Price rise

The government is to increase the cost for simple and intermediate dental treatment but complex dental treatment will be frozen at the existing rate. Health minister Dawn Primrose announced in March that the consultation on the issue will run for three months. The deadline for submissions is 5pm on 26 May. For more information, please contact Molar Ltd on 01934 710020 or visit www.molaruk.co.uk

GDC consultation

The General Dental Council is holding a consultation on Student Fitness to Practise guidance. The aim of the guidance is to help dental schools and other training providers of registrable qualifications deal with issues that may arise during a student’s course of study, and which call into question whether they are fit to practise. The consultation will run for three months. The deadline for responses to the consultation is 5pm on 26 May. For more information go to http://www.gdc-uk.org

Dentaltribune

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Money matters

Interview

Education

Interview

News in brief

Staff cuts

It’s never easy pushing staff out the door when the going gets tough, but it helps if you wise up on the do’s and don’ts of it all.

Dr Scher

Read how one man’s dream of being a busy dental specialist not only came true but is also more thrilling than the actual dream!

Stay calm

Insomnia, lack of appetite and butterflies in the stomach are all symptoms which turn up just in time for the oral exams, but worry not.

Magic methods

Read how an operation which took two hours and 30 minutes to insert mini-implants into a patient’s mouth was edited down to three minutes.

‘We want commitment’ say campaigners

He added: ‘The survey will show us where the dental decay is and then we can think about the best way of dealing with it. There are a number of ways of dealing with dental decay such as tooth brushing schemes. We always have fluoridation in mind but it is one of a number of options.’

So far the PCT has not formally discussed fluoridation. If it decides to go ahead, the East of England Strategic Health Authority will hold a public consultation on the issue.

A nti-fluoride campaigners are challenging the chief dental officer to accept personal liability, if anyone suffers side effects, when water fluoridation goes ahead in Southampton and other areas that decide to pursue the same policy.

Fluoridation is a hot topic at the moment, after South Central Strategic Health Authority took the decision to add fluoride to water in Southampton and the surrounding area, against the wishes of many residents and campaigners.

The government is pushing the policy, and health secretary Alan Johnson has called on all primary care trusts (PCT) to consider the move.

The campaigners are mirroring a similar challenge in Australia, when an anti-fluoride campaigner challenged the state premier of Queensland to back up her claims that there are no side effects to fluoridated water by signing a letter accepting responsibility if she was proved wrong.

In front of around 200 shocked people at a public meeting, Ms Bligh signed a document which read: ‘I, Anna Bligh, as the instigator of forced fluoridation in Queensland, give my personal guarantee that fluoridation causes no adverse health effects, and in the event that it does, I will accept full liability and will provide financial compensation.’

The process to fluoridate the water supplies of 3.7m Queensland residents began late last year and was introduced by state premier Anna Bligh – great-great-great-granddaughter of William Bligh, the captain of HMS Bounty during the famous mutiny in 1789 – shortly after she took office.

Around 70 per cent of Australians already receive fluoridated water, and Ms Bligh claimed there was no evidence of any side effects and, in the face of opposition, introduced it in her state.

Anti-fluoride campaigners in the UK would like to see a similar commitment to accept personal responsibility from health chiefs here, or senior politicians who have backed fluoride, like Health Secretary Alan Johnson or even Gordon Brown.

Doug Cross, from UK Councils Against Fluoridation, said: ‘Would Mr Brown, or the chief dental officer like to approach a bank and take out a loan to cover themselves for this? Maybe they would like to offer us their assurances that, like mercury vapour from tooth fillings, fluoride is indeed safe, and they will put their own houses and personal wealth on the line as surely for the practice that they are trying to force on the British public?’

Meanwhile in Suffolk, health chiefs are waiting for the results of a tooth decay survey before it decides whether to use fluoridation to combat tooth caries.

NHS Suffolk’s consultant in dental public health, Richard Ward, said the trust would not make any decision until it got the results from a large survey of tooth decay in five-year-olds in the county.

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Read how an operation which took two hours and 30 minutes to insert mini-implants into a patient’s mouth was edited down to three minutes.

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www.dental-tribune.co.uk

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Clinical photography course

The learning resources provider, Smile-on, is now offering dental practices training in how to take high-quality clinical photographs.

Its Clinical Photography Course by Chris Orr, is available on-line or as a CD-ROM, so it can be easily incorporated into and around the working day. The course introduces the role of clinical photography in effective risk management and explores straightforward solutions to treatment monitoring and how to benefit from robust medico-legal protection.

It provides two hours of Continuing Professional Development and shows dentists professionals how to keep patients fully informed using high-quality images, and how to support comprehensive clinical audits.

The course explores how to get great image results, focusing on eight key clinical areas, and participants receive non-obligatory advice on digital cameras and the latest in digital imaging.

A spokeswoman for Smile-on said: ‘With excellent clinical photography skills, participants will be able to accurately record treatment progress and development, create “baseline” records of presenting conditions, enjoy a higher standard of referral correspondence and use the images to support professional development.’

New dean for FGDP

Mr Ladwa wants to continue the Faculty’s work to improve standards of patient care through education and training of the whole dental team.

He said: ‘I am honoured to be called upon to serve this Faculty which has done so much to raise the profile of general practice and to serve the profession that has been so kind to me.’

Mr Ladwa has been involved with the Faculty of General Dental Practice (FGDP) (UK) since its early days and became a board member in 1994. In the intervening years, he has taken on the roles of examiner and assessor of several of the FGDP(UK)’s diplomas, and acted as deputy director of the Leadership and Management Certificate programme.

Mr Ladwa has twice been vice dean and has chaired the FGDP(UK)’s examinations and education committees and its international working party.

Richard Hayward said: ‘Buss brings a wealth of experience and a depth of knowledge to this role. He is dedicated to the FGDP(UK)’s mission and I wish him well for the next three years.’

Mr Ladwa will be supported by vice deans Vernon Holt and Charles Ormond.
February was a very busy month for GDPUK and its members. Discussion of how the credit crunch will affect UK dentistry was lengthy and wide ranging, leading to comments on life and career coaches who work in UK dentistry helping dentists see things from a business perspective. Scores of messages followed in support of and against business coaches, specifically and in general. This was a full-blown discussion, with some in favour, some against, and both sides putting point after point forward. The coaches themselves showed they were aware of opinions in their blogs. One such topic had more than 100 replies, and the thread was read over 3,000 times.

The ongoing Professor Steele enquiry is being followed. As he is now publishing a weekly blog himself, his points will be publicly aired well before the report sees the light of day.

Mercury in all its forms were analysed, and there was much made of the new environmental impact of the energy saving light bulbs, which have to be disposed of very carefully as they contain mercury vapour. These could be the next source of mercury getting into the human systems in the UK.

Unfortunately, a dental colleague in Northern Ireland has been charged with murder and this was discussed with sadness. Calls were made for this not to be raised, but the news was, and is, in the public domain, and GDPUK reported only that.

Colleagues were also unhappy to read a rumour that the Review Body might only offer a 1.5 per cent rise in fees/contract values for NHS dentistry. It was however, a rumour, and the actual result of this review has not been published at the time of writing.

Amid all the chaos, humour still abounds on GDPUK, and a recent posting of a classic Swedish video of TM joint dissection was listed as concerning the ‘yoint’. This was mocked by another colleague who posted a video of the Swedish chef from The Muppets we all remember from a few years ago. You have to see it to have a laugh.

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**GDPUK round-up**

This month, the online community ponders over when the credit crunch will hit dentistry, and just how popular business coaches really are. We asked our customers what they wanted from an equipment supplier, and this is what they said.

"We want plenty of choice – but not too much so that we are overwhelmed. We want dependable brand names and value for money. We want a sales team that understands our business. We want a reliable service (both during and after-sales). Oh, and being kept up-to-date on the latest product developments would be nice too."

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**About the author**

Dr Anthony V Jacobs started the GDPUK emailing list in 1997, and the group membership is now just under 2,000. The list is read in all corners of the UK dental profession as well as by laboratories, and the trade and dental industry. Qualifying in London in 1979, Dr Jacobs is now in partnership with Dr Stephen Lazarus, practicing at 406 Dental in Manchester. He enjoys his profession, and takes pride in providing both simple and complex gentle dentistry, as well as caring for families in a relaxed atmosphere. Dr Jacobs has a long-term commitment to continuing professional development, both for himself, and for the profession in general through his mailing list. He has been a member of the British Dental Association (BDA) since 1975, and is presently chairman of the Bury and Rochdale Oral Health Advisory Group, as well as vice-chair of the Bury and Rochdale Local Dental Committee (LDC). Dr Jacobs also sits on the committee and helps to organise the annual conference of Local Dental Committees.
The DENTSPLY you know:
Over 100 UK surgery brands

The DENTSPLY you don’t:
150,000 dental professionals educated worldwide every year
More training for dental nurses

Dental nurses will have the opportunity to train up on how to apply fluoride varnish, as part of an initiative by the University of Central Lancashire in partnership with Colgate.

The partnership between North Western Deanery, the University of Central Lancashire (UCLan) and Colgate, has led to the training programme for registered dental nurses, enabling them to study part-time towards a Certificate in Oral Health and Application of Fluoride Varnish.

The aim of the university certification is to prepare registered dental nurses to deliver evidence-based oral health advice and apply fluoride varnish.

The importance of fluoride varnish in preventing caries in both permanent and primary varnish in preventing caries in both permanent and primary dentition is mentioned in the Department of Health’s ‘Delivering Better Oral Health – An evidence-based toolkit for prevention’.


The launch of this collaborative approach to the training of dental nurses to apply fluoride varnish through the Certificate in Oral Health and Application of Fluoride Varnish is very welcome, it appears an excellent model to support the preventative dental team.

Eileen Martin, pro vice-chancellor and dean of the Faculty of Health and Social Care at the University of Central Lancashire, called the programme a ‘result of true collaborative working’ and said: ‘This new development for our state-of-the-art School of Dentistry will have national appeal, meeting the learning needs of dental professionals and enabling us to serve the broader dental community. It provides an exciting opportunity for dental nurses to step in to higher education.

Donna Hough, dental workforce development lead for dental care professionals, at North Western Postgraduate Dental Deanery, added: ‘There are a number of reasons registered dental nurses are the ideal choice to train to provide oral health advice and apply fluoride varnish.

Extended duties dental nurses will enhance the skill mix within the dental team by giving of advice and application of fluoride varnish to the teeth of both children and adults in community and surgery settings.

This training will also serve as a career development opportunity that will contribute to enhanced job satisfaction and ultimately increased retention of these experienced and trained individuals within the field of dentistry.’

Michael Sload, vice president and general manager of Colgate-Palmolive (UK) Ltd, said: ‘This new and exciting partnership, and resulting training programme for Dental Nurses, further underpins Colgate’s commitment to supporting effective prevention as the cornerstone of modern primary dental care.’

The course is available to registered dental nurses in current employment with the support of their employer.

For further information within Cumbria and Lancashire contact UCLan course enquiries on 01772 892400. For all other areas outside Cumbria and Lancashire, please contact the Portable Training Team on 0161 665 5886.

‘Howell’ investigation branches out

Police are investigating two more deaths in connection with the Northern Ireland dentist Colin Howell, who has already been charged with two murders.

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

Police are now re-examining the death of Lesley Howell’s father, Henry Clarke, who died 12 days before his daughter’s death - apparently from a heart attack or some form of seizure.

They are also looking into the death of mother of two, Alexander Hickman-Smith, 27, who was found dead at her caravan in Castlerock, last November. Her family were told at the time that she had died from diabetes.

Mr Hickman-Smith owned a caravan at the same site where top dentist Colin Howell had been staying after leaving his luxury home in the seaside town last year.

A police spokesman said their investigation remained focused on the double murders but a number of lines of enquiry are being conducted into a range of other issues and events.

Howell has also been charged with sexually assaulting a number of women.

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

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

Last month, at least 200 letters were sent to former patients of Mr Howell by police seeking help with their investigation.

The top implant specialist has made a fortune lecturing in the Middle East and claimed he was also hired by King Abdullah II to teach his own team of dentists the latest techniques.

Howell boasted of his links to King Abdullah and Queen Rania in a glossy advertising campaign aimed at attracting wealthy patients from the Irish Republic.

Howell, who had surgeries in Ballymoney and Bangor, charged more than £2,000 for each dental implant and treated patients from all over Ireland, Europe and the USA.

Howell is seen as one of the foremost dental practitioners in Northern Ireland.

Dr Howell has lectured at implant conferences in Jordan and tutored final year dental students at Queens University Belfast. He also ran a cosmetic implant course for dentists who wished to restore their own implants.

He was the course tutor at Queens for core teaching of final year dental students on Dental Implants and a mentor for the Association of Dental Implantology (ADI) and the University of Salford Degree Programme.

DENTSPRY Cross Infection Control Team

Working together to stamp out cross-infection

Miss Sani-Tip is transparent in her mission to ensure that each patient is protected from nasty bugs. Being plastic is a good trait and she prides herself on being much more hygienic than metal 3-in-1 syringe tips which can lead to all sorts of cross infection risks. She is bendy - useful for different positions, and she can be used with any 3-in-1 syringe with the appropriate adaptor. May be that’s why she’s so popular, she’s used by 73% of clinicians who use plastic tips*. She’s clearly the better choice - be seen with her!

*Q4 07- Q3 08 SDM data

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Fluoridation study for East Midlands

Health chiefs in the East Midlands are carrying out a feasibility study to see if adding fluoride to the water supply will help boost dental health in the area.

The study has been commissioned to find out the advantages and disadvantages of water fluoridation.

The Derbyshire County Primary Care Trust (PCT) is one of the PCTs taking part in the study which will be published in six months’ time. Each PCT will look at the results and decide if fluoridation is likely to have boost oral health.

Derbyshire County PCT has said that no decision will be made on the fluoridation of Derbyshire water until the study is done and a full public consultation carried out.

Some areas in Derbyshire already have extra fluoride in their water, with Ogston in Derbyshire in particular, being at a high natural level.

The Bolsover district, which is supplied by Severn Trent water, has had fluoridated water since 1971. This covers about 75 per cent of the district, and parts of north-east Derbyshire, but not Bolsover town itself.

In the South Derbyshire district, next to Burton on Trent, over 22,000 homes receive fluoridated water from the South Staffordshire water board, and have done so since 1987.

Ken Wragg, consultant in dental public health for Derbyshire Primary Care Trust, said: ‘Derbyshire County Primary Care Trust has committed to working with other primary care trusts in the East Midlands to commission a feasibility study and economic evaluation of water fluoridation across the region.’

Dentistry crisis for Scotland

There is a huge shortage of dentists in the north-east of Scotland, according to new figures from the Scottish government.

The statistics released by Public Health Minister Shona Robison in response to a parliamentary question, show that in Scotland’s worst-affected area, North Ayrshire, there is only one dentist for every 1,147 residents.

Across the whole of Scotland, the ratio of NHS dentists to patients was one to 1,147 last year.

In Dundee there was 1,124 people for every dentist, with a similar figure in Angus.

While in Aberdeen, there are 1,285 people for every NHS dentist, compared with 612 for every city NHS dentist.

The ratio for residents in the Highlands and Shetland are among the best, with just 656 people in the Highlands and 666 in Shetland for every dentist.

Liberal Democrat public health spokesman Jamie Stone said the figures revealed unacceptable discrepancies across the country in getting access to an NHS dentist.

The MSP for Caithness, Sutherland and Easter Ross said: ‘We need to look at schemes that are going to boost recruitment of dentists, particularly in the rural areas of Scotland.’

Miss Robison said the Scottish government was trying to tackle the crisis and mentioned the opening of the £21m dental school in Aberdeen last year.

She also said that geographical variations will take time to sort out, but claimed there are more dentists than ever working in the NHS and record numbers of people registered with a dental practice.
Ensure your child patients stick with you

You provide your child patients with the best possible care you can. But what if you had the time to treat them to the exceptionally high standards you trained for?

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And with Denplan Excel for Children, the UK’s only children’s accreditation programme, you have unique tools to monitor oral health and wellbeing to demonstrate to parents the high importance you place on their children’s dental care.

"With Plans for Children and Denplan Excel for Children we became more confident and self-assured that we could give the care we wanted to... I didn’t feel burdened by the constraints of time and cost and with this confidence I felt I could really give my patients the time and care they needed. And, if you have confidence in your own care and advice, free from constraints, your patients will be more motivated to follow your advice... and stay with you."

Valerie Fielder, Dentist, Buckinghamshire

At a time when child-only contracts are becoming increasingly scarce, now is your opportunity to take the first step in getting your child patients started on the right foot.

Call Denplan on 0800 169 9934 to make an appointment with one of our consultants and to receive your FREE information pack, including stickers for your child patients. Alternatively visit www.denplan.co.uk/dentists for more information.
Clean teeth boosts fertility

B rushing their teeth twice a day can boost a man’s sperm count, says the British Dental Health Foundation.

The oral health charity is advising men to brush their teeth regularly after a study found that infertile men are far more likely to suffer from gum disease.

A study of 56 men aged between 25 and 52 by the Bikur Holim Hospital, Jerusalem and the Hebrew University Hadassah School of Dental Medicine found that more than half the men with low sperm counts or no sperm at all suffered from developed gum disease. Gum disease has been linked to heart disease, diabetes and strokes and now infertility.

Chief executive of the British Dental Health Foundation (BDHF), Dr Nigel Carter said: ‘Brushing your teeth may not sound sexy, but this study shows its importance to male fertility.

Factor in the benefits of good oral health for an attractive smile and to stop bad breath and it’s time men picked up their toothbrush.

The BDHF begins its annual National Smile Month campaign on 17 May, highlighting gum disease’s links to overall health under the slogan: ‘Look after yourself, brush for health!’

National Smile Month will promote the key routines for good oral hygiene.

More NHS dentistry for Cumbria

An additional 50,000 NHS places will be available at four new surgeries in Cumbria by the end of the year.

Hundres of people have joined the waiting list for an NHS dentist in the area after news of the extra places.

West Cumbria already had 16,500 people on the waiting list before the announcement was made.

Purpose-built dental surgeries are being planned in Maryport and Workington under a £1.75m scheme.

The Working practice will provide 10,000 places divided up between four dentists and the Maryport surgery will have 5,000 places and two dentists.

New surgeries will also provide 10,000 places in Whitehaven and 5,000 in Egremont. Eric Rooney, consultant in dental public health at NHS Cumbria, said: ‘With over 50,000 new places on the way, we can envisage that anyone who wants to see an NHS dentist in West Cumbria will soon be able to.’

He is calling for anyone wanting NHS dental care to register by visiting the website at www.cum-bria.nhs.uk/pct.

Patients who are on the waiting list will be informed in advance by letter about where and when the surgery near them is due to open.

Tooth decay admissions rise

Over 36,000 children are admitted to hospital with tooth decay every year and the figure is on the increase, according to the Conservatives.

Figures obtained by the Conservatives showed tooth decay is now the third most common reason children are admitted to hospital.

In a Parliamentary answer, health minister Ann Keen, revealed there were 36,530 admissions in 2006/07 among youngsters aged 14 and under.

However, figures for 2001/02 showed that tooth decay was not even one of the five most frequent main diagnoses.

The figures show there has been a 15 per cent rise in the incidence of hospital admissions relating to tooth decay in five years, the Conservatives said.

Shadow health minister Mike Penning, criticised the government for causing a ‘significant deterioration in the country’s dental health’.

He added: ‘In particular, Labour has completely failed to make any meaningful progress in terms of preventative dentistry. Regrettably, with a new contract that woefully neglects prevention, these problems will only get worse in the future. Labour need to stop dithering and take action to sort out the mess they have created of NHS dentistry.

A good place to start would be to admit their mistakes and scrap the botched dental contract.’

In 2006/07, the two most common reasons for admission among children were acute upper respiratory infections, followed by prematurity birth and low birth-weight. Dental caries (tooth decay) was third, followed by viral infections and acute tonsillitis.

However a spokesman for the Department of Health called the allegations ‘misleading’ and said: ‘To claim we are doing nothing on preventative dentistry is simply wrong. All NHS dental practices now have access to evidence-based practical guidance on effective preventative treatments.’
Revitalise your practice interior

Patients like to experience an up-to-date, friendly and welcoming environment when they visit the dentist, so it pays to keep your practice in tip-top condition. Kathy Adams explains

Dentistry is big business. Patients no longer view visiting the dentist for a check-up as ‘routine’. More discerning and demanding than ever, patients look for something to differentiate practices from one another.

To ensure your continued competitiveness in the market, it may very well mean that your practice is well overdue for a facelift. But don’t panic! This doesn’t necessarily mean that you are going to put yourself out financially, nor does it mean that your practice will experience any unnecessary disruption.

Design is easy

Apply the same design principles as found in retailing outlets on the high street to your practice. Carefully selecting a few choice solutions that suit your budget has the ability to transform your interior.

Transforming your practice can be as easy as changing your flooring. Hard finishes are generally used in a commercial environment and can include timber, vinyl and linoleum flooring. Competitively priced, these options require little preparation and are easy to lay and maintain. With a variety of brightly coloured and sophisticated floors available, whatever you want to achieve from your practice design is available at your fingertips.

Bright and beautiful

The use of colour is very effective in improving your practice space. Why not consider painting the majority of walls in a neutral colour and create a feature wall by picking a wall in your reception or waiting room and painting it in a strong colour? Painting the skirting, architraves or doors on the feature wall in the same colour will create a very eye catching and modern look. Additionally, colour can separate different areas of the practice, for example well-chosen fun colours can enhance a children’s area.

Good-quality fittings

It is easy to avoid that domestic look by using well-made commercial fittings, materials and finishes. Choose some commercial quality seating in a great colour and tie this in with some decorative dental art and good lighting. Good lighting and a good choice of light fittings such as architectural fittings of simple steel and glass prove particularly effective can make all the difference by creating a particular mood for your practice. This is a benefit not just to your patients, but can enhance the working environment for your staff, increasing productivity, creativity and motivation.

Selling accessories

Did you know that it is possible to add several thousand pounds to your practices’ profit through selling merchandise? A small, yet profitable, merchandise area can be created by painting an area on your wall and mounting on it display equipment, such as wall units or cabinets. Add some sparkle and accent lighting on your display, to create a particularly professional look.

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About the author

Kathy Adams is design director at Admor. For more information, contact Admor on 01273 553078 or visit www.admor.co.uk.
A dental emporium

A pioneer in all aspects of aesthetic dentistry has set up a successful dental school at his practice in Kew. Yvonne Gordon visits Dr Howard Stean to find out more.

In an elegant building near Kew Green in London, Dr Howard Stean boasts a state-of-the-art facility onsite – a high-class dental practice in welcoming and comfortable surroundings, and, to top it all, a large dental lecture theatre on the specially converted extra floor, where monthly seminars and practical teaching sessions in his special field of expertise of, aesthetic restoration, take place.

On meeting him, I was immediately struck by the level of genuine modesty exhibited by someone with his level of experience and expertise. Howard decided to set up a training school in his practice so he could teach both the theory and practice of dental aesthetics to qualified dental practitioners wishing to extend and update their skills in Aesthetic Restoration.

He has built a whole new floor for the large lecture theatre, which has room for up to 20 dentists, because he wants to give something back to dentistry, which he says has been very good to him.

Sharing his knowledge

He explains: ‘I really enjoy passing my knowledge onto other dentists, whom I see as myself in embryo. I had to find out the hard way. Training then was easier in some ways but harder in others. Things are much more complex nowadays. However, teaching is the tip of the iceberg, one can only tell if something really works from one’s own experience. So it is vital to be a practising dentist to teach these kinds of courses.

Howard founded the ADAPT (Aesthetic Dentistry and Professional Training) society in 1993 for the study and promotion of excellence in this subject. He says: ‘ADAPT members are in the forefront of using and reporting on new products and clinical techniques. We aim to offer our patients the finest and most modern dentistry in the UK.’

A range of services

Howard, who has practised dentistry for nearly 40 years, offers aesthetic veneers, crown treatment, dental implants, aesthetic restorations and laser dentistry in his practice. He always emphasises the importance of basic dental care, rather than just going for a quick fix.

He has also incorporated the range and methods of dental procedures available nowadays into a new system called Facial Dentistry, which is based on the solid principles of an understanding of Occlusion. This can make permanent improvements without the need for cosmetic surgery. This innovative technique re-aligns the jaw-line, offering permanent improvements to the teeth, gums, smile and chin in a way which improves the form of the facial structures.

Howard, who uses four lasers in his dental practice, formalised his wealth of teaching experience through the formation of his company, Dental Education.

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ESSENTIAL KNOWLEDGE

- The dental evaluation team at ADAPT – which is available to join by invitation only - has the opportunity to regularly test the quality of dental products on behalf of manufacturers.

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- ‘However, teaching is the tip of the iceberg, one can only tell if something really works from one’s own experience. So it is vital to be a practising dentist to teach these kinds of courses.

- Howard founded the ADAPT (Aesthetic Dentistry and Professional Training) society in 1993 for the study and promotion of excellence in this subject. He says: ‘ADAPT was the first UK society devoted to excellence in aesthetic dentistry. It is a forum for the study and promotion of the newest and best in aesthetic techniques.’

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His popular Aesthetic Restoration courses run on Wednesdays for five months starting every September, using a step-by-step programme, with each session building on the previous one. The course caters for all dentists wishing to improve their skills in this area. The syllabus includes composites, veneers, crowns and bridges, occlusion, laser dentistry, implants and marketing.

In between, delegates apply what they have learned on the course, in their own practices. Howard says attendances have been increasing steadily. He keeps numbers down to 20 to be able to give individual attention and personal tuition. He makes it his business to be on top of new developments in the dental field, also offering advanced courses on occlusion as well as personal development courses, conducted one-to-one.

Attention to detail

Courses are conducted in a secluded, cozy and intimate setting, including excellent refreshments. Howard says: ‘I wanted to create something different which would be useful for a long time to come.

‘The whole subject of aesthetic dentistry is exploding and I am learning all the time. Mine is not just a one-subject practice, although each is a very big subject on its own. It is an ongoing task to be on top of them all, so one can treat the whole case. Nowadays there is a specialist for each field and a specialist register, but I am proud to be a generalist. It’s good to have specialities, but my concern is that patients need everything treated. There is still a place for a good generalist who can work out all the things that are wrong and be in charge of getting them solved. Many dentists are concentrating on a narrower range of treatments.

‘In the field of Aesthetic Dentistry one has to have a wide range of abilities. I am inspired by the enthusiasm of my students who come from all over the country. Everyone who has a registered qualification from the UK or Europe is welcome. They work very hard and I am there to help them and show them how to learn from mistakes along the way. They come specifically for my knowledge, skills and expertise.’

Howard teaches all the courses himself, aided by technicians who explain the complex technical processes. In his spare time he enjoys music and is a keen jazz pianist.

Author of a book on aesthetic dentistry, Howard is also the first UK visiting professor in restorative dentistry at the University of Havana, Cuba, an honour he takes very seriously.

He loves his work both as a dentist and a teacher. He says:

‘I get great personal satisfaction through helping dentists gain new skills and enabling patients to improve their teeth and therefore the quality of their life.’

Visit Howard Stean’s practice at 103 Mortlake Road, Kew, TW9 4AA; call 020 8876 4542 or email howardstean@ukteeth.com. For more information, log onto www.dentaleducation.org, www.ukteeth.com and www.adaptuk.org.
Coping with redundancy

Choosing to let some of your staff go could be a reality in these times of recession. ASPD member Sunil Abeyewickreme gives an in-depth explanation of the process to help you decide what to do

With the British economy now officially in a recession, even though the nation’s oral health requirements may not change, a significant number of dental practices are likely to experience some downturn in demand. Private dentistry—and in particular practices carrying out cosmetic dentistry may well be the first to suffer, but NHS dental practices could also be affected, especially those facing clawbacks for underperformance of LDAs. As banks are not as inclined to lend these days, Sunil Abeyewickreme writes about the handling of redundancies in order to weather the storm.

Redundancies occur when employees are dismissed because their employer no longer needs them. Generally, this happens for one of the following reasons:

• The employer’s business ceases

Reduction in the number of workers needed to do the employee’s job, for example, when an associate dentist leaves and is not replaced.

Once redundancies are being proposed, the employer should carefully identify the appropriate ‘pool’ of employees from which to select the redundant employees. By example, if there was a need to reduce the number of dental nurses in a dental practice, usually all those who undertake the duties of a dental nurse would be in the ‘pool’.

The consultation period

Before a decision is made, employers must consider whether there are any alternatives to dismissing employees for redundancy, otherwise the dismissal may be rendered unlawful. These alternatives could include a lay-off or a period of short-time working if the employees consent to such steps.

In order for employers to consider the alternatives to redundancy they must consult with staff. If an employee who is dismissed by reason of redundancy has not been consulted, the dismissal can be unfair. Consultation must allow discussion as to whether the proposed redundancies are necessary at all and whether the employee has an ability to fulfil other functions within the practice or whether there might be part-time work available. It should begin at least 50 days before the first dismissal takes effect.

There are strict European regulations concerning consultation when there are 20 or more employees at the same place of work whose services are no longer required through no fault of their own. In such circumstances the employer must consult with a recognised trade union or elected non-union representatives within prescribed time-limits which vary according to number of employees to be made-redundant.

The selection process

Having consulted staff, if the employer still considers that it is appropriate to make redundancies, they must ensure that they have used a fair method of selecting those to be made redundant. A justifiable set of criteria, for example, skills, qualifications, disciplinary proceedings should be used to select from the ‘pool’ the employees to be made redundant. The chosen criteria usually are set out in a selection matrix, which must be applied rigorously and without bias. A point-scoring system is commonly used where points are given for the selection criteria. The lowest-scoring employees will be selected for redundancy.

Once an employee has been fairly selected for redundancy, the employer should then be invited to a meeting to discuss the proposed redundancy. This invitation should be in writing and state the reason for contemplating the employee’s dismissal in redundancy and the selection criteria which was used and the score given.

The dismissal stage

At the meeting during which the employee can be accompanied by a Trade Union representative or work colleague, the employer should take into account any views the employee may have about the intended redundancy dismissal. In particular, any views that the employee may have about alternatives to redundancy such as their ability to fulfil other functions within the practice or whether there might be part-time work available. After the meeting, once the employer has considered the employee’s response, the employer should inform the employee of its decision and the right to appeal against the decision if not satisfied with it.

The employer must give the employee notice to terminate the contract or pay wages in lieu of notice, if it is decided to dismiss by reason of redundancy. The length of notice required is that specified in the contract (as long that notice is not less than the statutory minimum).

Assistance finding work

The employer should always consider giving the employee suitable alternative employment. If the employee unreasonably refuses to undertake suitable alternative employment and this is not to start later than four weeks after the end of the old job, the employee will lose his right to a redundancy payment. The employee can take the alternative employment on a four-week trial as long as they start the job not later than four weeks after the end of the old job.

Employees who have been given notice of dismissal for redundancy have a statutory right to a limited amount of time off work to seek new employment or to make arrangements for retraining.

Redundancy payment

Provided the employees have been working for the employer for more than two years, they are entitled to a redundancy payment, which is a tax-free sum that proportionately reflects the length of service.

The amount of redundancy payments will be calculated as follows:

• 1 week’s pay for each full year of service where age during year is 22 or above, but less than 41

• 1.5 weeks’ pay for each full year of service where age during year is 41

From February 2009, the maximum weekly pay which can contribute to a redundancy payment has increased from £530 to £550. The maximum number of years continuous service that can be counted for statutory redundancy payments is 20 which means that the statutory redundancy payment cannot be more than £10,500. The employer should provide a written statement showing how the amount of the statutory redundancy payment is calculated.

Redundancies can be either voluntary or involuntary. Employers take voluntary redundancy when they agree to leave a post that is being removed from the workforce. In contrast, involuntary redundancy is when the job loss is forced upon an employee. Both types of redundancy may incur some form of payment or time off in lieu as compensation.

This article has been written in February 2009 and takes into account proposed changes to the statutory disciplinary and dismissal procedures, however as case law develops the advice could change. As employees are likely to feel disgruntled if they are being made redundant, employers should take legal advice at an early stage when considering upon making redundancies.

About the author

Sunil Abeyewickreme qualified as a barrister and heads the Employment Law Department at the leading dental law firm, Cohen Cramer. Prior to joining the firm in October 2008 he had been a legal adviser to the BDA for four years. He has considerable experience in the field of employment law and has given a number of presentations across the country on various legal subjects relevant to dentistry. ASPD members offer professional, objective and practical advice and services, based on experience within the industry, to dental practices and other businesses within the dental sector.

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Man With a Mission

Instead of the usual big party, Dr Edwin Scher is celebrating 20 years of teaching dental implant programmes with a seminar, as well as planning lectures for the Clinical Innovations conference. Yvonne Gordon finds out why

Implantology pioneer, Dr Edwin Scher is celebrating 20 years of teaching Dental Implant Programmes this year in a novel way. Instead of marking the occasion with a big party at an upmarket venue as in previous years, he has made the decision to hold a full-day seminar on, ‘How to Make Dental Practices Recession-Resistant,’ which he feels is more appropriate in the current economic climate.

Specialist in Oral Surgery & Prosthodontics, Dr Scher is a man, whose dental prowess is in great demand across the globe. I was lucky enough to find a window of opportunity to meet him in his busy schedule. The previous evening, he told me that 15 dentists had gathered at his home to discuss journals. The night before he had a committee meeting and he was working the whole of the following day and then jetting off to Cape Town, to lecture at a conference. This pace is normal for Dr Scher, who is fulfilling his life-long dream through his work. He says: ‘I always dreamed of being this busy and in demand as a dental specialist in my chosen field and it is thrilling that it is actually happening. In fact I can’t quite believe it, but it is fantastic.’

‘Every month I am invited to lecture abroad about Implantology, to countries including the US, Norway, Israel, South Africa and Germany and am very honoured to be so busy.’

A pioneer in Implantology, Dr Scher is one of a rare breed of dentists who has a lot of teaching experience as well as being a specialist in both Oral Surgery and Prosthodontics.

He has run his renowned practice off King’s Road for 20 years. But Dr Scher is not celebrating this achievement by holding a party at, The Roof Garden, or, Madam Tussauds as he did for marking 10 and 15 years of teaching. He explains why he is instead organising a seminar on making practices recession-resistant. He says: ‘My wife, Belinda and I feel this is far more appropriate in the terrible economic climate, than having a flash party. That is why we have invited renowned practice manager guru, Cathy Jamieson, over from the States to run this seminar, to which we will invite all our refer-

Professor Nitzan Bichacho and Dr Devorah Schwartz-Arad are talking on, ‘Success Factors in Dental Implantation: A multi-disciplinary approach between the surgeon and the prosthodontist.’ Dr Scher says: ‘I have invited top academics over from Israel for the event, whom the NUT attempted to prevent from speaking in the UK because of a boycott against Israel. So I wanted to redress the balance. In Israel, Implantology is at the forefront of complicated treatment planning.’

Prof Bichacho heads the Ronald E Goldstein Centre for Aesthetic Dentistry and Clinical Research at the Prosthodontics department of Hadassah Medical Campus. He has published and lectured extensively worldwide in the fields of dental im-

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Interview 15

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plant therapy, fixed prosthodontics, cosmetic dentistry and innovative treatment modalities in aesthetic dentistry.

Dr Schwartz-Arad received her PhD from the faculty of medicine, at the Hebrew University, Jerusalem. She is a specialist in oral and maxillofacial surgery and has lectured for more than 20 years at, Tel Aviv University. She also has a surgery, with special expertise in bone grafting and dental implantology.

Dr Scher comes from a long line of dentists, with his grandfather, his father and three brothers all following the profession. Although the Schers are

My father used to say ‘If only there were two roots in the lower jaw, it would give the denture stability.’

no longer residents of Cork, the family has left a lasting legacy there as confirmed by magazine articles, Tribute to the Schers - Dentists Supreme.

He says: ‘As a student, I would stand at the bottom of my late father’s chair, who was Dean and Professor of Prosthodontics at Cork Dental Hospital. He used to say, ‘If only there were two roots in the lower jaw, it would give the denture stability’. When implants came along, I always remembered my father’s saying. When he passed away, I had been doing implants for four years and he was very proud.’

Originally trained at the dental school of University College, London in 1975. Dr Scher has many prestigious titles to his name. He is full visiting professor of Prosthodontics & Implants at Temple University, Philadelphia, a member of the faculty of dentistry at Lyon and honorary senior lecturer at Salford University, as well as an honorary lecturer at Eastman Dental School. He is also on the board of the world’s biggest implant board, ICOI. (International Congress of Oral Implantology)

Editorially, he is chairman of the board on quarterly publications, Implant Dentistry Today and has been featured in many magazines and newspapers, including Harper’s, The Daily Mail, Good Health, section and, Dental Practice magazine. He is also a highly respected contributor of refereed articles to many journals in the field.

Dr Scher has headed on-site dental education teaching programmes for 20 years, running annually, two six-day programmes, three Advanced Surgery two-day programmes, as well as two two-day Guided Surgery lectures. He is also very interested in distance learning and wrote a module about, Implant Complications, within the, Implants Distance Learning Programme, for the Association of Dental Implantology. (ADI) In the elegant town-house where the practice is housed, a closed-circuit television connects the 12-seater lecture theatre upstairs, with the operating theatre.

He loves his work and says: ‘Implants can really change a person’s life. Patients always want to tell others how good it is. I have restored patients who have several front teeth missing to full dental health, They are ecstatic.

‘There has been a massive growth in implants. But in the UK we are very late in implant awareness. We are way behind.

The public at large don’t yet know the full extent of what implants can do. I love teaching because it brings greater awareness of what is possible, but I would always want to carry on doing the practical work.

‘It is very important that all GDPs should have enough knowledge to use implants in their patient treatment plans when appropriate. This does not however mean that dental practitioners have to carry it out themselves, but they must know when to refer a patient on.’

However he warned that any periodontal disease must be cleared before implant surgery and, if severe, needs to be referred to a periodontologist, before implant treatment can take place.

He says: ‘A good ethical dentist is going to ensure any gum disease is under control. They will always make sure they see the whole picture.’

He says the main candidates for implants are usually middle-aged and elderly, except for younger people who have lost teeth through accidents. He explains: ‘Those aged from 15-50 are fluoride babies and tend to have fewer tooth problems, along with better oral hygiene.

Surgical nurse turned practice manager, Diane Barnes, is friendly and efficient. She has worked with Dr Scher for 25 years and presides over the team of three nurses, two hygienists and two dentists. She says: ‘We are very busy with lots of regulars and referrals, because of our good reputation.’

Dr Scher’s next Osseointegrated Implant course runs from March 15 to 20 at Walpole Street. Its aim is to follow patients through from examination, treatment, planning and operation to the final restoration.

The practice also offers treatment including preventative dentistry, periodontics, hygienist treatment, cosmetic dentistry as well as its groundbreaking work in Implantology, for which it is renowned.
Nickel-titanium instrumentation

Dr Michael Sultan discusses the instruments he prefers to use when preparing canals in three dimensions in preparations for endodontic treatment

Canal preparation has always been difficult in endodontics. The aim is to prepare canals in three dimensions removing both organic and inorganic material to enhance cleaning and to facilitate a three-dimensional seal. The greatest advance in preparation has been the use of NiTi instruments.

It has to be emphasised however, that mechanical preparation alone cannot fully clean a tooth. For that we need irrigants to really disinfect teeth-chemomechanical preparation.

In the past, preparation was slow and laborious using instruments made out of stainless steel. These instruments were used in a filing and reaming action and progressively larger instruments were used to prepare canals, remove debris and provide a shape that could be filled. Canals that were curved were difficult to prepare and if care was not taken or too little irrigants used they often got blocked or the preparation deviated from the actual canal causing ledges.

The greatest advance in the last 15 years or so has been the use of NiTi a super elastic alloy with 3-5 times the flexibility of stainless steel and shape memory. This coupled with an electric motor controlling speed and torque has revolutionised Endodontics leading to faster more efficient preparations. The correct usage and careful technique has led to the reduction in the original problems of instrument fracture.

The cost of these instruments is relatively expensive compared to the much cheaper stainless steel files and can easily add £50 to each procedure, especially in light of the new government guidelines that Endodontic files should not be sterilised but discarded. However, the time saving element of the instruments and the quality of the preparation that can be achieved more than compensates for the added cost.

Every major manufacturer has brought out their own system and with it claims that their system is the best. The general features include fracture resistance, flexibility and debris removal. In a move to make the systems more attractive there is a current trend to use fewer instruments with the

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Mr Sean Goldner on ‘CT Scanning’
Mr Keith Rowe on ‘Laboratory Techniques’

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Each system is slightly different; therefore it is important to follow the manufacturers’ protocol to avoid ledging and fracture. It is also recommended that any new systems be tested on either extracted teeth or Endo-Vu blocks. It is still important to remember that whichever system is used the canal should always first be negotiated using hand instruments to provide a glide path before introducing the rotary instruments.

There are a number of claims of the manufacturers:
- Canal transportation is minimised: this is key to the success of the NiTi files and used carefully the files can follow the canals without straightening them too much or deviating.
- Reduced extrusion of debris through apex: with stainless steel files and reaming/filing there is inevitably debris, which is extruded through the foramen. This can lead to afterpain, which may be reduced with NiTi. The shape of the NiTi files means that the debris is removed via the flutes and although this is generally true, in reality a lot of debris is spun out laterally.
- Canal walls are smooth – NiTi files can produce remarkably smooth shapes, however it is very easy to be seduced by a 2D-dimensional representation of a 3D space. In reality the files tend to stay centred in the canals. Most canals are not round in cross-section so there will inevitably be areas that are touched by the files and others that may be filled with debris.
- Preparation is easily obturated: this is only true if matched GP points are used together with a technique such as using a system B or thermofill. If the taper is small, lateral condensation can actually be very difficult.

Whichever system is used, the results especially on curved canals can be far better than anything that could be done with the earlier, very rigid stainless steel instruments. The time saving is certainly significant and more than compensates for the increased cost.

Dr Michael Sultan BDS MSc DFO is a specialist in Endodontics and the Clinical Director of EndoCare. Michael qualified at Bristol University in 1986. He worked as a general dental practitioner for 5 years before commencing specialist studies at Guy’s hospital, London. He completed his MSc in Endodontics in 1993 and worked as an in-house endodontist in various practices before setting up in Harley St, London in 2000. He was admitted onto the specialist register in Endodontics in 1999 and has lectured extensively to postgraduate dental groups as well as lecturing on Endodontic courses at Eastman CPD, University of London. He has been involved with numerous dental groups and has been chairman of the Alpha Omega dental fraternity. In 2008 he became clinical director of Endocare a group of specialist practices.

Dr Michael Sultan can be contacted for advice regarding patients or any issues raised by the articles on michael@endopro.co.uk
Finding your voice
You don’t need to worry about oral exams, as long as you prepare well in advance and try to keep calm. Sarah Armstrong offers some words of advice.

Before an examination

Nerves are a common problem for candidates undertaking oral exams and these can affect people in different ways; disrupting normal sleeping and eating patterns, affecting your revision and causing panic during the exam itself. Thorough preparation is key, there’s no substitute for putting the work in and getting the revision done. Make sure you know what the format of the exams will be, the topics covered and what will be expected of you.

Mock examinations are an important aid in getting you used to an oral exam situation. Often students have never experienced an oral exam and getting an idea of their style/format and gaining practice answering questions is invaluable. Ask friends, colleagues or senior staff members for a mock – even if it’s just a few questions on the spot – it’s all useful practice and they can give valuable feedback.

On the examination day, try to concentrate on your own exam performance. Candidates have a habit of embellishing their performances – be them good or bad, which can be the last thing you want to hear just before you enter your own exam. Everyone will have a different exam experience – there will be different patients, examiners and questions making it almost impossible to draw comparison.

During an examination

Although tensions can be running high in an exam situation, it’s important to give your self-time to think. Make sure you’ve heard and understand the question before answering, rather than launching off on a tangent; clarify the question if you have any doubts. If you don’t know the answer to a question, tell the examiner you don’t know. Guessing is risky, especially if you say something which could be considered dangerous. Don’t worry if you can’t answer every question – the examiners are trying to explore the limits of your knowledge.

Frequently in oral examinations there is no segmented line of questioning; this is your opportunity to guide the exam using the answers you give. If you are asked to give a differential diagnosis remember, common things are common! Don’t mention rare mucosal disorders before you mention the much more common lichen planus/candidosis – the examiners WILL know more about it that you and the margin for error is much greater. They will be more interested to hear you speak confidently about a disorder you are likely to come across in every day practice rather than give an assortment of facts about the weird and wonderful!

Thinking clearly

A key factor in oral exam success is being able to think in coherent steps. Examiners want to see that candidates can think logically. Often you may be given what can seem like an overwhelming amount of information about a patient (records, models, radiographs etc). The best way to tackle this is to break up the information into steps as you would if a patient were present; presenting complaint, history of complaint, physical history, social history, past dental history, medical history.

Don’t be afraid of the examiners as they are there to help you pass, not to give you a grilling.

Don’t be afraid of the examiners as they are there to help you pass, not to give you a grilling. Discussing treatment options is a favourite exam topic. Don’t panic if you’re not entirely sure what the most appropriate treatment is, how you reach a decision is can be more important than your final answer. Make sure you can give a collection of reasonable options and be able to discuss their pros/cons. There is often more than one right answer.

Love thy examiner

Don’t be afraid of the examiners. They are there to help you pass, not to give you a grilling. That said it’s worth finding out who may be examining you and do your research – make sure you are familiar with the examiners specialist subjects as these may make an appearance.

Remember, oral examinations offer a unique opportunity to demonstrate the extent of your knowledge, prepare well and you should be fine!

About the author

Sarah Armstrong qualified from Newcastle University in 2008 and is currently working as a vocational dental practitioner in Brampton, Cumbria.

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Masters at work

A state-of-the-art dental practice is building on its range of top-quality educational courses for dentists and dental health practitioners. Yvonne Gordon reports

Dr David Bloom and Dr Jay Padayachy are business partners at Senova Dental Studios, Watford, (formerly Bloomsbury Dental) which opened at new, stylish and hi-tech premises earlier this year with superb facilities, ideal for both practical dentistry and cutting-edge dental courses for dentists and dental health practitioners.

Senova has a large patient’s lounge area that doubles as a lecture theatre seating up to 45 delegates, as well as two rooms suitable for smaller seminars, perfect for lectures held on weekdays so that the practice doesn’t need to close.

They also hold weekday evening seminars for local practitioners.

For patients, there are nine dental studios including a dental operating theatre. The practice’s hi-tech equipment includes a Magnavu – a high-tec camera which can film in one studio and project into the lecture theatre.

Dr Bloom explains: ‘We use the Magnavu as a teaching aide and also as a video microscope. It even enables the practitioner to work off a TV screen.’

He continues: ‘All our facilities are located around a central sterilisation area, so everything is extremely accessible and absolutely ideal for both hands-on teaching sessions and lectures.’

Support is key

Dr Bloom and Dr Padayachy, who both have many years of teaching experience, are aided by Melonie Prebble, head of hygiene and co-director with Bloom and Padayachy, of teaching company CO-OP.R8 Seminars, which offers a broad range of continuing education seminars on the premises, including bespoke training, hands-on clinical training and talks by internationally acclaimed speakers.

Specialised lectures and workshops include: Hands-On Whitening programmes for dentists and dental health practitioners in May 2009 and the four-part, step-by-step, Aesthetic Hygiene Experience course, which runs from September to March. In addition, courses on Smile Design in September/October 2009 and Smile Make-Overs are on offer, as well as a photography course in June by Peter Gordon and Facial Aesthetics run by Brian Franks, director of Facetec. The team also runs Implant Mentoring Programmes for Nobel Biocare and is planning, Hands-On Implant day courses. There are also Hands-on Occlusion levels I & II and Record-Taking courses which features Bo Bruce and Dave Newkirk, who also teach at the Dawson Academy and lectured recently at the BACD annual conference.

BACD past president

A graduate of the Newcastle-upon-Tyne Dental School, Dr Bloom, who has been a partner since 1990, is accredited by the British Academy for Cosmetic Dentistry (BACD) and is a past president of the organisation.

He says: ‘As members of the dental profession our passion lies in moving dentistry forwards. We believe that with our hands-on skills and knowledge we can assist like-minded dental professionals to reach their goals.

‘My father was a dentist and we worked together for many years.’

Courses at Senova

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Five minutes of fame

Yvonne Gordon talks to Cheshire dentist Dr Robert Dunn, after his appearance on Channel 4’s Ten Years Younger programme, to find out about the magic behind his methods.

A dentist entered the homes of millions of television viewers when he performed life-changing mini-implant dental surgery on popular TV programme, Ten Years Younger, in which he helped to transform the image of 58-year-old, David Yule. Robert Dunn, principal of two practices in south Cheshire, took two hours 30 minutes to insert mini-implants into Mr Yule’s mouth, in an operation which was edited down to a mere three minutes for the programme.

Transforming smiles

When Cheshire dentist Dr Robert Dunn, was asked to perform mini-implant surgery on Channel 4 programme, Ten Years Younger, he thought it would be a good opportunity to demonstrate the transformative power of dentistry to a wider audience.

Mr Dunn was approached to carry out oral surgery to improve the image of candidate, David Yule, on the programme, in which presenter, Myleene Klass, and her team attempted to turn the clock round for Mr Yule, so he could hopefully inject some romance back into his life. The aim was to change his overall looks from saggy to sassy and his facial appearance from grizzly into finely chiselled.

Mr Dunn got involved in the programme through his connection with leading dental implant manufacturer, Imtec – a 3M company – for whom he has presented seminars on mini-implants for several years.

He says: ‘The programme’s dental consultant/presenter, Dr Uchella Okoye, approached me through the company because she wanted David to have mini-implants inserted. She visited my surgery in September when I demonstrated a case to her. The actual recording was done in November.’

The challenge ahead

In the programme, which was aired on February 12, Mr Yule undergoes a complete image makeover, which includes extensive dental treatment, as well as facials, a wardrobe overhaul and general tips on skincare and grooming. As a result of not visiting the dentist for many years, as well as smoking for more than 43 years, no skincare routine and cycling in all weathers, Mr Yule’s overall appearance and oral health certainly left a lot to be desired. Also, his face was gaunt and dry, with worn and wrinkled skin, although he still had the body and energy of a much younger man.

To top it all, most of Mr Yule’s teeth were missing. He only had three teeth left intact, leaving him with a sunken face which had aged him over and above beyond his years. He was prescribed the following dental pro-
cedures to restructure his teeth and transform his face: hygiene treatments, mini-implants and dentures.

Down to business

Firstly, Mr Dunn removed the Ten Years Younger partici-pants three remaining teeth and prepared his mouth for his new cosmetic dentures, which were fixed with mini-implants screwed into his gums. These mini-implants are likely to last from five to 10 years if they are looked after properly.

Mr Dunn says: ‘The procedure involved extraction of the upper right canine, the lateral incisor and the central incisor, with the placement of collagen membranes and bone augmentation substitute to rebuild the premaxilla in this region, as the bone had been eroded away. This was necessary in order to allow the fitting of an immediate upper full denture. This was stabilised in David’s mouth by the placement of three mini-implants screwed into his gums on the upper left side. Without the implants the dentures would not have stayed in place.’

A memorable experience

Mr Dunn says he enjoyed being on, Ten Years Younger, with the only downside being the ‘heat from the lights’. He says: ‘We had a good laugh, even though some of it felt a bit staged. I hope that in the next programme I will be able to talk a bit more about the great benefits to certain patients, of having mini-implants. The mini-implants have certainly helped David improve his quality of life.

People, who have dentures but no gums, have a very poor lifestyle, which can really be transformed through the application of mini-implants.’

About the author

Mr Dunn, who runs the Cheshire Centre of Dental Excellence, in Bedford Street, Crewe, carried out his first implant surgery in 1972, which he says the patient still has in place. Originally trained in Manchester, he has practiced dentistry in Cheshire since 1970 and opened his second practice in Nantwich 18 months ago.

For more information about Mr Dunn’s mini-implant procedures, call the sur-gery on 01270 354528 or visit www.robdunndentalcare.co.uk.

Another willing candidate

Mr Dunn is also performing a dental operation for another forthcoming programme in the series of Ten Years Younger, which is being recorded in March, though no airing time has yet been confirmed. He said he is working on a similar case for the episode.

He says: ‘Dot, the lady on whom I am doing the surgery, had a denture put in when she was 17, about which she is very self-conscious, to the extent that she has told no-one, not even her husband. It took over half an hour to persuade her to go ahead with the mini-implant procedure.

‘For her treatment, I have made provision for five mini-implants to stabilise an acrylic denture replacing all the teeth in the upper arch, apart from the upper left lateral incisor and canine, as well as the upper right third molar.’

The mini-implant system consists of a miniature titanium implant, which acts like the root of a tooth and a retaining fixture that is incorporated into the base of the denture. The head of the implant is shaped like a ball and the retaining fixture acts like a socket that contains a rubber O-ring. The O-ring snaps over the ball when the denture is seated and holds the denture at a prede-termined level of force. When seated, the denture gently rests on the gum tissue. The implant fixtures allow for micro-mobility while withstanding natural lift- ing forces. In 1997, Dr Sendax collaborated about his mini-implant theory with Imtec founder, Dr Ronald Bulard. The innovative system was introduced to US dentists at an implant conference in Florida in 1999.

Ten Years Younger

‘We wanted to change his over-all look from saggy to sassy, and his facial appearance from grizzly to chiselled’

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For more information about Mr Dunn’s mini-implant procedures, call the surgery on 01270 354528 or visit www.robdunndentalcare.co.uk.
The fear factor

No matter what your role is in the team, you are never isolated from dealing with nervous patients, so should be prepared for this to happen. Sharon Holmes offers some advice

Whether you're the receptionist, the nurse or the practice manager, learning to spot and understand the signs and symptoms of an anxious patient is probably one of the most important skills you will develop when working in a medical environment.

My working life extends back to when I was 19-years-old and working in a hospital in South Africa, training to become a staff nurse. This was before I changed career direction and went into dentistry, I can recall one incident very clearly involving a patient that was regularly being admitted due to heart failure. She was admitted one Sunday when I happened to be off duty. On Monday, What really matters

This lady was in her seventies and as it turned out, very afraid of dying. Even though my Afrikaans is not as good as I'd like it to be, I managed to use it to talk to her, which in return made her feel wanted, understood and cared for. And that is what really counts. I learned from very early on that fear and anxiety can be misunderstood, with patients of this disposition often labelled rude and demanding. I learned very early not to take this personally, but rather to be calm when dealing with patients of this nature.

My nursing experience made working in the dental surgery a lot easier, mainly because you tend to work much closer to the patient while assisting the dentist. The patient's personality would change from appearing 'rude' in the waiting room, to 'really anxious' in the surgery just before treatment.

I learned very early on not to take this personally, but rather to be calm when dealing with patients of this nature. When I spoke to the other nurses about this, they said they found her rude and demanding.

Most of the time, first-time patients let you know that they are really anxious, allowing you to openly comfort and reassure them. Then there are patients that don't tell you they are afraid, but if you have any form of emotional intelligence as a dental nurse, you should be able to sense when the patient is uncomfortable. This is a skill all nurses should make an effort to develop. I would make small talk with the patient, and slowly they would open up to me. I used to pay particular attention to their responses and body language to gauge when not to make small talk. Most of the time I was able to develop strong bonds with my patients, to the point when I called in sick, certain patients would cancel their appointments and reschedule. My dentist found this really amusing, especially as it wasn't me carrying out the treatment, but him!

Patients have many different reasons for attending the same practice continuously. They may not be happy with the whole team, but there is usually one member that makes a difference to them. So it's not just the dentists that bring patients into practice – good support staff also bring referrals from patients, which lead to whole families joining the practice.

Support is vital

Ignoring a patient's anxiety can be detrimental to the patient and tell whoever will listen about the poor experience they've had.

In today's times, the media and the internet play an important role in promoting your practice's reputation, for example, patients join community websites where they can publish their comments about their dental practice. This is a good way to monitor what your patients think of you, because most won't tell you what you're doing wrong, instead they'll just go somewhere else. No one likes going to the dentist, so we as a dental fraternity have a duty of care to the patients to make their visit as enjoyable as possible. Remember dentists' patients are also watching you closely and the relationship you have with your staff makes a huge difference to how the patients see you as a person.

Leaving differences behind

Earlier in my career, we had one very difficult dental working for us who made the nurses' lives at work stressful. A patient picked up on this and told me that she would not be coming back as she did not like the way the dentist spoke to the nurse. Please remember to leave your differences aside of the surgery and to deal with any issues in isolation. Patients do not want to have treatment done knowing that members of staff don't get on. The patient may feel that your focus is not on them and that you may not be paying attention to their treatment.

I have never found it trying working with people whether anxious or difficult, because I know I chose this as my career path and that I am there to meet the needs of my patients. I know that I can make a difference to a patient's needs by being kind and empathetic. Patients appreciate the care that we give to them. From this knowledge, the practice will automatically benefit without me even trying to make it become a successful and happy practice.

As Barack Obama says: ‘Can we win? Yes we can!’

Ignoring a patient’s anxiety can be detrimental to the patient

About the author

Originally from South Africa, Sharon Holmes moved to the UK in 2002. She thoroughly enjoys her position as business development manager at the Dental Arts Studio and her role in the dental industry, which has moulded her into a winner in her field. She believes that her position is based on common sense.
Motivate your nurses
If nurses have greater involvement in dental treatment, they will find more enjoyment in their work, insists Justin Stewart

I am a strong advocate of nurses taking on new duties, as this can contribute to the progressive future of a dental practice. When nurses feel they are valued and have had time invested in their career progression, they are more likely to remain loyal to the practice. If your practice supports its nurses carrying out wider duties, it is unlikely they will move to another practice that offers fewer responsibilities. If the nurse has the responsibility of carrying out these tasks, she/he will spend more time with the patients who will feel more cared for, which in turn will lead to more word-of-mouth referrals.

Testing the water
I have been involved in a pilot study for the Dental Nurse Education & Training Centre at King's College Hospital where we have trained nurses to take alginate impressions. I routinely take study model impressions for most patients, but by passing this across to my nurse, my time is free for further fee-generating work. More courses are to be launched in early 2009, all of which will be great ways for nurses to become more involved.

I often run two rooms; in addition to my treatment room, I run a second one where nurses can discuss treatment plans, review my instructions and use their extra duties. I have found this to be a very effective model. I have also discovered that many patients actually prefer this type of system, as they may otherwise feel rushed if the dentists are carrying out all of these tasks.

Across the pond
In the US, different states allow nurses to carry out a wide variety of extra duties. When this is combined with a hygienist/therapist, an organised dentist can concentrate on more complex dentistry. The rest of the dental team can become more involved in what has traditionally been the remit of the dentist. The UK appears to be slowly moving in this direction, as well, which I believe dentists should welcome, as it is of benefit to the dentist, the dental team and the patients.

Marie Parker is the head of Dental Nurse Continuing Professional Development (CPD) at the Dental Nurse Education & Training Centre in the Kings Dental Institute. She is incredibly passionate about producing and delivering affordable training courses for dental nurses so they are able to improve their current skills. At the moment, the extended duties courses are in their early stages and will be launched in January 2009. The courses available to nurses will include Impression Taking and Fluoride Application and later in the year nurses will have the opportunity to attend courses on Rubberdam and Clinical Photography.

If dental nurses have the responsibility of carrying out more tasks, they will spend more time with the patients who will feel more cared for

There has already been a large number of enquiries about the courses, and when contacted, the Institute is happy to give out more information and the dates of the courses. Marie believes these courses will be of great importance to all dental nurses looking to further their career. ‘It will have a positive impact on nurses, increasing their skills and providing more job satisfaction. It will enhance their prospects and pay.’

For further information please email Justin Stewart at enquiries@thedentureclinic.co.uk. For more information about the courses please contact Marie Parker 020 3299 9000 ext: 2914 or marie.parker@nhs.net.

‘When nurses feel they are valued and have had time invested in their career progression, they are more likely to remain loyal to the practice.’

Nurses will get more out of their work if they have more duties

About the author

Justin Stewart was the first qualified Biofunctional Prosthetic System (BPS) dentist in the UK. He is a member of the American Prosthetic Society and the British Society for the Study of Prosthetic Dentistry. Dr Stewart has recently been appointed to Dr Joe Massad’s International Advisory Board. An experienced lecturer, Dr Stewart is dedicated to resolving denture related problems through teaching and training.
Dental water jet technology is proving an essential self-care tool in the removal of plaque biofilm and during orthodontic treatment, says Alec Hilton

**Liquid assets**

Dental water jet technology is proving an essential self-care tool in the removal of plaque biofilm and during orthodontic treatment, says Alec Hilton

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But what are the simple facts? What is the scientific and clinical evidence behind the technology of the dental water jet without the hype?

What’s the problem?

In dentistry, as in all areas of medicine, prevention and self-care are the foundations of hygiene and health. This is particularly true in dentistry for a patient who has had a complex treatment.

The daily oral healthcare regime of patients in restorative or aesthetic cases can be difficult and without correct care, can often lead to complications.

Toothbrushing is the most obvious first step in effective oral hygiene. Combined with interdental devices, such as floss, that clean between the teeth, the extremely important role of plaque removal can be quite successful. But the use of interdental devices, especially floss, is infrequent among patients, with many surveys reporting that few people ever make use of them and if they do, very infrequently.

So are the claims of superior levels of oral hygiene for patients using water-jet technology accurate? Or claims that dental water jet incorporated into daily healthcare programmes will benefit patients of all cases?

Results are in

Research provides clear evidence that a dental water jet has significant benefits to teeth and leads to greatly improved oral hygiene. It is particularly significant that studies show that the jet is up to 95 per cent better at reducing bleeding than manual flossing and up to 52 per cent better at reducing gingivitis.

Dentists recognize the technology’s potential to improve patients’ oral health and remove plaque and biofilm from surfaces that are otherwise difficult to access. The technology is also being used to remove calculus and re-establish healthy oral soft tissue.

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**Legal Category:** POM

**Presentation:** 20mg doxycycline in blister packs of 56 tablets.

**Dosage and Administration:**

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- **Allergic reactions:**
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- **Other:**
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- **Pharmacodynamic Properties:**
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- **Pharmacokinetic Properties:**
  - after oral administration:
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  - plasma peak: 2 hours
  - elimination half-life: 20 hours

- **Interactions:**
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  - oral contraceptives
  - oral anticoagulants
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- **Adverse Drug Reactions:**
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**Contraindications:**

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- porphyria
- exfoliative dermatitis
- dermatitis herpetiformis
- drug allergy
- sulphonamide allergy
- lactose intolerance

**Warnings & Precautions:**

- **Hypersensitivity reactions:**
  - anaphylaxis
  - anaphylactoid purpura
  - pericarditis
  - urticaria
  - angioneurotic oedema

- **Gastro-intestinal:**
  - patients with a history of colitis
  - patients with inflammatory bowel disease

- **Skin:**
  - patients with drug allergy
  - patients with a history of photosensitivity

- **Blood:**
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For orthodontic work

Orthodontic braces bring mixed reviews, depending on who is offering an opinion. Having orthodontic treatment requires the patient to maintain outstanding oral care and with most patients being under 17, this is sometimes a difficult undertaking. Recent studies\(^1\) that involved a test sample of young people being offered the use of an orthodontic tip with a dental water jet and manual brush showed that use of the jet reduced their plaque over three times more than when they only used manual brushing and flossing. The dental water jet also offered an astonishing 84.5 percent improvement in reducing bleeding compared with 66.4 percent for dental floss.

Plaque biofilm removal

The exciting results that have been carried out on the Waterpik dental water jet, have shown truly impressive results in plaque biofilm removal using dental water jet technology.

A noted team of biofilm experts conducted an investigation\(^2\) using a scanning electron microscope (SEM) to explore at microscopic level the impact of the pulsating dental water jet on dental plaque biofilm. This study revealed the extremely significant and encouraging information that in as little as three seconds, the dental water jet, using a standard tip, removed as much as 99.9 percent of plaque from the surface of the tooth. The test was then repeated using a special orthodontic tip, and here the SEM showed 99.8 percent of plaque removal compared with untreated areas.

The conclusion

Looking at the facts and scientific evidence, the dental water jet is proving to be an evolution of technology and effectiveness in oral healthcare. The onward progress of dental hygiene aids has given patients a range of self-care devices that can be incorporated into daily care routines and offer patients some of the most fundamental and pleasant of health benefits. These include a hygienic mouth, strong and healthy teeth and gingivae, fresh breath confidence and the knowledge that they are well protected against plaque biofilm, bacteria, bleeding and a range of periodontal diseases.

Dental Tribune United Kingdom Edition · March 16–22, 2009

Oral Health

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A brush with a story

Philips revealed as biggest ever healthcare winner in prestigious Product Design Awards

Philips Electronics, the innovators of landmark innovations such as the Sonicare toothbrush, have had their design prowess internationally recognised. The Company which created a new oral health category with the introduction of the technologically advanced sonic toothbrush, has won eight healthcare awards in the highly prestigious iF product design competition 2009, making it the biggest ever category winner in iF’s history.

The iF awards recognise high quality design across a range of criteria including degree of innovativeness, functionality, workmanship, design quality and ergonomics. This year, 2,808 products from 1,025 companies in 59 countries competed for one of the coveted awards, which will be presented at a ceremony in March. Of these a total of 802 product awards were selected. Philips Design was honored with 22 iF awards, seven of which were in the biggest ever category winner in iF’s history.

Evidence from dental wholesalers indicates that interdental brush sales account for 40% of oral health product sales in dental practices. Sunstar GUM’s highly acclaimed interdental brush range – The Trav-ler – has already achieved market leading status in the United States, which places a high value on good oral hygiene products. Now the Trav-ler range has been made even more attractive for UK patients with the news that it can be retailed for £2.99 (reduced from £3.15) for 10 brushes, which compares extremely favourably with other brands.

Sunstar is working with dental wholesalers including Dental Shop to distribute the GUM® range. Please visit www.dentalsalesandwholesale.com or call 01677 424 446. For more information about Sunstar visit www.sunstargum.co.uk.

Cervitec® Plus and Cervitec® Gel – a strong pair

Cervitec Plus and Cervitec Gel are two new chlorhexidine-containing preparations from Ivoclar Vivadent.

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The varnish protects at-risk tooth surfaces and reduces the bacterial activity on teeth. The varnish base of Cervitec Plus has been modified. Therefore, tooth surfaces are wetted more thoroughly and adhesion of the varnish is improved. This promotes the formation of a depot.

The heightened moisture tolerance of the new varnish system simplifies its application, one thin coat of the varnish is selectively applied to susceptible tooth surfaces or along crown margins or implants. The two new delivery forms –

Single periodontitis, perimolar and denture stomatitis. In patients who are susceptible to caries, Cervitec Gel enhances the effect of the professionally applied Cervitec Plus varnish. The oral healthcare gel can be applied in the dental practice or at home.

Cervitec Plus and Cervitec Gel significantly contribute to keeping teeth, crown and bridge work and implants in good condition for a long time.

Call 0166 284 7880 now, or speak to your local Ivoclar Vivadent Product Specialist for your gift sample of Cervitec Gel. While stocks last, one per surgery.

New Curasept Mouthwash with Anti Discolouration System!

The new Curasept mouthwash, available from the Dental Directory has all the efficacy of a CHX product, but now with clinically proven patient compliance!

Patients prefer using a chlorhexidine mouthwash with ADS (anti discolouration system) rather than chlorhexidine mouthwashes without – its official!

The extensive Curaprox range is also available from The Dental Directory and includes a daily CHX rinse, a daily CHX toothpaste, a higher potency rinse for specific short-term use, and the welcome return of the 0.5% gel for topical application of chlorhexidine.

ADS205 is the only non-staining daily fluoride (0.05%) and CHX (0.05%) rinse on the market. ADS205 is a rinse for use before and after meals.

Stearth-30 instead, and is ideal to caries, Cervitec Gel enhances the effect of the professionally applied Cervitec Plus varnish. The oral healthcare gel can be applied in the dental practice or at home.

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short term use that contains a higher potency of CHX at 0.2%. ADS705 gel toothpaste also with 0.05% CHX and 0.05% fluoride is perfect for long-term daily use.

For up to the minute prices and to see our latest oral hygiene offers make sure you get a copy of our latest Brightige oral hygiene catalogue. Call 0800 585 586 or view online www.dental-directory.co.uk.

Oral Relief Gel
Ortho-Care (UK) Ltd. has launched its long awaited and highly requested Oral Relief Gel.

It has been specially formulated with analogous properties to relieve pain and help reduce inflammation.

Its antiseptic properties also fight infection in mouth ulcers caused by braces and other fixed appliances. The Gel is pleasant tasting as well as being mild when applied to the affected area.

Great news especially for the younger patient! Oral Relief Gel is available in over the counter display units containing 12 handy sized tubes.

For information call Customer Services on 01274 592017 Email info@orthocare.co.uk or visit the website www.orthocare.co.uk.

Get Britain Brushing!
National Smile Month provides a great opportunity for practices nationwide to get Britain brushing.

The slogan for this year’s campaign ‘Look After Yourself – Brush for Health’, builds on the success of last year’s campaign (which incidentally was the most successful ever) by increasing awareness of the link between oral and systemic health.

One company that particularly welcomes the start of National Smile Month is P&G Professional Oral Health (Oral-B) who is once again sponsoring the campaign.

Smile Month will run from 17 May to 16 June. During the run up to the event the BDHF will be mailing out promotional packs giving practical advice on how practices might optimise awareness of oral health during this period. Included in this pack will be a fax order form of complimentary educational material from P&G Professional Oral Health.

Proxilene Gel
The systematic professional cleaning and polishing of teeth and restoration surfaces is a basic measure for preventing caries and periodontal disease.

The Proxilene prophylaxis pastes clean effectively, yet gently. The pastes do not wear the tooth structure unnecessarily or roughen the surfaces of restorations.

Three Proxilene choices are available to suit different requirements:

- Proxilene blue (coarse RDA 85) For the removal of plaque and light stains
- Proxilene green (medium RDA 56) For the removal of plaque
- Proxilene pink (fine RDA 7) For polishing

Advantages
- Three levels of abrasion: fine, medium, coarse
- Contains xylitol and fluoride
- No splattering

Call 0116 284 7880 now or speak to your local Ivoclar Vivadent Product Specialist for your gift sample of Proxilene. While stocks last, one per surgery.

Talking Points in Dentistry 2009 set to be a bigger success!
GlaxoSmithKline Consumer Healthcare’s (GSK) Talking Points in Dentistry seminars are booking up fast with three venues already full and others nearing capacity.

Diamond Capsules are ideal for class I and II restorations, build up fillings and linings, core build up and retrograde root fillings.

For information on all Kemdent products call Helen or Jackie at Kemdent on 01795 77 00 90 or visit our website www.kemdent.co.uk.

Vizilite Plus™ comprises of a chemiluminescent light source (Vizilite) to improve the identification of lesions and a blue phenothazine dye (TBlue) to mark those lesions identified by Vizilite. Carried out as part of a general check up, Vizilite Plus™ is a simple, low cost, pain free and 100% sensitive test that can help save lives or give Patients peace of mind.

Vizilite Plus™ Screening Test for Oral Cancer
Vizilite Plus™ is a simple technology to assist in the early detection of oral abnormalities including premalignant lesions and oral cancer.

The Best Working Distance and Magnification With Hogies Loupes
Blackwell Supplies is helping dental professionals enjoy the benefits of high quality lenses, magnification and comfort with Hogies Loupes.

The latest in the Hogies range, MaximiEyes Loupes are fitted with lenses designed for precise and accurate viewing of the treatment site.

The wearer can achieve the most comfortable posture throughout even the most demanding and time-consuming procedures, with a working distance that rises in increments of 50mm from 550mm to 500mm. The unique MaximiEyes frame design reduces the weight of the loupes on the wearer’s nose by 70%, while the multi-adjustable feature lets the wearer adjust the Loupes to suit individual requirements.

Also, the established Hogies MiniScope Loupes are available with 2.5x or 3x magnification. Features include a lightweight frame that is easily adjustable, and the best patient care is made easier due to the uninterrupted field of vision, working distance of 420mm and depth of field.

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

For more information on N'Durance™ or to order a catalogue for all of Septodont products please take a look at our website www.septodont.co.uk or call 0800 45 15 55.
Comprehensive Specialist Services From Cohen Cramer
And The ASPD

Established Solicitors Howard Cohen & Co. has merged with another leading Leeds firm, Cranmer Richards, to form Cohen Cramer. As an ASPD member (Association of Specialist Providers to Dentists), Cohen Cramer will continue to provide a comprehensive list of specialist services.

The splendid new Leeds City Centre premises will house an expanded Dental Division. With a barrister previously of the British Dental Association’s legal team, a dedicated commercial lawyer and an experienced property lawyer, Cohen Cramer assists in key areas including:

- Associate and Hygienist Contracts
- Employment Contracts
- Expense Sharing and Partnership Agreements
- Disputes
- Employment Tribunals
- Limited Company Ownership
- Shareholder and Partnership Agreements
- Development of Practice Premises
- Planning Law
- Specialist Commercial Property Advice

ASPD members provide proven services to the dental profession. Call the ASPD today or visit the website for further information and articles and a list of service providers.

For more information on the ASPD call 0800 456 0775 or visit www.aspddental.co.uk

After Sales of CEREC

Once you have taken the decision to purchase a state of the art CEREC CAD/CAM system from Sirona, you will be pleased to learn that this will not be the end of your relationship with Sirona.

In fact, Sirona pride themselves on their after sales service. They will be in touch on a regular basis to ensure that you are completely satisfied with your revolutionary piece of equipment and to help you with training, practice integration and ongoing development of the software system.

Aimed at providing the ultimate support, Sirona run regular on-going courses for those who have purchased a CEREC CAD/CAM.

To further help you market your CEREC CAD/CAM to your database of patients, Sirona provide glossy waiting room posters, patient literature as well as a sample introductory letter for you to mail directly to your patients.

For further information please contact Sirona Dental Systems on 0845 071 5040 or e-mail info@sironadental.co.uk.

Dentsply

Mr SmartCem™2 loves working with his indirect restorative team as he knows they always do a brilliant job together in preparing the final tooth, to ensure the final restoration fits perfectly. When it comes to cementing the final restoration, the reliably strong Mr SmartCem2 uses his smart thinking and quick action to stick the crown in place. Mr SmartCem2 is so smooth, he turns to gel when setting to make the clean-up really easy. Give him a go!

DENTSPLY’S Indirect Restorative Team understand that crowns & bridge restorations are amongst the most demanding procedures carried out by a dentist, with high expectations from their patients.

Preparation with Miss Hi-D®, diamond burs “Diamonds are a Girl’s Best Friend”

Impression Taking with Mr Aquasil Ultra “Always makes a Great Impression”

Temporary/Provisional Restorations with Mrs Integrity™5 “Looks that Last”

Restorative Hand Instruments with Mr Artio™ “Tools for Professionals reliability and quality every time.

Permanent Cmentation with Mr SmartCem™2 “Strength in Simplicity”

For more information, please contact your local DENTSPLY Product Specialist on: +44 (0)1353 525151 or visit our website: www.dentsply.co.uk

Scientific Dental Solutions!

Nobel Biocare, the world leader in innovative restorative and aesthetic dental solutions, has an outstanding range of effective, easy to use implants that are scientifically proven to be safe and effective.

Offering high initial stability for all indications and in cases of immediate extraction & implant placement, NobelReplace™ Tapered is the most widely used implant in the world. Completely colour coded and excellent for narrow spaces between remaining roots, NobelReplace™ offers:

- Step-by-step drilling protocol for predictable surgical procedures
- Internal tri-channel connection for accurate and secure prosthetic restorations
- Implant design that mimics the shape of a natural tooth
- Prosthetic flexibility with standard and individualised zirconia and titanium abutments
- Individual implants provide level partial and full-arch bridges in zirconia and titanium

The specialists at Nobel Biocare have created their vast range of unique Tapered implants to provide an easy to use solution for a completely natural effect and to offer dental professionals reliability and quality every time.

For more information visit www.nobelbiocare.com or call: +44 (0)1895 452 921

Genus understands that location has a huge bearing on success, and will aid the dentist in finding the most suitable site. When construction begins, a dedicated expert will oversee the project on the dentist’s behalf, ensuring that everything runs smoothly within the agreed budget and timescale. The dentist always feels in control because there is always a clear and accountable point of contact.

No practice is ever complete without the latest equipment, because Genus are not tied to any particular manufacturer, if required, they can give dentists impartial advice to help ensure that practices are fitted with precisely the right equipment for their needs.

For more information please call Genus on 01582 840184 or emailinfo@genusgroup.co.uk, www.genusinteriors.co.uk

A False Sense of Security is no Defence

It should not come as a shock to be selected for tax investigation, since the Inland Revenue selects many cases at random. By specifically targeting sole traders, partnerships and limited companies, the Inland Revenue has managed to increase its tax yield.

So, instead of thinking that there is no reason why they should be investigated, dentists need to realise that there is no reason why they shouldn’t.

The PFP policy includes TaxMaster Protection, in

Open the Door To Your Dream Practice With Genus

When it comes to design and build, Genus provides a world-class service. The team uses the latest computer Aided Design and 3D rendering software to produce designs that meet the dentist’s unique vision and comply with the latest industry guidelines.

Customer service champion joins dental industry

Dental Services Direct, one of the UK’s fastest growing dental equipment supply, service and repair companies, have recently announced the appointment of new Managing Director Darren Cornish.

Darren (38) joins the business from Norwich Union (Aviva) where he was Director of Customer Experience, with a responsibility for 1000 staff, serving nearly 6 million customers. He is a highly regarded conference speaker and has addressed audiences of thousands at various worldwide customer experience seminars.

Darren would love to hear from customers thinking about new equipment or with equipment in need of repair. He is also keen to speak to new suppliers.

“I would be delighted for anyone to pick up the phone and give me a call on 07929 517087, or send me an email at dcor- nish@dentalservicesdirect.co.uk. These are challenging times but with a great team behind me I feel confident of meeting that challenge.!”

Genus

DENTSPLY

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“The highest quality aesthetic restorations in the UK”

Luke Barnett and his team have built their fine reputation on trust and quality by delivering excellent results to customers and fellow professionals every time.

The Multi discipline laboratory with a special interest in cosmetic dentistry and implantology is recognised as one of the best in the UK for superior technical dentistry at affordable prices.

Meet The Challenge Of Clinical Governance With Smile-on

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

Once again, Smile-on has answered the call for a flexible and involving learning solution. The combination of an introductory seminar, comprehensive workbook and 90-minute CD-ROM and/or online course, enables dental practices to comply fully with the clinical governance agenda. Using the proven Plan-Do-Study-Act strategy, the programme helps dental teams to:

- Improve patient experience and satisfaction
- Reduce the scope for error
- Promote evidence-based care
- Encourage the involvement of the whole team
- Facilitate compliance with industry requirements

With the Clinical Governance Performance Management tool, practices can upload their progress so that PCTs can monitor their progress so that PCTs 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 8999 or email info@smile-on.com, www.smile-on.com

“Aquacut Quattro fluid abrasion unit in Tanzania”

Mwanza, in Tanzania, is now firmly on the map as far as Fluid Abrasion is concerned! Velopex have provided an Aquacut Quattro which has been installed at the busy Bridge2Aid Hope Dental Centre in Mwanza.

Dr Ian Wilson commented: “The Velopex Aquacut “Quarto” allows us to provide new opportunities in restorative treatments and stem removal. The way that this unit can remove stain is just mind blowing! See the before and after pictures!”

The Velopex Aquacut Quatro contains two chambers, which can accommodate any combination of the 5 Cleaning and Treating media available. The 5D Treating powder allows the clinician to ablative hard tissue (Composite, enamel and dentine) creating a relatively rough surface – which is ideal for the latest bonding and restorative materials. The 2D Treating powder gives the clinician a much smoother cut for finer work. For Cleaning, the Biocarbonate of Soda allows smoking stains to be removed as well as carious dentine.

For more information or to ask any questions, please contact Mark Chapman, Medivance Instruments Ltd Barretts Green Road LONDON NW10 7AP Tel 07754 044877

Go beyond the two star accreditation to reflect the company’s commitment to their customers and each other.

One of Best Companies principles is to ‘care about what you do, how you do it and who you do it for’ and being accredited with such a prestigious title demonstrates a company’s ability to excel throughout the workplace, recognising the importance of, and investing in its most important assets, the people that make the business.

This is certainly reflected through Practice Plan’s mission statement ‘we care passionately’. If you would like to know more about Practice Plan please call 01601 681113 or email info@practiceplan.co.uk, www.practiceplan.co.uk

“More time and less mess!”

Melodie Preble, a dental hygienist and team member of Novona Dental Studios recommends the benefits of Waterpik® Dental Water Jet to her patients.

“Convenient and cordless, the massaging sensation makes the Waterpik® a great addition for anyone aiming for perfect oral hygiene. It’s great and simple to flush out around braces, bridges, implants or even deep pockets.”

Along with your recommended oral hygiene regime, the Waterpik® helps prevent gum inflammation and your mouth feels cleaner and fresher for longer. The Waterpik® is also very much high tech and will have to give up that super fresh feeling when you travel. If you have specific periodontal problems the additional advantage of flushing with a medicated rinse is one of the many advantages of adding the Waterpik® to your dental health routine”.

Waterpik® Dental Water Jets are now widely available in Boots stores or speak to your dental wholesaler for your professional courtesy discount. For more information visit www.waterpik.co.uk

Uncle Eastman Dental Institute launches Clinical Doctorates

The Eastman is delighted to announce the launch of the DDenT (Paediatric Dentistry) qualification which is the first clinical doctorate programme in this specialist area in the UK.

On completion of this programme of study, graduates should have the qualities and transferable skills necessary for specialist employment. Essential aims and objectives of the programme include the following:

1) Graduates should be able to present a portfolio of practical work of sufficient complexity to demonstrate their decision making ability and evidence of innovation in tackling and solving clinical problems.
2) Graduates should be able to demonstrate their commitment to clinical governance and raising standards through submission of a clinical audit report.
3) Graduates should have created or interpreted new knowledge through original research which has the ability to satisfy peer review, extend the forefront of the discipline, and merit publication.

“Powerful by-l-CAT, the industry’s leading technology and dynamic software for 3D imaging, the GD-500 includes an Amorphous Silicon Flat Panel Sensor that delivers accurate images at a scan time of only 8.9 seconds with full 3D reconstruction in less than 20 seconds. The unique sensor design allows staff to effortlessly switch from 3D to 2D imaging, which saving time.”

This high quality equipment offers dental professionals a unique ‘medium field of view’. This enables immediate diagnostic information to allow dentists to plan intervention and surgery.

A leading dental manufacturer, KaVo also specialises in superior handpieces and dental equipment. With its ergonomically designed and innovative high quality products, KaVo is dedicated to delivering dental excellence in all its product ranges.

For more information, please contact KaVo on 01484 775 000, email: sales@kavo.com or visit www.karo.com

For more information please contact 01923 251 537 or visit www.practiceplan.co.uk

The company was recently celebrating after being named one of the “Companies to Work For.” The company was recently celebrating after being named one of the “Companies to Work For.”
Keep up with the latest techniques and approaches at the Clinical Innovations Conference 2009. This major event on the dental calendar has a long history of providing the entire dental team with the knowledge and expertise needed to remain at the forefront of clinical excellence.

Taking place at the Royal College of Physicians at Regent’s Park, London, on May 15 and 16, the conference is set to be the best yet.

Learn from professionals
Smile-on is pleased to announce that this year’s conference will include a presentation by Edward Lynch and Wyman Chan, entitled Profitable clinical practical dentistry to include the latest clinical practical tips for successful posterior composites, bleaching etc. This will include an invaluable hands-on demonstration of surgery bleaching which delegates will find highly informative.

The speakers will also talk delegates through a predictable strategy for internal whitening and will look at how, why and when to carry out enamel micro abrasion (and what to use when doing so). The lecture will enable everyone to attain an understanding of up to date whitening techniques, be confident in knowing how to get the best results from adhesives and place posterior composites perfectly.

This is a great opportunity to find out about when to use liners or bases during treatment, or how to make good clinical use of the very latest adhesives and composites. With so many products available, the speakers will conduct a full comparison of surgery whitening systems, home whitening kits and desensitising products. To ensure that delegates come away with complete knowledge of the treatment and what it takes to offer the best possible service using the latest methods, the lecture will deal with the treatment of hypersensitive dentine and how to practice efficient and safe cross infection control.

Improve your knowledge
This year, the Clinical Innovations Conference incorporates the keenly anticipated Annenberg Lecture, Success factors in dental implantation: a multi-disciplinary approach between the surgeon and the prosthodontist, presented by Nitzan Bichacho and Devorah Schwartz-Arad on Friday 15 May. Other speakers at the event include Nasser Barghi, Chris Orr, Liviu Steier, Luca Giachetti and Sia Mirfendereski.

Setting the scene
The splendid venue will provide the perfect backdrop to this rich and diverse event, and a number of three, four and five-star hotels are close by, as well as several key attractions, ensuring a comfortable, entertaining and enlightening two days. Delegates will earn up to 14 hours of Continuing Professional Development and can begin implementing their new knowledge and expertise as soon as they return to practice.

With such an impressive array of speakers delivering rich and rewarding knowledge, interested parties are strongly advised to book now, as every place at this year’s Clinical Innovations Conference is sure to be contested.

For more information, and to ensure your place, call 020 7400 8999, email info@smile-on.com or visit www.smile-on.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.

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

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

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

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Courses Available for Hygienists, Therapists and Nurses
40% of adults across the world suffer from gum disease
(Source: BBC News - Health)

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STOPS GINGIVITIS BEFORE IT STARTS