Dental Showcase

More than 180 dental companies have already booked stands at BDTA Dental Showcase 2009, in a bid to provide dentists with a wide choice of products, services and technologies to assist day-to-day activity. Bookings continue to be received and the BDTA is expecting more than 500 companies to appear at the event in November 2009.

Tony Reed, Executive Director at the BDTA, said: ‘A trip to Showcase is a worthwhile experience for all members of the dental team. The event offers a convenient opportunity for all companies to appear at the event in November 2009.

Dental students are learning child-friendly language for children, and calling the dentist’s chair a ‘rocket man’s chair’ to help combat dentistry fears. page 7

Customers rule

It is easy to forget that the customer is king as well as forgetting that it is more important than ever to deliver service than to be right at all times.

page 10

Costly cliques

Staff cliques can be a very powerful and very successful phenomenon in your practice, manifesting in poor morale, ongoing conflict and increased staff turnover which affects the profits.

page 12

Dr Cockroft

Neil Kothari talks to Dr Barry Cockcroft to find out how well he thinks the NHS system of dentistry is working and what standards it should be aiming for.

page 20

Steele report exposed to all

Health minister, Ann Keen, has promised to publish the report on the independent review of NHS Dentistry in full.

Professor Jimmy Steele, is leading the review, which has been asked to report on increasing access across the country and how to improve quality of services.

The review group has also been asked to come up with recommendations on how the government can work towards reducing oral health inequalities. In an exchange in the House of Commons, Mike Penning, the shadow health minister, asked if the report will be published in full and whether the government will accept all the recommendations.

In a slip up, Mrs Keen, replied that the report of course, will be accepted in full.

She quickly corrected herself and said: ‘No, it will be published in full; all of us on this side of the House are humble enough to say that it is more important than ever to deliver service than to be right at all times.

page 7

It will be published in full; all of us on this side of the House are humble enough to say when we have made an error.

When we have made an error. Like any sensible government, we will look at the review when it is published.

The review is independent from the Department of Health and is being led by Professor Jimmy Steele of the University of Newcastle who, along with his team, will report directly to the Secretary of State in the summer.

Earlier on in the exchange, Conservative MP, Laurence Robertson, asked if the government will be taking steps to increase the number of NHS dentists in Gloucestershire.

Mrs Keen replied that NHS South West and Gloucestershire Primary Care Trust (PCT) is in the process of inviting tenders for dental services with a total value of £6m over the next two years —

that is, £5m in 2009-10 and £5m in 2010-11.

She said: ‘This investment will be used for building purpose-built practices as well as refurbishing community hospital sites to enable them to provide dental services, focusing on areas of most need in Gloucestershire. This investment has the potential to offer access to a dentist to approximately 95,000 people.

Mr Penning said: ‘The 90,000 extra places for patients that the Minister has just announced will go part of the way to addressing the issue of the 1.1m people who would like an NHS dentist.’

Dentist cuts patient’s cheek

A dentist in South London has been accused of cutting a patient’s cheek from her mouth up to the corner of her eye.

A General Dental Council (GDC) fitness to practise hearing, heard how NHS dentist Oscar Miguel Franco Alvim de Castro, formerly employed at Whitecross Dental Care surgery in Streatham, left his patient with the scratch from the instrument being used to do the filling, after his hand slipped.

Guy Nicklewright, who is representing the GDC, described it as a ‘quite extreme amount of travel (by the instrument) for an accident.’

The patient complained that the dentist did not apologise and carried on with the treatment as if nothing had happened.

She wrote a letter of complaint to the practice and took the matter to the GDC.

Mr De Castro, who is now living in Portugal, did not attend the hearing.

He claims he did nothing because the patient was wearing goggles, and did not show any pain during the remainder of the treatment.

Mr De Castro is also accused of giving the patient fillings without discussing or getting consent for the treatment, and keeping insufficient notes on the incident.

Mr De Castro, worked at the Streatham dentists surgery from May 2006 to April 2007 as a practitioner employed by Lambeth PCT.

The hearing continues.

www.dental-tribune.co.uk
Don’t miss CIC!

Better oral health solutions

Dental professionals are being urged to book their places now at the Clinical Innovations Conference and Annenberg Lecture 2009.

The joint endeavour from Smile-on and Alpha Omega is expected to be very popular.

The Clinical Innovations Conference (CIC) takes place on 15-16 May at the Royal College of Physicians, Regent’s Park, London.

Professor Nitzen Bichacho, a worldwide authority on aesthetic and implant dentistry and Dr Devo rah Schwartz-Arad, a specialist in oral and maxillofacial surgery, will be presenting the lecture ‘Success factors in dental implantation: a multi-disciplinary approach between the surgeon and the prosthodontist’.

On 16 May, there will be an impressive programme of lectures including presentations and hands-on sessions from Professor Nasser Burghi, head of the division of aesthetic dentistry in the Department of Restorative Dentistry at the San Antonio Dental School, leading expert in tooth whitening technology Dr Wyman Chan and periodontists specialist Dr Siria Mirfendereski.

Other speakers include Professor Eddy Scher, Dr Chris Orr and Professor Liviu Steier.

Delegates will earn Continuing Professional Development hours, making this event an invaluable educational experience.

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

Revitalising ageing teeth

NovaMin products revit- alises ageing teeth, decreases sensitivity, eliminates whitestrips and decreases inflammation, according to research.

Dental treatment is undergoing a transformation worldwide and dental patients are more demanding and know what they want.

They are asking for minimal intervention therapies that conserve tooth and periodontal structures.

Fig. 1 Miradent nanosensitive hca dentifrice Priced by NovaMin

A spokesperson for dental company, Hager & Werken GmbH, said: ‘This is an excellent opportunity for the dentist. New therapies are now available which address these health issues.

NovaMin therapy uses a clinically proven ingredient, calcium sodium phosphosilicate, made from the same naturally occurring elements in bone and teeth that are critical for their mineralization.

Calcium sodium phosphosilicate has been used to repair bone since the late 1960s. More recently, researchers have adapted the same technology for tooth remineralization.’

She added: ‘NovaMin therapy is ideal for this function. Demineralization is stopped, white spots are eliminated, and the sealed dentin stops sensitivity. An added benefit of the NovaMin particle is its antibacterial effect on oral microorganism, leading to enhanced gingival health.

Hager & Werken GmbH has launched two new products in their Miradent prophylaxis line that use the innovative NovaMin technology:

Miradent nanosensitive hca is a NovaMin containing dentifrice for at-home treatment. Clinical stud- ies have shown a 90 per cent reduction in sensitivity, durable remineraliza- tion and long term protection of hard tissue surfaces.

Miradent nanosensitive hca dental-kit was developed for in-of- fice treatment of patients with acute sensitivity. This product delivers the same NovaMin technology at a higher dose for professional application. It is recommended after tooth cleaning and periodontal treatment when sensitivity often increases.

GDC calls for views

The General Dental Council is seeking dentists, wishing to become specialists, for their views on flexible training opportunities.

The General Dental Council (GDC) has ISSpecialist Lists covering fields such as orthodontics and paediatric dentistry.

Patients, as well as dentists wishing to refer patients, can check its website to see whether or not a dentist is a specialist.

The Specialist Lists identify registered dentists who meet certain conditions and are entitled to use a specialist title. A dentist does not have to be entered onto a Specialist List to carry out the practice of any particular specialty; but may only use the title ‘specialist’ if they are on the list.

To ensure standards have been achieved, anyone on the lists must have had appropriate training and experience and are the only dentists who are entitled to call themselves specialists.

A spokesperson for the GDC said: ‘Our goal is to provide guidance to training providers on allowing flexible opportunities for those wishing to train as specialists. So, we want to find out whether you agree in principle to making training more flexible. How could we do this? What limits are there? We would like to hear from as wide a range of people as possible, including professionals wanting to undertake training and those who will deliver it.’

The consultation opened on 18 March and will run until 10 June.

The consultation can be found on the GDC website at http://www.gdc-uk.org.

A copy of the consultation document and questions can be requested from Amanda Little on 020 7887 3812.

You can also email: allittle@gdc-uk.org or write to: Amanda Little, Consultation on Specialist Lists, General Dental Coun- cil, 57 Wimpole Street, London, W1G 8DQ.

More money for Wiltshire

A new £5.1 million is to be spent on increasing the number of NHS dentists in Wiltshire.

The extra money will be used from April for the coming year.

The extra provision will be to towns in Wiltshire including Calne, Chippenham, Devizes, Malmes- bury, Marlborough, Pewsey, Tid- worth and Wootton Bassett.

NHS Wiltshire, which commissions dental services, is negotiat- ing with existing practices in Calne, Devizes, Marlborough and Pewsey, to take on extra NHS work. It is also hoping to attract new practices in Chippenham, Malmesbury, Wootton Bassett and Tidworth.

The biggest increase will be in Chippenham where NHS Wilt- shire plans to increase the coverage of NHS dentistry from the existing 22 per cent of the popula- tion to 47 per cent.

In Wootton Bassett the plan is to increase it from five per cent to 18 per cent and in Malmesbury from ten per cent to 27 per cent.

The programme highlights the importance of communica- tion skills when treating patients and looks at interventions dental professionals should take to improve patients’ oral and general health.

It also looks at patient self-care and how practitioners can raise self-care issues with pa- tients. This includes oral health messages as well as advising pa- tients on healthy diets, sensible drinking, and smoking cessation.

The programme is for all dental professionals from den- tists to orthodontists to hygienists.

For more information on the programme, call 020 7400 8989 or email info@smile-on.com.
Guest comment

The way forward

Despite en masse criticism and anger about the new contract the government have described this transitional phase as merely ‘turbulent times’. Recent access data showing a 0.4 per cent (99,000) increase in access have been seized upon by the DH as a sign that the reforms are working, even though the number of patients seen was still 1.1 million (3.9 per cent) fewer than the 28.1 million seen in the two-year period immediately prior to the introduction of the new NHS contract in March 2006.

We all know the NHS is a budgeted system and that if we want to provide work outside of the NHS it must fall under the revised IOTN requirements for orthodontic treatments. DH literature aimed at both patients and dentists is filled with unspecific phrases such as; ‘In April 2006 the NHS introduced new rules which mean that orthodontic treatment is only given to people who need it for clinical reasons’ and my personal favourite is the term ‘clinically necessary’.

The words ‘clinically necessary’ and ‘clinical reasons’ seem to be an interpretation for ‘working within a budget’, so why is the DH reluctant to talk to patients and dentists about the reality of working within a budget? Are we now as a profession surely to believe that children who fall outside of the IOTN requirements do not need orthodontic treatment, unless their parents have the means to go private? Whilst I agree that funding needs to be rationed so that the optimum number of people can benefit from the NHS, where is the honesty about the real financial reasons behind why these decisions have been made?

In my recent interview with CDO Barry Cockcroft I asked him what NHS dentistry is aiming to provide. I was given a barrage of friendly sounding words such as clinical effectiveness and evidence and outcome-based treatment. But after probing a little bit further I was told ‘It’s about clinical and cost effectiveness, and that’s a judgement dentists have to make.’ Initially this sounds like a nice non-specific phrase which with simple treatment makes a lot of sense; why should the NHS provide white fillings on back teeth when silver metal ones will suffice at a fraction of the cost? But what about more complicated treatments? Can we really have a situation where all treatments are both clinically and cost effective?

In many cases certain treatment options such as large span fixed bridges or implants can be very clinically effective but a removable partial denture may be the most cost effective option. So surely now is the time the DH opens a proper dialogue about how the NHS can provide more complex treatments or are we stealthily moving to a basic core system where the emphasis on seeing more and more patients to improve statistics is given priority over providing high level care to the whole population? Whatever the case lets hope the DH starts to give clear guidance as to the direction of NHS dentistry, maybe then NHS dentistry can deliver realistic results based upon realistic aims.
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Mr SmartCem2 loves working with his indirect restorative team as he knows they always do a brilliant job together in preparing the tooth, to ensure the final restoration fits perfectly. When it comes to cementing the final restoration, the reliably strong Mr SmartCem2 uses his smart thinking and quick action to stick the crown in place. Mr SmartCem2 is so smooth, he turns to gel when setting to make the clean-up really easy. Give him a go!

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For better dentistry
Dental students in Glasgow have adapted the Wii, a gaming device, to simulate operating techniques on a virtual dental patient.

Their proposal has won first prize in the Dental Innovation Technology Ideas Award.

The competition challenged final year students to develop an idea for a new piece of technology or innovation in the dental field.

The students, due to graduate from Glasgow University dental school this summer, suggested adapting the Wii console so it could be used to simulate operating techniques.

The wireless controllers are used to replicate the use of instruments on a 'virtual patient' on the screen. The controller could also be used to provide sensory feedback to the user.

Dr David Watson, a lecturer at the dental school, said: ‘Simulation of clinical procedures is normally carried out in the operative techniques lab. However, dental students sometimes have limited opportunity to practise their techniques outside of the lab.

The use of Wii technology could be a really innovative and cost-effective solution which students could use to improve their manual dexterity. There is considerable research to back up the concept of using video games to improve dentist’s coordination and the Wii-based application would complement the simulation technology already used in dental schools worldwide.’

Mr Leaver said: ‘We are absolutely delighted that Glasgow Dental School has given us the opportunity to host this annual award. As more dental practices become reliant on digital systems, it is vital that students are up to speed with the latest technologies. We hope the award will inspire them to think about how technology can be applied in practice for greater efficiency and better patient care.’

The students, Pearse Hanigan, David Lagan and Adam Gray, were presented with a cheque for £300 and a glass obelisk by Craig Leaver, chief executive of Dental Innovation, which sponsored the competition.

He added: ‘We are absolutely delighted that Glasgow Dental School has given us the opportunity to host this annual award. As more dental practices become reliant on digital systems, it is vital that students are up to speed with the latest technologies. We hope the award will inspire them to think about how technology can be applied in practice for greater efficiency and better patient care.’

In Lincolnshire, emergency dental problems generated more calls to the NHS helpline, NHS Direct, than any other medical problem.

More than 7,000 patients called NHS Direct complaining of dental-related issues last year.

It was the second consecutive year that the issue came top in the calls made to the free advice and information service.

A total 15,855 people called about it in two years—7,192 in 2008 and 8,261 in 2007.

The figures, released to the Lincolnshire Echo under the Freedom of Information Act, show that 55,443 calls to NHS Direct were from Lincolnshire in 2007 and 2008. Last year they increased slightly from 81,316 to 83,786.

Rashes, abdominal pain, vomiting and fever made it into the list of top 10 complaints for both years.

### NEW INNOVATION IDS 2009

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Dripping and leaking syringes, dragging and expensive loss of material are things of the past now: Our new non-dripping and non-leaking NDT® syringe especially shows off highly flowable materials to their best advantage. The new NDT® syringe ensures precise application and dosage of products according to requirements and without any loss of material. Thus, it makes working not only safe and hygienic, but also economical. Now available for Grandio Flow, Grandio Seal and Inncrux.

**NDT® syringe**

Non-Dripping-Technology

The wireless controllers are used to replicate the use of instruments on a virtual patient on the screen.
A thinktank wants a quota imposed, forcing NHS dentists to spend at least half of their time, on NHS dental work.

Dentists should be limited to the amount of private work they can do, said the New Local Government Network (NLGN), which specialises in public service reform.

Its report People Power — How Can We Personalise Public Services? claims imposing such a quota would help improve access to NHS dentistry.

The thinktank claims taxpayers are getting a poor deal as it costs £175,000 to put dentistry students through five years of training, after which they only have to spend the first year of their career as a qualified practitioner within the NHS.

The move would bring dentists into line with hospital consultants, who are not allowed to earn more than 10 per cent over their NHS salary in private practice.

In an open letter to Sir Jimmy Steele, chairing the Independent Review into NHS dentistry, Chris Leslie, director of the NLGN, said: ‘There is clearly a problem with a lack of basic NHS capacity on dentistry, despite valiant attempts by the government at a national level injecting an additional 8.5 per cent of resources this year following the extra 11 per cent increase granted in 2008/9.

When the typical dentist has received the benefit of around £175,000 of taxpayer investment in their training and development, we feel that there should be a greater obligation on those individuals to give more back to the community and dedicate a greater proportion of their time to NHS work. This should go beyond the current obligations for twelve months within the NHS context.

However, the British Dental Association (BDA) is against the idea and pointed out that it is the funding available to primary care trusts (PCTs) to commission primary care dentistry that determines the amount of NHS dental care available.

Susie Sanderson, chair of the BDA’s executive board said: ‘Since reforms to NHS dentistry were imposed in England and Wales in April 2006, care has been commissioned directly from dentists or dental practices by primary care trusts. Contracts are based on the completion of, and funding for, a fixed amount of care. This amount is expressed in a currency called units of dental activity (UDAs). It is these UDA-based contracts that are the real factor determining the amount of NHS care that can be provided.’

She claims that many dentists would like to do more NHS work, but are unable to and added: ‘The size of these contracts varies greatly, with some practices commissioned to provide significant amounts of NHS care and others holding much smaller contracts. Those with smaller contracts will normally also provide private care. This often opens up treatment options to their patients that are not available on the NHS.

In some instances dentists have either not been awarded NHS contracts at all, or been awarded NHS contracts that are for smaller NHS commitments than they would have liked.’

The BDA also pointed out that newly qualified dentists emerge from a five year degree having incurred a significant amount of debt.

The government is also against a quota.

Dr Barry Cockerell, England’s chief dental officer, said: ‘The NHS is now under a legal obligation to provide dental services for its local population.

‘We have also appointed an independent review team to help us understand what more needs to be done to ensure that every person who wishes to visit an NHS dentist can do so and all NHS dental services meet the highest standards of care.

‘We feel that the measures we have taken are a better approach than a quota system for NHS dentists.

Mr Leslie, director of NLGN, also said in his open letter to Sir Jimmy Steele, that PCTs should be encouraged to be far more innovative in the nature of their service commissioning.

He said: ‘For example, we would like to see a broader array of dental services so that particular hotspots can be targeted more intensively, perhaps with mobile dentist working, or peripatetic dentistry. Opening hours should be considered so that, in time, the service can revolve more around the convenience of the patient than the profession.

And we would also like to see an extension of the “walk-in dental” service which has proved popular in some areas. Furthermore, we believe the time has come for PCTs to pool resources and commission training facilities or even direct dental practices under the auspices of the NHS itself, hiring their own series of dentists rather than always “outsourcing” these contracts. A diverse market of provision should be the ultimate goal.’
Dental students are being told to use child-friendly language, and call the dentist’s chair a ‘rocket man’s chair’, in a drive to stop children being scared of the dentist.

The move comes after eight-year-old Sophie Waller died of starvation and dehydration after suffering from a phobia of dentists.

Professor Liz Kay, dean of the Peninsula Dental School in Plymouth focuses on teaching dental students a broad range of skills which encompass technical skills and communication plus psychology and sociological skills.

Dental students are encouraged to understand the root causes of a patient’s anxieties. Professor Kay claims that learning the basics means 99.9 per cent of children would feel at ease.

She advises dental students to use the words ‘rocket man’s chair’ instead of dental chair and make it fun so instead of saying ‘open your mouth’ say ‘let’s count your teeth’.

She would like to see dentists making surgeries friendlier places by putting out games for them to play while they are waiting and added that parents could help by simply making sure their children cleaned their teeth and avoided sugary food.

Looming deadline for GDC fees

The deadline for all dental care professionals to pay the General Dental Council’s Annual Retention Fee is fast approaching.

The date for the fee has changed from December every year to 31 July.

The General Dental Council (GDC) has taken the decision not to increase the fee this year.

So it remains at £96 for dental nurses, dental technicians, dental therapists, dental hygienists, clinical dental technicians and orthodontic therapists.

GDC director of operations, Edward Bannatyne said: ‘This means a change for thousands of dental hygienists, dental therapists, clinical dental technicians and orthodontic therapists, who are used to paying in December each year.

We are doing all we can to make sure people know about the deadline. Letters are being sent out and we’re also hoping you will spread the word among your colleagues. Please don’t ignore the deadline as you need to pay your fee in order to remain on the register.’

The deadline for dentists to pay their Annual Retention Fee (ARF) is still 31 December each year.

The GDC is hoping that dental care professionals will sign up to an annual Direct Debit.

They can do this by downloading a form from the GDC website via the ARF pages.

For those registered online, the GDC self-service website at www.gdc-arf.com can be used to set up a Direct Debit in April.

Dental care professionals who are not yet registered online need to wait for their ARF letter which will give them an ID verification code for the process.

Any questions, please contact the GDC Customer Advice and Information Team on 0845 222 4141. Or email CAIT@gdc-uk.org.
Free dentistry for India

A 27-year-old has gone out to Rajasthan in North West India. Todd Care in a rural area of Raisun, will be providing dental practitioner, with ID Peacock people in the region free dental care. Many had walked over 10 miles to see her.

Lack of oral hygiene led to Ms Kerr extracting 270 teeth and treating more than 500 patients, during her three week visit in 2007.

Many had walked over 10 miles to see her. Fellow dentist, Beth Young, who works at Glasgow Dental Hospital is accompanying Ms Kerr on her trip.

The pair will have to raise money for their flights as the dental volunteers pay their own expenses for the trip. They will also be working in temperatures of over 40 degrees centigrade.

They are also currently trying to raise money for specialist dental equipment as the only equipment the hospital has is a dental chair.

Ms Kerr is keen to hear from any organisations or businesses who would like to offer sponsorship or raffle prizes and is willing to give talks on her adventure. She can be contacted on 01937 208779.

The project Teeth for Life India began in 2000.

Once dates are fixed regarding the arrival of a visiting volunteer dentist, people in the area are informed by leaflet drops, newspaper adverts and loud-speaker vans. It is then a matter of waiting for the patients to turn up.

The visiting dentists are given a place to stay while working at the dental clinic but are expected to pay for their own flights.
The 10th dimension... the power of 10

You've all heard countless stories about the actress and the bishop, or about the judge and the blonde. What follows is a story that would have made Basil Fawlty, green with envy.

On a recent Saturday night, I went out for dinner. My Significant Other, hereafter referred to as my SO, had invited two of her friends of long standing (and, I might add, also of high standing) to join us at a restaurant where she had dined very satisfactorily on several occasions. The food, my SO said, was passing fair, the atmosphere good, the ambiance pleasant, and the prices reasonable. What I looked forward to most was getting to know her friends, the judge and the psychologist.

Tempers frayed
The SO and I arrived a couple of minutes late, to find a somewhat irate judge rising from the basement, where he had gone (unsuccessfully) to find a table in a position less drafty than that allocated on a freezing cold night. OK, the owners can’t control the weather, but they could improve on design and provide a two-door entrance hall – but hey, space is money even in cut-price London.

As the ebullient young blonde owner showed us to our table, we offered our coats for hanging, to be told that they no longer did coat-stands because someone’s jacket had recently been stolen, and that was what backs of chairs were for – an unimaginative solution to a problem that required an innovative one. We were however luckier than our companions, whose coats were earlier accepted and unceremoniously dumped on the floor downstairs.

Or were we?
Due to the poor layout of fixtures, every time a waiter walked in the narrow space behind me to the service area, he knocked heavily into the back of my chair from where my coat was suspended, never once apologising. However, I was in a good mood and not about to allow such trivia annoy me. Not so the judge, who appeared testy, stating that one should not go to restaurants on a Saturday night. Little did he know that the best (or worst) was yet to come.

The waiter delivered us each of two quarter slices of bread which proved to be more than a little stale, proving the 10th dimension of power.

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little of something had was worse than nothing at all. When the blonde arrived to take our order, the judge pointed out the bizarre problem at which she puckered her pretty nose and said in a grand tone: ‘Someone will be fired for this!’. My SO ordered a starter portion of risotto, to be informed that it could only be ordered as a main course. Observing the disappointed look on SO’s face, the blonde remembered that it was her duty to please customers and said: ‘Oh, as a big favour, I’ll organise a starter portion for you.’ Gee, that will really stretch the chef, but thanks so much! She departed to speak to the waiter about the bread issue. A few minutes later the waiter reappeared and put two more quarters of the same stale bread on our plates – explain that one!

Slim pickings

Our starters duly arrived, and tasty they were, although one needed binoculars to see them, so minute were the portions. Now, I know that small portions so minute were the portions. tasty they were, although one

...Slim pickings

our plates – explain that one!

were microscopic. When the mains arrived, however, I was delivered a portion of fried fish whereas, like my SO, I had ordered the houllabaise. I pointed this out to the blonde, who assured me with a grimace that I had indeed ordered the fried fish, but then, momentarily replacing the glued-on smile, said they would bring me the houllabaise even though I had not ordered it.

At this point the judge, whose patience had already been severely tested, peremptorily demanded (as judges do) that his empty wine glass be replenished, and the blonde went into hyper-actress mode, taking an eternity to dry the bottle, again to show us what good service was really about. The judge then lost it and bellowed: ‘Are you going to serve me, or not?’

...Slim pickings

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I wonder how many practitioners have the equivalent of the blonde at work, and how they treat the judges who are sent to test them? Dentists who, like the blonde, forget that it is more important to deliver service than to be right, and who are more concerned with bringing in revenue than giving value for money. A salutary lesson, but who am I to judge?

Since selling his prize-winning dentistry100 practice, Ed Bonner acts as a consultant (guru) and practice coach to the dental profession, working with individuals as well as groups of dentists. If you would like to arrange a free telephonic consultation, he can be reached on 07756 601528, or at bonner.edwin@gmail.com.

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Marketing – does it work?

Getting your practice known takes more effort than just advertising in the Yellow Pages, says Andy Acton

The UK dental market is changing rapidly with more practices looking to develop the private element of their practices significantly. These practices are targeting patients that have the choice of where to spend their disposable income. Your job is to convince them to spend it with you. Try and relate it to your own life, where do you shop for groceries and why? Is it because the quality, price or a multitude of reasons? Then look at the marketing that influences you.

In this changing environment, the practices that want to continue to be successful or become successful need to keep a constant review of their promotional activity. It’s not just about getting new patients, but also retaining your existing ones. Here’s a prime example: if you offer tooth whitening but don’t tell your patients you do, don’t be surprised when they go to another practice, which has advertised this service.

Successful promotion

The principles of marketing are easily adaptable to dentistry of which there are six components that make up the promotional mix:

- Advertising
- Direct marketing
- Sponsorship
- Public relations
- Personal selling
- Sales promotions

These components are integral to a marketing plan as they are all interlinked and interdependent. There is little point in advertising your practice if all you then sent out to interested patients was a tatty, photocopied piece of paper. This is counterproductive and only creates a negative picture of your practice.

Next steps

- Decide what type of practice you want and what type of patients you want to attract – remember successful marketing is about getting the patients you want not just lots of patients.
- Review your image and literature – you don’t see Harrods sending out poor-quality letters and brochures, for example. A quality presentation will make the patient perceive a quality practice.
- Set a budget – marketing doesn’t need to be expensive, it could be as simple as a practice newsletter.
- Engage a professional who can match your ambitions to your budget.

Once you have done all this you need to make sure that you instil in your practice team the importance of marketing and how to effectively use the literature. Marketing is important to you and it doesn’t have to be expensive. If you want to develop your practice or even protect them you need to immerse yourself in all aspects of marketing for your practice.

Andy Acton

is director of Frank Taylor & Associates, independent valuers and consultants to the dental profession. Andy has helped a number of dental specialist banks develop their services to the dental profession, including NatWest and Bank of Ireland. Call 0845 125454 or email andy.acton@ft-associates.com.

About the author

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MECTRON PIEZOSURGERY®

THE NEXT GENERATION: THE EVOLUTION OF A REVOLUTION!

NEW PIEZOSURGERY® 3 – FASTER, EASIER, MORE PRECISE!
Critical decisions are being made or pushed by a select few employees to develop a clique. The doctor and his trio banter the issues about or talk about their latest group outing or adventure.

If someone outside the three-some actually musters the courage to speak up, their ideas are greeted coolly. After all, it’s likely someone else’s slightly different approach will interfere with the way Liz, Ellen and Tom like to do things, which, they argue, seems to be working just fine. And it is, at least for the three of them.

So where’s the doctor in all of this? Well she’s really a nice person, and although she acknowledges that the three ‘aren’t perfect and may be a little controlling,’ they have been with her from the start. And she just doesn’t want to con front the issue. That is until she posts her worst year yet. Only then does she begin to quantify in dollars and cents the cost of poor morale among the rest of the staff, the expense of perpetual employee turnover, the inability to effectively address shortcomings in key systems, and her own loss of credibility as the leader of the practice and CEO of the business.

Cliquies are costly

Certainly, strong relationships among long-time employees can be tremendously beneficial for practices that rely on small cohesive teams. However, staff cliques can be extremely counterproductive and, consequently, expensive. These non-productive units of exclusion reject key messages, make it impossible to establish a true team that works together effectively.

The problem becomes particularly serious if critical practice decisions are being made without input from those who are not part of the clique, or if essential information is not shared with ‘outsiders’ who need that information to effectively carry out their job responsibilities and duties, or if the treatment of some staff is noticeably different than the treatment of others.

Teams, not cliques, make a dental practice successful. While personalities, work styles, and interests may differ, each member of the staff needs to be given the opportunity to contribute fully.

It’s up to the dentists, as leaders, to set the example for the team and to steer clear of behaviors that can unwittingly strengthen cliques or create divisions among staff. For example, allowing a few to monopolize the conversation in staff meetings rather than insisting on input from all team members can send the message to certain staff members that their input either isn’t valued, or has a lower value than the ‘chosen’ participants.

Sharing information with a select few members of the team conveys to the rest that only the favored are ‘in the know.’ Also, socializing with certain members of the staff outside of work also conveys the message of favoritism and encourages a sense of exclusivity among those who see themselves as part of the doctor’s social circle.

These and similar behaviors do nothing to build a sense of camaraderie and team work. Rather they underscore the ‘us vs. them’ mentality. The doctor must be the leader of all, not the friend of a few.

Pay attention to the lines of demarcation that may be drawn in your office and take steps to erase them promptly. Those quietly war ring factions are chiseling away at your practice infrastructure and subtly undermining your every effort to establish a practice that is built on excellence. Read on.

Out with the ‘in’ crowd

Cliquies can be particularly challenging in practices lacking job descriptions and/or systems of employee accountability. Naturally, where there is a commonality among employees, alliances and friendships are likely to be re sult. But there’s a difference between friendships and factions. Here are a few tips to clip the cliques:

• Critical decisions are being made or pushed by a select few or three employees to develop a clique. The doctor and his trio banter the issues about or talk about their latest group outing or adventure.

• Information is not readily shared unless employees are directed to do so.

• Certain staff members are openly cool to others.

• Whisper campaigns seem to be more prevalent.

• Some employees openly exclude others in social or professional activities.

If any of those rings true in your office, take these steps to unite and conquer:

• Recognize that individual personality can do and make a significant difference in how individuals react and interact with one another. Invest a small amount of time and resources in personality testing. Staff members who understand the personalities of their colleagues, including the dentist, can become much better prepared to work with them effectively. Employ online testing at www.mckenzie gmt.com/employee test ing.htm is an excellent tool to use.

• Clearly define job responsibilities. With job descriptions, all team members understand their individual roles on the team. Moreover, they recognize who is responsible and accountable for which systems.

• Hold regular staff meetings to address issues that arise in the practice. Dynamic teams are going to have disagreements. In fact, constructive conflict is essential; it’s fundamental to growth and the pursuit of excellence. Encourage staff to work together to resolve issues and address matters that they feel should be addressed.

• Create an environment that encourages teamwork. For example, if appointments arent going well, a staff meeting is held to discuss what happened and to address the issues.

• Reward teamwork and make an effort to acknowledge the success and positive contribution of every employee. Doing so will promote a team that not only appreciates working well together, but also enjoys succeeding together.

Finally, remember that although dental staff is typically small in number, dental teams are often complex microcosms of the world in which we live. It’s not uncommon to have staff members with very different backgrounds, experiences and perspectives. As a result, it is not unusual to see cliques form and co-exist. As such, making it a point to address cliques is extremely counterproductive and, potentially, damaging. So, always try to speak the truth and to address cliques.

Sally McKenzie, CMO of McKenzie Management, which provides highly successful and proven management services to dentistry and has since 1980, McKenzie Management offers a full line of educational and management products, which are available on its Web site, www.mckenziegmt.com. In addition, the company offers a vast array of products available today.

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About the author

Something to Smile about!

SmileGuard is part of the OPRO Group, internationally renowned for revolutionizing the world of mouthguard sports protection. With this in mind, they have developed patented ‘smileguard’ that is designed by the dental professional with the latest and most effective custom-fitting appliances to play sport whilst awaiting their custom–fit guard.

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On February 5, 2009, the Bank of England cut interest rates from 1.5 per cent to just 1 per cent. Never in the institution’s 315-year history had such a low been reached, and considering that the interest rates stood at 5 per cent last October, it is evident that drastic action has been taken to head off the worst economic crisis since the Great Depression.

Combined with the Government’s tax cuts and the weakened position of the pound, this latest reduction should provide ‘considerable stimulus’ to the UK economy, according to a statement from the Monetary Policy Committee (MPC).

Dental practice finance

At some point over the last few years, many principals will have borrowed money at 1 per cent-1.5 per cent above this base rate and will now be enjoying savings of thousands of pounds per month. For example, principals who borrowed £750,000 at 1 per cent above base rate last year would have been paying £5,750 per month. Now, those monthly interest rate payments would be down to £1,250, constituting a saving of £2,500 per month.

The MPC pointed to a severe and synchronised downturn, partly characterised by job cuts and weakness in consumer spending, so this saving in interest payments could well be crucial when it comes to keeping private practices afloat, especially if patients start deferring treatment, or stay away altogether.

Essential Money has noticed that the experience of many clients, including private, NHS and mixed practices, is that turnover has not been affected and the appointment book is still full. In fact, in addition to patient payment plans like Medenta, which helps to spread the cost of treatment over several months, the new rate reduction provides several new opportunities.

For instance, now might be the time to borrow some money cheaply and expand the practice with an additional surgery – or even buy another practice. Alternatively, the monthly savings could enable you to safely put some money aside in high interest savings accounts, pay off your residential mortgage or increase your pension. Or, you could enjoy having the extra cash, and simply spend it!

It is worth noting, however, that while most clients hardly need the cautionary advice, you should never forget that all markets move in cycles, and you can never be sure what is around the corner. Also, caution in the past is not necessarily being rewarded today: those dentists who sought financial security by fixing some or all of their loans have actually taken the expensive option, with rates as low as they are now.

Residential mortgages

Following the latest base-rate cut, some mortgage lenders announced that they would be passing it on in full to their SVR (Standard Variable Rate) customers. The Government is putting pressure on lenders to reduce their standard variable rates in line with the cut, and lenders such as Nationwide, Britain’s biggest building society, have been quick to commit to passing on the full half-point base rate cut to borrowers on variable rate deals, to rates as low as 3-3.5 per cent. Other lenders committing to this include Skipton Building Society, Lloyds TSB, Cheltenham & Gloucester and Halifax (part of the Lloyds Banking Group), Woolwich (owned by Barclays) and Abbey, Government-owned Northern Rock, however, appears to be consistently failing to pass on the rate cuts, with a consolidation...
Standard Variable Rate of 4.84 per cent.

If you are nearing the end of an introductory rate with your current lender, and have between 25 per cent-40 per cent equity in your property, there are some fantastic fixed rates available (now as low as 3.49 per cent). Those of you not in this position could be better served by staying on the standard variable rate, at least for the short term.

This is also the first time that a mortgage lender has been forced to reduce the interest on their home loans to zero. If you are one of those 1500 customers who took out a tracker mortgage pegged at 1.01 per cent below the base rate with Cheltenham & Gloucester (C&G), then you will be paying no interest at all on your home loans from March 2009.

Savers are hit

There is a downside to these cuts. The attempt to revive the economy by slashing interest rates is leaving pensioners and those others dependent on savings with a lower standard of living. Savers – who outnumber borrowers – have seen their interest payments drop by a massive 85 per cent since July 2007.

Figures published by the Bank of England in January 2009 showed that interest paid on notice accounts, tax-free ISAs and bonds in December 2008 was at its lowest since records began in 1995. The average return on instant access accounts was just 0.81 per cent.

Many self-employed dentists have significant cash savings, in preparation for their annual tax bills in January and July. Those with a mortgage as well can benefit from offset mortgages, which are an excellent way to take advantage of additional savings, because the money is guaranteed; the rate is higher than usually offered by deposit accounts, and no tax will have to be paid.

The economy and house prices

The UK economy officially shrank by 1.5 per cent in the fourth quarter of last year. This was the biggest contraction in nearly 30 years. Yet the Government is confident that the latest announcement, previous rate cuts and the weakness of the pound will combine to have a ‘significant impact’, eventually aiding the economy.

A recent report from the Halifax announced that house prices had risen by 1.9 per cent unexpectedly in January 2009, ending 10 consecutive months of falls. This brought hope that the worst was over in terms of declining house prices. However, Nationwide reported that house prices had fallen by 1.5 per cent over the same period, and the Halifax itself warned that the rise was likely to be a statistical blip because the market remained under severe downward pressure.

Conclusion

Although the economy does appear to be spiralling downward uncontrollably, with investors likely to be nursing some heavy stock market losses, the recent base-rate cuts are on the whole excellent news for the majority of dentists. This year 2009 really could be the year to use the savings made on any borrowings to take full advantage of some under-priced assets.

Thomas Dickson, director of Essential Money Limited, formerly a partner of Money4Dentists, has a wealth of experience in advising the dental industry. Beginning as a financial advisor, Thomas recently launched Essential Money, providing expert independent financial advice dentists throughout the UK can rely on. For a copy of the Merlin Stone report which explains the attractions, risks and ethical issues of the above investment or for further information, please contact Essential Money on 0121 685 5060 or email thomas@essentialmoney.co.uk.

About the author
Managing your investments

To make sure you get the maximum return on the hard-earned money you’ve invested, you need to make sure your IFA is proactive, says Suzanne Allen

If you hold a private pension, ISA or savings policy of any sort, can you recall when it was last reviewed? If you have a good financial planner, the chances are it was looked at fairly recently—certainly within the last 12 months. But otherwise you will fall into the bracket of many clients we come across who remain invested in the same funds they started out with maybe five, 10 or even 20 years ago. When you consider what you went through to earn that amount: studying, exams, and years of professional hard slog, don’t you now wonder whether it is working as hard for you as you did for it? Investments don’t manage themselves and in today’s increasingly complex financial markets, maximising them requires the combined skills of proactive IFAs and their chosen team of specialists.

Your hard-earned cash

If your pension is invested with a company that no longer actively transacts new business, there’s a good chance that you are still invested in the original funds. That means your investment in that pension is not being proactively managed and therefore you may not be getting the best return. As it is most unlikely that you have the same mortgage with the same lender, or save for tax in the same building society account that you took out all those years ago, why is your pension still invested so unwisely? Many dentists have invested tens or hundreds of thousands of pounds into personal pensions, ISAs and insurance policies at the recommendation of their professional advisers, and most continue to delegate that investment responsibility. There’s no problem with delegating responsibility but abdicating it is a different issue entirely.

Complex money management

Historically most financial planners have viewed managing clients’ money as an integral part of their role. Today though, as the range of investment products becomes more complex and reactive to economic factors, managing clients’ investments effectively is becoming increasingly complex and requires a lot more research and time, and different levels of expertise.

The processes IFAs take to ensure each client’s money is managed in line with their ever-evolving requirements are pretty complex:

1. Agree with the client the purpose of the investment, the timescale, flexibility needed, the client’s tolerance to investment risk and current and future tax position.
2. Select the most appropriate investment vehicle, perhaps a personal pension, unit trust, ISA or insurance bond.
3. Agree the spread of investments between the different asset classes, such as equities, bonds and commercial property. There are a number of asset allocation models available and the importance of getting the asset mix right cannot be overstated. Investing in a poor-performing UK equity fund when equities are rising as a whole is generally better than putting money into a well-run commercial property fund when that sector is falling.

4. Ensure the most consistent investment funds are selected. This is achieved by comparing the fund manager’s rating with his/her peers, the strength of the research team, the investment processes, the fund manager’s views for future opportunities and of course how that manager

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4. An investment needs to be reviewed regularly to ensure the asset allocation remains appropriate, the selected funds are doing what they say on the tin and the client’s needs haven’t changed rendering the original advice inappropriate.

5. Constantly monitor and review bear markets. As mentioned, too many investments are taken out with a strong mix of funds initially but are then left untended. A good farmer doesn’t plant his crops, then sit back and do nothing until harvested time.

The modern approach

More and more financial planners are recognising that their skills and experience are more about the ‘big picture’ in managing clients’ financial planning rather than the day-to-day aspects of investment management. A good financial planner prefers to spend more time face-to-face with the client, developing creative solutions to improve the clients’ finances e.g. to save them tax, to introduce them to other specialists who can add value such as specialist accountants, solicitors and banks.

The result is that many financial planning firms are now developing links with discretionary fund management companies to outsource the investment management side of their business. These companies invest heavily in research and the clients are appointed a personal investment manager who monitors the clients’ portfolios on a daily basis.

Once a fund manager is given their remit they will manage the portfolio on a discretionary basis and make investment decisions without recourse to the client. The advantage of this approach is clear; the fund manager has the authority to respond dynamically to investment opportunities that would otherwise be missed if authority had to be constantly sought. These managers also have access to investment areas not readily available to individual investors, such as hedge funds and structured products, adding to the opportunities available to the client.

Monitoring performance

The financial planner will monitor the performance of the portfolio manager to ensure the chosen mandate is followed and they will recommend changes whenever the client’s circumstances alter, for example, when reaching retirement age there will be a need to draw an income from investments.

Most discretionary management groups will look after all areas of a client’s investments, including pensions, unit trusts and Oeics, ISAs and bonds. They will take a co-ordinated approach to their clients’ investments and working alongside the client’s financial planner, will use the tax status of each investment to its best advantage.

Your financial planner is not abdicating responsibility by passing the investment of your money to a professional fund manager – quite the opposite. As a great dentist you take full responsibility for your patient’s mouth by ensuring it is looked after to the highest professional standards. However, you will also refer your patients to a specialist for complex treatments. In the same way, a good financial planner will take overall responsibility for your finances and will take advantage of specialists, such as discretionary managers, to ensure you achieve your financial goals and aspirations.

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Suzanne Allen is managing director of Heritage Financial Advisers, a team of independent, fee based financial planning specialists dedicated to the dental sector. She has over 12 years experience in the financial planning industry, having spent half this time working with dentists. Suzanne holds a diploma in financial planning and possesses specialist knowledge of pensions, taxation and trusts.
Evidence-based efficacy of ozone for root canal irrigation

Guest expert Edward Lynch and Edward Swift discuss evidence-based efficacy of ozone for root canal irrigation

**Question:** As a follow-up to the recently published information on ozone as a means of caries treat- ment, can you provide some infor- mation on the use of ozone in root canal therapy?

**Answer:** Ozone has been pro- posed as a dental antiseptic agent based on its many pro- bably benefi- cial effects in both gaseous and aqueous forms. Ozone is effective when used as a root canal irrigant because it is not surprising that there are enormous advantages to killing bacteria in spite of being biofilm and a 65 per cent reduction of viable bacteria in culture media, which was only a similar reduction to that found nearly the same antimicrobial and histo- bacteriologic analyses. The root canals treated in a single visit showed a success rate of 46 per cent. When a calcium hydroxide/ CMCP-based intraradicular medication was used, 74 per cent of the cases were catego- rized as successful. In cases where ozonated oil was used as the intra- canal medication, the success rate was 77 per cent.

Siqueira and colleagues evaluated the antibacterial activity of the ozonated oil and calcium hydroxide against bacterial species commonly associated with the etiology of periodontal dis- eases. Other reports also reported that ozonated oil or calcium hydroxide was the most effective against the evaluated bacterial species.

Biocompatibility of ozone in root canals

A high level of biocompatibility of aqueous ozone on human oral epithelial (BHY) cells and gingival fibroblast (HGF-1) cells, whereas metronida- zole and chlorhexidine had an excellent effect on the NF-kB system, suggest- ing that it has anti-inflammatory and immune-modulatory capaci- ties.

Ozone is a potent oxidizer

Ozone has been proven to be one of the most powerful oxidants we can use in dentistry.

Ozone systems available for use in root canal therapy

KaVo produces the HealOzone, which delivers 2,100 ppm ozone at a flow rate of 615 cc per minute and has been proven to be safe. The HealOzone, an excellent introduction to produce ozonated water for root canal irrigation and numerous other applications. In addition, other systems are available (as that supplied by Lime Technolo- gies) that blow ozone into root canals, but manufacturer's direc- tions must be followed in order to prevent any potential lung inhala- tion. Lime Technologies also sells ozonated oils for use as root canal medicaments.

Use of ozone to manage pain and in- juring in the access cavity

Ozone has been proven to help reduce caries microorgan- isms and this could be beneficial to reduce potential contamination of the canal systems during instru- mentation.

Enhanced healing associated with ozone use

Ozone also can play a key part in the healing process, and its use is surprising that it has been similarly used with the NaOCl again biasing the experi- ment. Given the methodology used in this paper, and the low dose and time of application of ozonized use, it is surprising that ozone was as ef- fective as it was reported.

Use of ozonated oils as medicament

In an in vivo evaluation histologically and histo- bacteriologically the response of periodontal tissues treated with ozonated oils was significantly better than saline. In vivo root canal irrigants were treated with 2.5 per cent NaOCl. These results suggest that ozonated oil may be useful for endodontic therapy.

Muller and colleagues found 5 per cent NaClO to be gaseous in ozone in eliminating mi- croorganisms organized in a carto- genic biofilm. This study reported less than one log reduction of bac- teria after ozonation of biofilms in culture media, which was a similar reduction to that found nearly the same antimicrobial and histo- bacteriologic analyses. The root canals treated in a single visit showed a success rate of 46 per cent. When a calcium hydroxide/ CMCP-based intraradicular medication was used, 74 per cent of the cases were catego- rized as successful. In cases where ozonated oil was used as the intra- canal medication, the success rate was 77 per cent.

Siqueira and colleagues evaluated the antibacterial activity of the ozonated oil and calcium hydroxide against bacterial species commonly associated with the etiology of periodontal dis- eases. Ozone gas was found to have toxic effects on both cell types. Essentially, no cytotoxic signs were observed for aqueous ozone. CHX (2 per cent), 0.2 per cent and nontoxic (0.2 per cent) to HGF-1 cells. NaOCl and H2O2 resulted in markedly reduced cell viability (BHY, IFG), whereas metronida- zole displayed mild toxicity only to BHY cells. Taken together, aqueous ozone at 0.2 and 0.5 ppm level of bio- compatibility of the tested antiseps- tics. Nonetheless, ozone gas per- formed well compared with the es- tablished endodontic irrigants, which showed equal or even higher cytotoxic potentials than ozone gas. In addition, ozone gas applied into the most root canal, as currently performed with the HealOzone De- vice, dissolves in canal fluids, thus converting into ozonated water, which then comes into con- tact with tissues. Other reports also reported a high biocompatibility of aqueous ozone. Irrigation of the root surface of avulsed teeth did not reveal a negative effect on periodontal liga- ment cell proliferation. A clinical report regarding the healingaccel- erating effect of ozone water did not document detrimental effects on cells.

**Effect of aqueous ozone on the NF-κB system**

The transcription factor NF-κB plays a crucial role in inflamma- tory/immune processes and apop- tosis. NF-κB is also thought to be of primary importance in the regula- tion of periodontal/periapical inflam- matory reactions and the progression of periodontal dis- eases and apical periodontitis. Huth and colleagues reported that aqueous ozone exerts inhibitory effects on the NF-κB system, suggest- ing that it has anti-inflammatory and immune-modulatory capaci- ties.
Conclusion

Of course, more research on the use of ozone in root canal therapy will add to our knowledge in endodontics.

Thousands of dentists worldwide use ozone in root canal therapy and it is claimed that millions of teeth have received root canal therapy with ozone having been used as the final irrigant. No adverse event has been recorded after use of the HealOzone or ozonated water in root canal therapy.

Ozone is an effective, easy, cheap, and fast treatment to help disinfect root canals. Ozone is much stronger than chlorine and acts 5,000 times faster without producing harmful decomposition products.

As ozone is the most powerful antimicrobial and oxidant we can use in endodontics, and as aqueous ozone revealed the highest level of biocompatibility compared with commonly used antisepsics, then it is fairly obvious that ozone should be used to help combat the microorganisms associated with infected root canals. Ozone has a place in the 21st century oral health care, and we should use its proven powerful antimicrobial efficacy and potent oxidant ability to reduce microorganisms during root canal therapy.

Disclosure

Professor Edward Lynch is a consultant and principal investigator for research grants from CurOzone USA (Aurora, Ontario, Canada) administered by Queens University, Belfast, Northern Ireland, UK.

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References

3. Chahverdiani B, Thadj-Bakhche A. Antimicrobial and oxidant we can produce with ozone having been used as teeth have received root canal therapy. Wide use ozone in root canal therapy adds to our knowledge in endodontics.
4. Of course, more research on the use of ozone in root canal therapy will add to our knowledge in endodontics.
5. As ozone is the most powerful antimicrobial and oxidant we can use in endodontics, and as aqueous ozone revealed the highest level of biocompatibility compared with commonly used antisepsics, then it is fairly obvious that ozone should be used to help combat the microorganisms associated with infected root canals. Ozone has a place in the 21st century oral health care, and we should use its proven powerful antimicrobial efficacy and potent oxidant ability to reduce microorganisms during root canal therapy.

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High standards

In part one of this two-part exclusive interview, Neel Kothari talks to Chief Dental Officer Dr Barry Cockcroft to find out how well he thinks the NHS system of dentistry is working and what standards it should be aiming for.

NK: Since Labour has come into power, funding for the NHS has almost doubled. In your opinion how well is NHS dentistry currently doing?

CDO: The way we describe it at the moment is that it’s turning the corner. It’s certainly been a very turbulent period over the last three years and it’s obviously a very high priority for government and ministers. What we know now is that the amount of NHS dentistry being commissioned, being purchased from dentists, is now above the levels it was in April 2006 and that’s continuing to rise. We increased spending by 11 per cent in 2008/09 and we will increase it overall by 8.5 per cent next year, which is a massive level of investment. According to Information Centre data the number of dentists providing treatments is up, and the NHS is already commissioning more dentistry than it was prior to the introduction of the new contractual arrangements in 2006, but the access data which has stubbornly so far gone in the wrong direction we are absolutely confident will begin to move in the right direction.

NK: Has the increase in NHS dentistry spending gone towards commissioning new services or has this been loaded up by a deficit in PCTs’ budgets from a reduced patient charge revenue (PCR)?

CDO: No, not at all, the two things are not connected. The reduction in PCR I wouldn’t say is significant, it was there in the first year of the contract, but is certainly getting better. But the 11 per cent is certainly being used by PCTs to commission new services which you can see all over the place.

NK: But that’s not really the case everywhere. After all, PCTs also have to make ends meet.

CDO: Now they have made a commitment to grow services, as you can see in our response to the HSC, they have got more money to grow services, and that’s what it’s about. The overall difference in PCR pales into insignificance compared to the money they now have to grow.

NK: What standard is NHS dentistry aiming to set for patients; should it be a basic core service or a world-beating healthcare?

NK: What I mean by that is, as you are well aware, dentists and PCTs have to budget themselves within a certain level...

CDO: Well the whole health service has to do that. I think the point is that the ring-fenced budget for dentistry has vastly increased now.

NK: So should dentists on the NHS be providing a basic, core service and how does this compare to what’s available within private dentistry?

CDO: It sets out in the regulations that dentists are being paid in advance to provide treatment that is clinically and cost effective. We are providing them with extra money, dentists’ income has gone up. I think the comparison between the NHS and private sector is not something I want to go into. I think there are things that the patient may want which are not clinically effective and it is right that the NHS doesn’t pay for that. At the same time, if someone’s got a developmental defect and has hypoplasia for example, it’s quite right that the NHS pays for cosmetic treatment in that situation.

NK: What has the increase in NHS dentistry spending gone towards commissioning new services or has this been loaded up by a deficit in PCTs’ budgets from a reduced patient charge revenue (PCR)?

NK: But even if you take a simple procedure like a small compos- ite filling, there are numerous ways in which this can be provided. Surely in a budgeted sys- tem, the onus on the dentist is to provide in the most cost-effective way. This doesn’t always mean the best way, does it?

CDO: Part of quality is about messaging to patients. If you’re giving poor quality messages to patients, such as ‘we can pro- vide you with a scale and polish under the NHS if needed, but we can provide you with this pri- vately’, then that’s wrong. The NHS is aiming to provide a qual- ity service. If there is not a quality service, then the PCT needs to sort it out. The treatment of choice for a very small single surface cavity, according to Pickard, is a composite restoration and that should be the starting point for the NHS. It is not just “cost” but clinical ef- fectiveness as well. Access is starting to improve now and PCTs are very also need to be focused on quality of care. Dentists need to work with their PCTs, and we can see up and down the country dentists are working much better with their PCTs, but it’s a big cultural change and I accept that.

NK: If NHS dentistry is aiming to provide more then a basic service, has the government fairly allocated funding for complex treatments?

CDO: Well I think first of all the funding for individual con- tractual arrangements is a very high priority for government spending, so if dentists did treat under the old system, they are funded for doing it now. The incidence of complex and rou- tine treatment is going down and we completely accept that. If there is not a proportionate reduction then that’s fine, but remember the old sys- tem completely incentivised in- tervention. If you go from a sys- tem where the incentives are going in the opposite direction, you might expect to see a reduc- tion, which we’ve seen. And we have seen that in PDS pilots since 1988. The research done on PDS pilots showed the reduction in intervention in both complex and routine treat- ments, it had no negative impact on oral health. However, if the reductions in treatment are in- appropriate, then this becomes a quality issue which needs to be addressed.

NK: The recent HSC review into NHS dentistry highlighted a range of complaints by den- tists and patients and has concluded that the contract is in fact so far failing to improve dental services measured by any of the criteria set by the HSC. Do you agree with this assessment?

CDO: Most of the evidence was given in March 2008 and most of the evidence was created much more before that and as we all know, it takes time for sys- tem reform to start to show a benefit. Many of the things the HSC reported from the evi- dence they’d been given have...
not actually come true. There is no shortage of vocational trainees, there is no evidence of a mass exodus of dentists. There is significant increase in the amount of preventative treatment going on. The amount of NHS dentistry commissioned has gone up, the number of dentists working in the NHS has gone up. One thing that has not turned round yet is the retrospective access data and if we are right, we expect that to turn around; then we will have evidence that everything we said would happen would have actually happened.

NK: In 2009, the three-year term for the current contract expires, what changes can dentists expect to the current system?

CDO: Current contracts do not expire. This is a complete misunderstanding about what will happen after April 2009. Nothing changes, other than the gross income guarantee. So everything else remains the same. GDS contracts are open-ended and can only be terminated if there is a breach of contract.

NK: So dentists can expect no changes to the current UDA system, not even an increase in the number of bands as advocated by the HSC?

CDO: No, nothing like that. We would need to consult on any of that, and in the statement of financial entitlement which we consulted on widely recently we made the point that contract values, if nothing happens, will for next year remain the same, just up-rated. The only thing that changes is the gross income guarantee. The PCT does not have the power to change a contract unilaterally. But if somebody had a contract value for £200,000 and for the last three years has only delivered £100,000 worth of contract, then the PCT now has the opportunity to say you have underperformed for three years and we propose that your contract value be reduced.

NK: Nationwide PCTs have provided a mixed service, have the PCT staff received adequate training with commissioning or is more needing to be done?

CDO: We completely accept that the quality of PCTs’ commissioning has been variable, as has the engagement of clinicians. What we’re now able to say is that 50 per cent of PCTs have already increased access since the new arrangements, but others have not, and that’s why we announced in the HSC that Mike Warburton, who helped implement the equitable access for GPs last year, is going to help the PCTs that are having the most difficulty. In our final response to the HSC, the strategic health authorities (SHAs) have said: ‘We will work with our Primary Care Trusts to make sure that all our PCTs’ commissioning plans enable us to deliver health dental services to anybody who seeks them by April 2011’, at the latest. I think this puts together a nice little package to help support our PCTs. But it’s been very difficult over the past two to three years getting clinical engagement. But things are clearly moving in the right direction now.

In part two to be published in a later issue, Neel Kothari talks to Barry Cockcroft about how the system has affected the balance between performers and providers.

About the author

Neel Kothari

qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL’s Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice. Immediately post graduation, he was able to work in the older NHS system and see the changes brought about through the introduction of the new NHS system. Like many other dentists, he has concerns for what the future holds within the NHS and as an NHS dentist, appreciates some of the difficulties in providing dental healthcare within this widely criticised system.
Beating infection

Dr David Bloom and Dr Jay Padayachay offer their advice on the best equipment to use for cross-infection control

1. Central sterilisation area (Fig.1, 2) – it will eventually come into force that all practices must have a central sterilisation area away from the surgery itself. Such areas need to be thought through so that there is a flow from the ‘dirty’ or non-sterile area to the ‘clean’ or sterile area. So, from the sink into which the instruments are initially placed, to the autoclave where the bagged instruments are sterilised, protocols need to be created so that the chain is not interfered with and non-sterile comes into contact with sterile. To aid this, differential lighting can be used so that the non-sterile areas are lighted with a red bulb, and the sterile areas have a green bulb.

2. Ultrasonic bath – the instruments should be placed into an ultrasonic bath for 15 minutes to loosen any debris, for example, instruments are not scrubbed manually at this stage which thus reduces the risk of injury to the nurse.

3. Washer-disinfector (WD) (Fig.3). These are great for removing any remaining debris from the instruments prior to them being bagged for the autoclave. While discretionary at the moment, the Care Quality Commission will be aiming to register all healthcare facilities including dental practices (NHS and Private) within the next two years. Implementation of washer disinfectors will come into force over the next three years and will replace ultrasonic baths. Once out of the WD, the instruments should be visually checked and only then scrubbed or brushed to remove any remaining debris (usually cement) prior to bagging. www.dhsspsni.gov.uk/gdp_dg_2007_-_decontamination_guidance_nov_2007.pdf

4. Handpiece cleaner (Fig.4). Where a handpiece manufacturer does not recommend a washer-disinfector for cleaning the handpiece, use of a dedicated handpiece-cleaning machine may be considered. Not only does this clean out the handpiece prior to sterilisation, it also lubricates it to the ideal. This will also prolong the life of the equipment as well.

5. Autoclave (Fig.5). The two types of sterilisers found in General Dental Practice are the vacuum (wrapped instrument) sterilisers (classified as Type B) and unwrapped instrument and utensil sterilisers (classified as type N).

Vacuum Benchtop Sterilisers Type B are suitable for wrapped and unwrapped solid items, hollow items and porous loads, and as such are particularly suitable for sterilizing dental handpieces and this technology is increasingly becoming the standard for use in dental practice. Wrapped items processed in a vacuum benchtop sterilizer can be readily transported, remain sterile up...
to point of use, and can be stored for use at a later date, minimizing the risk of cross contamination. The provision of suitable stocks of wrapped steriliser instruments can enable continued patient care while WD, steriliser and water treatment plant are unavailable through repair, maintenance, and testing.

Benchtop Sterilizers Type N are suitable for solid devices that are not wrapped. Provided that the proper irrigation and cleaning of lumens and internals of handpieces has been achieved in combination with a WD, handpieces may also be processed in a Type N steriliser. Where remaining hollow items used in the practice are not single-use, a Type N steriliser may be the appropriate solution, although as mentioned previously, this type of technology is being increasingly overtaken with the vacuum type steriliser. Dental practitioners should also be aware that instruments processed in a Type N steriliser should ideally be used directly from the steriliser as transportation and storage of sterilised items may pose a risk of re-contamination, and should be risk assessed and controlled to minimise the risk.

6. Disposable items. These are useful when it is not practical to sterilise. Examples include three-in-one tips (we have found the Kerr tips to have no water contamination compared to some others), and can include burs, cups, aspirator tips and saliva ejectors. The list is potentially endless as there are now even disposable handpieces and a risk/ cost analysis should be undertaken.

7. CollarDam (Fig.6). With the move to disposables, CollarDam provides the missing link when it comes to bibs. Traditional plastic bibs that are wiped down between patients are no longer acceptable. Thus disposable bibs with daisy chains have now come into use, but remember that if doing this the chain also needs to be autoclaved. This is fine if the chain is made from metal but not so if it is plastic. CollarDam uses an adhesive strip avoiding the need for such chains, and the premier version of it has a built on head cover avoiding the need for a separate one. The everyday bib doesn’t have this useful function but all types prevent water seepage at the neck preventing patients getting wet in this area.

8. Handwashes. The use of alcohol-based handwashes can dry and irritate the skin with prolonged use. Contiu alcohol

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free hand wash and/or sanitiser will not lead to skin irritations that alcohol based products may create and all the clinical team appreciate the conditioning effect of the product on their hands. Continou has a range of surface sprays and wipes that is ideal for all cleaning procedures and offers the added advantage that it does not cause micro cracking or discolouration which affects the appearance and life-span of equipment

9. Chlorhexidine mouth rinse. Prior to starting any form of treatment you can choose to get the patient to rinse with two per cent chlorhexidine solution. This will reduce the bacteraemia created by many forms of dental treatment.

10. Spitoonless chairs (Fig. 7). How many times has the patient missed the spittoon when rinsing out whilst numb getting contaminants everywhere, and then how can you be sure that everything has been adequately cleaned. The way around this is not to have a spittoon at all. To achieve this, you and your nurse need to work four-handed to ensure that there is no debris left in the mouth, be it traces of local anaesthetic when giving this or remnants of old restorations. If you are unsure of this, a halfway house is to have a cup into which they rinse which runs off the suction. This cup can then be autoclaved.

Fig. 7: Spitoonless chair and rear delivery system

The products mentioned in this article are the ones used on a daily basis by the authors and other than CollarDam, for which they are company directors, they receive no financial incentives for their use or promotion.

**About the author**

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- How to take the perfect Centric Relation bite
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Decontamination – it’s the detail that counts

This note sets out in a practical way tips on how to bridge the gap between the idealised expectation of HTM 01-05 and the reality of the limited space available in typical dental practices for LDU development. The perfect LDU lecture presentations with miles of worktop often don’t translate into the space for compromise when back at home base.

A person to advise for confidence is needed to develop a vision of the facility, starting with a compromise to demonstrate to any audit that at first you care, and have a planned schedule which you can prove.

Origins

Where did it all start – in Brussels? Or was it the Maidstone effect where C.diff claimed around 90 hospital patients. With the national hospital audit, central government was eventually bound to run scared of the political risk of upsetting the voting families with relatives in hospital and long term care.

Dentistry is not alone. All other practices will be drawn into surveillance net from podiatrists right down to tattooists and the surveillance from podiatrists is here to stay. Someone had to be first and it happens to be dental as the beauty. Someone had to be first and leave no doubt it’s here to stay.

For an overview of what HTM 01-05 will bring, the concise ‘one pager’ in the British Dental Journal December 2008 issue is worth a read. It will focus the mind well, and leave no doubt that it’s here to stay.

Back to the worktop

Around the process room there are 14 steps, each with transfer space in between. Perhaps the exception is an ultra-slim tower for decontamination. There is some talk of introducing separate units. It is used as a clean supply to the steriliser. This water is fresh for each sterilisation cycle and dumped to drain after each use.

The steriliser

In the steriliser chamber air pockets prevent steam molecule access. The vacuum feature dilutes trapped air in tube or crevasse prior to the autoclaving temperature cycle. The vacuum cycle also assists moisture removal and drying. For pouching vacuum is essential using a closed pouch in the whole cycle.

Data logging

What about records? As an essential part of practice procedures the cycle statements for the washer and steriliser can be paper or paperless – valuable evidence for your own assurance of correct working to deal with client criticism and not forgetting the routine audits soon to come.

Space-saving tower

These accoutrements – R/O, washer, steriliser, and recorder – go to make up the hardware for safe decontamination. They are bulky and need bench top space. To retrieve this valuable space is worth the consideration to stack the washer and steriliser in a vertical tower with printers and R/O water saving around 1500mm of worktop.

Any of your existing equipment could also be rehoused in a tower and printers added for facility upgrade. The wheeled unit can be moved for cleaning and simply couples to services for power, water, and a hook drain.

Transfer boxes

A very useful box transfer and storage facility will also help it is the jigsaw of small areas. They are coloured green and red with lids and are stackable with a small footprint.

Matching the workload

What about capacity sizing to deal with average and peak loads. For very large practices the speed and capacity, the infection control tower, single or duplicated will service a wider range of practice size. The single tower for decontamination will size well for the single chair upwards saving the space of spread about separate units.

LDU room detail

And the LDU room itself! There is a lot of detail to make this a safe haven for the physical routines of decontamination. The older the premises, the greater the risk of hidden anti-infection control – draughts, gaps at skirtings, badly fitted windows, neglected fan ducts to name but a few.

The style of new furniture is important – to be designed for infection control. DIY type is not safe. Totally moulded doors, shelves and cabinet walls, are a priority. Worktops must be continuous without joints and double postformed. Space above wall cabinets should be closed up to the ceiling and wall and ceiling surfaces clad with PVC extrusions and a tanked floor with alternative covering to complete the cocoon for easy wipe-down routines.

And your best friend?

The silicone sealant gun to close bug traps of such as toe boards and worktop runs as well as air leakages. What on earth is all this going to cost? There is no golden rule. Individual area assessment, with debate to refine to joint opinion, will yield the best safe layout. The smaller the room the greater the jigsaw for sound decontamination without compromising patient and staff safety.

What next?

Find a competent LDU adviser who understands the complete picture and your problems may well be halved.

Industry Article

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Dental Tribune

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Industry News

27

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New A-dec 500™ offers dentists an innovative Equipment Solution

A-dec 500 Integrated System Contributes to a Healthier, More Productive Practice

A-dec 500 allows unprecedented integration of technology and is well-positioned to fit small spaces and conservative budgets. The new A-dec 500 system has given customers a mid-platform choice that’s lower in cost than the A-dec 500®, yet maintains the high performance, service, and support that distinguish A-dec products.

Everything about A-dec 500 is designed with efficiency and well-being in mind; from the ultra-thin 1” (25mm) thick backrest that provides optimal access to the oral cavity, to the 54cm to 75cm vertical range that allows doctors of all heights to sustain posture and position arms at sides.

To learn more about A-dec 500, contact your local dealer, visit www.a-dec300.com or call the UK headquarters on 02476 550901.

About A-dec

Headquartered in Newberg, Ore., A-dec is one of the largest dental equipment solutions providers in the world, with a global network of customers and authorized dealers in more than 100 countries.

For more information about A-dec, visit www.a-dec.co.uk or call 02476 550901.

Help Patients Smile With Confidence With The Clearstep System

Give your patient a smile to be proud of with the Clearstep System, enabling the effective treatment of mild to severe mal-occlusions with a constant focus on excellent patient care.

By bringing the Clearstep System into their practices, General Dental Practitioners can meet the patient’s desire for a straight, confident smile without having to refer to a specialist.

The 5 key elements of the Clearstep System – Pre-Alignment, Space Closure, Alignment, Finishing & Detailing and Extractions – involve the use of innovative appliances to enable the dentist to achieve great results.

These appliances include the CODA expansion device, the Final Oclusal Refinement and Detailing appliance (FORD) for gentle, multiple and precise occlusal refinement, and the new Clearstep Closing Spring, specifically designed for the closure of extraction spaces.

The Clearstep System boasts a low chair time, with the laboratory providing pre-activation and pre-adjustment and more, and lets GPs offer the complete service to patients.

For more information please call the OPT Laboratory & Diagnostic Faculty on 01542 557910 or email info@clearstep.co.uk, www.clearstep.co.uk.

Easyslide™ Compact

From Vita, the world leading expert in shade determination, the new Easyslide™ Compact is a fast and reliable way to take shade at the push of a button. High measuring accuracy due to spectrophotometric measuring, this cordless, mobile and lightweight unit reads up to a potential 97 shades combination, both in Classical and in the 3D system. User friendly and easy to learn, with Easyslide™ Compact, you can read one single shade or 5 different areas in the tooth and check restorations. Up to 25 shade taking results can be stored in memory. No more waiting or forking or checking the conditions or costly remakes!

Panadent 01699 98 17 98 or visit www.panadent.net.

The DAC Universal combination autoclave, cleans, lubricates and sterilises 6 instruments in 12 minutes!

The DAC Universal supports the practice staff by automatically cleaning, lubricating and sterilizing handpieces intended for non-critical, semi-critical and critical applications. The function of the NITRASEAL unit is to wrap instruments prior to sterilization in the DAC Professional.

According to the hygiene guidelines of the Robert Koch Institute, “non-critical” applications do not involve any contact with the mucous membranes.

The Sirona DAC Professional autoclave handles large sterilization loads quickly and reliably.

The DAC Professional is the ideal complement to Sirona’s DAC UNIVERSAL and NITRASEAL systems.

With the introduction of the new DAC Professional Sirona Dental Systems has closed a gap in the sterilizer market. Firstly, this autoclave can accommodate up to six trays. Secondly, it can be programmed for automatic programs that can be selected for specific procedures including soft tissue grafts.

Having developed several techniques in optimal implant positioning, papilla regeneration and aesthetic techniques in optimal implant cases including bone grafting, sinus lift, raising the flap and flapless with Nobel Guide, Dr. Palacci also explored advanced and complex surgical procedures including soft tissue management incorporating papilla regeneration and soft tissue grafts.

Having several developed techniques in optimal implant positioning, papilla regeneration and aesthetic techniques in optimal implant cases including bone grafting, sinus lift, raising the flap and flapless with Nobel Guide, Dr. Palacci also explored advanced and complex surgical procedures including soft tissue management incorporating papilla regeneration and soft tissue grafts.

Immediate cessation of root infection pain with Endox Endodontic Fu gestation system

A Patients case: ‘Anyone who has had a root infection knows the throbbing internal pain...’

Having experienced it at first hand, with no relief coming from any combination of painkillers or penicillin, I had Endox used on me – a couple of zaps down each root and all bacteria and the source of my pain was obliterated. The anaesthetic wore off and no antibiotics or pain-killers were necessary – I could have kissed my dentist – I felt so relieved.’

Endox: The Effective, Quick and Safe Endodontic System

Providing total elimination of bacteria in seconds.

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ria
• Easy to use
• Total elimination of the pulp
• Single appointment ends
• Instant root canal
• Safe for surrounding tissue
• No post-op pain

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Continu To Achieve Superior Infection Control

Discover the next generation of safe, long-lasting, alcohol-free disinfectants with Continu. Effective on a range of surfaces, this water-based disinfectant with a zero hazard rating has been shown in recent case studies to significantly reduce microbial presence.

Proven against MRSA, c-dificile, e-coli, salmonella, He-patitis and HIV among others, Continu is faster acting than traditional solutions achieving a 99.9999% kill rate with a residual effect that can last for days. Continu disinfectant products do not lead to skin ir-
ritations that alcohol based products may create. Furthermore, Continu does not cause discolorisation which affects
the appearance and life-span of equipment nor the microcracking that creates an envi
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ronment for CFUs to multiply.

Available as a spray, disinfectant wipes, liquid soap or hand cleansing foam, Continu
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can easily be introduced into dental practices to improve cleanliness without any other
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changes to existing regimes. Staff will also appreciate the contaminating effect that Con
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tinu has on their hands.

For more information call Nu
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view on 01455 759659 or email conti
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nu@nuview-ltd.com.

Dental Design unveils its new “Web 2.0” website!

The term “Web 2.0” refers to a perceived second genera
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tion of web development and design that aims to facilitate communication – a concept
n
embraced, encouraged and demonstrated tirelessly throughout the the new Den
tal Design website.

Together with its aestheti
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cally pleasing design, search engine friendly nature and simple yet crafted interface, the latest offering from Dental Design encourages visitors to become part of an online community. Visitors demand instant answers with the impressively
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online chat facility and discuss the why’s and where
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fore’s of web design in the online forum.

And if that wasn’t enough interactivity, if you’re inter
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ested in technology but can’t face trawling through maga
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zines and websites you can even subscribe to the Dental Design blog via RSS feed. The blog is regularly updated and offers its subscribers exclusive access to market trends, Inter
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et developments, useful hints and tips and exclusive special offers.

Get caught up in “Web 2.0” with Dental Design by visiting www.dental-design.co.uk. For more information contact Dental Design on 01202 677277 or email contact@dental-design.co.uk www.dental-design.co.uk

Microminder’s IT maintenance plans

Micro Minder, the clear market leading supplier of IT hardware for dental practices, supports over 1800 dental practices in the UK with their IT maintenance plans. A maintenance plan by Micro Minder is the most effective way to fix your overheads for the year and ensure in any in
stance of a computer system failing, you won’t be stuck with an unexpected bill.

Managing Director Bharat Sheth comments: “When we buy a new car or a new washing
n
machine, most of us wouldn’t consider going with-out breakdown cover and the same ethos should be applied to your computer systems in the practice. A maintenance plan is the most effective way to fix your costs and ensure there is minimal disruption to the dental practice as a result of technical problems and Mi
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cro Minder are best placed to deliver!”

To find out more about Micro Minder, their expanding product range including new Voip Tele
n
phony and maintenance support programmes contact the team on 0845 094 1090 or visit www.microminder.com.

The secret of a great natural smile revealed
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at The Dentistry Show

Clearstep gave delegates a tour of their groundbreaking orthodontic treatment system at The Dentistry Show on the 13th and 14th of March 2009. Visitors to the Birmingham NEC found out how GDPS can treat all malocclusions, whether moderate or severe, even in child patients and their kind contributions helped the Clearstep team raise £275 for Comic Relief!

The Clearstep System lets GDPS make use of innovative, specially designed tools like the Closing Screw, the CODA and the FORI, which effects gentle and precise refinement in one or more areas. The GDP can re
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tain control of the patient’s treatment by drastically reduc
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ing the need for referrals, thus providing a more convenient service that includes a wealth of treatment options including intr
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isation, root upholstery, expansion, de-rotation, space closure, burcal segment settling and much more.

For more information call the OPT Laboratory & Diagnostic Facility on 01542 557910 or email info@clearstep.co.uk, www.clearstep.co.uk

Meet The Challenge Of Clinical Governance With Smile-on

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

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

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

Unlock the secrets of a superior whitening service at the Clinical Innovations Conference and Annenberg Lecture 2009

The Clinical Innovations Conference and Annenberg Lecture 2009 (at the Royal Col
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lege of Physicians, Regent’s Park, London on the 15th (An
n
nenberg Lecture) and 16th of May) gives dental professionals an unmissable opportunity to explore the very latest developments in aesthetic and restorative dentistry.

Using informative lectures and hands-on sessions, a wide array of respected experts will share their insights, including such worldwide speakers as Dr Sia Mirfenderesi. His lecture ‘Key steps to a successful whitening centre’ will help delegates provide a truly excel
n
lent service to patients, cov
n
ering:

• Selecting the right bleaching method
• Concentration issues
• Chemical activation
• Restorative implications
• New regulations
• Patient communication
• Marketing & PR
• Competition

The Annenberg Lecture will be given on the Friday by Professor Nitzan Richacho and Dr Debora Schwartz-Adar, and Saturday’s Conference is set to be the best yet with speakers including Professor Nasser Barghi, Dr Chris Orr, Professor Edward Lynch, Pro
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fessor Liviu Steier, Dr Andrew Dawood, Dr Wyman Chan, Professor Luca Gachetti and many more. Call today and en
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sure that you don’t miss out on this great chance to learn from the world’s best.

For more information, and to ensure your place, call 020 7400 8989 or email info@smile-on.com, www.clinicalinnovations.co.uk

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ther special offers, along with FREEPOST labels for your con
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venience.

For more information please call Stuart or talk to a member of staff on 0161 550 6088.
Top steps at CIC

In the lead-up to the forthcoming Clinical Innovations conference we talk to the prestigious symposium’s lecturers in a sneak preview of the much-anticipated two-day event in central London.

Prossthodontics specialist, Dr Sia Mirfendereski’s lecture - Key Steps to A Successful Whitening Centre - is, in his own words, the brief history of his 17 years experience of tooth-whitening. His talk will incorporate a ten-step plan on how dentists can bring the technique into their practices order to extend their business.

He says: ‘Tooth-whitening is an opportunity for dentists to expand their practices, which they can add on to their existing services. I have learned from experience that the only way to incorporate tooth-whitening successfully is to offer patients a money-back guarantee.

‘I am not competing with tooth-whitening packages which can be purchased over-the-counter or off the Internet. It is true that manufacturers do sometimes offer a money-back guarantee, but if the process does not work, it is usually down to the operator. It is also really important that the patient also plays their part in the treatment.’

In the session, he will go through the ten-point plan, including choosing the correct bleaching method, the right levels of concentration and associated issues, chemical activation and restorative implications to new regulations, patient communication and marketing.

Dr Sia, who is a Gold member of the British Dental Bleaching Society, says it is essential for dentists to be trained properly in the method. He says: ‘They really have to know what they are doing. Tooth-whitening can be a good adjunct to other treatments.’

But he says it is vital for dentists to be on hand during the treatment. ‘Dentists should not be carrying out major operations next door, while the patient is having tooth-whitening treatment. Dentists need to be on hand to monitor quality control, so it is best if they do basic work, which they can leave at a moment’s notice if necessary.

Dr Sia’s main practice is in Wimpole Street, central London, (www.msdentistry.com) where he works with Prof Liviu Steier. The practice also offers dental training, particularly in Implantology.

He says: ‘We are a referral-based practice which gives CPD training in second-stage Implantology’

Dr Sia also has practices in Dulwich and Oval, plus the use of dental facilities in Cobham, where he does dental consultancy for the Chelsea Football Team.

Another gem in his cap was his commission as dental consultant in an artistic project, for which he advised on the meticulous dental restoration of a skull! The life-size cast of an 18th century human skull in platinum, was encrusted with over 8,000 diamonds by artist, Damien Hurst. Entitled, For the Love of God, it was on show at Hoxton’s, White Cube gallery last summer, as part of Hurst’s exhibition, Beyond Belief. It allegedly sold for £50 million to an unknown purchaser, the highest amount ever paid for a work of art.

Dr Sia is frequently invited to lecture on tooth-whitening at conferences both in the UK and beyond including, Newcastle, Belfast, Dubai and Chicago. He is also visiting honorary lecturer at the University of Florence, Italy.

He qualified in 1991 at the London Hospital, now the Royal London Hospital, where he also gained an MSc distinction in Geriodontology. He was honorary lecturer there in Restorative Dentistry, as well as Oral-Maxillo surgery from 1995-2002. In December, he was appointed Honorary Associate Clinical Professor, at, University of Warwick’s Postgraduate Dental Education Unit.
An implant course to provide you with the necessary knowledge and skills to start a successful career in implants. The course is aimed at general dental practitioners looking to integrate implant dentistry into their patient care.

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

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

For further information and to request a brochure/registration form, please contact:
Nick Ledingham BSc, FCA
Tel: 01244 328301
Email: mail@moco.co.uk
Website: www.moco.co.uk/dentists

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Choose from over 100 3D views of head, neck, face, oral and nasal cavities, dentition, individual teeth in 3D and cross section, larynx and pharynx, sinuses, eye, brain and more.

Specialised clinical content includes 3D views of progressive dental conditions such as caries and gingivitis and detailed and interactive 3D nerve views of intraoral injections.

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

- Quickly review, explain and teach complex anatomy of the head and neck using 3D models that focus on the most relevant anatomy for dentists
- Get a new perspective on anatomy – view the floor of oral cavity in 3D cross section for example, rotate to get a patient view, then add or remove anatomy
- Save valuable time finding images for patient education, presentations and posters – simply export or print any image direct from the software, royalty free
- Explain conditions and procedures more quickly and effectively using images and clinical illustrations during consultations

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