NHS events  
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Professor Jimmy Steele, chair of the Independent Dentistry Review Team, said: 'I want to continue to listen to the views of dentists and their teams, patients and NHS staff and to take their advice on improving access, promoting prevention and ensuring NHS dentistry of the highest quality. I'd like to encourage dentists and their teams to share their opinions at these events and help us start to develop our recommendations.'

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edentics's UK Dentist Directory contains all kinds of dentists including dentists; orthodontists; cosmetic dentists; NHS dentists; Harley Street dentists and emergency dentists, who offer a range of treatments such as general dental, bridges, dentures, dental implants, mini-implants, orthodontics (both braces and invisalign), prosthodontics, porcelain crowns and veneers, restoration implants, root canal therapy and tooth whitening.

www.dental-tribune.co.uk

News in brief
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www.dental-tribune.co.uk

April 20–26, 2009
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More extractions?  
Extractions have gone up by 50 per cent in the last four years says a new figures, but it’s important to ‘put these figures into context’ says Dr Cockcroft.

page6

Dentists look set 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 DDBR 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 (GDP), said: ‘Sadly, the basis of the formula which suggests that the increase might amount to 0.5 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.’

Mr Milne claimed that the ‘solution to those problems is to build confidence in the future of NHS dentistry by properly supporting our current NHS practitioners, and sending a positive signal to newly qualifying dentists about the future of NHS dentistry.

He said: ‘This settlement will do neither of those things.’

‘Derisory’ pay rise to hit the profession

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Step by step treatment planning

The entire process of treatment planning for aesthetic 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 well-being. 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 temporomandibular joint.

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.

A spokeswoman for the CIC said: ‘This is an unmistakable chance to discover the key to excellence in aesthetic dentistry planning.

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 communications.

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 medico-legally.

A spokeswoman 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 Tribute 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 replies, 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.
Recession?
The BA Ultimate advantages
No repair or maintenance costs until 2011* on any Ultimate S Handpieces!!
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Pregnant woman denied free treatment

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, paying customer claimed she has been ‘left really upset’.

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, released in answer to a Parliamentary Question, show that 175,417 people had teeth extracted under general anaesthetic 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. He 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 has only been in the context of the 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.

MPs warned that the new system of payment for Units of Dental Activity (UDA) was leading dentists to carry out more extractions or refer people to hospital rather than carry out complex, time-consuming treatment such as caps. They claim it made it more profitable for dentists to take patients to hospital to save it with complex treatments such as crowns or bridges.

The Commons Health Select Committee found that the number of patients being referred into hospital for extractions has risen throughout the four-year period following April 2005, the year before the new contract, the number of extraextractions 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 is 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 Conscious 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 five year period (equivalent to around two per dentis given that there are around 20,000 den- tists). In the context of the total of four million extractions in pri- mary care, this represents only a one per cent increase over five years.

Virtually none of these cases attended through A&E depart- ments 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 pri- vate practices - we do not have figures on that but it would be wrong to assume automatically that all referrals were from NHS dentists.'

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 De- ncery. 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 Deancery.

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 develop- ing 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 Gre- gory, a PCT commissioning man- ager and a DwSI. The afternoon will include two DwSI categories, a PCT commissioning manager and a DwSI. The afternoon will include two DwSI categories, professional and public. The morning is noon on Thursday 30 April 2009.

For further information, please email fgdp-educationre- seng.ac.uk or telephone Anna Schüle, assistant development officer, on 020 7869 6772.

More questions for the ace

A dentist in Northern Ire- land, accused of murder- ing his wife and his ex- lover’s husband is to face new police questioning, a magis- trate court heard.

Dr Colin Howell, 50, from Castlewood, who is also charged with the double murders – Trevor Buchanan was his ex- & lover which he has failed to face new police questioning, a magistrate court heard.

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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 Brian 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 Coleraine, who is also charged with the double murders – Trevor Buchanan was his ex- lover which he has failed to face new police questioning, a magistrate court heard.

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 CastleIr in May 1991.

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The local Mayo, 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 Lin- colnshire and Oasis Dental Care. All patients on the NHS Lincolnshire dental contact list will be guaranteed a place at the practice.

Seaside town gets a new NHS dentist

A seaside town in Lin- colnshire is finally getting a NHS dentist after wait- ing 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 Pegg, 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.’
For details on how you and your practice could be in with a chance to win £1 million with DENTSPLY, please visit www.dentsply.co.uk.

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- Pilot and Expansion burs:
- Specialist Crown Prep burs:
- Ceramic-tipped Soft tissue trimmer:

Part-time implant dentistry course

The UCL Eastman Dental Institute in London is offering a part-time modular diploma in implant dentistry from October.

The course is aimed at general dental practitioners or specialists looking to extend their clinical skills in implant dentistry by working toward a postgraduate university qualification.

News & Opinions

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.

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 practitioners 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/News+publications+and+events/Consultations/

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 7905 1261, email d.mifsud@eastman.ucl.ac.uk or visit www.eastman.ucl.ac.uk/cpd

The UCL Eastman Dental Institute in London is offering a part-time modular diploma in implant dentistry from October.

The course is aimed at general dental practitioners or specialists looking to extend their clinical skills in implant dentistry by working toward a postgraduate university qualification.
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 Rowlingson 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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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.

Key to the creation of your perfect surgery is the precision planning provided during the design phase, teamed with state-of-the-art equipment from leading manufacturers such as Adec, Anthos, Schick and Apex Cabinetry and a commitment to after-sales support. Proud of its accomplishments as a market-leading supplier, Clark Dental is delighted to see that the philosophy upheld for more than 30 years, that exceptional personal service, offering the very best advice and treating customers ‘like family’, remains the ideal that drives efficiency, innovation and business success for those who have chosen Clark Dental to help make them their perfect practice.

To learn more about how our outstanding range of equipment and services can make your perfect practice, call: 01268 733 146

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Practice makes perfect!

With Clark Dental
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 unwavering support and proven advice allowed me to focus more on creating my vision, as I could leave the engaging 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 rewards can be considerable.

For more information contact
Clark Dental
Wickford Essex Office on 01268 755146 or email enquiries@clarkdental.co.uk or Clark Dental Nantwich Cheshire Office on 01270 415750 or email sales@clark-dental.co.uk.

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

If you are frustrated with the layout and design of your current practice, imagine how you would feel if, having invested a lot of money in a bespoke practice design and construction project, you found yourself feeling just as frustrated, dreaming about what might have been?

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

Chris Davies
Appointed in 2006, rugby enthusiast and family man Chris Davies has led Genus’ new dental division to secure a significant share of the market. For more information on refurbishment, design and new build projects, contact Genus on 01582 840484 or email info@genusgroup.co.uk
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’.)

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.

Finishing the job

If you over-promise and under-deliver, you risk losing credibility and your patients. Simon Hocken helps you avoid the trap

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A helping hand

‘If you work on your weaknesses, you just get stronger weaknesses’

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Are you avoiding the traps?
4. You miss out on opportunities including following-up on new business leads.

5. Your friends, family and work colleagues sometimes tell you they don’t feel included in your decision making.

6. You always miss the last posting date for Christmas cards!

7. Your team doesn’t believe you will do what you say you will do.

8. You pay too much for flights and trains as you leave it until the last minute to book them.

9. Clients leave because they believe you are too busy for them.

10. You forget to water your house-plants...

So, it’s not easy having low follow-through. Tolerating your own or someone else’s lack of follow-through will zap your energy.

Tips to get things done

1. List everything that you regularly fail to follow through on.

2. List everything that you regularly dislike doing.

3. Get very clear about what your own unique abilities are and write them down.

4. Hire a clever, pro-active personal assistant. Give them both lists as a job description.

5. Focus on your own unique ability. Your production will increase, your energy and job satisfaction will increase and you will be a much nicer person to be around. The financial cost of your PA will quickly become insignificant.

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Use this model in both your personal and professional life and I promise you will get more sleep, be more effective in your key relationships, stuff will get done, you will be tolerating less and have more energy.

Here’s an example

A couple of years ago, I was asked by a very high-profile 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.

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Money Matters

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.

Times are changing

The concept of a ‘proprietary interest’ in work, led to significant changes in employment legislation in the early 1970s. This concept – derived from the recommendation of the International Labour Organisation – that an employee should enjoy rights going beyond mere contractual rights, first entered the law in the enactment of the Industrial Relations Act 1971.

This provided that, in addition to the ordinary contractual right not to be dismissed without notice, contractual notice usually being fairly brief – often a month or less), once an employee had been employed for longer than a ‘threshold’ period, the employee should have the right not to be dismissed, unless such dismissal fell within certain limited categories (e.g. dismissal for serious misconduct, redundancy etc.). Such right, usually known as the right not to be ‘unfairly dismissed’, contrasts with the right not to be dismissed without contractual notice, the breach of which is usually referred to as ‘wrongful dismissal’.

Associateship contracts

If a self-employed associate turns out to be employed, the situation can have tax and NI implications for the principal. In the second article in the series, Tim Lee asks how this situation arises, and what the exact implications are for the principal.

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‘In the current economic environment, associateships are becoming more difficult to find’

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.

A lack of protection

A self-employed person has no such statutory protection against unfair dismissal – this right is only enjoyed by employees.

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.

Relationship confusion

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.

BEAUTY – COMPOSE IT!

Highly aesthetic restorative
- Two simple steps
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Yes, 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 proving 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 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 lead to enhanced bottom line profits without detrimentally affecting the integrity of your service and the satisfaction of your patients.

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 led to 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 right things well – which is all about efficiency.

Generating additional business

In difficult economic times, 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.

Robust stock control

If you have just one person responsible for ordering and managing your stock, how robust is your stock control? Are your purchasing and stock control procedures in place so that each month you can truly know how badly managed this side of your business is and how effective your stock control systems? You’d be surprised at how rigorous these procedures should be.

About the author

Andy McDougall has over 25 years experience of business planning and brings techniques 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 where he will present 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 him on 01527 877997 or by emailing info@cattaniesam.co.uk.
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...
Despite new techniques making orthodontic treatment more accessible to GDPs, it must not be forgotten that its 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 out dated.

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 prepped 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 aligner is checked for any over reduction. The patient was then 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. Close 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 1.6mm expansion with an incorporated expander is easily tolerated. Beyond this and 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 composite tips were then polished.

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 agressive 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 Suzzy Rowlands 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.

The Inman Aligner hands-on course with Dr. Tif Qureshi
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- Fitting and adjusting an aligner
- Interproximal reduction
- Retention technique
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Dr. Tif Qureshi has pioneered the Inman Aligner in the UK and now shares the secrets that make ultrafast orthodontics and truly conservative cosmetic dentistry a reality.

- Treat moderate anterior crowding in only 6-16 weeks
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The greatest innovation in cosmetic dentistry since the porcelain veneer

Dr. Tim Bradstock-Smith

About the author
Tif Qureshi qualified from King’s College London in 1992. He is now a member of the American Academy of Cosmetic Dentistry (BACD) board of directors, and a partner at Dental Elegance in Sidcup, Kent where he practices minimally invasive cosmetic and restorative dentistry. He an active and sustaining member of the American Academy of Cosmetic Dentistry. Tif has a special interest in simple orthodontics using removable appliances and was the first dentist in the UK to pioneer the Inman Aligner and the first dentist in the world to use the Aligner as a tool for cosmetic dentistry. He has completed over 600 cases using Inman Aligners as a stand alone treatment and to align teeth before veneer preparations. Tif now lectures nationally and internationally on the subject and has started running a hands-on programme to teach general dentists this new technique.

Fig. 9: before alignment
Fig. 11: immediately after no prep composite edges
Fig. 10: nine weeks after Inman Aligner - notice incisal edges appear more obvious

Fitting and adjusting an
- Arch evaluation
- Fitting and adjusting an aligner
- Interproximal reduction
- Retention technique
- Restorative pre-alignment
- Ethical considerations
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.
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’.}

About the author

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

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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 to 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.

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.
Clinical Innovations Conference
Learn how to establish yourself as a knowledgeable provider of high-quality aesthetic treatment with Dr Ian Buckle at CIC 2009

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 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.

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• Pulpal and periapical pathology
• Endodontic diagnosis
• Innovations in endodontics
• Non-vital bleaching

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This innovative technique course will enable participants to experience current endodontic armamentarium with interactive discussions on clinical cases.

The course will lead to a UCL Eastman Certificate in Endodontics through examination.

For more 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.

Rent before you buy...

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!

Vizilite Plus™ comprises of a chemiluminescent light source (Vizilite) to improve the identification of lesions and a blue phe-nothiazine 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™ £62.78 plus VAT. Pack of 20 Vizilite Plus™ £560.55 plus VAT.

For more information, please contact Panadent 01898 881788 or visit www.panadent.net

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

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 Cotsword 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.

This day course will be fully practical and will include a demonstration on failed implants due to malocclusion, examining occlusion, taking Denar facebook records, creating customised occlusal guidance and identification of potential occlusal complications.

This invaluable day course is essential learning for all GDP’s doing implants and provides 6 hours verifiable CPD. It is charged at just £500 + VAT.

Spaces on this course are very limited to ensure maximum benefit per delegate, so are bound to book up quickly, please contact BioHorizons NOW on 01544 752 360 or info@biohorizons.com to secure your place.

CrystalAir air abrasion avoids unnecessary treatment.

The CrystalAir air abrasion unit is used for checking out suspicious stains in conjunction with the Diagnodent laser caries detector. A recent study by Dr Robin Horton and others has demonstrated a large reduction in false positives when compared to the normal method of diagnosis. This has helped in reducing the risk of carrying out unnecessary treatment.

CrystalAir is also used for actual cutting into enamel and dentine for tooth preparations. Patients are particularly impressed by the lack of the high speed whine of the conventional drill and the fact that many procedures can be carried out at check up as there is frequently no requirement for anaesthesia. This means an increase in productivity as a check up is turned into a check up and filling in not much more time.

Another study in the USA found that 100% of patients preferred air abrasion to the rotary instrument, which is why CrystalAir is such a practice builder.

More information can be found on www.dp-pa.uk.com.

DPS telephone number is 01458 820550.

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 the impact it can have on the dentistry practised on our patients.

S4S (UK) Limited are sponsoring a series of Occlusion & Occlusal Splint Seminars, presented by Dr Helen Harrison BDS, MFGDP. She has so far presented to 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 2590 176 or visit www.s4sdental.com.
**IDS continues to grow**

**T**he 35th International Dental Show (IDS) closed with record number of exhibitors and visitors, despite the slowdown in the world economy. More than 156,000 visitors (an increase of 6.9 per cent) and more than 1,820 ex-

**hibitors (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 num-

**bers, and a 10 per cent increase in in-

ternational exhibitors, the IDS has broadened its significance as a global trade and communications platform, with the international den-

tal industry registering order volumes, which in many cases, ex-

ceeded expectations.

Dr Martin Rickert, chairman of the Association of German Dental Manufacturers said: ‘The 35th Inter-
national Dental Show gave us above all the positive signal we were looking for. Our projections about a pros-
inive development in dental markets have been outstandingly confirmed. I am certain that this IDS will serve as a lasting impetus for the global dental in-

dustry and for the international healthcare market world wide.’

**For Olver F Kuhrt, managing di-

rector of Kavo-Komet GmbH, the IDS 2009 is a superlative event: ‘The IDS is the prime example of a successful new world trade fair and a magnet for the dental industry. It combines all the elements necessary for successful business and is a global con-


tact, trade, innovations and product platform all rolled into one.’

**News and innovations**

With more than 1,100 presenta-

tions, new products and advances-

technologies in the Interna-

tional Dental Show 2009 once again demonstrated its potential as an in-

ternational 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 mini-

mally invasive treatment methods. Sec-

ond: if dentures are necessary, they should look as natural as possible and offer the highest aesthetics and func-
tional quality. Thirdly: the digitisation and networking between practice and labo-

ratory increase efficiency in the eco-

nomic 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 in-

formation on new products, services and manufacturing technologies. The 34th IDS will take place from 22 to 26 March 2011 in Cologne.

**Immunology**

**BioHorizons**

Delegates were impressed with the easy to use technology that allows in-
deeding the digital impression material, which is not due to be launched in the UK until later this year GC demonstrated the brand new Exalence VPS vinyl poly ether silicone an economic climate.

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

**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.

Innovations from world leader Nobel Biocare, with all of the friendly and ex-
terated team. The groundbreaking new optical scanner NobelProcera™ utilises conoscopic holography, a patented technology that brings impres-
sion scanning and digital model production to fruition. Reliable and accu-
rate, NobelProcera™ enables consistent efficiency and is cost effective. Delegates were impressed with the easy to use technology that allows in-
deeding, design and manufacturing.

The team was proud to illustrate the benefits of the new optical scanner and the all-new NobelProcera™ software. Boasting way up, full anatomical bridge design and cutback functions, the technology has been designed by dentists for dental professionals, to achieve excellent results, but also assists in reducing the threat of cross infection. KaVo is the prime example of a successful dental technology.

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 imaging and the DCB1000 powered by i-CAT, and other cutting edge imaging products from German, including panormic 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 re-

sults, 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 boost low profit margins. 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@kaavo.com or visit www.kaavo.com.
Dental Tribune United Kingdom Edition · April 20–26, 2009

Implantology Mini Residency

ONE YEAR SURGICAL & RESTORATIVE IMPLANTOLOGY COURSE
WITH DR MARK HAMBERGER, SPECIALIST PROSTHODONTIST

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 GDPs 2008 (download at GDC.gov.uk)
- Compliant with GDC guidelines for 165 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 at 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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London W1G 5PR
Tel 020 7631 1488
Fax 020 7631 1646
Mobile 07944 970 140
marian_harley@hotmail.co.uk

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“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

Product Information. Sensodyne Total Care F. Presentation: Potassium chloride 3.75% w/w, Sodium fluoride 0.32% w/w, Triclosan 0.3% w/w. Uses: Relief from the pain of dentinal sensitivity, an aid for the prevention of dental caries and contains an antimicrobial agent with proven anti-gingivitis activity. Dosage and administration: To be used 2-4 times daily in place of regular toothpaste. Contraindications: Sensitivity to any of the ingredients. Precautions: Sensitive teeth may indicate an underlying problem which needs prompt care by a dentist. See your dentist as soon as possible for advice. Side Effects: None stated. Category: GSL. Product licence number: PL 00036/0085. Product licence holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Package quantity and RSP: 45 ml tubes £2.40, 75 ml tubes £3.57, 100 ml tubes £4.20 and 100 ml pumps £4.20. Date of last revision: January 2009. Sensodyne is a registered trade mark of the GlaxoSmithKline group of companies.

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visit www.gsk-dentalprofessionals.co.uk