Going back to basics

Dental Tribune speaks to Lisa Roche, marketing director UK & Ireland for Nobel Biocare, about her return to Nobel to head up the Back to Basics campaign and the innovative ideas in the implant industry

Dental Tribune: So, how did you get involved in the dental industry?

Lisa Roche: I started in dentistry straight after school. I decided to rebel against my mother, not go to university and thought I’d be able to relax for a year. However, she literally took me by the hand and said ‘I know a great job for you’. She then took me to the local dentist and practically sat the interview for me! So I started as a dental nurse and have been in dentistry ever since. I have been lucky enough to work for some very good people, which have given me my opportunities to progress. For example, when I worked for Andrew Dinwood in Wimpole St, the Nobel Territory Manager for London was leaving and said to me ‘I think you’d be really good at this’. So I left Andrew’s practice and started working for Nobel.

I was at Nobel for nine years and then another opportunity arose for me to be involved in the foundation of Discus Dental in the UK working alongside Linda Greenwall and The British Dental Bleaching Society. I was at Discus Dental for five years then another opportunity presented itself in the form of Nobel again under a new director to help really kick-start the back to basics concept.

DT: It is often said you should ‘never go back’ – so why did you?

LR: There is a change in the air at Nobel, and a focus on a new direction. I think it is very refreshing when a company can stand up and say ‘we need to do things differently, we’ve let many of the relationships we had built go’ and being asked to return and to help restructure was something I couldn’t resist.

It is now so different. David Thoni (Regional Director, UK, Ireland and South Africa) is very dynamic and very much one of the reasons I came back. There is a whole new buzz about the company now – David is really making inroads in getting the best from both the new staff he is putting place and the staff already established at Nobel. It’s a huge challenge ahead of me but I love it.

DT: So, Back to Basics, what is it about?

LR: It is about going back to what we did originally – to the training, education and evidence-based approach Nobel had started from. In the recent past the focus had changed to a more sales-oriented approach and now we are trying to ensure we are concentrating on innovation, training and education these are the most important facets of what we do. We want to be more science and evidence-based, producing total solutions for dentists to empower their patients. Volume isn’t important, its quality that’s important.

DT: What do you have planned?

LR: We do have some events coming up which encapsulate the kind of things we want to achieve. In May we are offering a course given by Ophir Fromovich, inventor of the NobelActive™ implant. We are looking to send people to Israel for a two-day course and a two-day tour of Jerusalem. People will get to spend time with the inventor, which is great and so different from sitting in front of a marketing person telling you how wonderful NobelActive™ is and what it does. Ophir can tell you why it does it, how it does it and where he changed it from to make it the most anticipated implant in the profession.

One very important event I am currently organising is the Scientific Symposium 5-4 September at the King’s Fund London. It’s a really exciting project, and the biggest thing I am doing this year. Chairing the event is Prof Ian Brook from Sheffield University and co-chairing is Prof Howard Preiskel from Guy’s. It isn’t just about Nobel either – we are inviting speakers in from other implant system companies too.

DT: What is Nobel focussing on at the moment?

LR: Nobel is concentrating on the All-on-4 concept, which is bringing a cheaper option to patients. So, where previously dentists might have put in eight implants, now the concept is four. There is a lot of commentary and academia behind it, a lot of clinical research behind it and we know it works. Eight implants is obviously more expensive than four – looking at the edentulous population, those people who don’t have dentists already and those who basically carry a bag of dentures around from practice to practice trying to get dentures that fit instead of saying to these people we can give you eight implants and a fixed bridge, why not try angulating the two distal implants of four and cover a much wider load.

DT: What is the biggest development in implant technology so far in your opinion?

LR: Easily it is the CAD-CAM (Computer-Aided Design and Computer-Aided Manufacturing) innovations. You can design the implant and it brings in a real team effort to the process. It’s not just the dentists; it is also the dental technicians and it is working together with CAD-CAM for the benefit of patients.

DT: What about the future?

LR: For the main focus for the future is acceptance – not by patients but by practitioners. I think that patients have accepted this for a long time. This isn’t quite the same for dentists – for many I think that more education about the potential benefits to patients is needed.

Everybody now agrees that implants work – it’s still getting the right people not necessarily putting the implants in themselves but referring to the right people. Nobel has stopped concentrating on short courses and are concentrating on longer learning activities and our mentoring program.

For me, implants are very much like basic carpentry except with real people and soft tissue. It is in essence a screw, it just doesn’t go through a piece of wood. But you wouldn’t ask a carpenter to come to your house and put in a staircase after just a two-day course; however we were expecting dentists to go out after a two-day course and put implants into real live people!

I think the industry is now looking at different ways to help patients rather than trying to market implants as something that works. We know they work, so now it is a case of seeing how to use them best.