Dentists look to get a 0.21 per cent increase in earnings following a recommendation of the Review Body on Doctors’ and Dentists’ Pay.

The Dental Practitioners Association, claims that as the Retail Prices Index is currently 5.2 per cent—anything less than this is effectively a pay cut.

Jim Donaldson, chairman of the Dental Practitioners Association (DPA) said: ‘The DDRB seems to assume no responsibility for difficulties in NHS access.

Year after year we have tried to explain to them that dentists are motivated to either join or leave the NHS based on comparison with similarly skilled groups and also the disparity in terms and conditions between the public and private sectors.

Pay is a vital element of the NHS package, yet year after year it is cut in real terms.

The new contract is sufficiently unattractive and uncertain without this further clear signal that financial penalties are to be imposed year after year by below-inflation awards.

While Brian Levy, president of the DPA said ‘With the RPI at 5.2 per cent, this recommendation can only be viewed by NHS dentists as another pay cut. This will further reduce our members’ ability to accept and treat NHS patients.

Derek Watson, chief executive officer of the DPA, claimed that the Review Body is ‘hopelessly confused about how to set wages to retain dentists in the NHS’.

He added: ‘Four years ago they used the doctors’ increase. Three years ago they used the average Earnings Index. Then they used the Hospital and Community Health Services sector where dentists are salaried and have their expenses fully reimbursed. This year they have under-cut even that award. No wonder high street dentists are choosing to do less NHS work!

The government has broken its promise to provide a comprehensive dental service to the nation in return for the high levels of tax and national insurance paid.

The British Dental Association (BDA) echoed the DPA’s concerns.

The 0.21 per cent rise is based on a formula that, taking estimated decreased expenses into account, suggests GDPs will actually see a 1.5 per cent increase in net incomes.

However John Milne, chair of the BDA’s General Dental Practice Committee (GDPC), said: ‘Sadly, the basis of the formula which suggests that the increase might amount to 1.5 per cent in real terms does not take account of the effect of the devaluation of sterling and its effect on the prices of equipment and materials that are largely manufactured overseas.

These expenses, and dentists’ ability to access the finance necessary to meet them, are both adversely affected by the recession.

He added: ‘We appreciate that a measure of financial restraint is necessary in the current economic climate. Clearly, economic prudence is essential for everyone.’

However he added: ‘But it’s also important to remember that high street dentists are running businesses that provide vital healthcare to millions of people.

Those businesses must be properly funded so that they can invest in their premises and equipment to deliver the highest quality care to their patients.’
Step by step treatment planning

The entire process of treatment planning for aesthetically focused dentistry is to be showcased at this year’s Clinical Innovations Conference. The conference, which is in its sixth year, takes place on 15-16 May at the Royal College of Physicians, in Regent’s Park, London.

The much sought after speaker, Dr Ian Buckle, will be lecturing on ‘Aesthetic Dentistry From Start To Finish’. The lecture will cover the entire process of treatment planning to ensure that patients have a great experience, with excellent results. Dr Buckle will lead delegates through a step-by-step guide to treatment planning, through a comprehensive and straightforward ‘treatment planning matrix’.

Dr Buckle will demonstrate in his lecture how accurate and complete diagnosis, treatment planning and case presentation requires a high level of clinical expertise and customer care. The lecture will show how this ‘treatment planning matrix’ effectively incorporates the whole field of modern aesthetic dentistry, including a study of occlusion to promote optimum patient wellbeing. Treatment options will integrate restorative and orthodontic treatments, so that dentist and patient can find the most suitable and effective solution.

Internationally renowned, Dr Buckle is also a member of the American Academy of Cosmetic Dentistry and was the first international faculty member of the Dawson Academy – founded to promote high quality and predictable dentistry with a special focus on occlusion and the condition of the temporo-mandibular joint.

As senior clinical instructor for the New York University College of Dentistry, Dr Buckle runs a private practice with Dr Liam McGrath at Buckle & McGrath Dental Practice in Thornton Hough, Wirral, which provides patients with comprehensive aesthetic and implant treatment. The team provides a concierge service to patients, and uses the latest technology to give patients a ‘smile trial’ to ensure that they are always delighted with the results of their treatment. Dr Buckle is a member of several prestigious industry bodies, including the British Academy of Cosmetic Dentistry, the British Dental Association and the Association of Dental Implantology.

A spokesperson for the CIC said: ‘This is an unmissable chance to discover the key to excellence in aesthetic dental treatment. Bringing together the world’s finest dental professionals in the aesthetic and restorative dental field at a delightful venue in the heart of London, the Clinical Innovations Conference 2009 represents the leading light on the forward-thinking dentist’s calendar. Delegates are advised to book their place today, to avoid disappointment.’

For more information please call Smile-on on 020 7400 8989, email info@smile-on.com or visit www.clinicalinnovations.co.uk

Three new modules join the pack

Learning resources provider, Smile-on, has joined forces with Dental Protection Limited and is launching three new modules for its Communication in Dentistry programme.

Modules 4 to 6 of Communication in Dentistry will be launched later in the year.

Module 4 will look at complaint handling and dealing with difficult patients.

Module 5 will explore consent and communicating choices and module 6 will look at recording communication.

These modules, which support a flexible approach to learning, can be taken separately or together, to suit individual requirements. Focusing on the key areas in which effective and reliable lines of communication are absolutely vital, these three modules will help the practice continue to develop working systems, that will ensure patients receive the best possible standard of service, and that all relevant information is recorded to protect the practice medicolegally.

A spokesman for Smile-on said: ‘Communications in Dentistry is an example of how cutting edge technology and informative content come together to meet the educational needs of dental professionals. Modules 4, 5 and 6 continue to promote effective and reliable working systems to help practices enjoy greater success and safeguard themselves from legal action.’

For more information please call 020 7400 8989 or email info@smile-on.com
Even after so many years of running the site, there are always differing topics that people find to raise, discuss and have diametrically opposite views. One example was when one colleague, well past retirement age, posted some clinical photos showing how he had helped an elderly patient, and how satisfying it was to do so. He was pleased he hadn’t ceased work. Another thread was started by a dentist of a similar age, who had been to a CPD lecture about the oncoming changes in cross-infection control guidelines, and was pleased he did not have to deal with all the issues thrown up by the presentation just heard. We probably all know colleagues who have retired early, and similarly there are some dentists who keep on working through their seventies and even into their eighties.

Other topics which might interest the Tribune reader: How much do you pay your therapist? How do you get your dental chair vinyl repaired, as well as personal development plans.

Two particularly entertaining topics attracted many repeated visits, and hundreds of replies. The first post concerned a frustrated dentist who was ready to ‘punch a patient’. He mentioned the two phrases that patients use that drive us all mad: ‘I hate needles’ and ‘with those prices, I must be paying for your next holiday’. This led to replies on how to deal with them with some hated, clichéd phrases.

The second topic started with a post about great names. A recent BBC article talked about a dentist in the USA called Les Plack. In response, dentists recalled Mr Payne, and one wag told us about his friend Andrew Peacock whose name was often shortened to other versions!

Another favourite dentist name was ‘Phil Hollows’, and in addition, one poster named his friend Christopher Peter Bacon, known for short as Chris P Bacon.

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

February was the busiest month ever on GDPUK with more than 1.1 million pages generated by thousands of visitors.
Recession?
The BA Ultimate advantageS
No repair or maintenance costs until 2011* on any Ultimate S Handpieces!!

WOW!!

* No repair or maintenance costs until 2011; includes wear and tear; excludes accidental damage and misuse.

BA Ultimate S Turbines
BA International high speed turbine with a new design, ceramic bearings, triple spray, push button, very light, new type of glass rod for the fibre optic range, thermodisinfectable and autoclavable up to 135°C

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A dentist in Northern Ireland is refusing to give a pregnant woman the free dental treatment that she is entitled to during her pregnancy.

The woman from Derry is expecting her first baby. She claims that her dentist has refused to treat her for free because she is already registered at the surgery as a private patient.

All pregnant women are entitled to free NHS dental care with their maternity exemption certificate. So after informing her dentist, she was pregnant, she expected to receive her treatment for free.

However the woman was informed she was not entitled to free dental care as she was not registered with the surgery as an NHS patient.

‘Pregnant women are always being told they should look after their teeth, that’s why they get free care in the first place. But what’s the point in offering free dental care if no dentists will take you on?’ she said.

The surgery told her to look for an NHS dentist who would give her free treatment. The woman, who said she has always been a good customer, claimed she has been ‘left really upset’.

‘Pregnant women are always being told they should look after their teeth, that’s why they get free care in the first place. But what’s the point in offering free dental care if no dentists will take you on?’ she said.

However the surgery claims that as the woman is registered as a private patient, they do not have to offer her NHS treatment, even if she is pregnant.

For more information visit www.thermacare.co.uk

To win an ergonomic stool, a pilates set, a set of garden tools, and a supply of ThermaCare discreet, air-activated, single-use heat wraps for the neck and shoulders, simply answer this question:

Who starred in the 1995 film Heat with Al Pacino?

A) Robert Downey Jr
B) Robert De Niro
C) Robert Redford

Please email your answers to Joe@dentaltribuneuk.com with competition in the subject box or send them to the following address: Joe Aspis, ThermaCare competition, 4th floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA.

The Postgraduate Dental Education Unit (PGDEU) is one of the UK’s leading dental education centres offering an established portfolio of courses for qualified dentists who wish to develop their knowledge of the latest methods, equipment and techniques in implant dentistry and orthodontics. The wide range of programmes on offer are delivered by leading professionals, academics and researchers using a wide variety of educational tools.

**MSc in Orthodontic Dentistry**

The only MSc Orthodontic programme specifically for general dental practitioners enabling them to pursue a flexible training pathway that can be taken over a period suited to individual circumstances.

**MSc in Lingual Orthodontics**

This course is designed for specialist orthodontists who wish to gain experience with a wide range of lingual orthodontic systems and gain a qualification in lingual orthodontics. Internationally recognised experts in this field are involved with this pioneering course.

**Diploma in Orthodontic Therapy**

This GDC approved course is aimed at Dental Care Professionals who wish to train as an Orthodontic Therapist providing orthodontic treatment, working to a prescription from a Specialist Orthodontist.

**MSc in Implant Dentistry**

The implant dentistry programme at The University of Warwick is designed with the busy GDP in mind and recognises that implant dentistry will be delivered in the general practice environment. For this reason we have based the clinical teaching in selected general practices which meet stringent quality assurance.

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Extractions on the rise

The number of people in the UK who have had their teeth pulled out under general anaesthesia, has gone up by 50 per cent in the last four years, according to new figures.

Figures obtained by the Liberal Democrats have revealed that over 175,000 people had teeth extracted under general anaesthetic last year, up by 40,000 in four years. The figures, revealed in answer to a Parliamentary Question, show that 175,417 people had teeth extracted under general anaesthesia between 2007-8, 44,287 of these were children aged 6-18 and 14,246 were children under 5 years old. The Liberal Democrats blame this rise on the NHS dental contract which was introduced in 2006.

Shadow Health Secretary, Norman Lamb said: 'This extraordinary number of people needing their teeth extracted under general anaesthetic could well be the result of the appalling access to NHS dentistry. The dental contract was supposedly designed to improve the situation, but the staggering rise in tooth extractions proves the massive failures of this botched initiative. It called the crisis in NHS dentistry “one of this government’s most shameful legacies.”

Although the rate of extractions increased throughout the four-year period following April 2005, it is likely the number of treatments in the new contract for NHS dentists was introduced. In 2005/06, the year before the new contract, the number of extractions stood at a little more than 149,100. Two years later it had risen to just over 175,400 – an increase of 18 per cent. Last year, a report by the Health Select Committee found that patients were having teeth pulled out needlessly as a result of the dental contract.

The Commons Health Select Committee found that the number of crowns, bridges and dentures had fallen by 57 per cent since 2006, at the same time as the number of extractions were rising, according to the new figures.

However an NHS spokesperson warned that it’s “very important to put these figures in context.” He said: ‘In England there are about four million extractions carried out by dentists in high street practices every year, which is similar to the number before the introduction of the new contractual arrangements. General anaesthetics were removed from the high street setting from January 2002, following the publication of ‘A Concise Decision: a review of the use of general anaesthesia and conscious sedation in primary care’ in 2000. Prior to that, many more general anaesthetics were provided in primary care. So overall there has been a massive reduction in the use of general anaesthesia in relation to tooth extractions, which is welcome news, because it has improved the safety of dentistry for patients.’

He added: ‘There has been a rise of about 40,000 in hospital based extractions over ahalf year period (equivalent to around two per dentist given that there are around 20,000 dentists). In the context of the total of four million extractions in primary care, this represents a one per cent increase over five years. Virtually none of these cases attended through A&E departments so it would be wrong to say that the rise was due to people not getting access to dental services, as they had been referred by a dentist. It is possible that some of these referrals came from private practices - we do not have figures on that, but it would be wrong to assume automatically that all referrals were from NHS dentists.’

More questions for the accused

A dentist in Northern Ireland, accused of murdering his wife and his ex-lover’s husband is to face new police questioning, a magistrates court heard.

Dr Colin Howell, 50, from Castlerock, who is also charged with drugging and indecently assaulting a number of women, is to be interviewed about ‘other matters’, according to North Antrim Magistrates Court in Coleraine.

Howell, who has 10 children, is in custody charged with the murders of his wife Lesley, 50, and Trevor Buchanan. Their bodies were found in a car filled with carbon monoxide fumes in Castlerock in May 1991.

Howell appeared in court by video link from Maghaberry Prison, where he is being held on remand. His next hearing is due on April 26 but district judge Archer said he would have to appear in person after saying that before that, police wanted to interview him about ‘other matters’.

Howell’s ex-lover Hazel Stewart, 45, from Colelaine, who is also charged with the double murders - Trevor Buchanan was her ex-stalker - appeared in court. She had been granted bail when she and Howell - accused of the first charged with the two murders two months ago.

Howell, has had his registration suspended by the General Dental Council for 18 months. Howell, who had surgeries in Ballymoney and Bangor, is seen as one of the foremost dental practitioners in Northern Ireland.

Seaside town gets a new NHS dentist

A seaside town in Lincolnshire is finally getting a NHS dentist after waiting for one for two years. The new dental surgery will be opening at the Marisco Medical Centre on Stanley Avenue in Mablethorpe at the end of the month.

Di Pegza, head of contracting for NHS Lincolnshire, said: ‘We are delighted to have contracted with Oasis Dental Care to provide NHS dentistry for the people of Mablethorpe.’

The local mayor, Margaret Rolls called it a ‘great relief’ and said: ‘This is the best news for Mablethorpe for a long time.’

More than 4,000 people on the NHS Lincolnshire waiting list will be offered treatment at the practice, under a contract agreed between NHS Lincolnshire and Oasis Dental Care. All patients on the NHS Lincolnshire dental contact list will be guaranteed a place at the practice.

Free conference for dentists

A free conference is being held to help primary care trusts and dental practitioners implement schemes for Dentists with Special Interests.

The Faculty of General Dental Practice (UK) is running the conference with the Department of Health and Oxford Dental Deany. The conference will run at BMA House, London, from 10am to 4pm on Friday 3 July. There is no charge thanks to funding from the Oxford Dental Deany.

The aim of the conference is to help primary care trusts (PCTs) and dental practitioners understand the Dentists with Special Interests (DWSi) scheme and the commissioning process in order to implement a DWSi service. It will familiarise visitors to the conference with the contracting process between PCTs and dentists and share examples of good practice when developing a DWSi scheme.

It will also give dental professionals an insight into the unique nature of prison dentistry.

The programme will include presentations from the Deputy Chief Dental Officer, Sue Greggory, a PCT commissioning manager and a DWSi. The afternoon will include two working workshops. Dr Liana Zoitopoulos, president of the Association of Prison Dentistry UK, will lead a session on prison dentistry and related special interests, the second will share experiences of setting up schemes in various specialities.

For further information, please email fgdp-education@rcgp.org.uk or telephone Anna Schule, assistant development officer, on 020 7869 6772.

GDC looks for applicants

The General Dental Council is looking for people to sit on its new Investigating Committee.

The Investigating Committee is part of the General Dental Council’s (GDC’s) procedures for dealing with allegations over a dental professional’s fitness to practice. The Committee considers papers prepared by Fitness to Practise caseworkers, and makes a decision on whether further action is needed.

The GDC have decided the Investigating Committee should in future be independently appointed, following the recommendations of the government’s White Paper: Trust, Assurance and Safety – the regulation of health professionals in the 21st Century. It is now advertising in the national and trade press in an effort to reach as many potential applicants as possible.

GDC chief executive Duncan Rudkin said: ‘This is hard and largely thankless work. It’s not glamorous. It’s not high profile. It can be demanding and repetitive. But it is important and it is worthwhile.

It’s important to the patient who’s summoned up the courage to make a complaint about something they feel has gone badly wrong with their dental care. It’s important to the professional who feels unfairly under attack. And it’s worthwhile to the public, whose safety and confidence in dental professionals may be at stake, whether or not they’ve heard of the case and its Investigating Committee.’

To apply, please go to: www.protecting-patients.com. You can also call 020 7227 0898. The closing date for applications is noon on Thursday 30 April 2009.

More free lectures on the rise in the UK

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Chameleon teeth stains

Stains on teeth are often mistaken for signs of decay, according to new research.

A study of 200 private dental patients found that in over 80 per cent of cases, stains that were hard to remove were mistaken for decay.

The ‘false decay’ was only found using an advanced technique that cleans teeth with a blast of fine abrasive particles.

Dental researchers looked at a particular ‘premolar’ situated between the front and back teeth and found signs of decay in 78 per cent of cases.

But 65 per cent of them turned out to be false alarms when they were looked at again, using the CrystalAir abrasion technique, instead of mirrors and scrapers.

The research suggests that stained teeth may be causing dentists to carry out unnecessary drilling.

Dr Robin Horton, from the Wayside Dental Practice in Harpenden, Hertfordshire, who co-led the study, claimed that ‘traditional dental check-ups have led to unnecessary dental treatment for millions of patients.’

It is used in conjunction with a laser probe that can detect hidden deep decay by shining a light beam through the tooth.

The research found that using the two systems together, was found to be 70 per cent more accurate, in picking up decay than traditional techniques.

GDC rolls out the workshops

The General Dental Council will be running revalidation workshops at this year’s British Dental Association conference.

The workshops will be held at the conference in Glasgow which runs from 4-6 June.

A spokeswoman for the General Dental Council (GDC) said: ‘We want to give dental practitioners another chance to say what they think about our plans on this important topic and inform our decisions on how we move forward.

Patients need to have confidence that the professionals providing their dental care have not only shown that they are up to standard when they first join our registers, but can show that they remain up to standard over the course of their working lives. Dental professionals will do this by revalidating their registration on a regular basis.’

The workshops will be held on Friday 5 June at 9.30am and repeated at 11.30am in Boisdale 2 at the Scottish Exhibition and Conference Centre.

Dental professionals will be able to find out how revalidation will affect them and give their feedback on the GDC’s revalidation proposals.

Dental professionals will need a conference pass to attend the sessions, and they can book their workshop place in advance.

The GDC’s Revalidation Working Group is currently running feasibility pilots of a framework for revalidation for all dental professionals.

For those unable to attend the workshops, the GDC is also running an open consultation on revalidation: http://www.gdc-uk.org/NewsPublications-AndEvents/Consultations/.

Part-time implant dentistry course

This didactic study programme of 48 days will be broken into two levels and held one day per month over a period of four years.

Level 1 during years one and two will concentrate on building evidence-based knowledge and involve patient treatment under direct supervision.

Level 2 during years three and four will be spent consolidating all the previously learnt information.

Knowledge and skills will be extended in order to carry out advanced procedures such as bone grafting and sinus lift procedures.

Lectures and seminars will be interactive with live surgery and hands-on procedures. A portfolio and written assignments will need to be completed.

The programme will be led by Dr Dev Patel with specialist mentors including, Dr Wail Girgis, Dr Carl Manhem and Dr Pranay Sharma.

For further information, please contact Dawn Mifsud, implant course administrator on 020 7965 1261, email d.mifsud@eastman.ucl.ac.uk or visit www.eastman.ucl.ac.uk/cpd.
**Raising our standards**

In the second of this two-part feature, Mr Almir Bajramovic explains how Clark Dental shaped his new practice.

The space we selected for the practice was part of a newly built shopping centre that was built on the spot where, prior to their demolition, Victorian houses had stood, so we had no planning issues. I was amazed at how easy it all was. When I approached the powers that be at the shopping centre and told them that I wanted to have four surgeries, they said ‘yes, that’s fine.’ I repeated my request, just in case they had misheard me. They said yes again! Because the car parking was adequate for such an ambitious plan, permission was granted, and we could get to work without any red tape.

Our plan with Estetica Dental Clinic is to create a full service dental clinic in an environment that is functional, tailor made to be a dental clinic and to serve a patient to its full potential. We have created an environment in which our patients feel comfortable and relaxed as well as our dental team. Therefore making it a great place to be a part of.

Effective communication

Matt Rowlinson from Clark Dental was extremely supportive and superb to deal with, our communication was great from the word go. It took us less than an hour to make a decision in respect of design and layout of our surgery as well as choosing the right equipment.

What made a whole thing a lot easier was that Clark Dental has helped us set up our first practice seven years ago, which is an extremely successful mixed practice and has come in the top five per cent in our area. I can only praise Clark Dental (the whole team), everyone was extremely supportive and helpful throughout each stage of this project.

Attention to detail

For instance, not only did Clark Dental support us in our one of a kind concept, the company’s experts also took sterilisation and storage into account when designing the surgery. With a separate room for sterilisation and storage, accessible from the back of the surgery, the treatment space not only looks great, its layout also promotes gold-standard Infection Control – a must for any modern practice.

We wanted patients to come here for in-house treatments, veneers, implants and oral surgery.

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We wanted patients to come here for in-house treatments, veneers, implants and oral surgery.
and to avoid referrals. In order to meet these requirements, you need a cutting-edge working environment.

Of course, there are issues when you embark on a project like this, with such lofty ambitions. Fortunately, the space was so suitable that we did not need to knock down any walls. However, there were a few minor issues with the builders, who required their lunch breaks at particular times and were sometimes unwilling to be flexible, which caused slight friction when deadlines were looming. Also, there was a brief setback when one of their walls was not straight which delayed the plastering.

The co-ordination of builders, electricians and other specialists is a demanding and sometimes difficult process, but when the rewards are in sight, you know that it will all be worth it.

Let there be light

Our surgery does not rely on natural light. Instead, we have a state of the art system that extends to the reception area.

The lighting system is installed on the other side of the suspended Perspex ceiling. We used Lutron lights, which have a variable brightness that we can control from various points in the practice.

The benefit of this system is that we can create a bespoke atmosphere in the practice. For example, if I want one surgery to be at 50 per cent light, the other to be at 100 per cent light, and the reception area to be at 70 per cent light, I can simply adjust the settings and achieve the optimum ambiance. It is like having a thermostat for atmosphere – all I do is make an adjustment, and the practice becomes more of a relaxing place to be!

Following our footsteps

For those thinking about refurbishment, my first piece of advice is to ensure that you enlist a company that meets two very important criteria. Look for excellent communication, and the right personality. Clark Dental provided great help, and their unerring support and proven advice allowed me to focus more on creating my vision, as I could leave the equipping of the surgery to the Clark Dental experts.

You need to be able to manage the project yourself, of course, but the right support is absolutely vital to success.

Big awards

Refurbishment is a big project that requires a certain amount of time, money and energy. However, to those looking to unlock the true potential of their practice, I would say this: don’t be afraid of investing. It is only money, after all, and the re-wards can be considerable.

For more information contact

Clark Dental Wickford Essex Office on 01268 733146 or email enquiries@clarkdental.co.uk or Clark Dental Nantwich Cheshire Office on 01270 413750 or email sales@clarkdental.co.uk

About the author

Almir Bajramovic has worked in the dental field for the last seven years. He is a gradu-ate of Leeds Metropolitan University and Bremen University where he studied marketing, and is currently managing two very busy and successful dental practices.
Design for the future

With most UK practices housed in converted domestic buildings, this can pose a challenge when designing your ideal space. Chris Davies offers some tips

These days, there is an enormous amount of pressure placed on dental teams to satisfy stringent infection-control protocols. Often, the team has to face several obstacles to do this, one of them being the practice itself.

It is no secret that most UK practices are converted domestic buildings. The downside of this is that the spatial aspects of the building have not been designed with the unique needs of the dental industry in mind. This can cause serious issues when transporting instruments from the treatment site to the disinfection and sterilisation area.

Meeting protocols

Of course, an experienced dentist can take a look around a building and make an educated guess as to how easy, or how difficult, it will be to meet all necessary protocols. So when you are having your dream practice designed and built from the ground up, choose a company that lets you take a virtual tour through your very own practice of tomorrow.

After discussing your needs and preferences, the company should then present you with images of what the finished project will look like. By this stage, you will have seen the preliminary designs, but actually seeing full colour artwork that shows you exactly what you will see when you walk into the practice after completion is a whole different experience.

Looking down on a technical drawing criss-crossed with lines and measurements does not give you the full story, and many dentists have found themselves treating patients in a practice that has not met the vision they had when they hired their design and construction company. When you select a company, ask their specialists if they provide a visual tour of the new building, with full colour images. If they don’t, can you really rely on them to provide you with something close to your unique vision?

Vision for the future

The leading company will also go one better. By presenting you with samples of material and textures too, you will not just get a complete idea of the look of your new practice, you will also get the ‘feel’ of it. This gives you the perfect opportunity to change anything that you do not like.
Finishing the job
If you over-promise and under-deliver, you risk losing credibility and your patients. Simon Hocken helps you avoid the trap

I have been frustrated by my own and others’ lack of follow-through these last few weeks. I have learned to distinguish between what people promise and what people deliver or what a business promises compared to what it actually delivers.

I regularly use a psychometric test that measures talents and preferences with my coaching clients. One of the parameters it evaluates is an individual’s willingness to ‘follow through’ after receiving and processing new information.

The psychometric test scores the participant from one to 10 – a low score meaning that their follow through is sporadic, a middling score meaning that their follow through is sufficient to maintain personal and professional systems and a high score meaning that their follow through is thorough and that they are good at inventing new systems.

A significant number of my clients have a low follow-through score, which seems to be an entrepreneurial characteristic. If you work with people who have a low follow-through score, it’s not an easy life as we shall see. Fortunately, as a coach, it is not my job to help clients improve their follow-through skills. Instead, it’s my job to help them find some ways around it. (As Dan Sullivan at The Strategic Coach says, ‘If you work on your weaknesses, you just get stronger weaknesses’.)

A helping hand
If your follow through is low or if you work with someone who’s is, here are some ideas as to what will help:

If your follow through is sporadic, then (unless you have got enough help), your life and your business probably looks a bit like this:

Ten symptoms of low follow-through:

1. Your friends, family and work colleagues know not to expect a (speedy) reply/decision from you either by email or telephone. (Or to remember their birthday!)
2. You decide on something too quickly, or very, very slowly.
3. You miss deadlines.

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West-End dentist to help him get his work/life balance back in shape. In his thirties, he was overwhelmed and in danger of physical and emotional burnout. Unfit, overweight, losing touch with his close family and wondering why his job was consuming all his energy, (when he was the boss), he spent about a third of his working life running around his boutique practice: book-keeping, sending out treatment plans, organising his lecture schedule, booking transport and accommodation, training his team, sorting out his marketing, and so on.

Reluctantly (and very concerned at the cost), he took on a competent PA, three days a week. I saw him recently for the first time in awhile, he told me that this action alone had enabled him to re-connect with his family, get fit, lose weight, and double the net profit in his business.
A self-employed associateship contract may contain a notice period of termination, typically, of three months, sometimes less. In the current worsening economic environment, associateships are becoming more difficult to find, with increasing pressure on associates to retain their contracts. In some quarters also, the feeling is growing that associates ought to have some ‘ownership’ in their contractual relationships with principals, to provide them with security over and above the bare three months notice.

In some quarters also, the feeling is growing that associates ought to have some ‘ownership’ in their contractual relationships with principals, to provide them with security over and above the bare three months notice.

The relationship of principal and self-employed associate has material advantages. From the point of view of the self-employed associate, there is usually favourable tax treatment. From the point of view of the principal, such a relationship frees the principal from some (but not all) onerous statutory requirements – including the legal obligation not to unfairly dismiss the associate.

We can therefore see that if an associate has their contract terminated, in circumstances, which the associate perceives as being unfair, then that associate may wish to claim that they were actually an employee, not self-employed.

Further pressure may be added if, the ‘dismissed’ associate finds it difficult to find an equivalent post with equivalent remuneration. The associate may then look to the Employment Tribunal for compensation.

In a future article, we will explore the criteria by which tri-
bunals, courts, and Her Majesty’s Revenue and Customs, judge whether a particular principal–associate relationship is one of principal/independent contractor (self-employed associate) or actually one of employer/employee.

However, some of the Employment Tribunal claims that we are beginning to see emerge in the situations described above include:

1. Claims for unfair dismissal. If the ‘dismissed’ Associate is unable to find a suitable (and suitably rewarded!) replacement post fairly soon after ‘dismissal’, then their claim for compensatory loss may be significant. There are statutory limits, which ‘cap’ claims for compensatory losses in unfair dismissal claims. The upper limits for such losses in unfair dismissal was increased to £66,200 on February 1 2009.

2. Without trying to tackle the complexities of the formulation of compensation in unfair dismissal claims, there may be other (lesser) amounts making up the total compensation claim including a ‘basic award’ of up to £550 for each full year worked by the Associate. Such sums are in addition to the compensatory losses.

3. Claims for holiday pay. If it turns out that an associate was actually an employee, then the associate will also be a ‘worker’, and may be entitled to the minimum leave requirements set out in the Working Time Regulations 1998.

4. There may be claims for compensation for contractual breaches of the ‘employment’ contract if such breaches arose from, or were outstanding, at the termination. Such claims often arise if the Principal fails to honour contractual requirements as to notice, but are limited to a cap of £25,000 in the Employment Tribunal (but with a possible alternative claim in the Civil Courts, without such cap).

5. Sex and/or other discrimination claims. An Associate who proves that their ‘employment’ contract was terminated for one of the reasons prohibited by discrimination legislation may seek to bring claims for compensation for which there is no statutory cap!

It is also important to bear in mind that much discrimination legislation applies, not only to employees, but may also apply to a wider constituency of workers including, potentially, those who are self-employed.

For example, ‘Employment’ for the purposes of both the Sex Discrimination Act, and the Race Relations Act, can include ‘employment under a... contract personally to execute any work or labour’.

Beware that such a definition may include even a self-employed associate dentist!

The first part of this series can be found in Volume 2, issue 27.

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**About the author**

Tim Lee is commercial law director and solicitor at Young and Lee Solicitors Limited in Birmingham. For more information, visit www.younglee.co.uk or call 0121 633 3233.
Maximising your profits

Business advisor Andy McDougall highlights how tough times can actually be good for business

Y

es, the current economic climate is gloomy and yes, it would appear that just about everything associated with a recession is bad for business. Despite that, I would like to highlight how tough times can force you to pay more attention to your cost base, which in turn can actually be good for business. There is no such thing as recession proofing your business; if there was there would be no such thing as recession! However, there are actions you can take to sandbag your business performance that despite a flat sales line, can lead to enhanced bottom line profits of up to 20 per cent.

Managing your costs

What is one of the first things business owners think of when they hear the word ‘recession’ - cost cutting? And while cutting costs is not a bad thing per se, approaching it in a reactive way can put your business in greater jeopardy than it otherwise would have been.

Cutting costs is a challenging activity that if executed badly can significantly expose your practice’s service integrity, its ability to be effective, and am I doing the right thing – which is essentially about being effective; and am I doing those things well - which is all about efficiency.

Quarters and halves are no costs to remove. The trick is to start thinking in quarters and halves. Cumulatively, the quarters and halves make a significant difference! Quarters and halves mean shaving small amounts of cost from across your P&L. There will inevitably be places where your lack of focus has had the proliferation of non-value-added activity through inefficient processes and the acceptance of a spend culture. By implementing a culture for managing the quarters and halves you could literally add tens of thousands of pounds to your bottom line profits without increasing your sales. In my experience of working with practices, I have yet to discover anyone who could not add at least £20,000 to their bottom line, off the same sales, by managing their quarters and halves. Cumulatively, the quarters and halves make a significant difference!

Efficiency and effectiveness

Good business management is all about taking the time to plan to do the right things and then spending the rest of the time ensuring those things are done right. Each task in the business should be considered from the perspective of the two Es: am I doing the right thing – which is essentially about being effective; and am I doing those things well – which is all about efficiency.

Generating additional business is difficult economic times makes focusing on efficiencies even more important. There are tens of thousands of pounds of additional profits just waiting to be generated off the back of flat sales through better management of the cost base, and with the right focus and the correct financial management tools, they are available to everyone. So let’s look at a few of the hiding places.

Purchasing and stock control

Managing your purchases can literally save thousands. That doesn’t mean you have to buy the cheapest products and jeopardise the integrity of your treatments but it does mean you should be negotiating the best possible deals with your suppliers. These are tough times and the same market conditions prevail for everyone so your suppliers will be keen to continue to do business with you. How often do you price check your commodity items? How many quotes do you get for bigger purchases and do you haggle, for instance by offering cash payments for an early settlement discount? This is a buyer’s market, which puts you firmly in the driving seat so take the opportunity to ensure you are getting the best deal possible.

How robust are your stock control systems? You’d be surprised at how badly managed this side of the business is and how effective controls can lead to massive savings. Keeping lower stocks, managing stock turn to reduce wastage, putting in security measures to eliminate pilferage, and regularly counting stock to avoid unnecessary expenditure can all generate additional profits.

Managing the stock also helps to focus the team culturally on the importance of cost controls. One practice I know that introduced a perpetual stock management system kicked off the new process with a stock check and in the process of having to count and organise the stock, the team commented that they hadn’t realised how costly many of the items were and how their attitude had been wasteful. Because of the new process, they became advocates of saving costs, which then spread from stocks through all aspects of the practice.

Monitoring performance

It is the little savings here and there that make the difference and in any drive for efficiency, you should get the whole team involved. They will have ideas for how to cut costs and by asking for their input, you get their support. After all, they also have a stake in the success of the practice. If you do things a certain way because that’s the way you have always done them, then that is a sure sign that inefficiencies will prevail.

When you have undertaken this exercise and discovered a whole host of small savings that when added up, make your annual performance much healthier, don’t stop there. Put performance measurement in place so that each month you can check to ensure the good work continues.

Remember, it is all about the quarters and the halves.

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About the author

Andy McDougall has over 25 years experience of business planning and brings techni- ques and expertise from a wide range of commercial and competitive business sectors. Andy now delivers business planning services to help members of the dental community to respond to the dynamics of an increasingly commercial and competitive environment. Join Andy’s session at the British Dental Conference & Exhibition in Glasgow and Andy will be launching his presentation entitled, ‘Planning for profit – driving your business to success. For further details visit http://www.bda.org/events/annual-conference/ . To find out more about his business planning services contact Andy McDougall Planning by emailing info@spoton-businessplanning.co.uk or calling 01909 851 725.

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DENTALTRIBUNE United Kingdom Edition · April 20–26, 2009

16 Money Matters
For nearly 10 years now, the UK has seen a boom in the provision and marketing of cosmetic dentistry. US-led courses have revolutionised the market for elective cosmetic dentistry. There have been huge benefits for private dentistry by allowing practices to develop into high-end businesses and moving dentists into an area where dentistry has become exciting and highly enjoyable.

However, there was always a downside. Many of the cases being treated were simple alignment problems. Part of the mindset in providing a smile makeover was the ability to accept that heavy tooth preparations were a necessity in achieving our goals. Patients consented easily because the orthodontic alternatives seemed unattractive and those who took up orthodontic alternatives were extremely rare.

Working together
The chasm between orthodontics and cosmetic dentistry also certainly didn’t help.

There has been traditionally very little cross-education and co-treatment planning is still not widely employed. Both professions have treated each other with a degree of suspicion, and I think this has not been in the best interest of our patients. This will hopefully change, as one of my roles in the BACD is to form links to the BOS so that we can help cosmetic dentists understand the benefits of orthodontics and orthodontists understand the benefits of cosmetic dentistry.

Approaching alignment
Orthodontics has always been the least favourable option to correct alignment in preparation for a smile makeover, but the Inman Aligner is helping to change this situation. Dr Tif Qureshi explains

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**Desired new techniques making orthodontic treatment more accessible to GDPs, it must not be forgotten that it is a prized speciality and specialist orthodontists train hard to understand the complexities of full mouth treatment.**

**Inman Aligner treatment is one such treatment, but it has emerged because of the compromises we had to make as cosmetic dentists. It works well for cosmetic dentists because ultimately adults are usually concerned about the 3-5 region and more often than not, restorative techniques are needed to create an aesthetic smile because adults very commonly suffer from differential tooth wear, erosion and poor tooth colour. It is also massively efficient resulting in treatment times that make the idea of heavy preparations on misaligned teeth seem ridiculous and outdated.**

**All of a sudden the concept of ‘smile design’ and what we need to do to achieve it, is being questioned by many cosmetic dentists. Is it really acceptable to grind large portions of tooth structure away, now that simple and fast orthodontic alternatives are available?**

**Ultimately this will always be a patient’s call, but as with any treatment, all options must be offered and fully explained.**

**Since I have been offering Inman Aligner treatment specifically, my veneer placement rate has dropped by nearly 70 per cent. This has had a massive effect on the type of treatment I am now doing. Far more patients choose Inman Aligners with simple bleaching and bonding techniques to correct irregular wear. Veneers are only placed on pre-aligned cases and are nearly always preppeled in enamel only on patients who actually need them.**

**Correcting prominent incisors**

The following case is a typical example of the kind of patient I treat every day. This young lady was concerned about her very prominent central incisors. She wanted to get them straightened and had actually considered veneers. She had ruled out conventional orthodontics and invisible braces because she didn’t want anything stuck to her teeth and she also wanted something done quickly. These barriers had
stopped her having orthodontics up to now. Several years ago, she may well have had veneers placed.

On viewing her before occlusal photo (Figure 1), it was quite clear that this would have involved massive preparation to the upper central teeth. This would have been well into dentine and may have even involved elective endodontics. Her lateral teeth would have needed little preparation but the emergence profiles would have been poor creating unrealistic aesthetics and a possible periodontal risk later on.

Instead the alignment was completed with an Inman Aligner in 10 weeks. Her treatment sequence was as follows.

Consultation
All options are outlined. BACD-style digital photos are taken and the amount of crowding was calculated using an electronic crowding calculator. This can also be done by arch evaluation of her study models. We measure the ideal curve and subtract this from the total mesio-distal widths of the teeth being moved.

Results show that only 1.6mm crowding exists. This seems less than one would expect, but the reason is that because the laterals are being pushed out, the arch is being expanded thus creating space.

It was clear from the photos that despite the obvious crowding, there was some not so obvious irregular tooth-wear. It was important to outline this to the patient as one’s eyes will start to focus on it once the misalignment is corrected. The patient was quoted for three incisal composite tips.

The patient opted for an Inman Aligner with an incorporated expander. These expanders are a very handy way of creating extra space to either treat more complex cases, or to use instead of performing IPR (interproximal reduction).

Fitting and instructions
On the fitting date the Inman Aligner is tried in. Usage and hygiene instructions are given.

The patient should be shown how to insert and remove the Aligner before any IPR is performed. However, in this case no IPR was performed. We planned to get nearly all the space by using the midline expander.

The patient was instructed to turn the midline screw once a week, after 1 week of wear. Each turn is a 1/5 of a revolution and equates to 0.5mm.

Review visits
After three weeks, the patient returned. Case occlusal digital photos were taken and the comparison shots are examined. A small amount of movement has been achieved already and this is extremely useful for patient motivation.

The aligner is checked for tension and effectiveness and the patient is sent away for another three weeks. She will continue to expand once a week.

After nine weeks, she has expanded 1.8mm and her teeth were in alignment. As a rule, less than 1.8mm expansion with an incorporated expander is easily tolerated. Beyond this the patient may require a small amount of occlusal equilibration. Beyond 2.5-4.5mm, expansion should be performed with a separate expander such as a fan-screw or a separate midline. However, these cases should really be approached by experienced clinicians or orthodontists.

At this point the case was nearly completed with the Inman Aligner. A finishing essix clear aligner was made to retain and stabilise the teeth for a four-week period. A pre-adapted wire retainer is then bonded using a jig for long-term stability.

Looking at her post-aligned result, the golden proportion, gingival heights and axial-inclinations have improved dramatically — all without a hand-piece being picked up and in the space of nine weeks.

Completing the aesthetic puzzle
What was very clear at this point was that the patient needed some simple bonding to improve the incisal edge outlines. No anaesthetic was needed. These were done with very slight roughening of the edge and bonding of hybrid composite on the load bearing edge and a micro-fill on the facial surface. They were then polished.

Discussion
This patient was thrilled with the result we achieved using an Inman Aligner and some simple bonding. She described that when she had once considered having veneers, she had hoped for a similar result. There are still minor imperfections, but in my opinion these contribute to her natural beauty.

There is a stark contrast in the potential treatment approaches in this case. Where once a patient who refused orthodontics, would have consented and received highly aggressive tooth preparations to achieve correct alignment with veneers, now a removable aligner and some simple bonding can achieve a similar and arguably better result in less than three months with not a micrometer of tooth reduction needed.

The future of cosmetic dentistry is facing a change that is here already.

Dr Tif Qureshi will be speaking on Inman Aligners at the BACD annual national conference in Edinburgh, The Future of Cosmetic Dentistry in November 2009.

For more information, contact Suzy Bowlands at the BACD through info@bacd.com or visit the www.bacd.com website.

Dr Tif Qureshi runs the only Inman Aligner certification course with expert hands on assistance from Dr Tim Bradstock-Smith and Dr. James Russell through Straight-talk seminars.

For more information on courses in London and Paris, please contact Caroline on 02072552559 or through www.straight-talks.com.
Can’t change, won’t change?

As the economy shows no sign of improvement, how will NHS dentistry respond to the changing needs of the public? Neel Kothari finds out

The Health Select Committee (HSC) review into NHS dentistry was expected to ignite an ambition for change from the Government, but rather than set a framework for change, we are now left with the anti-climax of yet another review.

While another review will help set a framework for future change and development, it does very little to help patients access NHS services in the immediate future. As the economic downturn deepens we must expect demand for NHS treatment to increase as some patients may shy away from private dentistry. Reports from America are already showing many cosmetic treatments such as veneers on the decrease with patients opting to take on cheaper alternatives.

No free reign

NHS dentists no longer have free reign to a slice of taxpayers’ money, instead PCTs are now charged with the responsibility of local commissioning for local needs. Under the auspices of the old NHS contract, dental practitioners had the ability to increase capacity, but they are now faced with numerous barriers, which give little incentive for dentists to take on new patients or even invest in new practices.

What is more of a concern is the damning verdict by the HSC of the Department of Health’s (DH) financial forecasting where the DH had overestimated patient charge revenue by £159 million in 2006-07. Surely this must give PCTs very little room for manoeuvring when commissioning new services?

Is access affordable?

Much emphasis has been placed on giving PCTs the ability to commission NHS services in areas previously deprived. The problem we now face is not a question of the Government’s desire to improve access, but can the Government now afford to? Regardless of the Government’s increase in spending within the NHS, we are likely to see a vast rise in patients claiming dental exemptions within existing services. This begs the question of how much of this extra money will get to the front lines, rather than be engulfed by an ever decreasing patient charge revenue?

So with whatever is left in the pot, PCTs have to now take tough decisions as to how best allocate this funding. While policy documents by the DH have aimed to give some guidance to PCTs, little is mentioned about how to ensure a good quality service is obtained other than, ‘If a service is not offering good quality or, exceptionally, is risking patient safety, it is by definition poor value for money no matter how low the price.’ Perhaps a shorter way of phrasing this might have been; ‘If it’s rubbish, don’t buy it’.

This leads me to question just why something so obvious has to be said in an official Government policy document. Does the Government have evidence that PCTs are poorly commissioning? Or that perhaps some PCTs have commissioned dentistry purely on cost? While this does little to appease an ever-growing cynicism from critics of the new contract, it does indicate the scale of the problems faced by PCTs when commissioning new services.

Can’t change, won’t change?

As the economy shows no sign of improvement, how will NHS dentistry respond to the changing needs of the public? Neel Kothari finds out
A mixed service

Given the overwhelming level of criticism of the new contract from the HSC, it is not surprising NHS dentistry is offering a mixed service nationwide. The link between amount of work done and remuneration is not only blurry, but has completely lost its previous transparency. Budgeting practices by setting a target also means dentists have to work within these funds made available to them by their PCTs. If dentists are given unrealistic targets they may struggle to cope with the demands placed on them.

April 2009 has brought an end to the three-year ring fenced term. PCTs and central Government must now look closely at the real cost of providing dental treatment. If PCTs fall into the trap of chasing low UDA values it would be reasonable to expect quality to be affected. PCTs as commissioners must now show with open transparency exactly how they are prepared to fund dentistry to meet local needs. Of course, I’m not suggesting PCTs should pay more than what is a fair rate for NHS dentistry, but if PCTs wish to commission good quality treatment, they must fund this appropriately. Section 1.1 of Standards for dental professionals by the GDC guides dentists to ‘put patients’ interests before your own or those of any colleague, organisation or business.’ By budgeting dental treatment, removing patient registration and actively discouraging complex courses of treatment, the architects of the new contract must surely be questioning if they have met the same minimum standards.

Value for money?

What we now need is a debate on what the real cost of dentistry is in the UK. At a time when the country is in a recession, the taxpayer quite rightly will be looking for value for money. But as the health minister herself has made clear, if a service is poor quality, it is not value for money. As advances in dentistry continue to progress, so do the costs. If we take a routine procedure such as endodontic therapy, the material cost of providing this could range from tens of pounds to well over a hundred. As dentists have to work within their allocated funds, the DH must give patients an honest idea about the level of care they can expect from a budgeted system. After all, even dentists have to follow Section 1.10 of Standards for Dental Professionals, which says: ‘Do not make any claims which could mislead patients.’ Publicly claiming the contract is successful and working in spite of the harsh criticism from the HSC not only misleads patients, but acts to further alienate dental professionals struggling to work within the new contract.

Meeting public needs

As mentioned earlier, the effects of the economic downturn may place further demands on NHS dentistry. But how will dentistry as a profession adapt to the needs of the public? While many other professions struggle to survive in this current economic climate, NHS dentistry is in a unique position. Many patients may no longer afford private treatment and this may cause a surge in demand for NHS treatment. But ultimately regardless of how bad the recession develops as the philosopher and close friend Nitesh Doshi once said when confronted with this issue, ‘If people need to eat, they need to eat’.
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Know your market
When you’ve established who your customers really are, you can organise your business to provide the care benefits they are looking for, says Glenys Bridges

Previous generations of dental professionals did not have to concern themselves with developing marketing skills or finding ways to attract new and retain existing customers, unlike dental professionals today. Now, a fundamental part of practice management is to implement activities used by another businesses competing for customers’ disposable income. The cost of failing to build a positive practice image and patients’ confidence can be devastating.

Dental businesses need to deliver customer-focused marketing measures to ensure the viability of the business. This requires a fundamental understanding of the local and national dental-sector markets and customers. The dental market has a great deal in common with many other service-sector markets, therefore the acquired wisdom of effective marketers can be translated into the dental context, provided that the numerous legal and ethical standards in place to protect patients are observed.

Understanding the dental market begins with a grasp of who our customers are and what they really want from us. When this has been established, the business can be organised to provide the oral wellbeing and customer care benefits customers are looking for.

Marketing activities need to focus on the implementation of consistent measures to ensure that the needs of internal and external customers are suitably met. To effectively maintain levels of income during this economic climate, managers must apply a range of skills to scrutinise the communication processes currently in place. Managers need to interpret information gathered through research to understand customer’s needs and consider the impact of emotional and financial factors on their buying behaviour.

Getting to know patients
Healthcare professionals base their prescribing decisions upon normative needs, aiming to do what is needed to make the patient dentally fit. One healthcare professional’s definition of what is clinically necessary, ‘acceptable’ or ‘desirable’ may differ from that of another.

Patients’ perceptions are based upon felt need, for example, what they feel needs to be done to correct a perceived problem, alleviate a condition, and/or improve their appearance. If the patient doesn’t perceive that there is a problem, or doesn’t realise that it is treatable, their felt needs are greatly reduced. This all shows that marketing in a dental environment is becoming increasingly complex, as a result we are moving into an era where the combination of the knowledge and understanding acquired by formal education and training, together with practical application the hands-on experience is the key to marketing success. Those managers equipped with such skills will be at the forefront of management and reap rich rewards in the dental business environment.

New qualification
In response to requests from practice managers, the Dental Resource Company has launched Level 5 BTEC Professional Diploma in Dental Practice Management.

The units of the course cover a range of specialist skills for dental practice managers and include dental markets and customers. Visit www.dental-resource.com for more information.
Taking place on May 15 and 16 at the Royal College of Physicians, in Regent’s Park, London, this year’s conference is set to be impressive. Now in its sixth year, the conference offers delegates the opportunity to learn from the industry’s leading professionals in aesthetic and restorative dentistry.

The UK’s leading practices establish themselves through a powerful combination of clinical excellence and superb customer care. Dentists seeking to succeed in the modern industry cannot afford to compromise in either of these two key areas, and at the Clinical Innovations Conference, delegates will discover how to offer the very highest level of service to patients, ensuring smooth, systematic and effective treatment.

A step-by-step guide
Dr Ian Buckle’s lecture, Aesthetic Dentistry From Start To Finish, will cover the entire process of treatment planning to ensure that patients have a great experience, with excellent results. A firm believer that the best clinical knowledge and customer care skills will help dental teams to raise their standards and meet patient needs more consistently, Dr Buckle will lead delegates through a step-by-step guide to treatment planning.

Providing a comprehensive and straightforward ‘treatment planning matrix’, Dr Buckle will show how accurate and complete diagnosis, treatment planning and case presentation requires a high level of clinical expertise and customer care. Clear and concise, the lecture will show how a systematic approach will enable dental teams to provide an exceptional service that will set the practice apart as a leading choice for aesthetic treatment.

The lecture will show how this ‘treatment planning matrix’ effectively incorporates the whole field of modern aesthetic dentistry, including a study of occlusion to promote optimum patient wellbeing. Treatment options will integrate restorative and orthodontic treatments, so that dentist and patient can find the most suitable and effective solution.

Comprehensive treatment
A much sought after speaker, Dr Buckle runs a private practice with Dr Liam McGrath. Located in Thornton Hough, Wirral, Buckle and McGrath Dental Practice concentrates on providing patients with comprehensive aesthetic and implant treatment. The team provides a concierge service to patients, and use the latest technology to give patients a ‘smile trial’ to ensure that they are always delighted with the results of their treatment.

Skills to inspire
Dr Buckle’s skills in explaining the technical aspects of dentistry and inspiring others to develop superior skills and approaches are well honed. In his position as senior clinical instructor for the New York University Rosenthal Institute (where he completed his MSc in Aesthetic Dentistry), Dr Buckle instructs dental professionals in London, New York and Palm Beach.

This is an unmissable chance to discover the key to excellence in aesthetic dental treatment. Bringing together the world’s finest dental professionals in the aesthetic and restorative dental field at a delightful venue in the heart of London, the Clinical Innovations Conference 2009 represents the leading light on the forward-thinking dentist’s calendar. Delegates are advised to book their place today, to avoid disappointment.
The Dental Directory gives an Express Repair!

Handpiece Express, the servicing and repair service from The Dental Directory can ensure the fast turnaround repair of your handpieces and motors. So confident of this, if the work is not completed within 24 hours you will not be charged.

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With servicing and repairs starting from as little as £19.50 it makes sense to ensure the tools of your trade are kept in good working order.

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Working with the new EOLIA turbine from Bien-Air, you will discover a state-of-the-art turbine offering renowned Swiss quality at a surprisingly affordable price.

Perfectly balanced with smooth lines, the EOLIA turbine is lightweight (38g) and comfortable to hold thanks to its ergonomic design. This powerful turbine offers speeds up to 150,000 rpm and a fast connection to 2, 3 or 4 line hoses due to the B type bayonet coupling. Available in 2/3 hole or 4 hole versions EOLIA features a built in water non-return system to prevent contamination from infected water.

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If you are looking for an economic, fast connecting, lightweight, functional turbine look no further than EOLIA from Bien-Air.

For further information please contact Bien-Air on 01596 711 955 or visit www.bienair.com

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Like the rest of the QED range, the VDW Silver Motor is featured on www.qedendo.co.uk, the online version of their product catalogue.

The website contains all the products contained in the QED catalogue. Products are carefully illustrated to aid selection and are explained with detailed descriptions on each page. So it is now possible to place your orders online, whenever you want. The site also includes links to working protocols provided by leading endodontists.

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The KaVo GENTLEmini is compact and powerful with a 17 W output whilst remaining quiet and vibration-free for pleasant and relaxed work.

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mini offers quality that pays and like all KaVo handpieces, KaVo GENTLEmini has been engi-
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Quality Endodontic Distributors Ltd

NEW HotShot™ Cordless Back-
fill Obturation Delivery Device

QED are pleased to an-
nounce that they have become the sole UK distributors for the NEW HotShot™ Cordless Back-
fill Obturation Delivery Device.

The NEW HotShot™ enables fast and easy delivery of warm obturation material for the endo-
dontic backfill technique, fa-
cilitating rapid obturation of even the most difficult root canals more completely, in less time, and with less patient dis-
comfort.

The HotShot™ is cordless, compact and easy to handle. It features variable temperature settings which allow Practition-
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proved access.

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For further information on handpieces or any other exciting products simply contact Dental Services Direct on 08452 600520.

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NSK have been providing dental professionals with innov-
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Dentomycin: the first choice

Dentomycin is an effective adjunctive treatment which complements Scaling and Root Planing when first treating chronic adult periodontitis.

Dentomycin simply combats the broad range of bacteria as-
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Dentomycin includes the ac-
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cation to the pocket base, and the combination of Dentomycin with scaling and root planing reduces pocket depths by up to 42% over a 12-week period6.

Cost effective and easy to use, Dentomycin also offers im-
proved patient satisfaction.

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

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Succeeding in the current climate can require a multitude of skills and a wealth of knowl-
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Discus Dental can help you significantly build your practice through the Zoom® whitening system. Zoom is the best selling in-surgery whitening system in the world with over 55,000 systems distributed globally.

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Giving The Profession An Advantage

Products sold in practices are often demonstrated to patients to ensure they’re being used correctly. In recognition and appreciation of the time and effort this entails, P&G will include a free educational DVD and a range of replacement heads with every Professional Care and Triumph power product sold. This extra value pack will only be sold to dental professionals and will help ensure your patients use the right type of brush, the right way.

The introduction of these professional-only packs has been timed to coincide with the introduction of some product upgrades in the range. At the top is still Triumph SmartGuide which has been re-branded ‘Triumph 5000 SmartGuide’.

This remains the Company’s flagship product containing a microchip in the handle which provides the user with feedback via a wireless display to encourage compliance. Nexis ‘Profes- sion Care 5000’ (formally known as Professional Care 8900’).

For more information please contact your Oral-B representa- tive or call 0870-2421850.

ChairSafe- the new innovative disinfectant foam cleaner from Kemdent

ChairSafe is the new disinfectant foam cleaner from the Kemdent range of cross infec- tion control products. It is available in 200ml bottles and 1L re- fill containers. ChairSafe foam is specially formulated to clean sensitive surfaces and equip- ment, including the leather and synthetic facings of dental chairs. As soon as you try it you will recognise the real benefit of this product. The foam is non- drip. It remains exactly where you apply it, making it ideal for the angles and contours of a dental chair.

ChairSafe is an aerosol and alcohol free foam that is suit- able, not only for alcohol sensi- tive materials such as leather, acrylic glass and vinyl but also hard surfaces, inventory and medical products. It is effective against HBV/HIV/HCV/BVD/Vacinia, bacterial and fun- gal microorganisms within one minute of application.

For further information on special offers or to place or- ders call Jackie or Helen on 01753 770256 or visit our web- site www.kemdental.co.uk.

Practice Plan cycle, climb, run and renovate.

In November 2008, a team of Nine Practice Plan volunteers packed their overalls and scrubbing brushes and trav- elled to Tanzania in Africa, for a trip that will remain imprinted in their minds for a lifetime.

The dental plan provider, who design bespoke dental plans and provide marketing and business support to over 1000 practices across the UK, were about to embark on a life- changing care centre renova- tion project, although their first goal was to complete the final leg of the now infamous, UK Na- tional Relay.

In order to raise funds for the trip to Tanzania, the ‘National Relay’ was devised, involving a baton being passed from one dental practice to another with plenty of amusing fundraising activities along the way.

On Saturday 28th March, a number of staff were due to take part in a sponsored sky-dive but, unfortunately due to bad weather, the leap of faith was cancelled. It has now been rescheduled for Saturday 50th May, so, if you have any ideas how it goes and how much we raise for our individual chari- ties.

For more information please visit www.practiceplan.co.uk or www.bridge2aid.org.

Look After Your Hogies With NEWBossklin

Rapid, effective and thorough disinfection requires quality products that work every time. The innovative new alcohol-free Bossklin infec- tion control products have been designed specifically to achieve a high standard of cleanliness without causing the damage asso- ciated with many alcohol-based products.

The first choice for use with the stylish and cost-effective Hogies EyeGuards, Bossklin infection control offers two types of convenient protection: Bossklin Wet Wipes have a 60- second bactericidal effect, and also combat Adenovirus and enveloped viruses including Hepatitis B, Hepatitis C and HIV.

• Bossklin Foam takes effect against bacteria and fungi within just 10 minutes, and Hepatitis B and HIV within 5 minutes. Supplied in a unique, biodegradable 50ml dispenser, application is easy: you just spray and clean.

Exclusive to Blackwell Sup- plies, the Bossklin range pro- vides fast, reliable and non- damaging disinfection for your Hogies EyeGuards.

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Dental Air – Making Staff And Patient Wellbeing A Priority

Enjoy the benefits of a com- pressed air system that will never let you down with Dental Air. By entering into a new rela- tionship with this leading com- pany you can make sure that your compressed air is clean, dry and free of infective mate- rial – protecting the wellbeing of your patients.

If your practice still uses a last-generation oil-based com- pressor, then you need to be aware of the potential hazards involved. Without regular maintenance, this equipment can start to produce lethal bac- teria that can then be passed on to patients via air-powered instru- ments.

With a great reputation for putting customers first, Dental Air will visit any UK mainland practice and carry out a full ex- amination of compressors. With comprehensive knowledge of all new and existing industry re- quirements, Dental Air pro- vides non-obligation advice and supplies putting edge oil-free piston and scroll compressors, to help you meet your responsi- bilities.

Call Dental Air on FREEPHONE 0800 542 7757 and ask for a FREE Practice Manager’s Guide, or visit www.dentalair.co.uk.

Taking It To The Next Level

Why not try something dif- ferent this year? Transform your practice

Tavom has been delivering high quality dental practice fur- niture and cabinetry since 1975. With the latest technological and design research Tavom guarantees an extensive range of innovative and functional furniture that is sure to impress. Fundamental values and
DPCs: Taking Practices To The Next Level

Prestige

The smart new Tristray by Trident is a rigid and accurate posterior impression tray, producing consistently successful impressions. It removes that dreadful moment of doubt when you fit a new crown and saves time and money spent on adjustments and extra appointments. Tristray’s sturdy metal frame with unique side tabs controls the tongue and avoids the major cause of post-impression ‘bounce-back’. The tray comes in left and right styles, with the tabs pre-shaped to deflect the tongue. The tray’s thinness and strength in the retromolar area allows the patient to close easily and comfortably in centric occlusion (maximum interocclusal position). The impression material locks into the side tabs, avoiding the need for adhesive. The tabs can be bent to fit all mouths, including those of patients with a shallow palate, guide buccal plate or mandibular tori. Tristray eliminates the frustration and embarrassment caused by poorly fitting crowns due to distorted impressions.

For more information, phone Prestige Dental on 01274 721567. 
Or email Steve@prestige-dental.co.uk

Increasing re-call efficiency

Long and frustrating conversations with patients, asking for clarification of contact details and previous dental history are now a thing of the past thanks to Software of Excellence’s new Computer Telephony Integration (CTI).

Software of Excellence’s new CTI module is an additional module to practice management system EXACTM Version 10, and offers you the opportunity to dramatically improve practice efficiency by automatically recognising the identification of every incoming telephone call. CTI reduces the amount of unnecessary time spent on the telephone, saving on average 50 seconds per call.

Patients no longer have to explain who they are – your receptionist staff will know who is calling as soon as the call comes through. By giving more control to your receptionist, Software of Excellence’s new time-saving technology ensures your patients feel valued every time they call your practice.

Find out how Software of Excellence’s new EXACTM Version 10 and CTI can help develop your practice. Please call 0845 545 5767 today.

Don’t Get Left Behind!

Make sure your finger is on the pulse by becoming a member of the British Academy of Cosmetic Dentistry (BACD).

There are numerous benefits and opportunities for members of the UK’s largest growing Cosmetic Dental Organisation.

To find out how you can benefit, call Suzy Rowlands at the BACD on 0845 345 721567 or visit the BACD website at www.bacd.com/perioware.html

The Importance of Tax Investigation Cost Protection

Professional Fee Protection understands that Tax Investigation is a very arduous process, with bills often running to several thousands of pounds. Authorised and regulated by the Financial Services Authority, Professional Fee Protection Limited can offer insurance that pays up to £75,000 towards the fees of an accountant or specialist in the event of an investigation. For more information visit www.pfp.co.uk

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The team works with clients to find the best policy to suit their needs. Policies include TaxMaster Protection, with which Professional Fee Protection will pay all professional fees incurred in dealing with Full Enquiries and VAT Disputes that start and are notified to PFP in writing during the period of insurance. This can be extended to include Aspect Enquiries, in which on more areas of the tax return are investigated.

Professional Fee Protection also offers the HR Plus service for all of your Human Resources needs.

For more information contact PFP on 0845 507 1177 or email info@pfp.co.uk, www.pfp-online.com

Behind !
Upgrade to the healthier side of whitening and stop Gingivitis before it starts

Beverly Hills Formula premium brand dental whitening products have unique combinations of anti bacterial agents, low abrasion and anti-stain polishers to protect and whiten teeth. They gently remove stains from teeth, without harsh abrasives. Tests conducted by the BBC Watchdog programme revealed that Beverly Hills Formula Toothpaste removed over 90% of staining. According to another BBC research study suffer 40-50% of adults across the world from gum disease, making this the most common dental problem. In its bid to prevent gum disease by controlling the amount of plaque that builds up on your teeth, Beverly Hills Formula has formulated Gum Strengthening toothpaste. Regular brushing with their latest whitening toothpaste will help nourish and strengthen gums, fight plaque, re-mineralise and harden tooth enamel for cavity protection and leave your breath smelling fresher.

For further information please visit www.beverlyhillsformula.com

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If you’d like a Digital system but want to try before you buy – you can with Velopex. You can rent any of our Digital systems (complete with software, positioning devices and full instructions) for up to 5 Months – before you buy!

It’s simple: Payments by Standing Order are set up for 5 Months from $2,550.00 + VAT per month. The fee is charged to the credit card you provided at the time of booking. Once you decide to buy, simply call Velopex and they will do the rest – you can purchase through any dealer. Once you’ve placed your order a Velopex technician will arrive with your system and install it onto your existing computer.

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Vizilite Plus™ Screening Test for Oral cancer

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

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

Pack of 40 Vizilite Plus™ £622.78 plus VAT. Pack of 20 Vizilite Plus™ £560.55 plus VAT

For more information, please contact Panadent 01689 88 17 88 or visit www.panadent.net

BioHorizons announces new Occlusion for Implants course

On 26th June, BioHorizons will be running a course on Occlusion for Implants with Dr Christopher Turner at the Cotswoold Postgraduate Dental Teaching Centre in Cirencester.

This course will be invaluable learning and experience for both dentists looking to get into implant dentistry and experienced implant users, focusing on the importance of creating a balanced occlusion for implant patients and how to avoid implant failures from occlusal causes.

For more information on the outstanding benefits CarieScan PRO™ can offer you, call the dedicated team on 0845 4759875 or visit www.cariescan.com

The daily grind is recession proof!

Bruxism is on the rise during the recession, medical experts reported recently. Bruxism is a multifactorial issue and many of us are unaware of the causes and impact it can have on the dentistry practised on our patients.

S4S (UK) Limited are sponsoring a series of Occlusion & Occlusal Split Seminar, presented by Dr Helen Harrison BDS, MFGDP. She has so far presented over 400 GDPs on this subject.

Our dentist clients have reported that treatments with splints has increased well over 50% In the last year and that for many splint therapy has become a real practice builder, particularly in the current economic climate.

To help you learn more about this area of dentistry, S4S would like to offer readers £50 discount off the course ‘Introduction to Occlusal Splints in General Practice’ presented by Dr Helen Harrison.

To reserve a place call S4S (UK) Ltd on 0114 2500 176 or visit www.studentental.com

For further information please contact Tania Vera-Burgos, Endodontic Course Administrator on 020 7905 1244, email t.burgos@eastman.ucl.ac.uk or visit www.eastman.ucl.ac.uk/cpd

The unique CarieScan PRO™ offers dentists the earliest possible detection of caries, reducing fillings and the use of X-rays. The first dental diagnostic tool to use AC Impedance Spectroscopy Technology (ACIST), CarieScan PRO™ has been engineered to quantify dental caries in teeth early enough to enable effective preventive treatment.

The proven technological advantages of CarieScan PRO™ over traditional methods including X-ray, laser fluorescence and clinical visual are impressive. CarieScan PRO™ is 92.5% accurate at detecting suspicious stains in conjunction with a handheld device.

This award-winning technology will be appreciated by both dentists and patients for its outstanding features including:

- No pain, no sensation and no imaging radiation
- Low cost
- Diagnostic precision (most accurate data available from a handheld device)
- Single patient disposable (meets BDA cross-infection guidelines)
- Detects and monitors decay over time (repeat measurements of treated area to accurately measure decay advancement or regression)

The daily grind is recession proof!

Vizilite Plus™ Screening Test for Oral cancer

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

Vizilite Plus™ £360.55 plus VAT

Drugs cost:

Vizilite Plus™ £360.55 plus VAT

Pack of 20 Vizilite Plus™ £560.55 plus VAT

For more information, please contact Panadent 01689 88 17 88 or visit www.panadent.net

BioHorizons announces new Occlusion for Implants course

On 26th June, BioHorizons will be running a course on Occlusion for Implants with Dr Christopher Turner at the Cotswoold Postgraduate Dental Teaching Centre in Cirencester.

This course will be invaluable learning and experience for both dentists looking to get into implant dentistry and experienced implant users, focusing on the importance of creating a balanced occlusion for implant patients and how to avoid implant failures from occlusal causes.

For more information on the outstanding benefits CarieScan PRO™ can offer you, call the dedicated team on 0845 4759875 or visit www.cariescan.com

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**IDS continues to grow**

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The 35th International Dental Exhibition & Conference, IDS closed with a record number of exhibitors and visitors, despite the slowdown in the world economy. More than 166,000 visitors (an increase of 6.9 per cent) and more than 1,820 exhibitors (an increase of 4.5 per cent) from 57 countries took part in this year’s IDS. With foreign participants making up 65 per cent of the numbers, and a 10 per cent increase in international exhibitors, the IDS has broadened its significance as a global trade and communications platform, with the international dental industry registering order volumes, which in many cases, exceeded expectations.

**Dr Martin Rickert, chairman of the Association of German Dental Manufacturers said:** ‘The 35th International Dental Show gave us above all the positive signal we were looking for. Our projections about a positive development in dental markets have been outstandingly confirmed. I am certain that this IDS will serve as a lasting impetus for the global dental industry and for the international healthcare market alike with it.’

**For Oliver P Kuhrt, managing director of Komet, the IDS 2009 is a superlative event:** ‘The IDS is the prime example of a successful networking of world trade fair and a magnet for the dental industry. It combines all the elements necessary for successful business and is a global communication, trade, innovations and product platform all rolled into one.’

**News and innovations**

**With more than 1,100 presentations, new products and advances in technology, the International Dental Show 2009 once again demonstrated its potential as an international innovations platform.**

According to Dr Martin Rickert, this was made up of three main trends.

First: natural teeth are being kept for as long as possible through early and comprehensive diagnostics and minimally invasive treatment methods. Second: if dentures are necessary, they should look as natural as possible and offer the highest aesthetics and functionality. Thirdly: the digitisation and networking between practice and laboratory increase efficiency in the economic production of dentures.

**Speaker’s corner**

Since 2005, Speaker’s Corner has become a successful part of the show’s programme where exhibitors, ranging from global market leaders to new players in the market, present new products, services and manufacturing technologies. The 54th IDS will take place from 22 to 26 March 2011 in Cologne.

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**IDS at IDS 2009**

**GC had an exceptional show at IDS this year despite the economic climate.**

The company regularly launch new and innovative products to complement the range and allow sneak peeks of up and coming products. At IDS this year GC demonstrated the brand new ExcelVive VPS poly vinyl poly other silicate impression material, which is so out to be launched in the UK until later this year. ExcelVive VPS combines the best features of both VPS and Polyether, bringing high tear strength, high hydrophilicity combined with excellent flow. In traditional VPS impression materials, hydrophilicity occurs typically after the material set, which means that you may not capture all the detail required, especially around the gingival area. In this new impression material, hydrophilicity occurs during the material set time, which captures all the fine detail.

**G-Cem luting cement is now available in an automix syringe. G-Cem combines high tear strength, high hydrophilicity combined with excellent flow.**

In this new impression material, hydrophilicity occurs during the material set, which is not due to be launched in the UK until later this year. Exalence VPS combines the best features of both VPS and Polyether, bringing high tear strength, high hydrophilicity combined with excellent flow. In traditional VPS impression materials, hydrophilicity occurs typically after the material set, which means that you may not capture all the detail required, especially around the gingival area. In this new impression material, hydrophilicity occurs during the material set time, which captures all the fine detail.**

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**Dental Tribune United Kingdom Edition - April 20–26, 2009**

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**Events**

**Biggest IDS conference yet for BioHorizons!**

BioHorizons is pleased to announce their biggest IDS confer- ence ever last month. Brining together all their European teams to showcase the full BioHorizons product range, the response from both new and existing customers was overwhelming.

With the biggest stand to date, the buzz from the delegates was in the recently introduced Laser – Luok microchannels to the collar of the internally connected implants. Laser-Luok microchannels are a series of precision-engineered 8 and 12 micron grooves on the collar of dental implants and are unique within the industry as the only surface treatment shown to attach and retain both hard and soft tissue. In addition it was a chance to introduce their new bone regeneration portfolio including the new dental bone graft, Lacedine and resorbable collagen membrane, Mem-Luok, which is now to the UK from April 2009.

With over 217 employees, BioHorizons has grown into one of the largest den- tal implant companies in the world. The company have a direct sales force in the U.S., Canada, Australia, Mexico, Chile, Germany, Spain and United Kingdom.

BioHorizons has a proud history of introducing products based on science and evidence based research.

For more information on the BioHorizons product range and courses please contact info@biohorizons.com or visit our website at www.biohorizons.com.

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**NobelProcera™ Takes Off at IDS 2009**

The launch of the new NobelProcera™ scanner and CAD/CAM software made for a memorable International Dental Show, where delegates were able to see the next generation of dental technology.

Ken to grasp the opportunity, delegates explored the latest evidence based technological innovations from world leader Nobel Biocare, with all of the friendly and ex- perienced team. The groundbreaking new optical scanner NobelProcera™ utilises conoscopic holography, a patented technology that brings impression scanning and digital model production to fruition. Reliable and accurate, NobelProcera™ enables consistent efficiency and is cost effective. Delegates were impressed with the easy to use technology that allows in- creased productivity and design manufacturing.

The team was proud to illustrate the benefits of the new optical scanner, the all-new NobelProcera™ software. A boost up, full anatomical bridge design and cutback functions, the technology has been designed by dental technicians for dental professionals, to achieve excellent results quickly and easily.

Nobel Biocare’s cutting edge solution is supported by comprehensive training, and a host of new materials and products such as coloured zirconia, CoCr, titanium and acrylic options, to meet the modern dental team’s needs for high quality and outstanding results.

For further information please call: +44 (0)1895 430 650, email info.uk@nobelbiocare.com or visit www.nobelbiocare.com.

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**Delegates keep pace with technology advancement from KaVo**

KaVo continues to celebrate its 100 year anniversary and illustrated its commitment to supplying dentists with the most advanced, high quality equipment at the International Dental Show 2009 (March 24th-28th), held at the Cologne Exhibition Centre.

The team was proud to welcome delegates, including several from the UK, who had made the trip in order to discover what the future held for dental technology. KaVo introduced delegates to the benefits of Cone Beam 3D imagining and the DCBox 5 powered by i-CAT, and other cutting edge imaging products from Genx, including panoramic digital extra-oral x-ray.

Recognising the importance of infection control, KaVo provides superior equipment that does not just perform to a high specification for great results, but also assists in reducing the threat of cross infection. KaVo is the number one choice for ergonomically designed, reliable, high quality den- tal units and handpieces. KaVo also supplies leading practices with innovative products that boast low pain properties. With a reputation for setting the pace for innovations in dental technology, it was no wonder KaVo enjoyed such a successful Show.

For further information, please contact KaVo on 01494 733 000, email sales@kaovo.com or visit www.kaovo.com.

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**Delegates Discover The Proven Power of Waterpik® Dental Water Jet’s Water Pik introduced dentists to its acclaimed Dental Water Jet at the International Dental Show 2009 (Cologne Exhibition Centre, 24th-28th March). The event was the perfect place to discover innovative and proven tools that help in the fight to improve oral health.

The team at stand D686 were delighted to discuss the features and benefits of using its Dental Water Jet, which is suitable in the oral care of patients through out specialist and general den- tistry. With a range of tips, the Dental Water Jet is safe and eff- ective, and has been proven to remove biofilm with extraordi- nary ease.

With the aid of a Scanning Electron Microscope, a recent study has shown that the Dental Water Jet can remove up to 99.9% of plaque biofilm from tooth surfaces, in just 3 seconds! No wonder that this easy to use device is so popular!

For your professional courtesy discount on the Waterpik® Dental Water Jets speak to your dental wholesaler or for more information visit www.waterpik.co.uk. The product is also widely available in Boots outlets.

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**Wright Cottrell – The Wright Solution!**

The Wright Cottrell is delighted with the response its innovative range of teeth and dental solutions received from delegates at the 2009 International Dental Show in Cologne.

Worldwide delegates explored the vast options available from Wright Cottrell and the outstanding range of quality teeth for all situations, including Acrone, Senator and Monarch ranges.

• The Acrone range is unsurpassed in reflecting natural lustre, translu- cency, hardness and solvent resistance. It offers the best quality available with an unparalleled choice in shade and moulds.

• Senator is a high quality product, uncompromised by an affordable price. The complementary physical and aesthetic characteristics ensure Sena- tor teeth match vital dentition, giving a totally natural look and confident smile.

• Monarch artificial teeth have been developed with only one objective in mind – to match nature. Through years of painstaking research and de- velopment, this product has been engineered to replicate the exact look and feel of natural teeth.

To discover what the team at Wright Cottrell can offer you and your practice call freephone 0800 66 88 199 or go online to www.wrighthealthgroup.com

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**Global Dental Show 2009**

Global Dental Show 2009 was a record number of exhibitors, for a full catalogue or for further infor-
An implant course to provide you with the necessary knowledge and skills to start a successful career in implants. The course is aimed at general dental practitioners looking to integrate implant dentistry into their patient care.

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

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

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

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Firstchoice Scrubs & AWB Textiles are brand names of AW Bent Ltd
“People are often worried it is something worse.”

Nick Rote, Dentist, East Finchley, UK.

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

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

Recommending daily brushing with Sensodyne Total Care F is a simple, effective solution which is specially formulated for people with sensitive teeth.

“When they come back to see me next time, they’re very pleased that a solution was given to them so easily.”

Potassium chloride, Sodium fluoride, Triclosan

Advice that’s appreciated

Sensodyne

Specially formulated for people with sensitive teeth

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

Book your tickets **NOW** for **2009** Talking Points in Dentistry!

visit www.gsk-dentalprofessionals.co.uk