Dentists join campaign against fluoridation in Southampton

Open letter of opposition published, marking one year anniversary of South Central Strategic Health Authority landmark decision

A host of signatories, including dental professionals, have signed an open letter of opposition against the deci-sion to fluoridate drinking water in Southampton.

It is a year since the South Central Strategic Health Authority (SCSHA) took the decision to add fluoride to water in Southampton and parts of Hampshire.

Much of the antipathy to the scheme is because the people in the area feel their views have been ignored as the SCSHA is going ahead despite 72 per cent of public consultation respondents rejecting the proposal.

Local opposition

The letter states that during the past year, local opposition to the scheme has grown, a 13,500-signature petition has been handed in to Downing Street and every local MP has since written to the Strategic Health Authority to express concern over your continuing determination to impose fluoridation on an unwilling community.

The letter adds: "We urge you to ensure that the local NHS places greater emphasis on the implementation of targeted community-based oral health strategies as an alternative to water fluoridation."

It points to a peer-reviewed study published in the Journal of the American Dental Association that confirms previous re-search showing that babies fed formula milk in areas where the water is fluoridated at 1.0ppm may receive excess fluoride, putting them at risk of fluorosis.

Exceed the limit

The authors conclude that when powdered or liquid con-centrate infant formulas are the primary source of nutrition, some babies are likely to ex-ceed the recommended fluoride upper limit if the formula is re-consolidated with water contain-ing 1.0ppm fluoride.

The plan for fluoridation is currently on hold as the SHA is facing a legal challenge to its decision.

The High Court has confirmed that the earliest the judicial re-view can be heard by a senior judge is July or August.

The SHA has set aside £400,000 for the legal fight. The legal challenge has been lodged by Leigh Day & Co on behalf of Geraldine Milner, a life long resident of Southampton.

In a statement, Leigh Day & Co said: "Ms Milner is opposed to the proposals to fluor-idate the water supply on account of the continuing uncertainties with regard to the long term health risks associated with fluoridation, as well as concerns with regard to the possible adverse environ-mental effects. She also con-siders that more targeted and less intrusive measures should be used to deal with problems of tooth decay in the South-ampton area."

Majority favour

The legal challenge argues that the SCSHA failed to have regard to the British Govern-ment’s policy that mass fluo-ridation of drinking water should only go ahead in any particular area if a majority of the local people are in favour of it.

The open letter, which was submitted by the cam-paign group Hampshire Against Fluoridation said: Given the fi-nancial constraints currently faced by the NHS, we are con-cerned that precious NHS funds are being used to force through a scheme that the local commu-nity does not want. These funds could be better used to develop alternative, more effective oral health schemes.

‘Waste of money’

The SHA’s decision to continue with water fluoridation and to fight a legal challenge is seen as a waste of Health Service money and we are concerned that this will damage the reputation of the local NHS.
Fluoridation... a topic which is always destined to polarise public opinion. The ongoing saga which has developed over the decision to fluoridate the water in the Southampton area shows no signs of slowing as an open letter of opposition is released. The surprising thing is that more than a dozen dentists have signed the letter. As Neel Kothari said in the last issue (I hope you were all paying attention, there will be a test!), his main concern was not about the issue of fluoride in the water, but rather the way in which despite the overwhelming opposition of the local population to the plans, the SHA decided in favour of fluoridation. It may be interesting to find out the reasons these dental professionals chose to sign the letter.

If you have a particular opinion on the issue of fluoridation, please get in touch: Lisa@dentaltribuneuk.com.

This week sees the first of the big conference and events for the year: the Dentistry Show. Dental Tribune will be at the event, finding out what's hot and what's not for 2010 for all the gadget lovers out there. Please take a look at back of this issue to find out who is going to be there. If you see me, come and say hello and let me know what you think of DT; I would genuinely love to hear from you.

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page? If so don't hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

Or email: lisa@dentaltribuneuk.com

Editorial comment
Water water everywhere...

More people are grinding their teeth due to job insecurities caused by the recession, according to dentists. Edinburgh dentist, Dr Yann Maidment, said he had seen the number of patients showing symptoms of tooth grinding rise by 10 to 20 per cent over the last 18 months.

He believes that people who work in banks or travel a lot for their jobs are among the worst affected due to having more stress in their lives.

Dentists are finding that more patients are needing treatment because a piece has fallen off their tooth due to bruxism, or a molar or incisor has cracked completely and is beyond repair. Others are suffering from headaches or pain in their mouth.

Dr Sharif Khan, a cosmetic and implant dentist, claims that ambitious people who work in competitive industries are more likely to suffer from bruxism.

“People who are worst affected by grinding are Type A personalities: ambitious people who usually work in business,” said Dr Khan.

The British Dental Health Foundation revealed that its helpline has also seen a rise in calls about the problem.
Brace yourself for gene research

Children whose teeth develop later are more likely to need orthodontic treatment, according to new research.

Several genes affect tooth development in the first year of a child's life.

The study, carried out by researchers from Imperial College London, the University of Bristol and the University of Oslo in Finland, found that the teeth of babies with particular genetic variants appear later and that these children have a lower number of teeth by the age of one.

The study scanned the entire genetic code of 6,000 individuals and the participants were tracked from the mother's early pregnancy right up until adulthood.

Scientists have discovered genetic variants that can detect the timing of the appearance of the first tooth in infants and also foretell the number of teeth the baby will have by age one.

Dr Marjo-Riita Jarvelin and her contemporaries hope the research will help to carry out timely treatment and prevent innate dental problems.

One of the genes identified in the research is reportedly linked with a 1.5 greater risk of getting an expensive orthodontic treatment done during 50 years of age.

Dr Jarvelin said: “Our findings should provide a strong foundation for the study of the genetic architecture of tooth development, which as well as its relevance to medicine and dentistry may have implications in evolutionary biology since teeth represent important markers of evolution.

“We hope also that these discoveries will increase knowledge about why fetal growth seems to be such an important factor in the development of many chronic diseases.”

The study results also established an association between the time the first tooth takes to appear and the dental problems that will be caused to the infant in later life due to it.

The study found that babies with fewer milk teeth by age one are at a greater risk of undergoing dental treatments later on in life than those who develop more teeth by the same age, and this depends entirely on their genes.

The researchers found that some of the genes associated with development of teeth in toddlers were also linked with development of the skull, jaw, ears, fingers, toes, and heart by previous studies.

This led the study authors to conclude that NHS adult and many other organs have familiar development passageway during infancy.

“The discoveries of genetic and environmental determinants of human development will help us to understand the development of many disorders which appear later in life,” said Dr Jarvelin.

The study and its findings have been published in the Feb. 26 issue of Public Library of Science or PLoS.

Green Party: basic dental care for all

Everyone in the UK should be able to access free, basic dental care, according to the Green Party’s new dental health policy.

In the policy, the party claims that only half the UK population is provided with free dental healthcare and calls NHS dentistry a ‘regressive tax’.

A spokesman for the party said: “Greens think it’s unfair that less affluent individuals pay a higher proportion of their income than those on higher incomes for NHS dental care, according to NHS charging system.

He said: “Nationally, there’s a perception that people can’t find an NHS dentist. Locally, with significant investment there’s now more than you may think. Last year, Newham’s 50 NHS dentists saw 98,194 patients.”

The campaign tells people about the availability of local NHS dentists, the range of treatments available and explains the NHS charging system.

Dr Malhotra has been working as a dentist for 27 years and claims to have seen ‘great improvements in dentistry’. He said: “My surgery at The Lift in Manor Park has the latest equipment and dedicated staff. In fact, the surgery looks so good I’ve added a window sign to tell people we’re not a private practice.”

He added: “Working in Newham is great. When I came to the UK, I lived across the road from where my surgery is now, so I love the area. It’s ethnically diverse, the people are fantastic and there’s always something going on. Being a dentist is really rewarding; building relationships with patients, relieving pain and helping improve people’s oral health.”

Dr Malhotra’s surgery is surrounded by schools so he sees a lot of children and parents and says that children ‘should visit the dentist as soon as they get their first teeth, so they get used to’ so they can see ‘we’re not scary’.

Robert Moore, director of Primary and Community Services Commissioning, NHS Newham and said: “There are a number of misconceptions people have about NHS dental services in Newham. These include that it is hard to get an appointment, we don’t offer quality treatments, and that treatment is expensive. In fact there are many NHS dentists that you can go to in Newham. Costs for their services are set by the NHS and for many NHS dental services are free.”

He added: “We are investing in NHS dentistry. So it’s never been easier to see an NHS dentist locally.”

The campaign details NHS charges and explain how visiting the dentist should be part of everyone’s health routine pushing the message that it is pre- vention, not just cure.

There are new dental adverts and posters as well as information leaflets in dentist and GP surgeries, libraries and children’s centres in Newham as part of the campaign.

NHS Newham launches dental campaign

NHS Newham in East London has launched a dental campaign to raise awareness of the number of NHS dentists in Newham.

The campaign is being supported by Dr Grish Malhotra, who has an NHS surgery in Newham.

He said: “Nationally, there’s a perception that people can’t find an NHS dentist. Locally, with significant investment there’s now more than you may think. Last year, Newham’s 50 NHS dentists saw 98,194 patients.”

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34 is the magic number!

It's been a fantastic start to 2010 for leading custom-branded dental plan provider Practice Plan. Not only have they recently achieved a 5-star status from Best Companies, making them an "extraordinary company to work for", but they have now been ranked position 34 in the prestigious Sunday Times Top 100 Best Companies to Work For!

This year, The Sunday Times Best Companies lists were derived from entries of 964 companies and in total they surveyed more than 250,000 employee opinions, as well as evaluating each organisation's key statistics, processes and policies. Practice Plan made a significant impression by gaining an enviable top 50 position, particularly being a brand new entry, and sailing straight into position 34 to beat off stiff competition.

Managing director Nick Dilworth explained: "Ranking 34th place in our first entry into The Sunday Times Top 100 is fantastic. It gives recognition for the way in which we have all pulled together as a team in what has otherwise been a challenging year. I am privileged to be part of such a formidable team who are not only fun to be around, but whose continued enthusiasm and commitment is beyond question."

The company gained amazing results from the employees, which evaluated the staff's opinions on factors such as leadership, their manager, pay and benefits, wellbeing, the firm's willingness to give something back, people's personal development and overall sense of affiliation with their employers.

This year's annual awards ceremony, held at the Battersea Evolution, was a particularly special event as Best Companies themselves were celebrating their tenth anniversary, and so the glamorous black tie evening was bigger and better than ever. In usual Practice Plan style though, it wasn't the list of directors who attended the celebrations, Managing Director Nick Dilworth invited nine guests, picked at random from all areas of the business to attend the ceremony with him.

Dan Griffiths senior graphic designer who was at the awards said: "I love working at Practice Plan. My colleagues are all fun to work with and know what they're doing. Also, we benefit from flexitime, a weekly fresh fruit basket, loads of tea and coffee, as well as bosses that respect us and make us feel worthwhile."

34 is the magic number!


One in five say they would benefit from braces

The survey, commissioned by British Lingual Orthodontic Society (BLOS), found six per cent – equating to 5.1m of the population – would consider giving orthodontic treatment to a friend as a present, while 15-17 year olds were shown as the most favourable to treatment, with one in four saying they would definitely benefit from teeth straightening.

The survey revealed that people living in the South East are more likely to believe they need braces. Of those living in the South East of England, 50 per cent felt their teeth would benefit from orthodontics compared to seven per cent of those living in the South West.

Gender does not make much of a difference, with 18 per cent of men responding positively compared to 19 per cent of women.

The age group least interested in orthodontic treatment appeared to be the 45-54s, with only five per cent believing they would benefit from treatment, while the over-70s were next with six per cent.

The survey also flagged up poor awareness of less visible lingual braces, with 72 per cent of people unaware of the treatment.

Bob Slater, chairman of BLOS, welcomed the positive attitude to orthodontic braces among the British and said: "The fact that so many young people today have conventional braces, thanks to the National Health Service, might explain the lack of awareness of invisible lingual braces.

"Another factor is that in the past, the UK has been influenced by American trends. Lingual braces are not so widely adopted in the USA where people tend to be happy to talk about the work they are having done. In countries like Italy and France, lingual braces are more popular, since Europeans appreciate the discretion of invisible braces."

He added: "Already we are finding that a fair proportion of teenagers would rather, where possible, pay privately to have lingual braces because it makes them feel less self-conscious, joining forces with those in their 50s and 40s who, for professional reasons, prefer not to have visible braces."

Digital impression-taking technology market set to grow

The digital impression-taking technology market will see rapid growth as dentists adopt this quick and accurate solution to manufacturing and fitting dental restorations, according to a recent report.

The US market for digital impression-taking systems is estimated to reach $83.5 million by 2015, and the UK is set to follow suit, according to an online report by DentalProductReport.com.

Dr James Hooper from The Dental Practice, Hove, who uses the Lava chairside oral scanner COS from 3M ESPE said: "I'm not surprised by this news as I recognised this was a big move forward as soon as it came out.

"I'm amazed by the accuracy and storage of the information and being able to store it for so long – something a plaster model just can't do."

He believes that 'every dental practice and laboratory will be looking to use digital impressioning' in the near future.

The primary advantages of using a digital impression system over traditional processes is the elimination of many manual steps involved in creating a restoration.

The technology produces a very accurate restoration because the three-dimensional image is produced instantly, allowing the dentist to make any adjustments necessary to the prep site in real time.

Taking impressions can also be an unpleasant experience for the patients as it can induce a 'gag' reflex, making the procedure distressing for both patient and dentist.

A spokesman for 3M ESPE which produces Lava COS said: "Digital technology has truly found its place in the dental industry."

Dentist immortalised in song

Pop singer, Owl City, has immortalised his dentist by writing about him in one of his songs. His song 'Dental Care' details his terror of visiting his dentist. Adam Young revealed in a BBC interview that he had had the same guy for years now and said: "We're friends and I don't know if he's heard that track. But if he did, I'm sure he would be very amused and not be offended."

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Many UK dentists choose not to provide dental implant surgery either because they are not familiar with the technique or because they perceive the costs to be too high for their patients. However DIO UK is quickly demonstrating that the cost is rapidly becoming less of a problem and, by using the company’s range of high-quality, low-cost implants, even dentists that are relatively inexperienced in implant surgery can quickly learn to perform the procedure successfully.

The new Department of Health guidelines require NHS dentists to install the latest decontamination equipment, leading to the potential for more practices to provide surgical and implant services. DIO UK is helping these practices through marketing assistance and by increasing their profitability as the lowest-cost option to enter the dental implant market.

To prove how easy the new DIO implants are to use, DIO will be presenting its immediate loading implants at The Dentistry Show 19-20 March at the NEC, explaining the pros and cons of immediate loading and the advantages of DIO’s implant-ants in these cases. Dr. Arrif Lalani, dental advisor for the Kingston vocational training scheme at Kingston Hospital and principal at Smile Dental Implants of Surbiton in Surrey, will be inviting a dentist relatively new to implants to perform live surgery under his supervision. This will be the first time live implant surgery will have been shown in public in the UK.

Although Dr. Lalani is comparatively new to implant surgery he says that working with the DIO implants makes the process relatively easy. “Working with DIO’s implants is so simple and straightforward. They have no quirks,” he said. “They are the perfect way to start for those dentists considering offering implants as an extra service to their patients or freeing themselves from the financial ties of another manufacturer.”

The simplicity of the process is largely attributed to the innovative design of the implants themselves, which DIO have boldly called “The best implants in the world?”. Their unique tapered design features a double thread to increase primary stability, even with low bone density. The design also prevents cortical bone loss, significantly reduces stress and increases the opportunity for immediate loading. The self tapping cutting edge allows easy insertion and automatically removes cut bone. The design also promotes fast healing and gingival recovery.

Also presenting at the show will be Dr. John Ballentyne who will demonstrate his unique and innovative immediate loading technique using DIO’s dental implants to provide a temporary full arch bridge in a simple way. Dr. Ballentyne has been practicing for over 40 years and established Chelmer Village Dental, Essex in 1990. He has a wealth of experience in both traditional and cosmetic dentistry. Having fitted more than one thousand implants, he has helped many patients achieve the perfect smile.

Dr. Ballentyne said he originally began using DIO implants following a visit to DIO headquarters and factory in South Korea. “When I visited the factory in Korea I was very impressed with the quality and attention to detail of the implants. They work beautifully for this immediate loading procedure.”

Iain Forster, Managing Director of DIO UK said that Dr. Lalani and Dr. Ballentyne are both perfect fits for DIO. He said, “Arrif and John are those refreshing breeds of implant surgeons who aren’t blinkered by convention and are happy to do whatever is best for their patients and businesses. I think that’s why they chose to use DIO implant systems.”

DIO UK will be appearing at The Dentistry Show, 19-20 March at the NEC. DIO’s implant technology and immediate loading demonstration will be held in the Live Theatre at 13:30 on 19th March.

0845 123 3996 info@DIOUK.com www.DIOUK.com
Become a Fellow of the BACD

The deadline is approaching for accredited members wanting to become Fellows of the British Academy of Cosmetic Dentistry (BACD).

The highest and final stage of the BACD’s Career Path in Cosmetic Dentistry, Fellowship is aimed at those working at an advanced level who are also sharing their knowledge with the rest of the profession.

The Fellowship is open to accredited members who have either published a scientific article on a clinical subject related to cosmetic dentistry in a peer-reviewed publication, or have given a postgraduate lecture at a BACD meeting or another national or international conference.

A spokeswoman for the BACD said: “The BACD is committed to promoting clinical excellence through education and professional development.

“For accredited members, achieving BACD Fellowship indicates excellence in interdisciplinary treatment planning and the execution of complex treatments to consistently high standards.

“A package of tough new actions to ensure that NHS patients can get the medicines they need was agreed at a summit to discuss concerns about current difficulties with the supply of medicines, hosted by Health Secretary Andy Burnham and Health Minister Mike O’Brien yesterday.

The actions that were jointly agreed between the delegates include:

• A more explicit duty for manufacturers and wholesalers to ensure that sufficient stocks of medicines are available to NHS patients;

• A series of targeted inspections by the Medicines and Healthcare Products Regulatory Authority;

• Tougher standards for the issue of licences for medical wholesalers; and

• Development of best practice guidance on how supply difficulties should be dealt with by healthcare professionals, pharmacists, manufacturers and wholesalers.

The targeted inspections mean that manufacturers and wholesalers will risk losing their licences and face prosecution if they breach legal duties on supply of medicines. Pharmacists and doctors risk being called to account by their professional bodies for breaching their ethical obligation to put patients first.

Ministers met with a number of pharmaceutical supply chain stakeholders from across the UK including the Association of the British Pharmaceutical Industry, the British Association of Pharmaceutical Wholesalers, the National Pharmacy Association, the Pharmaceutical Services Negotiating Committee and the Medicines and Healthcare products Regulatory Agency - to discuss the nature and scale of medicines supply problems and how the issues can be tackled collaboratively.

The issue of medicine shortages was raised publicly last year when some pharmacists and patients found it difficult to get hold of certain drugs, as a result of a number of unscrupulous traders exporting medicines meant for NHS patients to Europe for profit, because of the cheaper pound.

Health Minister Mike O’Brien said: “We need to agree on a way to help NHS patients get the medicines they need. Manufacturers, wholesalers, pharmacy bodies, regulators and Government all agreed to work together to resolve the issue.

“The lower value of Sterling has resulted in some medicines destined for NHS patients being sold abroad for extra profit by a small number of unscrupulous speculators. Some pharmacists have had trouble getting hold of certain drugs because of this. For months, I have been seriously concerned about the potential impact of this on patients. It is unacceptable that some people have already had to wait longer than they should have to get their medication. Patients must come before profits.

“This new package of measures will help to ensure that NHS patients do not suffer and get the care they need when they need it.”

More Designs by Dentists www.directadental.com

Tougher action to support medicines supply

“The benefits of Fellowship status include use of the title ‘Fellow of the British Academy of Cosmetic Dentistry’; a plaque acknowledging Fellowship status, which will be superior to the Accreditation plaque; and use of the approved Fellow logo.”

For those considering submitting cases for examination, the deadline is 16 April.

For more information contact the BACD on telephone number 020 7612 4166 or email info@bacd.com.

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GDPUK round-up

The GDPUK online community is always keen to air and share its views, but this month members reveal an anarchic side, says Tony Jacobs

The specter of HTM 01-05 has really made a difference. Colleagues are making all sorts of plans, some with their tongue in cheek, and sometimes wishing for a revolution.

One discussion started with the concept of practising “underground” – could this be done in modern Britain? Only treat a limited number of people you know, ask them to maintain secrecy, deregister from the GDC, the PCT and all the paraphernalia of dental governance, hide from business rates, the taxman, banks, CQC. Cut governance costs, maintain standards, how much would fees reduce? Is it possible, would the snoopers find the dentist and what would happen? Intriguing? Jail?

Thoughts of civil disobedience with regard to the dreaded HTM document are rising. Will dentists march on Parliament? The British Dental Journal editor called for colleagues to create a quiet revolution by telling every patient what this political plan would cost each patient, without spoon-feeding his readers on how to go about this. How much patients’ money will be wasted? Plus the environmental cost is huge, the thought of which alarms a further group of patients.

One GDPUK reader reminded us that human rights had been trashed in this incident. ‘The spector of HTM 01-05 is rising. Thoughts of civil disobedience with regard to the dreaded HTM document are rising. Will dentists march on Parliament? The British Dental Journal editor called for colleagues to create a quiet revolution by telling every patient what this political plan would cost each patient, without spoon-feeding his readers on how to go about this. How much patients’ money will be wasted? Plus the environmental cost is huge, the thought of which alarms a further group of patients.

‘Many intelligent readers could not count how many human rights had been trashed in this incident.’

A NICE topic

One GDPUK reader reminded us that human rights had been trashed in this incident. ‘The spector of HTM 01-05 is rising. Thoughts of civil disobedience with regard to the dreaded HTM document are rising. Will dentists march on Parliament? The British Dental Journal editor called for colleagues to create a quiet revolution by telling every patient what this political plan would cost each patient, without spoon-feeding his readers on how to go about this. How much patients’ money will be wasted? Plus the environmental cost is huge, the thought of which alarms a further group of patients.

Linked to the odorous HTM, an alarming tale was told by a dentist trying to conform with its regulations. He went to occupational health to have a blood test for Hepatitis B antibody, titre. The nurse explained a number of things, checked for BCG scar, tried to administer MMR vaccine, was rebuffed, then announced she would test for HepB, HepC and HIV. The dentist would then not be allowed to work until the results were in. When a discussion followed, the nurse warned him he could not leave until he had given blood for this purpose. In addition, he had to produce photoid, but was not allowed to leave until this was produced, so his wife had to leave work, and bring a passport from home to the hospital.

Many intelligent readers could not count how many human rights had been trashed in this incident. The dentist has now complained to the chair of the Trust, and no doubt there will be more information to follow. This seems to be a warning as to how occupational health deals with dentists. One the best pieces of advice was to anyone faced with this situation – produce your mobile phone with voice recorder, even if you don't know how to make this work, remind the threatening nurse that she does not have your consent, and you are recording the conversation.

To find out what happens next... join and read at http://www.gdpuk.com.

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Two of the UK’s most respected education and academic organisations have joined forces to provide an innovative, technology driven MSc in Restorative and Aesthetic Dentistry. Smile-on, the UK’s pre-eminent healthcare education provider and the University of Manchester, one of the top twenty-five universities in the world, have had the prescience to collaborate in providing students with the best of everything – lecturers, online technology, live sessions and support.

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Putting something back

Dental Tribune profiles Seema Sharma, her career in dentistry, her love of business management and her journey from Millionaire to Mumbai

Seema Sharma is the owner of a few successful dental practices in London, where she also runs a training business and management consultancy, Dentalbyte Limited, looks after a property portfolio and has recently set up her own charitable foundation. All this she combines with bringing up two daughters with her cardiologist husband Sanjay.

It is not a bad list of achievements for someone who describes herself as ‘a bit of a dabbler’.

Last year she added a new title when she became Channel 4’s Slumdog Secret Millionaire, distributing much needed support for the street kids and slum dwellers of Mumbai. It is not a description she enjoys, but Seema says she has no regrets about taking part in the television series and raising awareness.

“I believe that if a bus of opportunity comes past you should get on it. This was a one-off opportunity, a chance of a lifetime. I had also become much more interested recently in my own cultural background, and thought this might be a way to give something back.”

Seema qualified as a dentist 18 years ago. She chose this path because she felt it was a job she could combine with having a family. Although she enjoyed the clinical work and was able to set up her own practice at the age of 24, she found it was the actual running of the business that gave her the most pleasure. Inefficiencies in the practice frustrated her and she discovered she was good at finding solutions. So under her guidance the business began to flourish.

Soon she was spending more time as a practice lead than as a dentist, and even though she had become the mother of two daughters she still found the time and energy to pursue her other enthusiasm– property. In 1999 she saw the opportunity to buy a run down period house in London and renovate it. It doubled in value, and she enjoyed the process so much that in 2004 she decided to buy and renovate another one.

At the same time she took a chance and bought her Docklands dental premises when it came up for auction. It was a commercial investment that paid off in 2006 when she sold it on to a property developer and became a millionaire on the proceeds. These property gains have enabled her to further expand the core dental business.

With a new business partner she put in a successful bid for a practice in Surrey.

Shortly afterwards they bid for another in East London, where Seema has spent all her working life, and won a fiercely competitive blended NHS contract tender for a new type of holistic practice in Bow, catering for underprivileged communities in East London. By this time the original practice had morphed into a small group, and Seema no longer had time to practise clinical dentistry. Instead she devoted her energies to running the business, and on management training.

The process of building the business was not, she insists, the result of a thought-out plan. “I just followed my inclination to sort things out, to improve things, and gradually evolved into being a leader. There was never an expansion plan. It was more of an organic development, of investing in people who could free me up so I could develop new activities.”

By delegating day-to-day management to her team, Seema was able to turn her attention to new business opportunities. For years she has managed a medical teaching course for junior doctors, designed and run by her cardiologist husband, Prof Sanjay Sharma, and from this she built a practice management consultancy supplying dentists preparing for blended contracting and Care Quality Commission registration.

The capital gains she made from her well-timed forays into the property market have now enabled Seema to safeguard the financial future for her family as well as expand her dental business. This year she has bought a new building to relocate the Docklands practice into state of the art space, and plans to devote 25 per cent of her time to her charitable activities.

Seema says that donations are beginning to roll into the Sharma Foundation, as she builds on the publicity from the TV programme. Her intention is to turn the charity into the kind of organisation that can make a difference to the lives of poor children in India. That is an ambitious project, but her track record suggests that Seema will not be satisfied with half measures. She is considering commissioning a double-decker bus for a challenge team of London bus drivers to drive from Marble Arch to Mumbai to donate to Doorstep School – the school on wheels she set up for street kids – which will drive from Marble Arch to Mumbai to donate.

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Seema will be speaking at the Clinical Innovations Conference about her journey to success, and the satisfaction of putting something back.

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The Clinical Innovations Conference (CIC) will be held 7-8 May at the Royal College of Physicians in Regent’s Park, London. For more information call 020 7400 8989 or email info@smile-on.com
The 10th dimension... the power of ten

Ed Bonner and Adrianne Morris discuss the etiquette of email communication

I
In days gone by we used to write letters, and this was generally considered an art form along with poetry and prose. By the same token, in bygone days, people used to prepare food for cooking and used telephones that were plugged into wall sockets. Those days are gone and today we are into instant mobile phones, pre-prepared food and instant communication systems. In respect of the latter, communication doesn’t come much more instantly than an email. The corollary to ‘instant’ is ‘brevity’. With this in mind, let’s look at some things that we should or should not be doing:

1. Where possible, delegate to a secretary the task of screening, opening and responding to your emails. This implies that you should have a separate email address for personal emails.

2. Do something with each email you receive – either open, or delete. Don’t just leave it sitting unopened. Nothing is more irritating than seeing the same heading crop up in bold every time we access our inbox. This number of emails in your inbox should always read zero.

3. The quickest way to deal with an email is to delete it, and this should be the fate of every email that appears non-essential reading. There is an unfortunate tendency in our brave new world for friends to wish to share anything from a funny story to a dramatic picture. Most of us are busy, and cannot afford to spend important time reading spam or even low-grade ham, which can take up 80 per cent of your time to deal with, leaving 20 per cent for what is important. Kill it quickly and without regret. You could send a response saying: “Your forwarded stories are amusing but my inbox is becoming overcrowded, so please don’t send any more”.

4. If it looks important, open and read and respond instantly and succinctly. In all cases, keep your replies brief and to the point – wordiness is not virtuous in the ethereal world of email communication. The subject line should be very succinct, for example, “meeting”, and the main message should be short, for example, “Let’s meet at 12 – best wishes, Ed”. What you do not want to do is to be repetitive.

5. Never write anything that may come back to bite you later, especially when the email you have just received evokes emotional or angry feelings. You should not reply immediately, but think through your response carefully, write it, read it and think again without sending. Rather acknowledge receipt, and say your written response will follow. Your response should not be angry or critical, but conciliatory and when necessary appeasing. Be careful with direct apologies, although you can say something like: “I am sorry you had an uncomfortable experience”. Build bridges, not court cases.

6. Regarding copying and forwarding of an email, there is an unfortunate tendency to overdo this, and the technique should be reserved for essential reading only. If you keep getting information you don’t really need, drop a note to the perpetrator expressing gratitude for keeping you in the loop but requesting that only essential information be sent.

7. Should you bother with the use of capital letters? This is a personal choice, and personally I have no issue with no capitals, but if it annoys you to receive a message in lower case only, do as you would be done unto.


9. Rather than bunching a whole batch of information on different subjects into one email, send multiple shorter messages with succinct titles.

10. Avoid printing copies of every email you receive or send, unless it is essential to do so. Filing paper can soon become a nightmare. Be kind to trees.

If on the one hand emails can be a brilliant way of communicating, on the other it can be distracting and a gross waste of time, so be parsimonious with your replies brief and to the point – wordiness is not virtuous in the ethereal world of email communication. The subject line should be very succinct, for example, “meeting”, and the main message should be short, for example, “Let’s meet at 12 – best wishes, Ed”. What you do not want to do is to be repetitive.

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If on the one hand emails can be a brilliant way of communicating, on the other it can be distracting and a gross waste of time, so be parsimonious with how much you throw away on non-essential communication. You could be earning money in that time.
When it’s time to invest... Invest in the best!

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Revisit your values

To survive ongoing financial turbulence, make sure your priorities are in check, says Sheila Scott

In times of recession, consumer behaviour changes and nowhere has it been more evident than in the dental health sector. Initially, many practices hardly seemed to be affected by the economic downturn; some continued to grow while others breathed a sigh of relief as the pressure lifted from the appointment book. But as the bite continued, practices have found numbers of patients are staying away or leaving. More recently the ‘staying away’ behaviour seems to be becoming a little more widespread, even creeping into the best-loved practices.

Those practices with excellent patient relationships, good communications and monthly plans in place do best. Fully private practices are more vulnerable with many practices being left untouched. So is your practice faring and what are you doing about it?

Rewarding health

In my experience of visiting practices around the UK, I’m finding that some dentists are tempted to respond to the adverse conditions by focusing on ‘selling’ restorative and cosmetic treatments, and investing in new courses and promotions to this effect. But there’s lots of research available that shows that what most patients really want, is not treatment, not even cosmetic treatment, but health. Every time patients walk into your surgery they are hoping you ‘don’t find anything wrong’ and that they will get a clean bill of health.

The trouble is, when patients do get a clean bill of health, too many dentists are disappointed. Dentists get excited about treatments, troubles, concerns and problems. These are exciting because dentists are consummate ‘fixers’ – they can correct problems and their technical skills can be tested! So dentists tend not to reward healthy patients but most don’t do enough to encourage patients to help themselves at home.

Health really matters

Historically, some practices allow their patients to believe that they should only visit them ‘when there’s a problem’ and that, in the face of tightened belts, might explain why ‘staying away’ behaviour is suddenly more common.

I want to bring back the excitement to prevention and dental health, and build practices on what really matters to patients. I want patients to be in no doubt that their dental health depends on constant vigilance at home, regular screening by their dentist and the advice of their hygienist. Restorative treatment is usually needed because patients and practices have failed to preserve health. Cosmetic dentistry is something that is best offered carefully, within a philosophy of health first, looks second.

Understanding patients

According to my research within practices, the two aspects most important to patients when choosing and using a dental practice are:

1. Trusting the dentist
2. Care and treatment to ensure teeth and gums stay healthy

What do you do to give your patients reassurance in these terms? Is your whole team always legal, decent, honest and truthful with patients? Does everyone treat every patient with empathy and respect? Does the team treat each other with empathy and respect? Do you always welcome patient interaction with the practice or do you simply tolerate their fears and their questions? Is your customer care perfect and are your premises kept pristine?

Are you absolutely transparent about the costs of your care and treatment and do you tell patients the costs of any recommended appointments or treatments even before the written estimate is produced? Do you estimate accurately and do you always discuss any changes of treatment plan or ‘extras’ with patients before they are presented with the bill at reception?

Are your communications focused on the health message? Do you do exams to find treatment or to check that patients are healthy, and do patients notice this focus? Do you offer treatment because you love finding problems or because you wish to return patients’ mouths to health? Do you inform patients of a necessary treatment with concern for why dental health has failed or with obvious glee for the fun of the technical challenge in your voice and manner? Are you exceptional at explaining why your patients need to see your hygienist or return for more prevention and plaque control advice from yourself or your oral health educator, or do you let them think they get a ‘scale and polish’ – which, for too many patients, means a quick polish (cosmetic value only) or a vague money earner by the dentist that has no value to their dental health. And specifically, what do you do to help parents keep their children dentally healthy?

It’s what patients believe you are doing for them and why that will determine whether they attend the practice regularly or not. And your new patients need reassurance of what you are doing for them too. If you are noticing a downward trend in your appointment book then maybe it’s time to sit down and revisit your values and your messages to patients.

About the author

Sheila Scott has dedicated the last 10 years to helping dentists and their teams grow and prosper. See her website www.sheila-scott.co.uk for more details, or contact her on 01343 862930.
Most dental practices have come to realise how quickly technology has become part of everyday life in the practice. Dentistry has undergone a paradigm shift over the past 20 years where systems that were once analogue (paper, film) and now being replaced by digital counterparts. Nowhere is this more evident than with practices that are trying to become completely paperless. While I don’t agree that any practice can be truly paperless, eliminating the need for a physical paper chart is something that any practice can achieve. The goal of this article is to discuss the sequence necessary to accomplish this goal.

The challenge for most practice is to develop the best plan on how to evaluate their current and future purchases to ensure that all the systems will integrate properly together. While many dentists are visually oriented and thus tend to focus on the criteria that they can actually see and touch, some of the most important decisions are related to more abstract standards. I have therefore developed a six-point checklist that I feel is mandatory for any dentist who is adding new technologies to their practice, and I recommend that each step be completed in order:

1. **Practice management software.** It all starts with the administrative software that is running the practice. To develop a chartless practice, this software must be capable of some very basic functions. For practices that want to eliminate the paper, you’ll need to consider every paper component of the dental chart and try to find a digital alternative. For example, entering charting, treatment plans, handling insurance estimation and processing with e-claims, ongoing patient retention and recall activation, scheduling, and about dozens of other functions that are used on a daily basis. Many older programs do not have these features and if a practice wants to move forward, they will have to look at more modern practice software.

   **The paper-free practice**

   When it comes to replacing the systems in your practice with their digital counterparts, it’s best to focus on one at a time. Lorne Lavine shows how it’s done in six manageable steps.
handle all of these functions, most fall short of this. Fortunately, there are a number of third-party programs that can provide functionality where the practice management programs cannot.

Some of the systems that I’ve recommended in the past include Dentforms (www.medi- dictalk.com) to handle patient signatures and online forms, DemandForce (www.demandforce.com) for patient confirmations and surveys, Uappoint (www.uappoint.co.uk) for confirmations and online scheduling, and Paperless Technologies (www.go-paperlessnow.com) for patient demographic forms.

Image management software. This is probably the most challenging decision for any practice. Most of the practice management programs will offer an image management module; these modules are tightly integrated with the practice management software and will tend to work best with digital systems sold by the company.

There are also many third-party image programs that will bridge very easily to the practice management software and offer more flexibility and choices, although with slightly less integration.

Operatory design. The days when a single intraoral camera and a TV in the upper corner were being replaced by more modern systems. The majority of offices are placing two monitors in the operatories, one for the patient to view images or patient education or entertainment, and one for the dentist and staff to use for charting and treatment planning and any HIPAA-sensitive information, such as the daily schedule or other information you would prefer that the patient not see.

Windows and other software have built-in abilities to allow you to control exactly what appears on each screen. There are numerous ergonomic issues that must be addressed when placing the monitors, keyboards, and mice. For example, a keyboard that is placed in a position that requires the dentist to twist his or her back around will cause problems, as will a monitor that is improperly positioned.

Another important decision for the office will involve deciding whether you prefer the patient to see the monitor when they are completely reclined in the chair. If this is the case, then the options are a bit more limited for monitor placement. There are some very high-tech monitor systems that not only allow the patient to see the screen, but create a more relaxing environment for patients who are considering long procedures.

Computer hardware. After the software has been chosen and the operatories designed, it’s time to add the computers. Most offices will require a dedicated server in order to protect their data as well as having the necessary horsepower to run the network. The server is the lifeblood of any network, and it’s important to design a server that is both bulletproof, has redundancy built-in for the rare times that a hard drive might crash, and can easily be restored.

The workstations must be configured to handle the higher graphical needs of the prac-
‘Dentistry has undergone a paradigm shift over the past 20 years.’

Dr Ian Gordon discusses how implementing an off-site managed system has been essential to the success of the Alpha Group’s practices

Having been a practising dentist for a quarter of a century, Dr Ian Gordon has seen his fair share of transition within the profession: change that has also had a direct impact upon his own way of working.

Graduating from Newcastle University in 1984, the same area of the north-east of England where he was born, was also where he began his professional career. Over a period of 20 years, Dr Gordon has witnessed the development of the programmes used in the dental setting, from the early days of ‘System 90’ to the more advanced practice management software (PMS) now available.

‘Practice management software is now an integral part of today’s dental practice; being without it isn’t a consideration. Compared to the early versions, the capabilities of PMS are now far more advanced.

‘The main difference is the way all aspects of the clinical and administrative functions have been brought together into one package. The advantage of this is that the whole picture of the patient’s experience is recorded. Being able to view prior medical history, attendance, previous interventions and other clinical and financial information within moments is a great advantage to the successful management of the practice and business.’

One versus many

Having built up a cluster of NHS practices in the area over the course of the years, the decision came to sell up and start afresh and, in September 2008, opened a private practice in Stokeley in partnership with his wife Jayne, also a dentist.

However, it wasn’t long before Dr Gordon was involved in setting up a new group of practices offering both NHS and private dentistry. Initially beginning with three, the Alpha Dental Group now comprises of eight practices located across the north-east region.

“At first, there was a disparity in software systems inherited from the previous practice owners. Over the course of the year, we refurbished and then installed the same system to give consistency to the group.”

While the group was being developed from its beginnings in October 2008, each practice remained as a ‘stand-alone’. It soon became apparent that to manage the group effectively, there was a need to employ a system that could unify the eight locations.

This required investment in the latest management systems: an offsite managed service.

Traditionally, each practice retained the software necessary for the system on the hardware located on-site. This in itself presents significant issues. Failing to install essential updates to the system might cause some difficulty for the administrative task, posing the risk of the system being left unable to function effectively, while the thorny issue of backing-up (or failing to back up) data could be leaving the business in a potentially disastrous situation.

The alternative that Dr Gordon found was to take the option of R4’s off-site hosting solution, which provided an answer to his requirements.

The managed service

“Over the course of a weekend, the Group was transferred to the hosting servers. On Monday morning we were able to log on as normal. Now each site still retains individual access to its essential information, but there is multi-site access for those who need it.”
The issue of backing-up is no longer a concern as all the data is stored securely and automatically.

The Alpha Group also benefits in other ways. Now, all essential updates to the system are handled automatically, so there is no risk of a site being left outdated. All the software is no longer on each individual site, but on the host's powerful servers. This means in the event of a technical fault, technicians can quickly resolve the issue.

There is the further benefit that the amount of computing power required to run the software isn't dependent on the hardware in the practice, so no expensive upgrades of equipment is required.

"From a clinical perspective, there is still direct access to all the patient's information, but now that information, including digital X-ray images, can be easily transferred between practices if required and there isn't a paper file that can be mislaid or incorrectly filed.

"The issue of backing-up is no longer a concern as all the data is stored securely and automatically."

The Managed Service is available to any practice that has a suitable broadband internet connection and sufficient computer hardware. The benefits, beyond those already mentioned, include online training options that utilise either live or recorded training packages that can be accessed at whatever time is convenient for the staff.

Other advantages include an online resource centre, where members of the practice administration team can gain access to information about the system as well as other useful advice.

The latest upgrades

For Dr Gordon, having invested in one of the most advanced software packages available, there is the option to take advantage of the latest upgrades to the programme, which provides a Care Pathway function and key performance indicators, an essential part of the latest PCT contracts.

With all products, the standard of support and service that is part of the customer care is an integral element when making a decision.

'I've enjoyed excellent support over the past 20 years from my software provider and it's been that continuity of quality service that made choosing the R4 Hosted Service from PracticeWorks the obvious choice.'

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PracticeWorks
Recording the warnings and explanations given prior to the removal of an impacted third molar is an example of this; keeping records which monitor the progress of a patient's peri- odontal health is another. Noting that the dentist has checked or updated a patient's medical history is a self-evident requirement – but noting the clinician's specific recommendation that the patient should return if symptoms do not improve, may be less obvious. Either could prove pivotal in determining the outcome of a case.

A dental nurse/assistant is ideally placed to provide an additional level of backup, ensuring that all key conversations between dentist and patient, all discussions, warnings, explanations and advice are recorded in the notes. On a busy day, when the dental team is under pressure, the crucial details can so easily be overlooked.

**Think records, not record cards**

Many dentists fall into the trap of believing that the clinical records only consist of the written (or computerised) notes of a patient's treatment history, detailing what treatment was carried out, when it was performed, and occasionally including financial records of what fees were charged and when they were paid. Nothing could be further from the truth.

The totality of the record of a patient's dental care could include many (or all) of the following:

- **The treatment notes**
  - The current and historical medical history
  - Radiographs (and any associated tracings), prints from MRI and other imaging
  - Results of other investigations (pathology or radiology reports, pulse oximeter printouts etc)
  - Study models/casts
  - Diagnostic records (bite registrations, stents, diagnostic wax-ups etc)
  - Photographs (including intra-oral camera images)
  - Correspondence
  - Practice documentation of various kinds
  - Other sources of information which might refer to the patient: a) Laboratory tickets and invoices b) Other invoices (eg for implant fixtures) c) Financial records d) Appointment books/daylists

Many of these records may be held on paper, others in computerised/digital form. Either way, the records are only helpful if they have been preserved and remain available at the time they are subsequently required.

**What should a dental record contain?**

- The patient's name, and contact details (address, preferred telephone/fax/e-mail or other contact details). It is important to keep this information up to date, as it may be needed in an emergency situation
- An up to date medical history. A full medical history (including any note of any prescribed or self-administered medication) should be taken at the initial examination and updated and checked for any changes at each subsequent visit. It is also helpful to know your patient's medical practitioner. Everybody realises the importance of taking a full, written medical history at the start of a patient's first examination of a new patient. The problem often arises, however, that at subsequent recall examinations (check-ups) the medical history is not formally updated, and no written entry is made on the notes to the effect that the clinician has confirmed that the medical history is unchanged
- **Treatment information.** The date, diagnosis and treatment notes every time a patient is seen, with full details of the treatment carried out. This should specify the condition treated, materials used, and clinical findings as the treatment proceeds. An accurate record of positive findings and signs (what you can discover for yourself) and symptoms (what the patient tells you about the problem) is important, so also is the absence of them (both not tender to percussion, lymph nodes not enlarged, no swelling, no variation in medical history etc). These notes should include a summary of any particular incidents, episodes or discussions (for example, if a patient declines a referral or other treatment recommend- ed for them)
- **Missed appointments.** The date and details of any appointment offered to a patient but declined, or a patient who fails to attend, or cancels, when the patient arrives late and/or needs to re-book
- **Phone contacts.** Dates and details of any telephone conversations with the patient, whether this be a telephone call between two dental team members. Similarly, any fax or e-mail contact should be retained within the records
- **Investigations.** A summary of each investigation carried out with a note of both positive and negative findings. This should include monitoring information
such as BPE scores, periodontal probing depths and other indices, tracking of oral pathology and other conditions.

- **Financial records.** Although it is sensible to keep these separate from the clinical notes themselves, a record should be kept of all fees quoted and charged and payments made by the patient. Tax authorities may request financial data from the dentist, and issues of confidentiality can be avoided if the financial transactions are kept as a separate element within the record. Processes in which any unpaid fees are pursued should also be meticulously recorded.

- **Correspondence.** All correspondence to and from the patient or any third party (including specialists, medical practitioners, other dentists etc)

- **Consents obtained,** and specific warnings given of possible adverse outcomes

- **Advice.** Notes of advice (including oral hygiene, dietary and/or general health advice such as the discontinuation of smoking or attention to other risk factors)

- **Instructions** given pre- and postoperatively to the patient (or parents)

- **Drugs given,** including route, dosages, frequency and quantity ordered. Any adverse reaction to any such medication should be recorded

- **Anything else that you consider relevant.** Here, the patient’s dental history can be particularly relevant. For example, a record should contain the reason why the patient has requested a consultation or examination, and (unless a regular patient) a note of when the patient last received dental care. This is extremely important, especially in the case of a new patient since it is always helpful to be able to refer back to notes made at the initial examination to recall what signs and symptoms the patient was actually exhibiting when he or she was first seen. It is obviously equally important to have a record of what treatment the patient requested or required.

**Baseline charting**

A traditional, basic skill which is emphasised at dental school, but which is sometimes lost as a clinician passes through his or her career, is that of a baseline charting. The computerisation of records has played a part in the demise of accurate baseline chartings, since most brands of commercially-available software insert a stylised representation of a specific type of cavity or restoration, in a standard shape and format rather than attempting to create an accurate reflection of the actual situation as it appears in the patient’s mouth.

A detailed charting showing the size and extent of existing fillings, provides so much more information than a minimal charting which perhaps only includes missing teeth and teeth needing immediate treatment. Sometimes the records are found to contain no indication at all of which teeth are present or absent, and when several posterior teeth are missing, confusion can easily arise over which teeth are being described.

**Contemporaneous records**

Serious difficulties can arise when a dentist feels the need to re-write or embellish his or her records after becoming aware that a challenge or investigation is likely. Few, if any, records are perfect in every respect and yet it can sometimes be due to embarrassment at the inadequacy of the records kept, that some dentists take the foolish step of altering or forgery their records.

“Contemporaneous” means “recorded at the time”, and it is easier than one might think, to identify entries made after the event, or to recognise record cards which have been rewritten or altered. The importance of an audit trail for computerised records is covered separately below.

Records should be in diary sequence with other dated entries, and no attempt should ever be made to “cover one’s tracks” by altering or “improving” an original record card entry, or by substituting a modified record card for the original. Such efforts can easily transform a small problem into a major one, or even into a criminal matter. Courts of law, and the
dental registration bodies take an extremely serious view of non-contemporaneous records being presented and stated, dishonestly, to be the originals.

**Computerised records**

Many practices now keep some (or all) patient data on computer, and this either duplicates or replaces handwritten information. Even if you keep some or most of your records on computer, you may still need some manual records eg for non-digital x-rays, correspondence etc.

It is no defence in law that your computer broke down or you lost data, for whatever reasons. It is up to you to ensure that you can always produce, whether directly or indirectly (created from computer records), all the same information that has been discussed above in respect of paper records. Being computerised is no justification for cutting corners in record keeping – indeed, quite the reverse.

There appears to be a tendency for records kept in computerised form to be less detailed, perhaps using more abbreviations and codes that are specific to the chosen software. It is worth spending time before a problem arises, evaluating the quality and quantity of the records you are keeping and the safeguards and controls (eg computer back-up) you are operating in order to protect them.

Many clinicians fail to appreciate that changes to computerised records may still be captured on, and retrievable from, the hard disk, even when the original entry is deleted or modified. Computerised records need to have a robust and secure audit trail, showing who made each entry or amendment, at what time, on what day etc. The same details should be available for each historical entry, so that the whole evolution of the final version of the records can be tracked with certainty.

Without this safeguard, the value of the records may be seriously reduced.

**Checklist**

1) Carry out a random audit on a selection of your patient records and ask a colleague to check that they are legible and comprehensible. Involve your dental team in this process.

2) Ensure that the notes you write, or type, include the kind of detail described in the text.

3) Try to avoid using ‘shorthand’ or abbreviations that others are unlikely to understand.

4) Remind your staff of the need to ensure that the patient’s details are regularly checked for accuracy and updated, and stress the confidentiality of clinical records.

5) Review the space available for the storage of old records. Rather than destroying records when a storage problem arises, consider scanning records and x-rays and retaining them on CD-ROM or DVD in digital form, together with digital photographs of study models (which may be particularly helpful for orthodontists who face special storage difficulties).

6) Check the specific legal situation which applies in the country where you practice, regarding how long records need to be kept and any requirements for disclosure of records, or a patient’s statutory right of access to their record.
Avoiding workplace discrimination

With the introduction of the Equality Act discrimination legislation is to have its biggest overhaul for many years. To make sure dental employers comply with the law, Sunil Abeyewickreme and Sarah Leyland discuss how the new developments apply.

The Equality Act will be the most significant piece of legislation to be introduced this year. It is due to receive Royal Assent in April, altering the law to make it more likely to come into force before October this year. Once Royal Assent has been received, even if there is a change in government following a general election, it will become law.

The main purpose of the Equality Act is to harmonise the existing equality legislation. This has required the legislators to review, simplify and modernise discrimination law, which was introduced over 40 years, often in a piecemeal fashion. Most of the Act simply restates the law in a more logical and accessible form. There are a number of significant reforms as well.

Currently, if someone is discriminated upon because of a combination of characteristics, for example an Asian woman, it is necessary to bring separate discrimination claims for each separate characteristic. This can cause difficulties and it often quite complicated. The Act introduces dual discrimination which allows a claim to be brought if a person is discriminated upon because of two combined characteristics where there may not be enough evidence to prove discrimination based on one characteristic alone.

Another important provision is the measure to make equal pay more transparent. This is aimed at prohibiting employers from using secrecy clauses to prevent employees from discussing their pay. At one point it was thought that compulsory equal pay audits would be introduced for all employers but this has been dropped. The Act currently stipulates that only employers with more than 250 employees will be required to publish information about pay and gender differences. It is believed that the Government is not going to amend this to require employers of more than 500 employees to provide details.

As a consequence of its passage through the House of Lords, the Equality Bill has received widespread support from amongst employers asking candidates questions about their health that are unrelated to the job role. There are further amendments expected, so it is important for employers to take legal advice on their employment practices as soon as the Bill is finalised and receives Royal Assent, (probably April 2010).

The Equality Act is expected to be in force by October 2010, so employers will have to ensure their employment contracts, recruitment and HR policies are updated.

Paternity leave

Fathers will be able to take more time off while their baby’s mother returns to work, making childcare easier to share for babies due on or after 4 April 2011. Currently, the law allows for a father to take two weeks paternity leave following the birth of a child and during this period of leave they will receive Statutory Paternity Pay which is currently set at £125.00 per week.

From 4 April 2011, fathers will be able to take up to 26 weeks’ paternity leave while their child’s mother returns to work. A father will have a legal right to take the place of the mother at home during the second six months of the child’s life. Up to three months’ paternity leave will be paid at the same rate as statutory maternity pay if the leave is taken during the mother’s 52-week maternity pay period. The remainder will be unpaid. Employers will need to ensure that maternity and paternity leave policies are changed in due course.

If the Conservative party wins the next general election it has expressed a commitment to extending paternity provisions, and it is currently proposing to extend the provisions further to allow both parents to take paid time off simultaneously.

Sick note/fit note

As long as employer sickness is often frustrating and costly for employers (estimated to be costing the economy £100 billion annually) the Government is introducing a new electronic ‘fit note’ in April. This will replace the current medical certification, which states whether the employee is fit to work or is not. The new ‘fit note’ will provide information about when the employee should return to work and what they are able to do when they return.

General Practitioners (GPs) will be required to indicate whether the individual “may be fit for some work now”. The GP will be required to describe the functional effects of the employee’s condition with the option of setting out suggested arrangements which could help them back to work. This could include a phased return, altered hours, amended duties or workplace adaptations.

Unfortunately one of the criticisms of the Government’s implementation of this ‘fit note’ is that GPs have not been sufficiently trained in occupational health to make an informed assessment of the employee’s work-related capabilities.

It remains essential for employers to have in place a sickness policy which clearly sets out what is expected of an employee in this situation and any action that may be required.

Time off for training

The Government introduced a new right to request time off for training in legislation, which will come in force from 6 April 2010. It will apply to organisations with 250 or more employees, being extended to all employees on 6 April 2011. It is modelled on the right to request flexible working and is introduced for employees who have been continuously employed for a period of more than 26 weeks. Employers will be obliged to carefully consider requests that they receive, and will be able to refuse a request where there is a good business reason for doing so. Employers will not be obliged to pay the salary or training costs.

The regulations set out the procedure to be followed when a request for time off to study or train has been made. If employers fail to comply, the maximum amount of compensation that may be awarded at the Employment Tribunal is eight weeks’ pay.

Registration with ISA

The Vetting and Barrowing scheme will have a huge impact on dental practices. It will mean that anyone in regular contact with children or vulnerable adults in England, Wales and Northern Ireland will have to register with the Independent Safeguarding Authority (ISA). From 1 November 2010 it will be an offence to employ or engage someone to perform services on a self-employed basis in a role, which involves contact with vulnerable adults or children, if that person is not registered. You are required to check all your employees even those who are not directly connected with vulnerable adults and children. It is a criminal offence not to check and carry a sentence of imprisonment of up to six months.

Anyone unregistered with the ISA (because they started employment before 1 November 2010), will be able to apply for registration from April 2011. All employees who have regular contact with children or vulnerable adults must be registered with the ISA by 51 July 2013. This means that all employees of a dental practice will have to be registered.

Keep up with change

Dental employers should keep abreast of the changes and ensure that they are up to speed with recent developments that will affect the dental industry. Practices will need to ensure that they have the necessary policies and practices in place to address the changes.

The penalties for failing to adhere to employment legislation can be severe, therefore dental employers should take legal advice at an early stage.

About the author

Sarah Leyland is an Employment Solicitor who works with Sunil Abeyewickreme, a Barrister who heads the Employment Law Team at Colman Cranmer. Sunil will be giving a presentation on the changes in Employment Law at The Dentistry Show on 20 March 2010 at the Birmingham NEC.
Telephone tactics

Julia Dawson discusses the importance of great telephone communication, and how getting it right can help your practice thrive

I

think it's fair to say that the telephone is the unparalleled communication tool of our time. In fact, 40 million people own a mobile phone in the UK, which is twice as many as read a newspaper every day. In business too, more and more service sectors are giving people the opportunity to conduct their business by phone. But, good telephone communication is not as easy as simply picking up a phone and talking...it's a learned skill.

Remember, patients don't have to do business with you, they choose to, and many things affect their choice. Good telephone tactics can not only give your practice the chance to be efficient and these tips are designed to make you feel valued, but also allows you to look into more complex queries at a quieter time of day.

For practices lucky enough to have lots of patients, there are often periods of the day that have particularly high call volumes. By monitoring the calls throughout the day you can identify these times and ensure you have sufficient cover to attend to them. Automated answering services are also great outside of working hours, but try not to use them during the working day. They may be more convenient for your team, but are often a waste of time for your patients, as they prefer to speak to a real person and explain their queries in their own words.

Talking on the phone

When a person loses one of their senses their remaining senses become heightened. The same goes for telephone communication as speech and hearing is all you can rely on. As a result, things that interfere with speech such as typing on a computer, shuffling files and eating become more audible to the caller and can make them feel ignored and less important than your other tasks. It's vital that you really concentrate on your conversation, giving your caller your undivided attention. It's also a good idea to hold the telephone properly - holding it under the chin will give a muffled sound to the caller and will hinder good communication.

Whenever you speak to a patient on the telephone you should always aim to be calm, clear and concise and avoid dental jargon. It's also really important to listen to the whole conversation, even if you think you know what their query or point of view is. By selectively listening you may miss important points.

Acknowledging their points and statements will confirm that you're actively listening to them and taking notes will help you deal with the call later.

Dealing with complaints

In my experience, the majority of complaint cases are caused by some form of breakdown in communication. It might be that a patient has not fully understood the implications of a particular form of treatment, or has chosen to disregard, or not take responsibility for, some aspects of their oral health. However, it's crucial that you listen carefully and show you're prepared to listen; even if you feel you've heard it all before - people generally need to feel they can get things off their chests.

Once you fully understand what the complaint is about - genuinely sympathise with the caller and to show concern about the issues they are raising. All too often people can slip into the slow, monotone speech-patterns we associate with complaints departments, but this doesn’t instil the impression that you care about the person’s problem. Instead, summarise the complaint back to them to show that you have really listened. If you need to check anything, give the caller your name and a firm commitment of when you will get back to them.

Time is wasted and business lost when messages are not taken properly. Messages need to be answered promptly so it’s a good idea to create a specific message form to remind you of all the details you need to note down. Many stationery companies supply pre-printed pads for this purpose or you can easily create your own, but remember that if you’re using e-mail to send messages within your practice they should include the same information as the message forms.

It’s clear that customer service is vital both in the practice and on the telephone and it’s the constant desire to make each customer feel individual and welcome which will set you apart from your competition. By following this advice, you can only ensure that your existing patients stay loyal to you, but that you attract new patients through word of mouth and great customer care.

About the author

Julia Dawson joined Denplan in 1990, running the Administration department and in 1992 moved to manage the Practice Support Service and Customer Advisors teams. During 1994, Julia transferred to the Professional Services area, and in 1997 became Head of Operational Support before becoming Head of Denplan’s Customer Services division in 1999. Now as Director of Customer Services, Julia has overall responsibility for the Practice Support, Advisors, Customer Advisors, Registration and Administration Services, Insurance and Helpline and Corporate Customer Services.

Z

Dental Tribune United Kingdom Edition · March 15-21, 2010
As people age, they develop deeper folds or wrinkles in their face or elimination of these lines in as a patient ages, a softening lines seem to get more apparent. Laughter lines at the side of the is surprised and of course the more evident when the patient the forehead which are madeious, the horizontal lines on are made more evident when a directly above the nose which is the region of the face that is the region of the face that this is the region of the face that frames the teeth, dental filler treatments can make a huge difference to the overall appearance of the face, and because of the proximity to the teeth, can be the perfect complement to many cosmetic dental procedures.

As well as combating fine lines and wrinkles, if a patient feels that their skin is looking dull and lifeless, there are procedures available to help rejuvenate it. Chemical skin peels, which can be administered by both dentists and hygienists, are simple procedures that offer a safe and comfortable method to effectively treat facial skin complaints. Peels can help combat problems such as aging skin, acne and blocked pores, while at the same time helping to reduce the effects of sun damage and hyperpigmentation. A chemical skin peel will help skin to appear smoother, healthier, plumper and tighter, and doesn’t even involve any needles.

Most patients who receive facial aesthetics return for re-treatment. On average, the results of a Botox treatment last around four months, meaning patients would need to return for re-treatment three times a year. The results of dermal fillers procedures last a little longer, up to ten months depending on the products used. Additional training
It is true some practitioners may not wish to offer such treatments in a purely cosmetic capacity. Hence, in addition to the cosmetic benefits, there are also many ways in which Botox can be used in general dental practise.

With additional training, dentists can gain knowledge on how to utilise Botox in the oral facial region to help combat common problems such as gummy smiles, bruxism (grinding/clenching) and temporomandibular joint disorders. Problems like these are often only rectifiable by invasive means and sometimes surgery, (not a pleasant thought for many patients), however practices can now offer to treat such conditions with a course of relatively simple injections after appropriate training (ie. Oral facial course).

As people age, they develop deeper folds or wrinkles in their face.
A reflex action

Making dentures for a patient with a severe gagging reflex

I see quite a few referrals from general dentists for patients who have a mild-to-severe gagging reflex. I will briefly review a number of techniques that can be used to help the patient when having an impression taken. Yet perhaps the most important aspect is often overlooked, that is simply putting the patient at ease, being supportive and encouraging. If I ever try to rush treatment on a patient who gags, I am in trouble. But if I am able to go at the patient’s pace, the whole procedure is much simpler.

Easing the discomfort
Here are recognised ways of reducing the gagging reflex:
1) Placing salt on the tip of the patient’s tongue
2) Using topical anesthetic in the mouth, for example, you can get anesthetics in the form of lollipops that a patient can suck prior to impression taking
3) Asking patients to hold a cold pack which acts as a thermal distraction
4) Physical distractions; have patients lift both feet up off the dental chair, and also rub thumb and index finger together
5) Use a light dose of a sedative
6) Utilise hypnotic techniques
7) Use acupuncture to reduce the gagging reflex
8) Using a technique described by Birkal Technique practitioners: ask the patient to hold either thumb with the opposite hand; this also appears to help

As a dentist running a referral denture clinic, I sometimes have to think a little bit outside the box. I saw a patient – we’ll call her Mrs Smith, as she wishes to remain anonymous. She presented with a very severe gagging reflex. Her general dentist had referred her to me. She would gag when she was brushing her teeth and was very worried about having impressions taken.

Like many patients with a gag reflex, Mrs Smith felt that she was the only person to have this problem to this extent. Prior to treatment, we discussed going for a denture design that would keep the framework of the denture as minimal as possible. Luckily, she still had three upper teeth that could be used for retention, but we still decided on a reduced arch length.

By using a much-reduced upper special tray, we were able to get a reasonable upper impression. However, I simply couldn’t get an impression tray in at the bottom for an opposing arch impression. As I have the dental technician on-site for try-ins, we probably could have worked around this, but I wanted to see if there was another way. In the end we used some putty, which I was able to get on the buccal surfaces of the lower teeth and slowly advance this over the occlusal surfaces and even down onto the lingual aspects of the teeth. We managed to get a good lower impression using this technique, and it is worth keeping this concept up your sleeve if you are faced with a similar situation.

A happy customer
I am happy to report that Mrs Smith is delighted with her new dentures, and is not only wearing her dentures during the day, but is even talking about sleeping in them.

In conclusion, it is useful to have a list of options as presented above when trying to treat patients with a gag reflex. As I said at the start of this column, I would argue that the most important factor is not to make a patient feel rushed and to spend time gaining their total confidence.

About the author
Justin Stewart was the first qualified Bi-functional 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. An experienced lecturer, Dr Stewart is dedicated to resolving denture-related problems through teaching and training. For further information, please email Justin Stewart at enquiries@thedentureclinic.co.uk.
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Saddle stool in dentistry
Veli-Jussi Jalkanen, specialist in sitting ergonomics discusses a healthy and comfortable way to sit

While some dental professionals have insufficient knowledge to be able to recognise or manage sitting disorders, others realise that back pain and shoulder tension have a lot to do with sitting. Poor circulation in the lower extremities; shortage of oxygen; hip, knee and shoulder joint problems; sitting fatigue, and genital health problems are some examples of the ailments that belong to the large group of SDs (Sitting Disorders). All people working in dentistry are affected by these disorders whether they are aware of them or not. Many of those who are aware of SDs would usually like to improve the situation and look for a more healthy, productive and comfortable way to work.

Healthy posture for long term sitting:
1. Good, relaxed posture, balanced and without harmful supports
2. Thights 90° apart and pointing down enough to keep the upper body in balance
3. Close to 155° angles in hips and knees
4. Weight on the sitting bones, not the muscles
5. No pressure on the genitals and under the hip (especially for men)

This ideal position can be obtained with a saddle stool.

Sitting on a saddle stool is based...
on the sitting bones that are located under the hip. They keep the buttocks and thighs from being pressed against the seat if they have a firm support. Thights point down at a 45 degree angle, tilting the pelvis to a near neutral position, as when standing. This allows the lower back and upper body to find a relaxed, natural posture without the need for a backrest. Feet rest on the floor on both sides of the body as if you were riding a horse. This way it is easy to operate pedals with your feet - they must be placed on the side.

General benefits from a saddle stool in dentistry:
• Good, natural and relaxed posture which also keeps improving for years
• Less shoulder area tension by allowing lower positioning of the patient
• Relieving or eliminating lower back pain (often times it disappears in a week)
• Preventing fatigue and improving productivity through deeper breathing
• Preventing shoulder, hip and knee joint problems, angles are more natural
• Easier movements and good working positions
• Improved circulation in lower extremities prevents varicose veins + cellulite built up
• Easy visibility into the mouth by leaning forward with a straight back
• Working at a close distance (also the assistant) with legs under the hoisted chair
• Easy rolling and turning

Comfortable Dental Work
Salli Saddle Chair

• Superior two-part seat:
  - better posture
  - more comfortable sitting
  - better genital health (for all)
• Be less tired at work
• Get rid of back problems
• See easily into the mouth
• Roll and reach without effort

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19-20 March 2010,
NEC Birmingham,
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This has a positive effect on the infection rate.

Difficult positions...
...such as working on posterior teeth, looking at X-rays, surgery, large-chested patients, patients who cannot tolerate supine position, etc. become easier because of the more natural, relaxed and free sitting.

In surgery and other long lasting operations...
...benefits of good sitting become more obvious. Foot operated height control (accessory) keeps the gloves clean and is very helpful in maintaining the welfare of your body and accuracy of your work while you change positions and sitting height in the middle of a long procedure.

Shoulder joint problems...
...often come from elevated shoulder positions, which stress the joints. A riding-like sitting position allows lower positioning of the patient, which allows you to relax your shoulders.

Sitting down & standing up...
...is easy because on a saddle stool you are half way up already. Sitting down could not be any more fluent since the back rest is never in the way. You just lift your leg over the seat from the back and easy with kind of mounting puts you instantly into the right kind of relaxed sitting position with good posture.

Data entering...
...is more fluent and time-saving when you can roll back and forth fast and easily with your saddle chair. The movements you do while using the chair keep your muscles active and improve your metabolism.

The Scandinavian working concept...
...is shown in the pictures. Often times, both the dentist and the assistant utilise a saddle stool. Good posture, easy visibility into the patient’s mouth, efficient and free movement can all become reality. The saddle stool allows close proximity to the patient, leaving more room for the legs under the patient. This method of working dramatically decreases problems for both the dentist and the assistant, and is becoming the most common way to sit and work for dentist in Scandinavia.

Adapting to a saddle chair takes some effort...
...because almost everything changes. The body needs time to adjust. Learning to use the saddle chair takes a few days and the “saddle soreness” in the buttocks and inner thighs as well as fatigue of the back muscles last two 14 days.

It is worth it, but...
...nothing comes for free. Financially, the change is cheap. But most importantly, you need to learn about sitting physiology to be motivated to make the change, alter your working movements and positions and tolerate temporary discomfort. As a return you may achieve a healthier body, better posture, higher productivity (more patients with the same energy), improved quality of work and more satisfying years at work.

www.salli.com
As part of our commitment to support the dental profession, The Dental Directory is pleased to exclusively offer the new DNNET II training programme for dental nurses.

It is now compulsory for all Dental Nurses to be registered with the GDC before they are able to work in the UK. To do this, they must gain a GDC recognised qualification. DNNET offers all the learning and underpinning knowledge for both the National Certificate and the NVQ Level 3 in Oral Health Care Dental Nursing.

The DNNET II programme is ideal for trainee dental nurses, those returning to dental nursing, and those just starting out in another role within dentistry. DNNET II will support them through their studies to help them achieve the National Certificate in Dental Nursing or the NVQ/VRQ in Dental Nursing.

If already a qualified dental nurse, then DNNET II offers 30 CPD hours of updates on relevant topics.

DNNET II builds on the successes of earlier versions and is now updated with input from leading experts to provide quality training reflecting the syllabus of the National Examining Board for Dental Nurses.

- Prepares you for examination and registration
- Gives you all the knowledge you need for a fulfilling career as a Dental nurse
- Helps you fit your studies around your working life using technology that suits you
- Puts the best curriculum developed by leading experts at your finger tips
- Uses real life scenarios to ensure retention and engagement

All this is available for just £149.99 plus VAT.

To order your copy call The Dental Directory FREE on 0800 585 586

Trust...
United Kingdom Edition

1st Dental Laboratories
1st Dental is the leading dental laboratory network within the UK and our aim is to provide your practice with innovation and growth opportunities. Whether you are looking for a local solution to your immediate needs or a long-term strategy throughout the UK to provide your practice and patients with a service that is both country-wide and local.

Dentistshow - Stand D20
Increase Year-Expectations with Bien-Air
Bien-Air has not lost momentum over the past 45 years - their range of high quality, Swiss products. The implant motor system, Chiroplast 1, LED microscope and 251 handpiece to give you maximum control over the surgical integrated irrigation and the world’s smallest handpiece to give you the freedom and flexibility to perform.

Visit BioHorizons on stand J24 to see the latest Biologics and Implants range
BioHorizons are looking forward to exhibiting at the NECC at this year’s Dentistry Show 19th-20th March. Having had an exciting 12 months with the expansion of their Biologics range, new Virtual Implant Planning (VIP) software and the introduction of some brand new implant courses, the team will be on hand to discuss their product range with the whole of the dental team.

Bicon Company Profile
Bicon is a unique dental implant company with a unique range of dental implants. Bicon's unique platform design follows sound biological principles, allowing the use of short implants, incorporating Bicon's biologically sealed locking taper.

For a unique demonstration, visit Bicon on stand number H28.
Bicon Marketing Limited 8 Hadleigh Business Park Pond Hall Road Hadleigh Suffolk IP7 5PW Tel: 01473 832929 Fax: 01473 828134 E: nmooney@bicon.co.uk Web: www.bicon.co.uk

Clearstep to Exhibit Innovative System at The Dentistry Show
Clearstep will be exhibiting at The Dentistry Show, the leading conference for dental professionals. Taking place at the Birmingham NEC from 19th to 20th March 2010, Clearstep will be using the opportunity to showcase its innovative photobiomodulation technology that allows GDPs to offer treatment to a wide range of malocclusions for all ages.

www.clearstep.co.uk

For details and to register call 0844 8008983

HOYA ConBio designs, manufactures and markets laser systems to the global medical and dental communities. Designed for use in hard, soft, and mixed tissue procedures the Vertise™ laser systems feature higher repetition rates, higher power output, and high-speed cutting.

Kerr announces an unprecedented breakthrough in Vertise™ Flow, the self-cure, self-etching adhesive composite.

For more information about A-dec products and services, contact us on freephone 0800 231328 or 02476 103500. The full A-dec range can be viewed on our web pages at www.a-dec.co.uk.

At A-dec, we offer the industry’s most innovative technologies and solutions which have been created to improve the performance, safety and comfort for both the dental team and patients. Examine the difference A-dec can make for your practice. Our chairs, lights, cabinets, delivery systems and sterilization systems are engineered to be fully integrated and perform beyond expectations.

A-dec will be attending and exhibiting at The Dentistry Show from 19th-20th March on stand E28 at the NEC.

The A-dec team look forward to welcoming you to our stand. For more information about A-dec products and services, contact us on freephone 0800 231328 or 02476 103500. The full A-dec range can be viewed on our web pages at www.a-dec.co.uk.

For more information please call 01480 862084

www.conbio.co.uk

The implant motor system, Chiroplast 1, LED microscope and 251 handpiece to give you maximum control over the surgical integrated irrigation and the world’s smallest handpiece to give you the freedom and flexibility to perform.

With an easy to use, intuitive display the Optima MX INT converts your air-driven system to an upgraded electric operation; allowing, for example NiTi driving system to an upgraded electric operation; allowing, for example NiTi or carbon fibre mandrels to be used.

Stand No. D24
Dental Sky Wholesaler Ltd
Tel: 0020 244 47012
Email: sales@dentskylobal.com
Web: www.dentskylobal.com

Come along to Stand D24, enjoy a tea or coffee with the Dental Sky team and take a look at the wide range of equipment including the latest washer sterilizers, specialist products, latest drills and handpieces.

DENTPLY Exhibiting Quality Products at The Dentistry Show
DENTPLY will be exhibiting items from the extensive range of high quality products at the 2010 Dentistry Show, with a focus on the endodontic and prosthodontic product range.

Some of the most established and well-known DENTPLY brands will be showcased at stand C20 at the 2010 Dentistry Show, with the spotlight on the endodontic and prosthodontic product range.

DENTPLY is proud to have been named to dentistry for over a century, and is now one of the world’s largest suppliers of dental products in not only the endodontic and prosthodontic sectors, but also many other aspects of the market.

DENTPLY’s continuing support for the industry, not only in the innovative new products developed in partnership with leading research facilities, but also in the rigorous quality assurance that ensures today’s dental professionals get the best equipment to provide excellent patient care.

Delegates attending The Dentistry Show on the 19th and 20th March 2010 have the opportunity to discuss with highly trained sales specialists how their professional needs can be supported by DENTPLY.

For more information please contact your local representative, Freephone +44 0800 072 3013
Or visit www.dentply.co.uk

As a result, patients experience fast, accurate, and pain-free results, with excellent bone outcomes, and a high level of patient satisfaction.

New revolutionary composite.
Kerr announces an unprecedented breakthrough in Vertise™ Flow, the self-cure, self-etching adhesive composite.

This new revolutionary composite technology is simple to use for a separate bonding application step. Powered by Kerr’s renovated OpFiladhesive technology, this product will be showcased in a range of new composite bonding and isolation procedures for today’s time-challenged dentist. Over the years, Kerr has become a leader in resin restorative dentistry due to decades of advancements in composite and expertise in adhesives both of which come together in Vertise Flow.

In recent 2 years Kerr has worked with leading European and US universities to validate in vivo and in vitro results of Vertise Flow. Kerr is looking forward to providing the dental world what such an innovative product can do.

Come visit stand E10 for a unique demonstration.

For more information about A-dec products and services, contact us on freephone 0800 231328 or 02476 103500. The full A-dec range can be viewed on our web pages at www.a-dec.co.uk.

With an easy to use, intuitive display the Optima MX INT converts your air-driven system to an upgraded electric operation; allowing, for example NiTi or carbon fibre mandrels to be used.

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many outstanding advantages over materials currently in use. This revolutionary new system, Ultra Safety Plus® now available as a completely disposable syringe system, has won great review throughout the dentistry world. The revolutionary new N'Durance® composite which has been specifically designed with an improved wear resistance under conditions of high abrasion, will be launched at an early date. UltraClean II washer disinfectors, which are produced in Europe, meeting the most stringent German and Swiss quality standards. This concept has been so successful that Ihde Dental is now present in more than 20 countries through its network of qualified resellers, who are characterized by high level of personal commitment and the excellent service they offer.

Dr. Rode Dental has been producing implant systems since 1996, turning into a true implant company, an international player in this market. “Our success rests primarily on two ideas: our implant systems build on program designs, and they are characterized by their impressive ease of handling”. All implant lines are continuously expanded, improved, and updated to incorporate and accommodate the most current scientific findings in oral implantology. In addition, Dr. Rode Dental closely cooperates with well-known oral implantologists of many years’ standing to ensure that its implants meet all the requirements of everyday clinical practice. All implants are produced in Europe, meeting the most stringent German and Swiss quality standards. This concept has been so successful that Rode Dental is now present in more than 20 countries through its network of qualified resellers, who are characterized by their high level of personal commitment and the excellent service they offer.

DMS based in Hamburg is a manufacturer of high-quality dental materials such as Honigtop, Luxatone, Opti Bite and Witpop. These products are highly rated in Reality and The Dental Advisor. They are particularly user friendly. This year DMS has developed a new product, the “MDM”, aimed at interdental care to prevent the need for more invasive treatment.

Whether you are already acquainted with Septodont’s wide range of dental essentials or want to learn more about new products you are warmly welcome to the Septodont stand at this year’s Dentistry Show! At the stand you can see the unique user-friendly range of needle sizes including the Ultra Safety Plus® now available as a completely disposable syringe system with the introduction of the USP Single Use Handle. Also come to see our unique, low shrinkage N'Durance® composite which has been specifically designed with an improved wear resistance under conditions of high abrasion, will be launched at an early date. UltraClean II washer disinfectors, which are produced in Europe, meeting the most stringent German and Swiss quality standards. This concept has been so successful that Rode Dental is now present in more than 20 countries through its network of qualified resellers, who are characterized by high level of personal commitment and the excellent service they offer.

Dr. Rode Dental GmbH Munich
Visit us at stand D 26

Septodont

www.implant.com

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Visit us at stand D 26

www.implant.com
Biohorizons announce exciting new launch with Biominator and 3R Bridge

Leading dental implant company Biohorizons will soon announce the exciting launch of 3R Bridge and 3R Bridge. Brought to the UK by Biohorizons through a progressive arrangement with Biominator Sweden, 3R Bridge is a screw-retained interim bridge milled from a single piece of titanium metal or fabricated in cobalt chrome.

Dentomycin: An Effective Adjunctive Treatment for Oral Diseases

Dentomycin Periodontal Gel from Blackwell Supplies is an effective treatment of moderate to severe chronic adult periodontal disease, when used in conjunction with scaling and root planing.

For more information or a booking form please contact Suzi Roundel on 0208 241 8526 or email info@biohorizons.com or visit www.biohorizons.com.

Cursapex: All the benefits of chlorhexidine without the side effects

The Cursapex range from Cursapex features the anti-microbial qualities of chlorhexidine, without the conventional side effects: altered taste perception as well as staining the teeth and tongue.

The Cursapex range is specially formulated for the proven to grow from teeth free from stains. Other benefits include added fluoride, making Cursapex ideal for anyone using as part of a daily oral hygiene routine.

Cursapex has created a mouthwash in two strengths: 0.5% chlorhexidine for daily use, or 0.2% chlorhexidine, suitable for daily use for up to six months. Cursapex is alcohol-free so there is no concern about the potential link with mouth cancer and alcohol.

The Cursapex range is produced in 0.20% chlorhexidine and 0.50% fluoride, ideally used in conjunction with the mouthwash for optimum benefit.

Curaprox is the only toothpaste manufacturer that can claim to “show me the gum” and provide a visual indication directly to the gums for an effective way to tackle the bacteria in the mouth.

For free samples please email daw@curapox.co.uk

For more information please call 01480 832884, email info@curapox.co.uk or visit www.curapox.co.uk.

Designed for dentists seeking to enhance their endodontic knowledge and clinical skills whilst continuing to work in practice, the UCL Eastman Certificate in Endodontics will run for ten months, from October 2010.

This part-time modular programme will be delivered by respected clinicians and leaders from both the Eastman and visiting international experts. As well as seminars and lectures, there will be practical sessions in the state of the art laboratory, using the latest instrumentation. Participants will also experience current endodontic armamentarium and clinical cases.

Topics to be covered will include:
- Pulpal and periapical pathology
- Endodontic diagnosis - Treatment planning
- Endodontic pain management - Modern instrumentation and obturation
- Endodontically treated impactions

The course leads to the award of a UCL Eastman Certificate in Endodontics through examination.

For further information or to register, please contact the Endodontic Courses Administrator on 020 7905 1281 or email davies@genusgroup.co.uk or visit www.eastman.ucl.ac.uk/tpd.

Genus turns great expectations into outstanding results

State of the art, striking interiors create a positive impression and inspire confidence in your patients. Genus’ acclaimed Design and Build programme captures the patient’s unique vision for their practice and makes it a reality by transforming it into a stylish, functional environment. Genus prides itself on being fully flexible. Without being bound to a particular manufacturer it offers knowledgeable, independent advice to all its clients and always gets the extra mile to make its clients' wishes a reality.

Worried about budgetary constraints? Genus fosters a partnership-driven approach through its new Best Practice Workshops, designed to foster better communication amongst all stakeholders, identifying key factors and implementing improvements. This has already produced project savings in the excess of 10%.

Using the very latest in computer-aided design and 3D software, accurate previs of the finished project improve clarity and avoid any misunderstandings.

For a stimulate, positive and memorable environment, Genus is the obvious choice to meet your practice’s individual needs. Genus has been the first port of call for many, many years.

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www.genus eastman.co.uk

Inaugural Study Club Event

The British Academy of Cosmetic Dentistry is pleased and excited to announce the inaugural Liverpool Study Club Event.

Taking place on Wednesday 21st April 2010 at the New Liverpool Central Library, the lecture, entitled ‘10 Steps to Predictable Aesthetics and Function’ aims to provide attendees with a structured method for effective diagnosis and treatment planning.

Dr Ian Bickle, a world-renowned expert in the field of aesthetic dentistry will be sharing his knowledge and expertise to dentistry from an aesthetic, functional, biological and structural perspective.

Special interest will be placed on the four options of treatment: recontouring, non-invasive restorative treatment, the lecture will also provide guidance on subdividing large treatment plans, to help patients receive the best treatment over time.

A popular speaker, Dr Bickle’s lecture will be sure to leave members feeling inspired and committed to deliver the best treatment to patients.

For more information or a booking form please contact Suzi Roundel on 0208 241 8526 or email susy.roundel@blackwellsupplies.co.uk

Become a Fellow of the BACD

The British Academy of Cosmetic Dentistry (BACD) is committed to promoting clinical excellence through education and professional development.

For more information contact the BACD on 0207 612 4166 or info@bacd.co.uk

The Fellowship is open to accredited members who have either published a scientific article on a clinical subject related to cosmetic dentistry in a peer-reviewed publication, or have given a postgraduate lecture at a BACD meeting or national / international conference.

Benefits of Fellowship status include use of the title ‘Fellow of the British Academy of Cosmetic Dentistry” a plaque acknowledging your contribution to cosmetic dentistry which will be superior to the Academic plaque, and use of the approved Fellow logo.

For more information contact the BACD on 0207 612 4166 or info@bacd.co.uk

Kemdent revive the 3 Rs- Recycle, Reuse, Refurbish

PracticeSafe and Charitable Heavy Duty and Economy series are now even better designed for money! Dental Practices can save up to 25% by recycling, reusing and refurbishing.

The new versatile range of Kemdent range can be used for sensitive settings adjacent to teeth and the most sensitive settings adjacent to the treatment area and the decontamination area of a Dental Practice.

PracticeSafe heavy duty and economy series, which contain alcohol, are suitable for non-sensitive surfaces and the most sensitive settings adjacent to teeth and the most sensitive settings adjacent to the decontamination area of a Dental Practice.

Charitable heavy duty and economy series, which do not contain alcohol, are specifically formulated to clean and disinfect polymer surfaces and the most sensitive settings adjacent to teeth and the most sensitive settings adjacent to the decontamination area of a Dental Practice.

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Charitable heavy duty and economy series, which do not contain alcohol, are specifically formulated to clean and disinfect polymer surfaces and the most sensitive settings adjacent to teeth and the most sensitive settings adjacent to the decontamination area of a Dental Practice.
Dental Protection is pleased to announce a brand new event Transitions, which will be staged in Scotland this April.

The full-day event is scheduled for Saturday April 17 in Cumbernauld near Glasgow. The programme is suitable for dentists at all stages of their career and will provide keynote lectures on the recommended CPD topics, complaint handling and ethics.

What to expect
The programme will feature three renowned speakers, Hugh Harvie, Kevin Lewis and James Foster who will explore complaints and ethical dilemmas based on actual cases drawn from Dental Protection’s extensive archive.

The day will also include an interactive workshop session, which will demonstrate problems the average dentist may come across throughout their career, and will examine the issues that impact on the way a dentist handles the situation. Sessions on law and ethics and complaint handling will explore the role of communication skills in effective complaint handling.

Describing the event, Hugh Harvie, Head of Dental Services Scotland said: “DPL are pleased to launch an exciting new event for the benefit of our members in Scotland. The programme will address the recommended CPD needs of all dentists, and will serve as a useful introduction, or a reminder, to dentists regardless of what stage they may have reached in their career.”

Tickets for the full-day event cost between £10 and £75 and authorisation for 5.5 hours verifiable CPD has been applied for.

Delegates are advised to register their interest in the programme early to avoid disappointment.

Sponsoring education nationwide
In addition to the wide range of educational events that Dental Protection provides, we are proud to support a number of other educational events throughout the UK. Here you will find members of the DPL team are on-hand to answer queries you may have relating to your membership, the benefits available to members or more specific advice from a dento-legal adviser.

Meet DPL at the following events in 2010:
• Dentistry Show 19-20 March, NEC Birmingham
• BDA Conference 20-22 May, Liverpool
• International Symposium on Dental Hygiene 1-3 July, Glasgow.

For more information about any of the educational events that DPL supports, please contact Sarah Garry, Dental Events Manager on sarah.garry@mps.org.uk or telephone 020 7399 1339.
All you need to know is we are the dental legal experts

Sunil will be giving a presentation on recent changes in Employment Law at The Dentistry Show on 19th and 20th March 2010 at the Birmingham NEC

Come and meet the rest of the Dental Team at Stand G32

For a FIXED FEE quotation please call FREEPHONE 0800 542 9408
alternatively email dental.team@cohen cramerc.co.uk
or visit www.cohen cramerc.co.uk/services-to-dentists-services.html

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email: office@msdental.co.uk
www.msdental.co.uk

Your home may be repossessed if you do not keep up repayments on your mortgage. Medics Professional Mortgage Services is a trading style of Global Mortgages Ltd., which is an Appointed Representative of Add.ua Limited, which is authorised and regulated by the Financial Services Authority.

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Approximately 1 in 3 adult patients suffer or have suffered from dentine hypersensitivity, and over 50% of sufferers don’t mention it to their dental professional. This may be because they fear it requires major dental work, the pain may be variable so they don’t report it or because they may be using techniques to try and avoid the pain.

These findings highlight the important role that dental professionals play in actively diagnosing dentine hypersensitivity.

Recommending daily brushing with Sensodyne Total Care F is a simple, effective solution which is clinically proven to reduce the pain of dentine hypersensitivity.

“There are no issues anymore, no barriers. I can do what I want and eat what I want.”

Asher Burrell, dental patient, Battersea, UK.

Potassium nitrate, Sodium fluoride

Advice that’s appreciated

Product Information
Sensodyne Total Care F Toothpaste. Presentation: Potassium nitrate 5.0% w/w, Sodium fluoride 0.306% w/w. Uses: Relief from the pain of dentinal sensitivity, an aid for the prevention of dental caries. Dosage and administration: To be used 2-4 times a day, in place of ordinary toothpaste. Contraindications: Sensitivity to any of the active ingredients or excipients. Precautions: For children under 6, use a pea-sized amount and supervise brushing to minimise swallowing. Side effects: Very rarely, isolated cases of hypersensitivity type reactions such as angioedema, oral and facial swelling have been reported in patients using potassium nitrate containing toothpastes, particularly in patients who are predisposed to hypersensitivity type reactions. Legal category: GSL. Product licence number: PL 000036/0103. Product licence holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 8GQ, U.K. Package quantity and RSP (excl. VAT): 45 ml tubes £2.09, 75 ml tubes £3.11, 100 ml tubes £3.65 and 100 ml pumps £3.65. Date of preparation: August 2009. Sensodyne is a registered trade mark of the GlaxoSmithKline group of companies.

1. Addy M. Int Dental J 2002; 52: 367-75