefuganda.org and www.dentaid.org.
Upgrade & Earn £750 with EXACT™

Are you in need of a practice management system upgrade? Maybe one that keeps your appointment book full and increases treatment plan acceptance at the same time?

In the current economic climate Software of Excellence want to reassure you that your practice can continue to grow into a thriving business in 2009. By working closely with dental professionals, Software of Excellence have developed the capabilities of EXACT™ Version 10 to provide all the tools necessary to operate, manage and market your practice efficiently and profitably.

Popular features such as Recall Manager have been considerably enhanced to enable a practice to achieve 100% recall efficiency, allowing patients to be recalled in a variety of ways, whilst logging response rates and generating reports on the most efficient recall process.

To find out how you can trade in your existing practice management system and earn £750*, simply book your in-practice demonstration of EXACT™ Version 10 today by calling Software of Excellence on 0845 5455767, but Hurry, offer ends March 31st.

*Terms and conditions apply please call for more details.

CEREC®

From Ceramic Systems (CEREC®) CEREC® is a computer-aided method for creating precision fitting all-ceramic restorations in the most cost effective and efficient way in one visit - enhancing their profitability and job satisfaction.

CEREC® restorations have a proved track record dating back to 1985.

For further information, contact Ceramic Systems Limited on 01952 582930, e-mail leondwil@ceramic-systems.co.uk or visit www.ceramic-systems.co.uk

Are You Sitting Comfortably?

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

The KaVo ESTETICA E80 is a suspended chair that gives the patient and dentist exceptional freedom of movement. The area under the unit is completely open for the dentist and assistant; there is plenty of room for comfortable leg positioning. Procedures run much smoother and more efficiently leaving the professional to focus on quality dental care.

The Primus 1058 is designed to offer all the quality and technology advantages of a KaVo unit, with the added benefit of working flexibility. This unit allows for easy up/down installation in either the right or left-handed position, whilst offering ideal patient positioning including an offset backrest articulation axis allowing the facility to adjust the chair for paediatric dentistry. It also offers a number of new features including the Metronog storage system, the Memspeed and multifunction foot control and all for highly competitive prices.

For further information, please contact KaVo on 01484 733 600, email askus@kavo.com or visit www.kavo.com

DentalEZ

Since pioneering sit-down dentistry in the 1950’s DentalEZ has been committed to improving working efficiency and to enhance practices.

Our surgery equipment choices are built around our renowned dental chairs. Our DentalEZ range includes seating, lighting, suction and hand-pieces.

Contact Profilo on 07891051517, for a free survey and quotation. Abac compressors are offered with free delivery and installation, starting from £599 for a single surgery and £899 for 5 surgeries.

1500 reasons to choose EXACT™

In the type of economic climate we are currently experiencing, sometimes we need a little encouragement to try something new. Software of Excellence want you to experience all the benefits that EXACT™ Version 10 can bring to your practice, and are offering £1,500* worth of Henry Schein Minerva dental consumables absolutely free with every purchase!

J/V Generation is an example, which offers exclusive seat tilt movement, helping maintain proper spinal alignment to reduce stress on discs and soft tissue around the patient’s spine.

All of our chairs have thin narrow backs to provide clear sight lines and direct access to the oral cavity.

We then have a choice of Delivery units to complement, whether over patient, rear mount or mobile.

DentalEZ range includes seating, lighting, suction and hand-pieces.

Contact 01442 209501 or visit www.dentalez.co.uk

Profi

Many dental practices face unexpected interruptions and high repair costs, caused by failing and overheating compressors. An old compressor can be highly competitive prices.

For further information, please contact KaVo on 01484 733 600, email askus@kavo.com or visit www.kavo.com

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Presentation Manager is just one of the latest features of EXACT™ Version 10 and has been designed to help construct comprehensive presentation documents that include patient demographics, X-rays and treatment plans, helping to build trust and increase treatment acceptance. Version 10 also features an improved Recall Manager function to assist in the effective and efficient management of recall processes.

Get a FREE trip to Copenhagen.

Heka Dental are inviting Dentists to visit Wonderful Copenhagen to see their fantastic design and production facilities, as well as their beautiful city. The trip will also provide an opportunity to see some of the delights of Wonderful Copenhagen. If Dentists order a Heka Dental package before or during the trip, they will receive a FREE trip to Copenhagen.

An in-practice demonstration of EXACT™ Version 10 can be arranged by calling Software of Excellence on 0845 545 5767 and £1,500* worth of Henry Schein Minerva sundries can be claimed with every purchase, but hurry, offer ends March 31st 2009.

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

Heka Dental equipment is available in the UK from Dental Services Direct, telephone 01588 267 278 or visit www.heka-dental.dk for further information.

A Chair for all seasons

When the time comes to buy a new dental chair the variety can be daunting. You’ll need to consider things like; patient comfort, ease of use, the ability to incorporate other equipment such as monitors and hand-pieces and what type of upholstery you would prefer. You’ll need a supplier who listens and who will be able to offer exactly what you need.

DentalEZ have a wide selection of chairs and delivery packages from many major manufacturers and their experience and understanding of the dental chair can help make your decision swift and painless. Included in that selection are the TR Series of integrated treatment units from Stern Weber.

Ancar, one of Dental Services Direct’s exclusive ranges, is another popular choice amongst dentists.

For further information on the complete range of chairs and delivery systems available from Dental Services Direct contact your local sales office: Scotland & the North 08452 600 510, South 08452 600 520, South West 08452 600 550.
The Grace X3 dental chair is a quality product at an affordable price.

This comfortable chair has a hydraulic elevation system. The standard package at £6,795 (excluding installation) includes options, real leather (in a wide range of colours), massage function, led curing light, built-in hydraulic elevation system. The result is a practice management system on a “buy now pay later” basis.

A new revolutionary Finger Guard plastic basket with a metal bottom reputedly provides superior wave transmission - preventing “shutting” of instruments, and the cover can be fully closed during operation to minimize noise and prevent the escape of airborne contaminants.

Whaledent claim to bring quality construction and reliability to “compact” - 2 litre capacity at £450, but depends on a site visit.

Highline Bespoke Storage Solutions

Highline bespoke storage units, from Support Chairs, are the ultimate answer in mobile storage systems.

Value equipment Range

CEFLA Dental Group is delighted to announce the introduction of the new, ‘value’ equipment brand Victor Dental, manufactured by the Group subsidiary company Sirona’s Victor Medical Equipment.

Victor Dental equipment provides exceptional value for money whilst being supported by an after sales system which ensures spare parts and technical support are readily available across the UK, and is ideal for those dentists who are looking for simple, reliable equipment either for themselves, their associates or for their PCD colleagues.

Buy Now... Pay Later

EXACT™ Version 10 is the culmination of many years’ re-search and development, during which Software of Excellence have liaised with leading dental professionals throughout the world. The result is a practice management system with an array of innovative features designed to benefit dental practices in a practical way.

In the current economic climate, the constant quest for efficiency is all the more important and the ability to run a capable and professional practice is vital. To ease the impact of the “credit crunch”, Software of Excellence are now offering the opportunity to purchase EXACT™ Version 10, arguably the most innovative practice management system on the market, on a “buy now pay later” basis.

An in-practice demonstration of EXACT™ Version 10 can be arranged by calling Software of Excellence on 0845 545 5767 and don’t forget to ask about the “buy now, pay later” finance option, but hurry, offer ends March 31st 2009.

The Sirona Actex Range is available from £450, but depends on a site visit.

For further information contact Sident Dental Systems on 01932 586585, email sales@support-stool.co.uk or visit www.support-stool.co.uk.
Second A-dec Surgery installed for Bridge2Aid. A-dec are long time friends of Bridge2Aid, having supported the dental charity over the past 5 years with equipment, funding and fundraising, as well as promoting their work on the A-dec stand at Dental Showcase. In November 2008, this support went one step further when two A-dec engineers, Dave Robinson and Brian Anderson were flown to Mwanza to install a new A-dec Performer package in surgery 2. This is the second surgery A-dec have donated and installed and complements the A-dec Radius package in surgery 1 installed in 2006.

A-dec are proud supporters of Bridge2Aid and hope this new surgery will provide much needed dental support and care for the people of North West Tanzania.

For more information about the great work of Bridge2Aid or to make a donation visit the website; www.bridge2aid.org or telephone the UK Office: +44 (0) 114 252 6090

Lighting the way with Dental Sky! The R&S cordless Easylight LED from Dental Sky does exactly what is says on the tin! This powerful LED light allows for quick and efficient work. The lightweight headpiece has wide, flat buttons that are clearly set out, and once you are used to the headpiece you needn’t take your eyes off the job in hand. The headpiece is fully autoclavable to help to prevent cross infection.

The Easylight LED is supplied complete with a black light guide of 8mm and an oval light hood. So light up your patient’s mouth with the Easylight from Dental Sky!

To place your order or if you require further information please call Dental Sky on 0800 294 4700.

Achieve Results With Artio™ Artio™ has arrived at DENTSPLY. The new range of instruments has been developed to accommodate the clinician with its ergonomically designed handle with excellent grip.

The super-lightweight instruments have tips made from Ash CryoSteel, a cryogenically treated metal that is highly resistant to wear, for extra durability.

Mr. Bill Sharpling of Kings College London Dental Institute has sampled the new Artio range and was impressed with the results. He said, “After trying the Artio instruments I found them to be very easy to work with. They are lightweight and comfortable to use with a superior level of grip due to the nature of the handle design. In practice the other advantages were that the colour and style made it quicker and easier to identify when sorting, cleaning and replacing as part of the decontamination and infection control process.”

50th from the sale of all Artio instruments will be donated to the Mouth Cancer Foundation. Visit www.mouthcancerfoundation.org for more information.

For more information about the DENTSPLY range of super and dental products, call Freephone 0800 072 5515

Aseptico Operators stool

The Velopex team are delighted to launch their 2 portable dental stool – from Aseptico. The stool compliments both the Adult portable dental chair (gray) and the Childrens portable dental chair (red).

Mark Chapman, Director of Sales and Marketing commented: “We’re very excited about the way that our Aseptico range has taken off and this addition is superb.”

Aseptico Operators stool

The Aseptico range provides the ability to create a ‘dental surgery’ in any room anywhere – you will need is power. The equipment combines comfortable dental chairs with operat- tors stools, comfortable lights as well as delivery systems.

If radiography is required, the Velopex Digital X-ray system can be used. A hand unit allows the clinician to produce diagnostic digital radiographs on a laptop computer when on location away from the surgery. Both the laptop and Nomad can be battery powered – but can be charged on site.

For more information or to ask any questions please contact: Mark Chapman Medivance Instruments Ltd Barretts Green Road NW10 7AP Tel 07754 644877

Dentsply Congratulations to all the candidates at the 2009 52nd DENTSPLY/BDA student clinician programme. The caliber of entry just keeps getting better and the competition this year was of an outstanding standard, which is excellent news for the future of UK dentistry.

Held at the Mandarin Orien- tal Hotel in Knightsbridge Lon- don, the evening was a resounding success with over 200 guests representing UK and Irish den- tal schools, the BDA and other eminent figures from the dental profession.

Swallow Dental Supplies Ltd: Dentistry Show: Stand G15

Come and visit us for special offers on our product range including: The outstanding range of PDT Peridontal Sealing Instruments – PDT’s ultra-sharp instruments hold their edge for longer. With the O’Hehir range you can experience a 310° bi- lateral cutting edge that effectively cuts deposits with any hand motion.

We are also proud to exhibit the innovative highly regarded Stoma Surgical Instruments and Anstry Handpieces – products with an unrivalled reputation for quality.

We will be exhibiting the for- tunes range of Bone Augmenta- tion materials and membranes. Come and talk to us about for- tues VITAL – a totally synthetic bone graft material which re- quires no membrane and ask yourself “Why am I still using a membrane?”.

Also on this year’s stand is Savodont Sensitive Teeth Treat- ment – the revolutionary treat- ment that works IMMEDIATELY, just one 10 minute treatment lasts up to one month. All this and more at stand G15!

Contact Details: Vicki Nunn Swallow Dental Supplies Ltd Unit 8, Ryefield Court, Ryefield Way, Sibden, West Yorkshire, BD20 0DL Tel: 01555 656512 Fax: 01555 656457 Email: sales@swallowdental.co.uk Web: www.swallowdental.co.uk

Special offer plus a free gift with Diamond Capsules.

Diamond Rapid set GIC capsu- les are proving to be very pop- ular with dentists because they save time, without the need to hand mix!

Before the end of March; buy one Diamond Capsule value pack (60 capsules) for £72.00 saving you £18.00 on the normal selling price of £90.00.

Or buy 2 value packs for £144.00 plus a free box of Practi- cesseSafe wipes.

Diamond Capsules have a fast working time of 135 sec- onds with a waterproof snap set, making them ideal for a busy practice. This chemical snap set which has immediate resist- ance to saliva ensures a longer lasting strength and durability.

For information on all kem- dent products call Helen or Jackie at Kemdent on 01795 77 06 06, or visit our website, www.kemdent.co.uk.

Easyslide™ Compact

The super-lightweight instruments have tips made from Ash CryoSteel, a cryogenically treated metal that is highly resistant to wear, for extra durability.

Mr. Bill Sharpling of Kings College London Dental Institute has sampled the new Artio range and was impressed with the results. He said, “After trying the Artio instruments I found them to be very easy to work with. They are lightweight and comfortable to use with a superior level of grip due to the nature of the handle design. In practice the other advantages were that the colour and style made it quicker and easier to identify when sorting, cleaning and replacing as part of the decontamination and infection control process.”

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For more information about the DENTSPLY range of super and dental products, call Freephone 0800 072 5515

From Vita, the world leading expert in shade determination, the new Easyshade™ Compact is a fast and reliable way to take shade at the push of a button. High measuring accuracy due to spectrophotometric measur- ing, this cordless, mobile and lightweight unit reads up to a potential 97 shades combina- tion, both in Classical and in the SO system. User friendly and easy to learn, with Easyshade™ Compact, you can read one single shade or 5 different areas in the tooth and check restor- ations. Up to 25 shade taking re- sults can be stored in memory.

No more worries about lighting conditions or costly remakes! Panadent 01689 88 17 88 or visit www.panadent.net

Thirty three teaching schools put forward an entrant for the adjudication, which was held, at the BDA headquarters during the day. Each student presented a piece of original research to the three adjudicators: Profes- sor Nairn Wilson, Head of School and Dean of Kings Col- lege London Dental Institute; Mr. Drummond, Senior Lecturer and Honorary Consult- ant of Dundee Dental School; and Professor Robbie Mc- Connell, from the Department of Restorative Dentistry College of Medicine, Cork University Dental School.

For information on the 2010 DENTSPLY/BDA Student Clinici- an programme, please contact DENTSPLY on +44 (0)800-072- 5515 or www.dentsplyco.uk
Dentomycin: the first choice adjunctive treatment for chronic adult periodontitis

Dentomycin is a proven effective adjunctive treatment that complements Scaling and Root Planing through all treatment stages of chronic adult periodontitis disease including the first.

Dentomycin simply combats the broad range of bacteria associated with periodontal disease, reaching areas that maybe unobtainable with instruments alone while reducing inflammation, improving patient comfort.

Dentomycin includes the active ingredient Miconzolene, and when applied for 4-8imes, with 14 days between each application, is proven to reduce key pathogens. The pre-filled applicator allows direct application to the pocket base, and the combination of Dentomycin with scaling and root planing reduces pocket depths by up to 42% over a 12-week period.

Cost effective and easy to use, Dentomycin also offers improved patient satisfaction.

For more information please call John Jesshop of Blackwell Supplies on 020 7224 1457 or fax 020 7224 1694.

Promote Optimum Oral Care With Curaprox

The extensive Curaprox range is bolstered by the return of Curasept gel. Containing 0.5% of the potent antimicrobial Chlorhexidine (CHX), the gel is easy to use with no patient compliance issues. Apply directly to the periodontal pocket, or let the patient do so using a cotton bud or interdental brush. Also available is Curasept mouthwash, which like the gel is alcohol-free, putting patient minds at ease about the report led link between alcohol-mouthwashes and oral cancer.

All Curasept toothpastes are free from sodium laurel sulphate (SLS), which nullifies the beneficial effects of CHX. Enzycal contains non-irritating Starch-50 instead, and is ideal for patients suffering from aphthous ulcers. Because it remineralises teeth using nutrients from saliva, whilst also boosting the saliva’s anti-bacterial action, Enzycal is great in early stage caries.

Curaprox is also first choice for toothbrushes and interdental brushes, and supplies the handy Travel Sets to help patients on the go maintain their oral health.

For more information please call 01480 826084, email sales@oraldent.co.uk or visit www.curaprox.info.

Back to basics with KAV

Visiting the dentist normally inspires enormous sympathy for the patient. Little thought is spared for the dentist or the considerably musculoskeletal demands placed on dental professionals during procedures. Incorrect sitting posture not only impairs your ability to work, it can also put your health at risk with symptoms including muscular tension, backache and headaches.

The dramatic conclusions of the study, published in the Australian Dental Journal, reached many UK patients through January the 15th’s London Metro. The research called for alcohol-mouthwashes to be removed from shops and made available only on short-term prescription. It was noted that in some cases of oral cancer, use of alcohol-mouthwash was the only risk factor, and it is also believed that ethanol facilitates the cancer causing effect of nicotine and produces known human carcinogen aetaceldehyde.

A range of alcohol-free toothpastes and gels are also available, so dentists can satisfy patient concerns without compromising on quality.

For more information call 01480 826080 or visit www.oraldent.co.uk.

Save With PracticeWorks

Reminders are vital. In a 9:00am-5:30pm working day, allowing for a lunch hour, a dentist can complete over 50 appointments at 15 minutes each. At £25 per appointment, this equates to £750 a day.

If just 9% of appointments are missed, this can cost these £16,200 a year. As well as the cost of DNAs, there is the cost of missed UDA’s to consider too!

With the latest version of B4 from PracticeWorks, the leading supplier of Practice Management Software and Imaging solutions, you can cut reminder costs dramatically.

B4’s recently updated text messaging service lets dentists have replies to their texts, which automatically update the appointment book.

If a practice sends out 500 reminders a month by mail, this could cost practices £5,000 per year. By switching to a text messaging service, practices can save over £2,500 — far more convenient for patients.

For more information please call PracticeWorks on 0800 169 9692 or visit www.practi\-\cworks.co.uk.

Develop World Class Skills With The Diploma Course In Dental Implantology

Pero-Implant Europe Ltd’s renowned and comprehensive Diploma Course In Dental Implantology (April 24th 2009 – February 15th 2010) gives dental professionals a unique opportunity to learn from the world’s best.

The course provides everything General Dental Practitioners need to start confidently offering high quality implant treatment to patients. Modules are taught at state-of-the-art facilities in the UK, Sweden and Brazil and cover the entire field of dental implantology, including Experimental and Clinical Considerations, Biomechanics, Anatomy, Digital Photographs, Periodontology and more. Delegates will also learn how to create a Cosmetic/Implant Referal Practice, master General Consent and Medico-Legal Aspects, and explore new Concepts.

Features hands-on workshops and the chance to conduct exercises on fresh human cadavers, the course attracts delegates from around the world. Bookings are made on a first come, first served basis and interested parties are advised to book early to avoid disappointment.

For more information please call 01276 469 699 or email info@implantsuccess.com.
An implant course to provide you with the necessary knowledge and skills to start a successful career in implants.

The course is aimed at general dental practitioners looking to integrate implant dentistry into their patient care.

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marian-harley@hotmail.co.uk

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

The course:
- 18 full days spread over a 14 month period, located in Harley Street, London.
- Maximum of eight candidates per course.
- Each candidate will place and restore at least two implant cases under the direct supervision of Dr Mark Hamburger. In addition: treatment planning, surgical and restorative observation of all course patients.

Guest speakers:
Dr Henri Thuau, Consultant Maxillo Facial & Oral Surgeon
Dr Jo Omar, Medical Emergencies and CPR

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