News in brief

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 revealed changes to the costs of some dental treatments. The government is to instigate a consultation on staff cuts

Star levels

Denplan has won the Best Companies‘ Three Star Accreditation for employee engagement for the fourth year running. The star-rating accreditation scheme is run by Best Companies, the organisation behind the Sunday Times list of 100 Best Companies to Work For. Steve Gates, managing director of Denplan, called the award a ‘real testament to the team here at Denplan, which continually goes that extra mile and rises to new challenges.

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 practice. 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

Money matters

A

Anti-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 Counsil 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

Interview

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 50 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.

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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.

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TePe® Because we understand that one size doesn’t fit all

Available in eight colour coded sizes (0.4mm to 1.3mm) and two textures, TePe make it easy to select the correct

All TePe Interdental Brushes have

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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 dental 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 how to use cameras and the latest in digital imaging.

A spokesperson 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.’

CIC features live surgery bleaching

One of the highlights of this year’s Clinical Innovations Conference is a live, hands-on demonstration of surgery bleaching.

The live demonstration is part of the lecture ‘Profiling Clinical Practical Dentistry’ by Edward Lynch and Wyman Chan, which includes the latest practical clinical tips for successful posterior composites, bleaching plus the latest developments in tray design and the use of initiators and promoters.

The lecture will also cover predictable internal whitening, enamel micro abrasion, perfect placement of posterior composites, bleaching with the latest developments in digital imaging.

Edward Lynch is a recognised specialist in several fields including restorative dentistry and was recently elected the third most influential person in UK dentistry. Wyman Chan has trained more than 1,500 professionals across the dental spectrum and his training courses incorporate the most cutting-edge thinking.

A spokeswoman for Smile-on, which is putting on the conference, said: ‘This year’s conference which includes the Amgen Lecture is set to be the best yet and delegates are strongly advised to book early to avoid disappointment.’

The conference will be held on Friday 15th and Saturday 16th May at the Royal College of Physicians, Regent’s Park, London.

For more information, and to book your place, call 020 7400 8989, email info@smile-on.com or go to www.smile-on.com.

GDC issues botox warning

Russ Ladwa is the new dean

Mr Ladwa has been elected dean of the Faculty of General Dental Practice.

Mr Ladwa, a general dental practitioner based in London, will take over from Richard Hayward in June.

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.

New dean for FGDP

Professor calls for more prevention

The head of an inquiry into dentistry has criticised the new NHS dental contract for not producing more preventative dental care.

One of the aims of the new contract introduced in 2006, was to free up time for dentists so they could spend more time with patients promoting oral health.

However, Professor Chris Drinkwater, who is carrying out a review for the British Dental Association, is concerned that in many areas this is not happening.

Professor Drinkwater, who is president of the NHS Alliance, which represents NHS staff working in the community, said: ‘It seems reasonably clear that the contract is not allowing a more proactive approach to preventative dental health.’

He believes it could be because of the way the contract is being implemented and that may also be an issue with funding.

He added that clinician engagement is also problematic and it is something that needs addressing.

The inquiry was set up after the publication of a critical report by the House of Commons’ Health Committee last year.

However the government, which is also carrying out its own review, claims preventative health care has ‘increased substantially’.

Chief Dental Officer Barry Cockcroft said: ‘Prescription of high concentration fluoride toothpaste rose by 153 per cent in 2006-7 and sales of topical fluoride varnishes have increased dramatically.’

The review was set up last month as an independent commission into NHS dentistry and is expected to produce a final report in September this year.

It is expected to concentrate on four major areas of work including innovative and flexible commissioning, including those of primary care services, developing oral health in SHAs and PCT strategies and incorporating patient experience including access into commissioning.

For more information call 020 7400 8989 or email info@smile-on.com
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.

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.

Welcome to Dental Services Direct.

To get the equipment that you want call us NOW on 08452 600 520

www.dentalservicesdirect.com
email: sales@dentalservicesdirect.com

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 Deansery, 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 cavities in both permanent and primary dentition is mentioned in the Department of Health’s ‘Delivering Better Oral Health – An evidence-based toolkit for prevention’.

Speaking at the launch last week, Dr Barry Crocket, Chief Dental Officer for England, said: ‘The toolkit ‘Delivering Better Oral Health’ underscores the role of the whole dental team in preventing dental disease and moves the focus away from treatment of existing disease to positively improving oral health.

Modern high quality dentistry provides a wide range of opportunities for trained dental care professionals to take an active part in supporting patients to achieve healthy functioning mouths.

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, and presents 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 Deansery, 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 the giving of advice and application of fluoride varnish to the teeth of both children and adults in community and surgery settings.

Donna Hough, dental workforce development lead for dental care professionals, 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 802400. 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 year. Her family were told at the time that she had died from diabetes.

Ms 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 overpowers 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.

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 Admission of Dental Implantology (ADI) and the University of Salford Degree Programme.
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 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 Otgon 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 1,142 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.
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?

With Plans for Children, from Denplan, you can dedicate more time to your child patients and truly show parents the added value they will receive. Including more time to educate and offer preventive care, reassure nervous patients and ensure all your child patients have stronger, healthier teeth for life.

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

By Nigel Carter

Brushing your 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.

Hundreds 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 Workington 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 30,000 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 completing a Dental Direct form available at GP surgeries or 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 36,550 admissions in 2006/07 among youngsters aged 10 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 13 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 birthweight. 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.’
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.

Kathy Adams

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

About the author
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 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.’

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 realigns 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.
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 105 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—will be the first to suffer, but NHS dental practices could also be affected, especially those facing claus-offs for underperformance issues with LDAs. As banks are not as inclined to lend these days, Sunil Abeyewickreme writes about the likelihood of UDAs. As banks are not as inclined to lend these days, Sunil Abeyewickreme writes about the likelihood of UDAs, banks not being as affected, especially those facing constraints, the handling of redundancies in order to weather the storm.

Abeyewickreme writes about the process to help you decide what to do.

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,
- 1.5 weeks’ pay for each full year
- One of the following reasons:
  - Employees are dismissed because
  - of their own. In such circumstances, the employer 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 employees to discuss the selection criteria.

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 unfair. 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 employees to discuss the selection criteria.

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 employee 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 fulfill 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 the number of employees to be made redundant.

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 no later than four weeks after the end of the old job.

Employees who have been fairly selected 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:

- 0.5 week's pay for each full year of service where age during year is 22 or above, but less than 41
- 1.5 week's 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 payments 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 include 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.

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I mplantology 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, Madame 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-manger guru, Cathy Jamieson, over from the States to run this seminar, to which we will invite all our refer-ring dentists and past course dele-gates. But of course, there will also be good food and drink, to toast my 20 years of teaching.’

Chairman of the first day of the Clinical Innovations conference, organised by, Smile-On on Friday, May 15 at the Royal Conference of Physicians in Regents Park, Dr Scher is moderating as well as intro-ducing speakers from, interna-tional dental body, Alpha Omega. The conference, which lasts two days, brings together the world’s leading thinkers in aesthetic and restorative dentistry to share their experience and knowledge. In his role as chairman of the London chapter of Alpha Omega, he has organised a programme of six evening lectures by Israeli-based dental experts and academics, which culminates in a day-long lecture programme on, ‘Clinical Innovations,’ at the conference, which runs from, 9am to 5pm.

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 Is-rael. 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 Med-ical Campus. He has published and lectured extensively world-wide in the fields of dental im-

DENTAL TRIBUNE United Kingdom Edition™ March 16–22, 2009

Interview

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

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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 publication, 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 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, 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.

For more information

For more information on Walpole Dental Practice contact: 0207 584 9855. Or visit www.dental-implants.co.uk

For further details of the Clinical Innovations conference, call Smile-on on: 020 7900 8900 or log onto: www.clinicalinnovations.co.uk
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. (XR1)

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 £30 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 bought 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 an move to make the systems more attractive there is a current trend to use fewer instruments with the

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Fellow of the International Congress of Oral Implantology
Holy Grail being the single instrument that can prepare a whole canal.

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 after-pain, 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.

In addition, as the debris is removed so effectively these canals are less likely to be blocked during the preparation.

• Canal walls are smooth – NiTi files can produce remarkably smooth shapes, however it is very easy to be seduced by a 2-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 thermafill. 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.

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About the author

Dr Michael Sultan 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.

O
cal (viva voce) examinations are possibly the most daunting of examin-ations to undertake and uni-versally dreaded by students. Although they can be intimidat-ing, they are often the best way to demonstrate a candidate’s knowledge and form a funda-mental part of the finals ex-
amination procedure at many dental schools and in postgraduate qualifi-
cations.

Before an examination

Interviews are a common problem for candidates un-
taking oral exams and these can affect people in differ-
ent ways; disrupting normal sleeping and eating patterns, af-
fecting 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 revi-
sion 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, col-
leagues or senior staff members for a mock – even if it’s just a few questions on the spot – it’s all use-
ful 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 situa-
tion, 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 try-
ing to explore the limits of your knowledge.

It’s usual to feel nervous when you take oral exams, but don’t be afraid of the examiners asthey are there to help you pass, not to give you a grilling. Remember, oral examina-
tions offer a unique opportunity to demonstrate the extent of your knowledge, prepare well and you should be fine!

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

Frequently in oral examina-
tions there is no regimented line of questioning; this is your opportunity to guide the exam using the answers you give. If you are asked to give a differen-
tial diagnosis remember, com-
mon things are common! Don’t mention rare mucosal disor-
ders before you mention the much more common lichen planus/candidiasis – the exam-
iners WILL know more about it that you and the margin for er-
or is much greater. They will be more interested to hear you speak confidently about a disor-
der 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 infor-
mation 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; pre-
senting complaint, history of complaint, medical history, social history, past dental history, physical examination, and so on. Part of the exam may involve present-
ing a case to the examiners. This is an easy place to shine, so make sure you have plenty of practice in this area.

Discussing treatment options is a favourite exam topic. Don’t panic if you’re not entirely sure what the most appropriate treat-
ment is, how you reach a decision is can be more important than your final answer. Make sure you can give a collection of reason-
able options and be able to dis-
cuss their pros/cons. There is of-
ten 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 examina-
tions 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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Education

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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 aid 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 offered, 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 and he believed that dentistry could be made more enjoyable and less stressful for all concerned.’

CO-OP.R8 Seminars Proudly Presents:

William “Bo” Bruce, DMD
David R. Newkirk, DDS

“What MUST I have to treatment plan aesthetic cases?”

This hands-on course is designed to answer that question. Knowing how to prep and cement veneers is not enough to go forward with a comprehensive case. We must know what information and materials we need to put the puzzle together.

This course will give you the blueprints to any complex case in a simple and understandable way. You will learn not only the aesthetic requirements but also the functional necessities to the perfect case. Not required, but would be a real bonus if your dental assistant could attend with you.

This is a must take course for any dentist wanting to do more complex aesthetic and/or functional cases.

Course Synopsis

• Simple and easy way to master digital photography
• How to take the perfect centric relation bite and why
• How to use photography to treatment plan
• How to apply the principles of occlusion for longevity of your restorations
• How to take the perfect Centric Relation bite
• Why and how to take a face bow
• How to predict and easily verify a proper joint position
• How to diagnose a healthy joint from a problem joint
• How to verify mountings of all model work
• Pearls that will make every case 100% more predictable

14 hours of CPD

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

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

To secure your place please contact info@coopr8.com tel: 01923 655404

Records for Excellence

Occlusal Registration and Blueprints to Success
25-26 April 2009

Records for Excellence

Occlusal Registration and Blueprints to Success
25-26 April 2009
years. I started as an associate for a year in Gloucester before coming here and was a vocational trainer in the mid 90’s for three years. I love helping people improve their teeth from the cradle to the grave and enjoy enabling people to literally change their lives with both functional and aesthetic dentistry.

Making a difference
Also a Newcastle graduate, Dr Padayachy, who became a principal at the practice in 1998, adds: ‘I love the ability to make a difference through helping dental patients improve their teeth and I also enjoy the personal contact. Every mouth is completely different and presents a new challenge.

Dr Padayachy continues: ‘We moved practices because we outgrew our old building and it did not reflect the quality of what we were producing. The courses have been running for over three years with delegates giving us very positive feedback.

‘We regard ourselves as having one of the best dental facilities in the UK, because we provide lectures combined with state-of-the-art studios to provide hands-on programmes, which run seamlessly together. Location-wise, we are accessible nationwide with excellent rail and road links running from North to South and East to West.

‘Senova has a very well-established loyal team and many of our dental patients and dental course delegates travel from a long distance for our services. We aim to become known as one of the best teaching facilities in the UK.’

A unique environment
The Senova team strives to make the dental practice unique by providing outstanding clinical skills, exceptional patient service, spa-like amenities, leading-edge dental technology, materials and equipment within a relaxed atmosphere. Depending on what is appropriate, patients can expect a personal CD or DVD player with music or film choices during treatment, aromatherapy oil fans, warm, scented neck pillows to ease comfort in the dental chair, paraffin hand-wax treatments and refreshments.

For more information about Senova, call 01923 233600 or visit www.senovadental.com. Or for information about courses at Senova, visit www.coopr8.com.
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-
cures 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 participants 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 involves making of the upper right canine, the lateral incisor, with the placement of collagen membranes and bone augmentation substitute to rebuild the pre-maxilla 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.’

**‘We wanted to change his overall look from saggy to sassy, and his facial appearance from grizzly to chiselled’**

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 pre-determined level of force. When seated, the denture gently rests on the gum tissue. The implant fixtures allow for micro-mobility while withstanding natural lifting 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.

‘People, who have dentures but no gums, have a very poor life-style, 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 surgery on 01270 594269 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, the fear factor

Most of the time, first-time patients let you know that they are really anxious, allowing you to openly support and reassure them. 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.

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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 a 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 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.

The best 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.

Leave 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 outside of the surgery and 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!’

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 Prosthodontic 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.
**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.

**Dental water jet technology** has been much talked about among UK professionals with facts, figures and amazing claims surrounding this equipment.

Dental professionals have testified to the benefits of introducing this technology to patients receiving treatment across a variety of dentistry fields including orthodontic, restorative, implant and aesthetic. Many claim to have introduced the dental water jet into their own regime.

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 92 per cent better at reducing gingivitis.
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% 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 per cent 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.

Promote Optimum Oral Care with Curaprox

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

Your patients will thank you for suggesting Dry Mouth Gel from GC UK.

For further information please call GC UK on 01908 218 999.

A brush with glory

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

Cervitec Plus and Cervitec Gel – a strong pair

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

Call 0116 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. ADS220 is a rinse for

Comfort and Relief from GC UK

Dry Mouth Gel from GC UK is a unique, sugar-free product that has been specifically developed to help relieve dry mouths, as the name suggests. With a unique neutral pH (unlike more acidic competitor products) it provides ultimate patient comfort combined with an immediate soothing effect.

Denti-Brush Interproximal Introductory Offer

Denti-Brush Interproximal brushes are an extremely effective way of removing plaque and food particles from interdental spaces.

The main benefit is that each brush has a flexible handle and brush to increase control and access to difficult areas. Unlike other brushes, the tip has been specially designed with a unique pivot technology enabling it to bend easily and minimise potential breakage.

Denti-Brush is available in 4 sizes in packs of 6 brushes. Each brush has its own hygienic protective cap making it ideal for travel as well as at home.

To find out more about the promotions we are running this month to receive further information and samples please call 0208 426 5558 or visit our website www.periproducts.co.uk.

PDT Periodontal Hand Scaling Instruments

Introducing the future of Pe- riodontal Instruments - PDT in- struments are sharper, lighter, and better, offering you the best in hand scaling instrument de- sign. PDT instruments are 100% USA made, including their cryo- genically treated 440A stainless steel; guaranteed harder, sharper and tougher, it will hold its edge 4-7 times longer than other steels may. PDT not only offers the best in tip quality, but also handle design. PDT’s ultra- light, ultra large solid resin han- dle gives you the greatest tactile sensitivity you can ever experi- ence, and the exclusive ex- tended knurling pattern gives you maximum control for lever- age as well as torque, whilst helping to reduce the risk of Carpel Tunnel Syndrome.

Please contact us on 01555 63512 or go online at www. swallowdental.co.uk for this quarter’s Special Offers.

Gum sensitive and price sensitive

How can dental practices compete with the credit crunch?

Evidence from dental wholesalers points to the fact that interdental brush sales account for 40% of oral health product sales in dental prac- tices. Sunstar GUM’s highly acclaimed interdental brush range - The Trav-ler - has already achieved market leading status in the United States, where it places a high value on 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.dentalshopwholesale.com or call 01677 424 446. For more information about Sunstar visit www.sunstargum.co.uk.

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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 Bightbite oral hygiene catalogue. Call 0800 585 586 or view online www.dentaldirectory.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 analgesic 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 392017 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 ‘Look After Yourself – Brush for Health’, builds on the success of last year’s campaign ‘Look After Yourself – Brush for Health’, builds on the success of last year’s campaign ‘Look After Yourself – Brush for Health’, builds on the success of last year’s campaign ‘Look After Yourself – Brush for Health’, builds on the success of last year’s campaign ‘Look After Yourself – Brush for Health’. One company that parallels the connection between oral and systemic health (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 offering complimentary educational material from P&G Professional Oral Health.

Proxty
Gentle removal of bacterial plaque

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

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

Three Proxty choices are available to suit different requirements:

- Proxty blue (coarse RDA 85) For the removal of plaque and light stains
- Proxty green (medium RDA 56) For the removal of plaque
- Proxty 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 Proxty. While stocks last, one per surgery.

Proxty

The topical evening lectures are free for the whole practice to attend and offer verified CPD accreditation. Events start at 6pm and a buffet supper is provided. Tickets can be booked by visiting www.gskdentalprofessionals.co.uk.

The speakers will cover both clinical and practice management topics to appeal to all attendees.

Dates for the 9 venues in the 2009 programme are:

1. 5th May IBIS Hotel Earls Court - London
2. 6th May The Marriott Hotel, City Centre - Bristol
11th May De Vere Whites Hotel, Reebok Stadium – Bolton
12th May The Hilton Hotel - Watford – NOW FULLY SUBSCRIBED!
15th May The Novotel – Southampton – NOW FULLY SUBSCRIBED! (Vizilite)
14th May Motorcycle Museum – Solihull
19th May Airth Castle – Falkirk
20th May The Marriott Metro – Newcastle - NOW FULLY SUBSCRIBED!
21st May Eiland Road Football Club – Leeds

Tickets are available from your GSK Dental Territory Manager, by calling 01582 459122 or online at www.gskdentalprofessionals.co.uk.

N’Durance™ relies on a brand new chemistry: a proprietary monomer based on dimer acid technology (DDCDMA) combined with an innovative mix of molecules currently used in dental material which helps deliver naturally aesthetic looking anterior and posterior restorations that endure.

The polymerisation mechanism of this new resin mix includes an intermediate state called “Phase Separation” which results in low shrinkage of the composite material and less stress on the tooth-restoration interface.

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 43 5155.

Vizilite Plus™ comprises of a chemiluminescent light source (Vizilite) to improve the identification of lesions and a blue photosensitizer 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, MaximEyes 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 MaximEyes frame design reduces the weight of the wearer’s Loupes on the wearer’s nose by 70%, while the multi-adjustment 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 Jessop of Blackwell Supplies on 020 7224 1457 or fax 020 7224 1694.

Diamond Capsules

Diamond Capsules are ideal for class 1 and class 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 80 90, or visit our website www.kemdent.co.uk.

Getting the best working distance and magnification with Hogies Loupes

Diamond Rapid set GIC capsules are proving to be very popular with dentists because they save time, without the need to hand mix!

Before the end of March; buy one Diamond Capsule value pack (80 capsules) for £72.00 saving you £18.00 on the normal selling price of £90.00.

Or buy 2 value packs for £144.00 plus a free box of Practisafe wipes.

Diamond Capsules have a fast working time of 155 seconds with a waterproof snap set, making them ideal for a busy practice.

The speakers will cover both clinical and practice management topics to appeal to all attendances.

Dental Tribune United Kingdom Edition March 16-22, 2009

Industry News

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.

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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 pre-viously 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

ASP'D members provide proven services to the dental profession. Call the ASP'D today or visit the website for full details and a list of service providers.

For more information on the ASP'D call 0800 458 6775 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 practitioners 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!

DENTSPY’S indirect restorative team understand that crown & bridge restorations are amongst the most demanding procedures carried out by a dentist, with high expectations from their patients.

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

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

TEMPORARY/PROVISIONAL Restorations with Mrs In-tergrity® “Looks that last”

Restorative Hand Instruments with Mr Artio™ “Tools for a True Artist”

Permanent Cementsation with Mr SmartCem®2 “Strength in Simplicity”

For more information, please contact your local DENTSPY Product Specialist on: +44 (0) 1895 452 921

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 (58) 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.m. These are challenging times but with a great team behind me I feel confident of meeting that challenge.”

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 840 484 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 shouldn’t be investigated, dentists need to realise that there is no reason why they shouldn’t.

The PFP policy includes TaxMaster Protection, in
“The highest quality aesthetic restorations in the UK”

Lake 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 practitioners 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 quickly and easily identify what has been achieved, and what remains to be done.

For more information please call Smile-on on 0207 400 8909 or email info@smile-on.com, www.smile-on.com

“More time and less mess”

Melanie Prebble, a dental hygienist and team member of Smiles 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 every time.

For more information or to ask any questions, please contact Dr Pat Paul Ashley, Programme Director and Senior Lecturer/Hon Consultant in Paediatric Dentistry, at p.a.barrett@eastman.ucl.ac.uk or Marianne Dang, Admissions Officer, on +44 (0) 20 7915 1092 or at academic@eastman.ucl.ac.uk

UCL 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 enables them to satisfy peer review, extend the forefront of the discipline, and merit publication.

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Enter A New Dimension

Gendex is taking dental imaging to another level with the GA-CX-500 – the latest in Cone Beam 3D dental imaging.

Powered by i-CAT, the industry’s leading technology and dynamic software for 3D imaging, the GA-CX-500 features an Amorphous Silicon Flat Panel Sensor that delivers accurate imaging at a scan time of only 8.9 seconds with full 3D reconstruction in less than 20 seconds. The unique single 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 implant treatment.

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 improving dental excellence in all its product ranges.

For more information please contact KaVo on 01484 755 000, email: sales@kavo.com or visit www.kavo.com

Practice Plan

Practice Plan Limited is celebrating after being named an outstanding* company to work for.

The company was recently awarded two star accreditation for both its Business and Place engagement specialists, who are also aligned with the Sunday Times list of 100 Best Companies to Work For.

Practice Plan was established in 1995. Since then, the business has grown to become the UK’s leading provider of independent dental plans, employing around 70 people and the two star accreditation reflects the company’s commitment to its 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 whole place, 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 01925 251 537 or email info@practiceplan.co.uk, www.practiceplan.co.uk

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“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 “Quatra” allows us to provide new opportunities in restorative treatments and stain removal. The way that this unit can remove stain is just mind blowing! Good to see before and after pictures”.

The Velopex Aquacut Quat ro contains two chambers, which can accommodate any combination of the 5 Cleaning and Treating media available. The 5D Treating powder allows the clinician to abrade 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

“More time and less mess”

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Kee 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 to 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 8989, 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

Presented by:
Robert Dyas BDS DCH MMedSci FDS RCS, Oral Surgeon
Mark Willings BDS MFDS Dip Imp Dent RCS
Conor Donegan BA BDentSci MMedSci FFDRCSI, Oral Surgeon, Periodontist

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

STOPS GINGIVITIS BEFORE IT STARTS

www.beverlyhillsformula.com