Dentistry hits headlines early in election campaign

NHS dental services become an early key election topic as the political parties draw battle lines in Reading West constituency

The chief dental officer has highlighted in his CDO update that under the new system, "GPs can make investments in NHS dental services from their funding allocations in return for an agreement related to improving the quality and possibly the quantity of NHS services," Dr Cocker added: "A convenient way to do this is through an amortised loan, and we have published a contract template agreement on the NHS Primary Care Commissioning (PCC) website to make it easier for both parties to do this, where they have agreed that it is desirable and there are funds available." See: www.pcc.nhs.uk/condition-al-grant-agreements

Dental care professionals are being asked to take part in a national survey being carried out by the Dental Programme Board of NHS Medical Education England. One of the primary aims of the review is to assess the contribution that dental care professionals (DCPs) can make to the efficient and effective delivery of primary care services. Information submitted in response to this survey will create a profile of how the broad skill mix of dentists and dental care professionals is currently used, and will provide an evidence base for the working group's report, to be published later in 2010. Participation in the survey is voluntary, and the closing date is 30 April. For more information and to complete the survey, please go to: www.surveymonkey.com/s/skillmix

Campaigning charity The King's Fund has launched a web microsite highlighting the three main political parties' approach to healthcare to the wider election coverage and acts as a gateway to the 'Your election check up' interactive game. The game helps demonstrate the different approaches to primary care services. In for the money base, the charity has developed evidence base for the working group's report, to be published later in 2010. Participation in the survey is voluntary, and the closing date is 30 April. For more information and to complete the survey, please go to: www.surveymonkey.com/s/skillmix

Election site

Campaigning charity The King's Fund has launched a website to highlight the political parties and their policies concerning healthcare to coincide with the recently announced election. The King's Fund is a charity that seeks to understand how the health system in England can be improved. Using that insight, the charity helps to shape policy, transform services and bring about behaviour change. To help demonstrate the different parties' approach to healthcare, the charity has developed the 'your election check up' interactive game. The game is a means of demonstrating the different approaches to health and social care from the three main political parties and acts as a gateway to the wider election coverage on the micro site. To play, go to www.kingsfund.org.uk/general_election_2010/

The Liberal Democrat Party candidate Daisy Benson said she was more concerned about tooth decay among children in the Reading West area rather than a lack of capacity. She commented: "When I have put the question to the authorities they say there are enough dentists and places for NHS patients. "But they need to work much more closely with the council to advertise properly and help people get to see these dentists."

Adrian Windisch, candidate for the Green Party, said: "The idea of the NHS was that all dental health would be free, but that is not the case. "We would bring back free dentists for all by saving money on scrapping things like nuclear weapons."

Lucky The Lion

Schools initiative in Oxfordshire gets lion's share of interest

The Lucky The Lion School's initiative in Oxfordshire gets lion's share of interest. Dr David Gibson looks at creating a completely decontaminated environment in the surgery. Dave Gibson looks at creating a completely decontaminated environment in the surgery.

The chief dental officer has highlighted in his CDO update that under the new system, "GPs can make investments in NHS dental services from their funding allocations in return for an agreement related to improving the quality and possibly the quantity of NHS services," Dr Cocker added: "A convenient way to do this is through an amortised loan, and we have published a contract template agreement on the NHS Primary Care Commissioning (PCC) website to make it easier for both parties to do this, where they have agreed that it is desirable and there are funds available." See: www.pcc.nhs.uk/condition-al-grant-agreements

Dental care professionals are being asked to take part in a national survey being carried out by the Dental Programme Board of NHS Medical Education England. One of the primary aims of the review is to assess the contribution that dental care professionals (DCPs) can make to the efficient and effective delivery of primary care services. Information submitted in response to this survey will create a profile of how the broad skill mix of dentists and dental care professionals is currently used, and will provide an evidence base for the working group's report, to be published later in 2010. Participation in the survey is voluntary, and the closing date is 30 April. For more information and to complete the survey, please go to: www.surveymonkey.com/s/skillmix

Election site

Campaigning charity The King's Fund has launched a website to highlight the political parties and their policies concerning healthcare to coincide with the recently announced election. The King's Fund is a charity that seeks to understand how the health system in England can be improved. Using that insight, the charity helps to shape policy, transform services and bring about behaviour change. To help demonstrate the different parties' approach to healthcare, the charity has developed the 'your election check up' interactive game. The game is a means of demonstrating the different approaches to health and social care from the three main political parties and acts as a gateway to the wider election coverage on the micro site. To play, go to www.kingsfund.org.uk/general_election_2010/

The Liberal Democrat Party candidate Daisy Benson said she was more concerned about tooth decay among children in the Reading West area rather than a lack of capacity. She commented: "When I have put the question to the authorities they say there are enough dentists and places for NHS patients. "But they need to work much more closely with the council to advertise properly and help people get to see these dentists."

Adrian Windisch, candidate for the Green Party, said: "The idea of the NHS was that all dental health would be free, but that is not the case. "We would bring back free dentists for all by saving money on scrapping things like nuclear weapons."

Lucky The Lion

Schools initiative in Oxfordshire gets lion's share of interest

The Lucky The Lion School's initiative in Oxfordshire gets lion's share of interest. Dr David Gibson looks at creating a completely decontaminated environment in the surgery. Dave Gibson looks at creating a completely decontaminated environment in the surgery.

The chief dental officer has highlighted in his CDO update that under the new system, "GPs can make investments in NHS dental services from their funding allocations in return for an agreement related to improving the quality and possibly the quantity of NHS services," Dr Cocker added: "A convenient way to do this is through an amortised loan, and we have published a contract template agreement on the NHS Primary Care Commissioning (PCC) website to make it easier for both parties to do this, where they have agreed that it is desirable and there are funds available." See: www.pcc.nhs.uk/condition-al-grant-agreements

Dental care professionals are being asked to take part in a national survey being carried out by the Dental Programme Board of NHS Medical Education England. One of the primary aims of the review is to assess the contribution that dental care professionals (DCPs) can make to the efficient and effective delivery of primary care services. Information submitted in response to this survey will create a profile of how the broad skill mix of dentists and dental care professionals is currently used, and will provide an evidence base for the working group's report, to be published later in 2010. Participation in the survey is voluntary, and the closing date is 30 April. For more information and to complete the survey, please go to: www.surveymonkey.com/s/skillmix

Election site

Campaigning charity The King's Fund has launched a website to highlight the political parties and their policies concerning healthcare to coincide with the recently announced election. The King's Fund is a charity that seeks to understand how the health system in England can be improved. Using that insight, the charity helps to shape policy, transform services and bring about behaviour change. To help demonstrate the different parties' approach to healthcare, the charity has developed the 'your election check up' interactive game. The game is a means of demonstrating the different approaches to health and social care from the three main political parties and acts as a gateway to the wider election coverage on the micro site. To play, go to www.kingsfund.org.uk/general_election_2010/

The Liberal Democrat Party candidate Daisy Benson said she was more concerned about tooth decay among children in the Reading West area rather than a lack of capacity. She commented: "When I have put the question to the authorities they say there are enough dentists and places for NHS patients. "But they need to work much more closely with the council to advertise properly and help people get to see these dentists."

Adrian Windisch, candidate for the Green Party, said: "The idea of the NHS was that all dental health would be free, but that is not the case. "We would bring back free dentists for all by saving money on scrapping things like nuclear weapons."

Lucky The Lion

Schools initiative in Oxfordshire gets lion's share of interest

The Lucky The Lion School's initiative in Oxfordshire gets lion's share of interest. Dr David Gibson looks at creating a completely decontaminated environment in the surgery. Dave Gibson looks at creating a completely decontaminated environment in the surgery.

The chief dental officer has highlighted in his CDO update that under the new system, “GPs can make investments in NHS dental services from their funding allocations in return for an agreement related to improving the quality and possibly the quantity of NHS services,” Dr Cocker added: “A convenient way to do this is through an amortised loan, and we have published a contract template agreement on the NHS Primary Care Commissioning (PCC) website to make it easier for both parties to do this, where they have agreed that it is desirable and there are funds available.” See: www.pcc.nhs.uk/condition-al-grant-agreements

Dental care professionals are being asked to take part in a national survey being carried out by the Dental Programme Board of NHS Medical Education England. One of the primary aims of the review is to assess the contribution that dental care professionals (DCPs) can make to the efficient and effective delivery of primary care services. Information submitted in response to this survey will create a profile of how the broad skill mix of dentists and dental care professionals is currently used, and will provide an evidence base for the working group’s report, to be published later in 2010. Participation in the survey is voluntary, and the closing date is 30 April. For more information and to complete the survey, please go to: www.surveymonkey.com/s/skillmix

Election site

Campaigning charity The King’s Fund has launched a website to highlight the political parties and their policies concerning healthcare to coincide with the recently announced election. The King’s Fund is a charity that seeks to understand how the health system in England can be improved. Using that insight, the charity helps to shape policy, transform services and bring about behaviour change. To help demonstrate the different parties’ approach to healthcare, the charity has developed the ‘your election check up’ interactive game. The game is a means of demonstrating the different approaches to health and social care from the three main political parties and acts as a gateway to the wider election coverage on the micro site. To play, go to www.kingsfund.org.uk/general_election_2010/

The Liberal Democrat Party candidate Daisy Benson said she was more concerned about tooth decay among children in the Reading West area rather than a lack of capacity. She commented: “When I have put the question to the authorities they say there are enough dentists and places for NHS patients. “But they need to work much more closely with the council to advertise properly and help people get to see these dentists.”

Adrian Windisch, candidate for the Green Party, said: “The idea of the NHS was that all dental health would be free, but that is not the case. “We would bring back free dentists for all by saving money on scrapping things like nuclear weapons.”

Lucky The Lion

Schools initiative in Oxfordshire gets lion’s share of interest

The Lucky The Lion School’s initiative in Oxfordshire gets lion’s share of interest. Dr David Gibson looks at creating a completely decontaminated environment in the surgery. Dave Gibson looks at creating a completely decontaminated environment in the surgery.
Open wide with Lucky

Lucky the Lion launched a major schools initiative by The Midcounties Co-operative in Oxfordshire to encourage children to look after their teeth. The 6ft cuddly character joined in the fun in a pilot scheme which started at Pegasus Primary School in Blackbird Leys, Oxford.

Some 150 pupils aged five seven learned about the importance of brushing their teeth regularly and the need to reduce sugary snacks and to eat the right foods.

Each child received a special information pack which included a funky toothbrush, toothpaste and a wooden toothbrush holder. The youngsters also decorated the holder, which has a two minute timer; so they knew how long to brush their teeth each time.

Lucky the Lion took part in demonstrations, which also featured a giant toothbrush and a huge pair of teeth, to get the message across.

Barbara Dunne, community co-ordinator for The Midcounties Co-operative said: “We are a trusted retailer which believes in giving back to the communities we serve. We have developed this project in partnership with the Buckinghamshire PCT to encourage children in a fun and effective way to look after their teeth.

“We hope parents will reinforce that message at home. The information packs we provide include a toothbrush chart for the children to draw a smiley face on a calendar each day if they have brushed their teeth once in the morning and last thing before bed.”

A Pegasus headteacher Jill Hudson said: “The children really enjoyed the sessions and meeting Lucky. The project complemented what they learn in school as part of the curriculum for personal, social and health education.”

Nicky Wadely, lead for Dental Commissioning for Oxfordshire PCT, said: “We were happy to give our support when Midcounties approached us with this initiative. There are obvious benefits if children understand what they need to do to keep their teeth healthy and strong, including seeing a dentist for check-ups.”

New GDC Council member

The Appointments Commission has confirmed that David Murphy (pictured) has been appointed to the Council of the General Dental Council (GDC) with immediate effect.

David is a returning lay member of the Council, having previously been on the Council between 2005 and 2009. He is one of 24 members, 12 lay and 12 professional.

David is currently Deputy Secretary of NILGOSC, the Northern Ireland Local Government Pension Scheme and previously held positions with Methodist College, Grant Thornton, and Queen’s University Belfast. He is a Fellow of the Institute of Chartered Accountants in Ireland.

He has held a number of public appointments and is currently a member of the General Chiropractic Council, a Board member of Helm Housing and a lay Member of the Solicitors Disciplinary Tribunal for Northern Ireland.

Dental practice wins Small Enterprise of the Year

A dental practice in Buckinghamshire has won the Small Enterprise of the Year award.

Smile Design Dental Practice won the Small Enterprise of the Year category at this year’s Buckinghamshire Ambassadors Awards.

Dr Komal Suri and her team (pictured) were present at the award at the event by Formula One champion, Damon Hill.

Dr Suri said: ‘We are delighted to have won this award, particularly as it is a team award and recognises the efforts we all put in to make this a successful practice from a patient, employee and business perspective.’

Smile Design Dental Practice is recognised as one of the country’s leading practices for cosmetic and restorative dental care, but it is also very much a local practice providing general dental care for residents in south Buckinghamshire.

Dr Suri bought the practice in 2002 and over the past eight years she has updated the building and invested heavily in state of the art equipment and training to enable them to offer patients a complete care package.

She said: “The key to our success has been the strength of our practice-patient relationships. We spend a great deal of time with our patients to ensure they are educated about their mouths and have all clinical findings explained fully before embarking on any treatments or programmes.

“The level of training for all our team is extremely high with most of our clinical team considered among the leaders in their profession.”

The Bucks Enterprise Awards were created by the Buckinghamshire Ambassadors who formed just five years ago. The awards event was organised by Buckinghamshire Economic & Learning Partnership (BELP) which aims to promote the sustainable economic development of Buckinghamshire.

Keep your business records in order – before the tax inspector does it for you

Specialist dental accountants are warning dental practitioners to ensure their business records are in order.

The warning comes after an announcement by HM Revenue and Customs (HMRC) that it is cracking down on dentists and other medical practitioners, tracking down those who have not declared their full income.

The Association of Specialist Providers to Dentists (ASPD), have set up some of the HMRC’s basic record keeping guidelines for dentists.

These are:

• Don’t throw away business records - keep business records for at least five years and ten months after the end of the tax year the records relate to. Failure to do so could result in a fine of up to £5,000.

• Keep business and home life separate - business records and personal records are kept separate, with the help of a separate business bank account.

• Sorry, sir. The dog ate it… - if your business records are lost or destroyed, unfortunately they will have to be recreated.

Practitioners looking to stay in HMRC’s good books should enlist the help of a specialist accountant for dentists who is well versed in the preparation of tax returns and submitting them to the Inland Revenue, said the ASPD.

Some 200,000 dental and medical practitioners fail to declare their full income.

Other medical practitioners, particularly as it is a team award, were present at the event by Formula One champion, Damon Hill.

The Association of Specialist Providers to Dentists (ASPD) make sure their full income.

Other medical practitioners, particularly as it is a team award, were present at the event by Formula One champion, Damon Hill.

The Association of Specialist Providers to Dentists (ASPD) make sure their full income.

Other medical practitioners, particularly as it is a team award, were present at the event by Formula One champion, Damon Hill.

The Association of Specialist Providers to Dentists (ASPD) make sure their full income.

Other medical practitioners, particularly as it is a team award, were present at the event by Formula One champion, Damon Hill.

The Association of Specialist Providers to Dentists (ASPD) make sure their full income.

Other medical practitioners, particularly as it is a team award, were present at the event by Formula One champion, Damon Hill.
Editorial comment

Election fever – there is no cure!

So, election fever has finally gripped the country as the ‘UK’s worst kept secret’ of a May 6th General Election has been announced by Prime Minister Gordon Brown.

Surprisingly, NHS dentistry has hit the headlines early in the process as Tory Shadow Health Secretary Andrew Lansley visited a dental practice in Reading West, a hotly contested seat – and gave the Tory view on dental provision.

With this campaign being one of the most publicly fought election in the UK, thanks to our 24/7 need-to-know-all society of news channels and social media, it's going to be hard to get away from all aspects of the election (although I'll be giving it a good go - I'm in Tanzania with B2A for two weeks before the election!). I'm sure that NHS dentistry will remain at the forefront of the campaign trail, and I hope that after it's all over, nothing but good will come out of it for practitioners and patients.

And at least it'll give us something else to concentrate on than a certain striker's ankle and an upcoming football event...

DT

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

Newspaper

Education and training provider, Smile-on, offers busy dental professionals an easy way to keep their finger on the pulse through its online newsletter.

By signing up for the free Smile-on newsletter, you will receive regular updates on training, healthcare news and also any special offers that will help build your Continuing Professional Development (CPD).

A spokeswoman for Smile-on said: “The Smile-on newsletter will also advise on upcoming webinars. A breakthrough in education, a webinar is an interactive online tutorial from some of the most highly regarded dental professionals in their field. Utilising this technology, you can learn from the very best in your own time, anywhere in the world.

Registered users on the Smile-on website can also track their CPD and explore the vast array of flexible training programmes from Smile-on.”

She added: “Smile-on is dedicated to the dental industry by promoting excellent patient care and career satisfaction through education and training. The expert team from Smile-on are also on hand to offer guidance on the learning material so busy professionals can meet their industry obligations, build their CPD and advance their skills within dentistry.”

For more information or to sign up for the Smile-on newsletter, email info@smile-on.com or visit www.smile-on.com.

Instant & lasting sensitivity relief

with Pro-Argin™ Technology

Pro-Argin™ Technology, comprised of arginine and an insoluble calcium compound in the form of calcium carbonate, is based on a natural process of tubule occlusion. It plugs open tubules to help block the pain sensations.

Colgate® Sensitive Pro-Relief™ with Pro-Argin™ Technology is the first toothpaste that is clinically proven to provide instant & lasting sensitivity relief1-5:

• Instant relief when applied directly to the sensitive tooth with the fingertip and gently massaged for one minute

• Clinical studies demonstrated significantly greater sensitivity reduction with twice daily brushing compared to control toothpaste with potassium ions

• 1450 ppm fluoride for caries prevention

• Contains the Pro-Argin™ Technology as in the Colgate® Sensitive Pro-Relief™ Desensitising Polishing Paste

Colgate® Sensitive Pro-Relief™ Toothpaste for the daily oral care of sensitive teeth

6 Docimo R et al J Clin Dent 2009; 20 (Spec Iss): 137-143

Colgate Customer Care Team: 01483 401 901 www.colgateprofessional.co.uk
Cuts to dental school budgets could affect the training of dental students, impacting on the skills and quality of new dentists, according to the British Dental Association.

The British Dental Association’s (BDA) warning follows the recent announcement by the Higher Education Funding Council for England (HEFCE) that funding allocations for universities and higher education colleges for 2010-11 will be reduced.

Prof Paul Wright, chair of the BDA’s Central Committee for Dental Academic Staff (CCDAS), writing in the latest edition of the British Dental Journal (BDJ), claimed that cuts to posts in dental schools would exacerbate the inadequate staff resources that institutions are already confronting.

He argued that every extra student in a clinical session without a concomitant increase in supervision means risking a reduction in the quality of care for patients that can be assured.

Prof Wright also warned the way dental academia is funded, with money coming from both the HEFCE and the NHS, means that schools are at risk of a far greater cut to their finances than might be anticipated or intended.

Prof Wright said: “We recognise that the public purse faces a challenging time. We also recognise that academics in many disciplines will be making their cases for the preservation of their particular subject areas. Dentistry really is in a unique position though; in the way it is funded, the already stretched position it is in, and the value to society of the graduates it produces.”

He added: “Cuts to dental schools’ budgets threaten the high quality of both the dentists and the research that UK institutions produce. We urge extreme caution by universities as they absorb HEFCE’s announcement.”

The BDA will be submitting evidence to the Independent Higher Education and Student Finance Review. The review has been tasked with looking at the higher education system in its entirety.

New editor for FGDP journal

John Stanfield has been made the new editor of Team in Practice, the Faculty of General Dental Practice (UK)’s journal for dental care professionals.

Mr Stanfield, a dental hygienist, replaces Professor Ken Eaton who has held the post of editor since the journal was launched in 2004.

Team in Practice is a continuing professional development journal, written by dental care professionals (DCPs), with a focus on peer learning and best practice.

The journal aims to update all members of the dental team on issues affecting everyday working practice, including analyses of how and why problems arise and ways to improve outcomes.

Mr Stanfield has served on the editorial board of Team in Practice for the last three years and has represented dental hygienists on the FGDP (UK) Board since 2006.

He is also an assessor in key skills for DCPs and is vice chair of the Faculty of General Dental Practice (FGDP) (UK)’s DCP Committee.

He called it a ‘great honour’ and said: “Team in Practice offers readers a great opportunity to learn from the practical experiences of colleagues and read the latest evidence for best practice. I hope to see the journal go from strength to strength in supporting the dental team to achieve excellence in their work.”
Following the success of the UK’s first public live theatre at the Dentistry Show, DIO Implant continues to boldly progress with its mission to change the face of the UK implant market for the better of everyone. DIO’s Managing Director explains, “For most patients, dental implants are a necessity. At DIO, we aim to bring the benefits DIO provides in overseas markets to the UK.” He continues, “Dental implant treatment should be accessible by any patient who needs it, without compromising on quality of treatment or jeopardising the livelihoods of our valued UK implantologists.”

The next stage of their roadmap is to introduce a dedicated educational programme, designed especially for dentists wishing to provide the highest standard of care to their patients.

The format of the course addresses both the requirements of practitioners looking to start providing dental implants as well as those who are already placing implants from other manufacturers.

For non-implant dentists, the introduction days lead on to a one-year, hands-on and distance learning certified course, equivalent to approximately 120 hours of verifiable CPD. The course, directed by Sam Mohamed of Smile Lincs, aims to impart everything a qualified dentist needs to know in order to confidently provide dental implants to their patients.

Introductory two-day course
During an initial two-day course practitioners are given an overview of the evolution of dental implants and how they can be integrated into a normal dentistry practice in the most cost-effective way. The course looks at the basics of dental implantology, discussing osseointegration, treatment planning principles, radiographic techniques and restorative techniques. It also covers more practical aspects of dental implantology such as practice setup and marketing and introduces patients to implantology to ensure a good return on investment.

Day 1 is aimed at providing non-implant dentists with an introduction to implant procedures. Practitioners will leave knowing whether dental implants are both right for them as an individual and a feasible business proposition for their practice. DIO is also welcoming existing implant practitioners on the introduction day, which DIO claim exposes them to a new perspective and allows for non-biased discussions and a healthy propagation of expertise to all attending.

Day 2 focuses on the clinical and restorative aspects of DIO Implants in more depth and is therefore applicable to both new and an existing implantologists alike.

Once the introductory course is complete, practitioners can confidently decide whether to sign up for the year-long modular course to expand their knowledge and become implantologists. Mr Forster states, “Dr Mohamed and I struck a chord – we both have the interests of UK dentists at heart. Sam has extensive expertise and relentless enthusiasm. Combine these qualities with a genuine desire to help individuals achieve at the highest level and you have the ingredients for success.”

Modular Course
The year-long modular course aims to provide dentists with everything they need to know to become knowledgeable and confident implantologists. The course includes ten in-depth modules, both theoretical and practical, covering:

- Osteointegration
- Biomaterial in relation to bone regenerative membranes
- How to select suitable dental implant patients
- Treatment planning
- Radiographic techniques in implant dentistry
- Surgical techniques
- Surgical kit orientation
- Possible surgical complications
- Restorative techniques
- CT scanning and computer guided surgery
- Marketing and promoting your new service

Dentists are mentored throughout the course by Dr. Sam Mohamed and his team. Dr. Mohamed is a highly trained dental implant surgeon. Having trained with some of the world leaders in implant dentistry, including Dr. Hilt Tatum Jr., the former president of the American Academy of Implant Dentistry (AAID), and Prof. Manuel Chanavaz, the Head of Oral and Maxillofacial Implantology Department at the University of Lille2, Dr. Mohamed has been placing implants for over 15 years. He is a member of both the Association of Dental Implantologists (U.K) and the AAID.

Dr. Mohamed said, “Practitioners will attend our purpose built once a month to perform implant surgery under close supervision. This will give them real, hands-on experience and will quickly build their confidence in their own skills.” To supplement the hands-on training, Dr. Mohamed is providing distance-learning facilities via the internet.

Once the course has been completed practitioners will be awarded a certificate and logbook showing the number of patients they have treated and the individual details of each case. Most importantly though, dentists completing the course will have all of the skills they need to effectively place implants and treat most patient cases. However, the professional support doesn’t stop there. Successful implantologists are supported by Dr Mohamed’s “Continuing in Excellence” mentor program.

Marketing Assistance
DIO is very much aware that it’s all very well for dentists to learn new skills and develop new products, but the effort is useless if their patients are not made aware of the services that are on offer.

So, to help dentists promote their new techniques the company is providing advice and guidance on marketing techniques that dentists can employ to spread the word. These can include help with local PR, website design, brochure and leaflet design and production, Search Engine Optimisation, the use of social networking, etc.

For more information on DIO implants and their training programmes visit www.DIOUK.com or call 0845 123 3996.
Specialist Care Dentistry deadline approaches

The deadline for joining the Special Care Dentistry List is fast approaching. The General Dental Council’s (GDC) Special Care Dentistry list opened on 1 October 2008 and the transitional period will close on 30 September 2010. There are now only six months until the end of the transitional period for joining the Special Care Dentistry list.

After this date, UK applicants will need to hold a Certificate of Completion in Specialist Training to join the list. Registered dentists can currently apply to join the list on the basis of the relevant specialist training, qualifications and experience they have acquired to date.

Special care dentistry is concerned with improving the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability, or a combination of these.

In particular, this area of dentistry focuses on adults and adolescents requiring special care.

A spokeswoman for the GDC said: “Since the list opened in October 2008, 119 dentists have joined it. But we would strongly encourage other appropriately trained, qualified and experienced dentists who wish to join the list to submit their applications as soon as possible to avoid unnecessary delays or missing the deadline of the transitional period on 30 September.”

Dentists wishing to join the list can download an application pack from the GDC website www.gdc-uk.org or contact the GDC registration team by email assessments@gdc-uk.org or by phone on 020 7344 3741.

Eastman paediatric dentist wins prestigious award

The UCL Eastman Dental Institute (EDI) would like to congratulate Purvi Shah, an SpR in Paediatric Dentistry at the Eastman Dental Hospital (EDI) on winning the British Society of Paediatric Dentistry (BSPD) Poster Prize at the National meeting in September 2009.

The prize is awarded annually to a BSPD member for the best poster presentation of the conference. Entitled Double teeth: A review of cases at the Eastman Dental Hospital, the poster was based on work she undertook as part of her training.

The prize-winning project had been supervised by Dr Paul Ashley of UCL Eastman Dental Institute, Mr Joe Noar and Mrs Prabhleen Anand of EDH, who were all co-authors of the poster.

The Eastman Dental Hospital is part of University College London Hospitals NHS Foundation Trust.

For more information on taught or research programmes, please contact the Admissions Officer on 020 7915 1092 or academic@eastman.ucl.ac.uk.

Dentists wishing to join the list can download an application pack from the GDC website www.gdc-uk.org or contact the GDC registration team by email assessments@gdc-uk.org or by phone on 020 7344 3741.

New President for British Dental Health Foundation

Daniel Davis has been elected as the 19th President of the British Dental Health Foundation.

The news was announced at the Foundation’s Annual General Meeting, held on March 24 at the Royal Society for the Promotion of Health in London.

Daniel, Operations director at dental supplier Plandent Limited, follows in his father’s footsteps, John Davis, who was instrumental in setting up the Foundation back in 1971 and became the first non-dentist Chairman in 1989.

After the ceremony Daniel began his two-year term by thanking predecessor Chris Potts and said he was looking forward to moving the Foundation forward during his presidency.

He commented: “The coming years see an exciting challenge for the Foundation both in the United Kingdom and internationally. The audience to which we are promoting good oral health messages to is growing all the time and with the implementation of newer and more efficient strategies I hope this trend will continue.

As President, Daniel will lead the trustee board and act as a figurehead for the British Dental Health Foundation.

The charity has been working hard to improve the public’s oral health, raising awareness and encouraging healthy lifestyles. Daniel added: “I would like thank the board and Foundation’s members for electing me and hope 2010 will prove a great success.”

"We don't worry about our NHS compliance anymore".

Dental Air has one of the best customer service reputations in the dental industry, and with our fast call out times, it is no surprise that we are the leading supplier of oil-free compressed air packages.

Freephone 0800 542 7575 to book a survey or to receive your FREE ‘Practice Managers Guide’
GDPUK round-up

The GDPUK online community is always keen to air and share its views, and this month sees the launch of its new exhibition review section, says Tony Jacobs.

This has been another busy month on GDPUK, with the launch of our Dental Show Reviews site www.dental-showreviews.co.uk. This new part of the site is like ‘Trip Advisor’ for the present proliferation of dental exhibitions. It allows dentists, their teams and the dental trade, the exhibitors who pay for the shows, to rate events themselves, and thus provide mutual feedback. This in turn will help colleagues, and perhaps the trade, to decide which show is best for them to visit.

On a more serious note, some exclusive news has already been published on the site concerning a GDC meeting held in camera, when it is usually open to the public. As secrecy was maintained, rumours concerning what was discussed began to circulate, culminating in someone resigning from the GDC, and that there was a financial problem and a potential rise in the ARF. The truth in these matters is yet to be clarified, but as you can imagine this provided grist to the GDPUK mill.

Surprisingly to me, the NHS dentistry pay cut announced by the Government in mid March was met with little comment on the forum. There was no rush to man the barricades. How can this be analysed?

Strange but true?

Of course GDPUK wouldn’t be the same without its range of little anecdotal snippets floating around its cyberspaces. For example, one asked whether silicone impression material could be removed from one’s clothing. Another raised the topic concerning the difficulty in sometimes identifying an implant from the radiograph, suggesting that a national register would help. Therefore, in say 20 years, one could go there and see the make and type of implant placed. Especially amusing was the story of a patient (aged 84!) who took revenge on a dentist by leaving a home-made bomb outside the practice.

As always, there are many topics lifting the spirits of those involved in the thread. One of these is the story of concerning the consolidation of the hundreds of thousands of messages on GDPUK. As part of this project, a colleague will collect and collate the 100,000 messages posted on Yahoo groups, so that other colleagues can turn it into a searchable database, which will eventually be part of the present GDPUK.com site. Hopefully, this project will probably be complete by the time you read this. One colleague is determined the British Library shall be able to access the data for future historians to consult on the way trends in UK dentistry unfolded.

Bright Ideas

Bringing you the world’s leading thinkers in aesthetic and restorative dentistry to share their experience and knowledge in the heart of the capital.

The AOG and Smile-on in association with the Dental Directory bring you

The

Clinical Innovations

Conference 2010 | The state of the Nation

Friday 7th and Saturday 8th May

The Royal College of Physicians, Regent’s Park, London

World Class Speakers: Julian Webber, Kevin Lewis, Achim Schmidt, Eddie Lynch, Basil Mizrahi, Wyman Chan, Trevor Bigg, Jonathan Britto, Joe Omar, Seema Sharma, Bruce Bernstein ...many more to come.

Go to www.clinicalinnovations.co.uk or call 020 7400 8967

About the author

Tony Jacobs, 52 is a GDP in the suburbs of Manchester, in practice with partner Steve Lazurus at 406 Dental (www.406dental.com). He has held roles in his LDC, local BDA and with the annual conference of LDGs, and is a local dental adviser for Dental Protection. Nowadays, he concentrates on GDPUK, the web group for UK dentists to discuss their profession online, www.gdpuk.com. Tony founded this group in 1997 which now has around 7,000 unique visitors per month, who make 15,000 visits and generate more than a million pages on the site per month. Tony is sure GDPUK.com is the liveliest and most topical UK dental website.
Bukumbi Bound

With the trip to Tanzania only days away, *Dental Tribune* details recent fundraising efforts and a growing sense of panic!

It's one week to go before the trip, and I'm getting in a right flap about everything! What to pack, what not to pack, remembering any of the Swahili phrases which might come in handy, sourcing my malaria tablets... you name it, I'm flapping about it!

Of course, all of this flapping is covering up my anxiety about the trip. Don't get me wrong, I'm extremely excited, but you can't help worrying about whether or not you're up to the task or if you'll cope in the heat. However, I know that when we get out there all the worrying will be in vain as I know that we will be a very motivated and committed team and will throw ourselves into the experience.

Speaking of committed, or needing to be, four intrepid fundraisers stepped out very early into the Kent countryside to complete a marathon hike around Bewl Water. The perimeter of which is 17 miles. Having endured all the 'jokes' about walking around Bluewater, which for those not living in the Southeast is a shopping complex (and believe me by the end of it I was wishing it was Bluewater!) it was time for Schulke UK's Andrew Thurston, Anne Harris, Jacqui Entwistle and myself to follow the picturesque Round Bewl Water walk. This name is a bit of a misnomer, as for long stretches of the walk we couldn't even see the water! However, it was a beautiful place to trek for miles, we were extremely lucky with the weather as it was a lovely sunny Spring day with just enough breeze to stop us from overheating and we were suitably exhausted at the finish to regret any plans more energetic than sitting in a warm bath that we had made for the rest of the weekend!

A big congratulations to the team for completing the walk and keeping their enthusiasm and spirits up, even in the face of Andrew's terrible jokes (it'll be a long two weeks in Tanzania if that was his best material...); even bigger congrats to Jacqui who did the majority of the walk with an extremely painful blister on her foot and who by the end was barely able to hobble.

Another fundraising effort from a member of the team going to Bukumbi was led recently by Henry Schein Minerva's Len Camporeale, who with some members of the HSM team (Louie (Marketing) and Wayne (Warehouse)) camped in the car park of the company's UK head office and asked the TSMs to donate a day or a week's commuting expense to the project. From all accounts, it was more comfortable than some of the hotels the team had stayed in!

To support these fundraising efforts, go to www.justgiving.com/bukumbibound and donate. This easy way of helping us raise money for this worthy cause goes straight to the charity, and allows you to add Gift Aid to your donation.

Contact your local KaVo or Gendex supplier for more details!
I have spent nearly 20 years defending hundreds of dentists before the various Committees of the General Dental Council (GDC) and so read Mr Goodwin’s article with interest. Unfortunately, I fear that in a number of respects I found the article confusing and I hope you will permit me to offer some observations for the benefit of readers of the Dental Tribune.

Fitness to Practise Procedures

The Fitness to Practise procedures at the GDC are fairly labyrinthine but Mr Goodwin’s article makes them appear more impenetrable than needs be. Indeed, I am still not sure whether his article intends to refer to the Interim Orders Committee (“IOC”); the Professional Conduct Committee; or the Investigating Committee.

Put simply, all complaints and convictions notified to the Fitness to Practise Department at the GDC (other than those screened out at an early stage) are referred to an Investigating Committee for consideration. That Committee can decide to take no further action; issue an advice or a warning; or refer the case to one of the Practice Committees. The Practice Committees comprise the Professional Conduct Committee, the Health Committee and the Professional Performance Committee. Their titles are self-explanatory and the Committees deal with conduct, health and performance issues respectively.

A practitioner receiving any correspondence from the Fitness to Practise Department of the GDC would be well advised to seek immediate assistance from his defence organisation (or a suitably experienced lawyer if he does not have defence organisation membership).

The IOC

There is a further strand to the GDC’s Fitness to Practise procedures which is also referred to in Mr Goodwin’s article. This is the IOC. This Committee has the power to impose an Interim Order (and thereafter the High Court provides an opportunity for the dentist (or the GDC) to apply for amendments to the Order if there has been a change of circumstances (either for the better or worse).

Finally, Mr Goodwin, very openly, accepts that he has not dealt with what he describes as the “appeal procedure” that is available against Interim Orders. It is not, in fact, an “appeal procedure” but an application to set aside an Interim Order, which is made to the High Court. My firm obtained such an Order against the GDC in 2008 in the case of R (on the application of Sheikh) v General Dental Council (2007) which is now referred to as a benchmark by lawyers in most GDC and GMC Interim Orders hearings. It should be noted that an application of this nature is unlikely to succeed except in unusual circumstances and the practitioner (or his defence organisation) is put to a considerable costs risk if it fails.

My firm has produced a brochure headed “The General Dental Council’s Fitness to Practise Procedures” which I would be delighted to make available to any readers if they would like to contact me at c.morris@hempsons.co.uk (or call me on 020 7859 0278).
Help or hindrance?
James Shedlow discusses the new Personal Dental Services Plus Agreement and the array of new practices and procedures dentists will need to put in place as part of its implementation.

From October 2009, the new Personal Dental Services Plus Agreement was released ahead of schedule by sev-

eral months and took on a life of its own as it was debated by practitioners, dental organisations, the Department of Health, the British Dental Association and the Department of Health. The agreement is aimed at tackling current access and inequality problems surrounding the provi-

sion of NHS dental services.

The new proposals have already caused a furore within the dental community, and dragged the British Dental Association (BDA) and the Department of Health into a stand off. The main concerns appear to include the complexity surrounding the calculation of the payments due under the new regime, as well as the significantly increased ad-

ministrative burden facing den-

tists under the provisions of the new agreement.

Payment issues
Under the revised provisions, the payment system will be overhauled with practices only receiving half the agreed pay-

ments each month and the rema-

inder being paid in quarterly lump sums.

The reliance on UDAs as the sole measure of perform-

ance will be a thing of the past. Instead dentists will be obliged to provide their services to patients in accordance with and subject to the key perform-

ance indicators (KPIs) set out in the agreement.

The KPIs fall into five cat-

egories – Access, Effective Care, Health Promotion, Value for Mon-

ey and Patient Experience (all of which are weighted differently under the agreement in terms of importance). Fur-

thermore, there are three bands of performance level in respect of each category: Band A (desired performance), Band B (minimum acceptable performance) and Band C (unac-

ceptable performance).

For each KPI category and relevant performance band (in respect of which guidance is given within the agreement as to what level of performance would equate to the appropriate band), there is a corresponding pay-

ment band.

However, in this regard the KPI payment calculations are so intrinsically complex that it is envisaged that the calculation of the end figures ultimately pay-

able will prove extremely prob-

lematic for dentists.

Administrative burden
There is considerable concern that dentists will become em-

broiled in a mountain of paper-

work and bureaucracy under the provisions of the new agreement.

The contracting dentist will be obliged to develop and imple-

ment a “continuous improvement plan” in relation to the services, deploying an evaluation process and patient satisfaction surveys agreed with the PCT, to ensure that the quality of the service is improved. In addition, there will be a requirement to regularly re-

view the KPIs in accordance with the performance bands specified under the agreement so as to en-

sure that the performance of the services is improved.

Clearly, this is going to be a very intensive and time-consum-

ing process.

The dentist will be required at all times to act with full regard to the safety of all people at the practice premises (this will in-

volve the preparation of a suitable Health and Safety Plan), to comply with all Care Quality Commis-

sion requirements and “aspire” to achieve a top performance rating in respect of the KPIs (although quite how such “aspiration” is to be measured remains a mystery).

A “quality assurance system” must be put in place that is fol-

lowed by anyone assisting in the performance of the services un-

der the agreement. This system must reflect the KPI requirements under the agreement.

The contracting dentist is re-

quired to ensure that there are in place arrangements for all per-

formers and staff at the relevant practice to maintain and update their level of competence, skills and knowledge.

No further detail is provided under the agreement, but the impli-

cation is that associates need time allowed for career development and that the practice needs to have a firm training policy in place.

The revised Clinical Govern-

ance provisions in the agreement require the dentist to go beyond simply complying with the PCT’s arrangements in this regard and instead the putting in place of an “effective system” of clinical gov-

ernance (for example, a firm and structured arrangement through which the dentist endeavours to continuously improve the serv-

ices offered).

Aside from this, little guid-

ance is provided as to the crea-

tion of an effective system of clinical governance save that there is a requirement to comply with the PCT’s instructions in this regard.

There is a formal require-

ment of strict compliance with the Data Protection Act 1998 and further, there is a requirement to have in place suitable systems and policies to ensure informa-

tion security.

In this regard, the BDA has con-

firmed that it will shortly be providing comprehensive advice regarding the handling and man-

agement of patient information.

An unfortunate paradox
Such issues as highlighted in this article only serve to illumi-

nate the stark paradox begin-

ning to progressively engulf the Personal Dental Services Plus Agreement. Namely, that in its present form, it would appear that the agreement through its heightened bureau-

cracy and innate complexity carries the danger of further re-

ducing the accessibility of the public to NHS dental services, as well as the ability of dentists to concentrate on the provision of such services.

These are of course the very same issues that it was hoped this new form of NHS agreement would tackle upon its inception.

About the author
James Shedlow joined Cohen Cramer in 2008 and is a key member of the dental team working on prac-

tice sale and acqui-

sition transactions.

His particular area of expertise is in the corporate field, specialising in the preparation of expense share agree-

ments and the incorporation of dental practices. To contact Cohen Cramer solicitors, call 0113 2440597, email den-

tal@cohencramer.co.uk or visit www.cohencramer.co.uk.
Looking good
Referrals in the facial aesthetics field are growing says Dr Bob Khanna

Referrals are the lifeline of many specialist dental practices, with professionals relying on the confidence of their peers to provide a steady flow of patients.

This is a method that has worked well in the industry for many years, but doesn’t seem to have taken off within the facial aesthetics field with quite the same gusto. However, I think this is changing, and would suggest that facial aesthetic referral practices are the next progression for optimum aesthetic delivery.

A facial aesthetic referral practice works in the same way as any other referral practice. If someone is not confident in carrying out a treatment, they contact a peer who may be more proficient in the treatment concerned. After all, not many GDPs would be prepared to carry out full-mouth implant restorations. Similarly, someone who is proficient in dealing with simple marionette lines is hardly likely to want to attempt a full facial rebuild with dermal fillers.

Pain relief
I receive a lot of referrals, not only from dentists but also from GPs and plastic surgeons, whose patients have come to them seeking help for genuine medical problems, as opposed to aesthetics. Many people are unaware that the mainstay of the utilisation of Botox is still medical therapeutics and not aesthetic at all. The therapeutic use of Botox and dermal fillers is growing at a great pace.

Everyone knows about the anti-wrinkle effects of Botox, but it is not widely known that it can also act as a powerful muscle relaxant, often easing pain and suffering in areas such as the neck, shoulders and jaw. It has also recently hit the headlines with news of people having treatment for common medical complaints, such as bruxism, persistent headaches and other muscle spasms.

When someone has received appropriate training in delivering aesthetic treatments, its implementation within a surgery is very simple. Courses should provide help and support to newly qualified practitioners, and offer advice as to how best to market the practitioner’s new found skills to patients. However, setting up a referral practice is slightly different, especially if a practitioner is already well known for a different modality.

That said, I still believe that setting up a facial aesthetic referral practice is easier than setting up, for example, an endodontic referral practice. If a patient needs endodontic treatment, they need it, regardless of whether they want it. ‘A need’ is never as desirable as a ‘want’. People seek facial aesthetic treatments because they ‘want’ to look younger and better. It has also been shown in numerous surveys that people will spend on ‘wants’ regardless of poor economic climates. Hence the demand is clearly out there for patients wanting such treatment, therefore driving the process forward.

A practitioner is in the unique position of being able offer patients effective and successful treatment. The market is already there, and it is booming. Not having to create a market, instead having to tap into an already existing one, makes setting up a successful referral practice simple and effective.

About the author
Dr Bob Khanna is widely regarded as one of the world’s leading exemplars of dentistry and facial aesthetics. He is the appointed clinical tutor in facial aesthetics at the Royal College of Surgeons and has trained thousands of dentists and doctors through the Dr Bob Khanna Training Institute. For information, call 0118 9606 930 or visit www.drbk.co.uk.
Countdown to CQC registration

Is your PCT (preventive care team) ready? asks Seema Sharma

All NHS and private dentists have to register with The Care Quality Commission in 2011, and CQC has developed a set of outcomes around personalised care, treatment and support.

How many times have you been to a practice building seminar which tells you that your hygienist is the key to your practice’s success? Well, here is an opportunity to tie this success back to CQC requirements, demonstrate how you provide personalised care for all patients and free your time up for higher production dentistry – the dentistry you trained to do. Practice management gurus tell you time and time again how patients can be risk assessed and fits this provides a system to tailor care, treatment and support.

The previous article explored how patients can be risk assessed and how patients should be on a four-monthly for older patients with no doubt of their full registration and for younger patients, and 12 monthly for older patients with no disease and no risk factors.

Amber (moderate needs) patients are at a higher risk of dental disease because they have risk factors, but not necessarily active disease. They are often the patients you will need to provide the most high end treatment for such as whitening, implants, cosmetic dentistry etc, because they do not have active disease precluding treatment but they are not problem free. Such patients should be on a four- or six-monthly regime with the preventive care team really comes into its own here as they enable you to keep your diary time reserved for disease management and therapy. Delegate personalised diet analysis, quarterly fluoride varnish applications on kids (yes, that’s in the evidence base!), flossing demos and all the other aspects of care that can be delivered by dental care professionals and would otherwise require you to work every night... and on Sundays.

Just pop the guide below on the wall in your surgery and in your hygienist’s surgery, delegate effectively, get your whole team delivering personalised care, treatment and support and do the dentistry you enjoy.

**Countdown to CQC registration**

**Is your PCT (preventive care team) ready? asks Seema Sharma**

All NHS and private dentists have to register with The Care Quality Commission in 2011, and CQC has developed a set of outcomes around personalised care, treatment and support.

How many times have you been to a practice building seminar which tells you that your hygienist is the key to your practice’s success? Well, here is an opportunity to tie this success back to CQC requirements, demonstrate how you provide personalised care for all patients and free your time up for higher production dentistry – the dentistry you trained to do. Practice management gurus tell you time and time again how patients can be risk assessed and fits this provides a system to tailor care, treatment and support.

The previous article explored how patients can be risk assessed and how patients should be on a four-monthly for older patients with no doubt of their full registration and for younger patients, and 12 monthly for older patients with no disease and no risk factors.

Amber (moderate needs) patients are at a higher risk of dental disease because they have risk factors, but not necessarily active disease. They are often the patients you will need to provide the most high end treatment for such as whitening, implants, cosmetic dentistry etc, because they do not have active disease precluding treatment but they are not problem free. Such patients should be on a four- or six-monthly regime with the preventive care team really comes into its own here as they enable you to keep your diary time reserved for disease management and therapy. Delegate personalised diet analysis, quarterly fluoride varnish applications on kids (yes, that’s in the evidence base!), flossing demos and all the other aspects of care that can be delivered by dental care professionals and would otherwise require you to work every night... and on Sundays.

Just pop the guide below on the wall in your surgery and in your hygienist’s surgery, delegate effectively, get your whole team delivering personalised care, treatment and support and do the dentistry you enjoy.
Infection control in the dental setting is a fundamental topic in terms of patient safety and regulatory compliance. However, in a European context, it is very difficult to have a consensus across the member states as each country has its own directives.

This is where the Association for European Safety & Infection Control in Dentistry (AESIC) comes in. Recently established, AESIC is a European organisation for information on infection prevention, infection control and hygiene within dentistry. The AESIC mission statement is to be the leading European source of information on safety, infection prevention and infection control for academia, corporations, policy-makers and clinicians alike.

Even though the organisation is still in its infancy, it is bringing together the leading minds in the arena of infection control to campaign for consensus in infection control policy across the European member states. One such mind is Mikael Zimmerman, one of the foremost academics behind quality assurance in Swedish dentistry. He is the author of more than 50 papers on cross infection control and has on several occasions been an advisor to the Swedish Foreign Ministry on hygiene and infection control. Mikael has also worked as advisor to the Swedish Armed Forces in the development of the New Medical Care System to be used by The Nordic Battle Group.

Speaking to Dental Tribune about the founding of AESIC, Mikael was very pleased with how the organisation was shaping up: “We have been talking a lot about this and I am very pleased with how the organisation is shaping up. The founding of AESIC, Mikael was delighted to say.”

The plan for AESIC is that it will be an all-inclusive community for dental professionals and manufacturers across Europe to come together and have a place to be able to discuss issues surrounding infection control. “We want to include everyone concerned with infection control who works within the dental team. At the moment we are targeting mainly dental professionals, the unique thing is to get users, producers, academics and those working in a regulatory capacity to come together and work with each other to contribute towards the best practice for infection control.”

“Is it a common issue for all of us and at the centre of it is the patient. All of us should be working together to get everything as safe and as good as we can for the patient.”

To get the association off the ground, AESIC has eight founding members from dental industry:

- Durr Dental AG
- Henry Schein
- Hu-Friedy Manufacturing BV
- Nitram Dental a/s
- Scifan GmbH
- Schülke +" 
- Smile-On Ltd
- W&H Buermann GmbH

With this in place, it has allowed AESIC to find other partners as well as being the recruitment process for members. To help with this all of the eight founding members will receive a specific number of free member-ship places to distribute to customers, partners and anyone who could both benefit from and participate to the organisation.

Mikael told DT about the various events and means of communication AESIC is setting up for members: “We have established our website – www.aesic.eu. Our plan for that is that it will be the number one resource for information and advice for infection control for everyone involved in dentistry across Europe.

“We have also established an e-newsletter – it’s still in its very early stages, but we have had good feedback from subscribers so we know we are going in the right direction.”

Mikael added: “The most important thing though this year is the meeting in November: we are planning on top of meeting to establish a board and formulate a constitution that we will run a one-day conference with a clinically-orientated topic for one half and a more industrial aspect for the other half of the day. Of course both of them will focus on getting very best for the patient. We will try to bring in key opinion leaders and discuss what is the state of the art in infection control and where do we need to go further?”

To find out more about AESIC and to become a member, go to www.aesic.eu.
The Chain of Infection
The Chain of Infection was first described by Storr and Clayton-Kent in 2004. It consists of the source of the infection, the mode by which it is spread, the person at risk and any potential points of entry. The easiest way to break this chain is by interrupting the mode by which it is spread.

Because hands represent the most important vector for the transmission of infection between patients and members of the practice team, the single most effective way to prevent the spread of pathogenic microorganisms within any clinical environment is effective hand washing.

Simple Ideas for eliminating the risk of cross-infection
Kathy Porter, Senior Dental Nurse (Decontamination) at Birmingham Dental Hospital, describes the common cross infection threats faced by everyone in the dental practice and “Best Practice” for eliminating them.
the waste, mess and inconvenience associated with aerosol spray disinfectants.

Finally
To implement best practice for infection control, dental surgeries must identify all the potential sources of infection and transmission routes within their practices, and adopt appropriate protocols to break the chain. To ensure these protocols are actioned properly it is vitally important that all new staff members are thoroughly trained in this essential component of practice life. This training should be accurately documented, along with the practice infection control policy, and made available for external audit upon request. Both the policy and the training must be updated and reviewed regularly, at least once a year, and these reviews documented too. Correct implementation of these protocols should also be monitored regularly to ensure that standards are maintained throughout the practice. This should involve undertaking audits and assessments which should be retained for inspection if requested. All of these audits should be carried out in compliance with appropriate local PCT policies.

Disclaimer:
The pictures used to illustrate this article show examples of some of the many products available in this field. The author does not endorse these or any other product, this must be a decision made by the user.

Introducing our **NEW** versatile range of

**Extra Large Microfibre & Economy Wipes**

Powerful antibacterial action for all sensitive and non-sensitive surfaces within treatment and decontamination areas!

**PracticeSafe**
- Available in heavy duty microfibre or economy wipes
- Very effective against harmful bacteria*
- Low odour, non-drip and durable
- Aldehyde and phenol free

**ChairSafe**
- Available in heavy duty microfibre or economy wipes
- Alcohol free for sensitive surfaces and equipment
- Suitable for all types of dental chairs including leather
- Gentle on hands

*ChairSafe and PracticeSafe Wipes are active against microorganisms including MRSA, fungi and HBV/HCV/HIV/BVDV/Vaccinia, + Influenza A (H1N1) pathogens of Swine Flu.

To order call 01793 770256, visit www.kemdent.co.uk or email sales@kemdent.co.uk

Manufactured in the UK by Kemdent, Purton, Swindon, SN5 4HT
Email: sales@kemdent.co.uk Web: www.kemdent.co.uk
Cleaning up

One way of making sure infection control procedures are carried out properly is to delegate the management of the process to a company dedicated to providing a guaranteed decontamination service. Ken Turley explains...

Infection control is an essential element of any modern dental practice. It is also part of the duty of care: there is a legal obligation to ensure that when a patient consents to dental treatment they receive a standard of care that puts them above any reasonable risk of contamination.

As practice managers will be aware, staff have a statutory duty of care to ensure that all instruments and equipment are safe for use, have undergone a thorough process of cleaning/disinfection, sterilisation and storage, and that any instrument is free from contamination from blood or other body fluids.

The practice’s infection control policy, which all staff should be familiarised with and guided by at all times, forms the basis of a training and reference guide for staff, particularly during their inductions. There should also be a nominated lead member of staff responsible for infection control and decontamination. If the practice has yet to draft their Infection Control policy, it is advised to consult with an expert provider of decontamination services who can help formulate the document correctly.

Follow the rules

Within the policy, the correct procedure for decontamination of instruments should be recorded. There is the need for a clearly defined cycle that ensures reusable items are rendered safe for further use and for staff to handle: this method of reprocessing is detailed in the HTM 01-05 document. It is essential that there is a systematic approach to this process by having clear ‘dirty’ and ‘clean’ zones in the surgery to avoid the cross contamination of used instruments with clean ones.

HTM 01-05 states that, where possible, disposable items should be used. Single use items will be clearly marked as such, and reusing such items can seriously affect the safety, performance and effectiveness. Instruments that are difficult to clean, such as matrix bands, saliva ejectors, aspirator tips and three-in-one tips should be considered for replacement by single-use items if appropriate.

Where single-use items are not practical, instruments and appliances must be processed using the correct procedure. This is the only way of ensuring the equipment is free of any possible contamination and therefore safe to use.

The decontamination process

Any instrument contaminated with blood or saliva must be completely clean before it can be sterilised. Manual cleaning is considered to be unsuitable, primarily because of the lack of reproducibility of the conditions. There is, however, still the need for manual inspection after the decontamination process has been completed, to ensure the instruments have been successfully reprocessed.

Washer disinfectors are considered to be the best solution to the cleaning process because they offer a validated, controlled and efficient process of cleaning instruments compared with manual cleaning and most ultrasonic baths. These machines are fully automated and provide a reproducible and validated cycle of cleaning and disinfection. Always consult with a reputable manufacturer on type, requirements, installation etc to ensure you have the right machine and that you and your team fully understand how to gain the most from their use.

Careful loading of the instrument is required, as incorrect loading will inhibit the machine’s ability to clean effectively:

- Do not overload instrument carriers or overlap instruments.
- Open instrument hinges and sterilisation carriers or overlap instruments.
- Use the correct sterilisation tray or basket.
- Do not load instruments across each other or overlapping.
- Use the correct sterilisation tray or basket.
- Ensure all instruments are opened, with no filter or caps in place.
- Load instruments from the clean to the dirty side.
- Use the correct sterilisation tray or basket.
- Ensure all instruments are opened, with no filter or caps in place.
- Load instruments from the clean to the dirty side.
- Use the correct sterilisation tray or basket.
- Ensure all instruments are opened, with no filter or caps in place.
- Load instruments from the clean to the dirty side.

The HTM 01-05 document states that, wherever possible, disposable items should be used.

• The HTM 01-05 document states that, wherever possible, disposable items should be used.

• For dentistry, the two standard types of autoclaves are Type N (non-vacuum) and Type B (vacuum). There is one UK manufacturer who has developed a “hybrid” B and N steriliser, giving practices greater flexibility in their decontamination options.

Safe storage

Once satisfied that the instrument has been successfully cleaned, storing it safely is vital in preventing the recontamination by pathogens. This is an area of instrument decontamination that must be rigorously controlled and a dedicated storage area, separate from the clinical area, is required to meet ‘best practice’ standards. There needs to be a clear rotation system of ‘first-in-first-out’ so instruments are used within the time limit stated in HTM 01-05.

Using trays covered with lids is a practical way for storing and transporting instruments, while pouches are useful for instruments that are used less frequently. By organising instruments into treatment bundles, it is possible for the surgery to identify the cost of decontamination for specific services. This could become a useful method of business cost diagnostics.

The reprocessing of instruments is an integral part of the decontamination procedures of a surgery. Naturally, the new regulations that apply to dentistry will entail a greater burden of administration upon an already busy management team. One solution is to delegate the manage- ment of the process to a company dedicated to providing a guaranteed decontamination service to the surgery who covers all aspects, from supplies to sur- gery design.

The HTM 01-05 document states that, wherever possible, disposable items should be used.

About the author

Ken Turley is the founding director of the YoYo Dental Group. Following a 17-year military career, Ken worked globally in the mobile telecommunica- tion industry until 2005 when he became the managing director of Salpharma, a 35-year old hospital autoclave company providing decontamination equipment which he later acquired and re-branded as YoYo in 2006.
Preparing for a ceaseless attack

Richard Musgrave of Schülke talks about why it is essential to make sure you minimise the risk of cross-infection in all areas of the practice.

Stopping cross-infection is a ceaseless war of attrition against an implacable, unseen enemy whose storm troopers are carried into every healthcare facility worldwide on the clothing, the skin, even the breath of everyone who enters the premises.

The most vital elements in checking the enemy’s advance are the training and the vigilance of the defenders, and every member of a dental practice team has a role to play in blocking the transfer of pathogens from patient to patient, clinician to clinician, or even to the postman or delivery driver. From the consultant implant surgeon to the receptionist, rigid adherence to established hygiene protocols is a personal, professional and social responsibility.

Aware of danger

While existing staff must guard against complacency, new recruits must immediately be made aware of the dangers and receive comprehensive infection control training before they are permitted to start work. Even those with previous experience must be advised of the precise hygiene schedules adopted by their new practice, as anti-infection procedures and equipment will naturally vary according to the different physical characteristics and treatments offered by each practice.

Individual staff members must always assume the responsibility for their own safety. Inevitably, clinical staff present during invasive treatments are at greater risk and need to exercise increased vigilance over their own health. They should voice any concerns as they arise, and seek prompt medical advice in cases of doubt. They need to be fully trained in the wearing and use of barrier protection (aprons, gloves, goggles), and should take advantage of the security offered by immunisation from common infections such as measles, mumps and rubella. For those who come into contact with blood or other bodily fluids, protection is also available against hepatitis B.

Getting rid of waste

The battleground extends beyond the surgery into the area of waste disposal. The growing popularity of single use instruments and sundries with some practitioners highlights the need for care in handling contaminated materials. There are also legal constraints on the disposal of many chemicals and cleaning agents, and obvious risks are attached to handling contaminated sharps, whether for re-sterilisation or disposal.

Training should always include the procedures to be followed in the event of an accident. If an elderly patient should have a fall, for exam-
ple, or a sharps injury occurs to a member of staff, hygiene protocols must not be suspended in the urgency of rendering immediate assistance. If clerical as well as clinical staff have been instructed in the dangers and combative procedures to be taken to ensure protection, there are many more hands available to offer professional help at a time of extraordinary need.

As a reminder, a copy of the practice’s own cross-infection policy and the latest (2006) Department of Health (DH) HTM 01-05 Decontamination Protocols may be awarded to every member of staff at the completion of their training. At the very least, the DH publication should be readily accessible for reference to anyone working in the practice.

Constant fundamentals

Although the nature of the perceived threat may change – in recent years from Asian flu to bird flu to swine flu, for instance, and now, following the MMR inoculation controversy, perhaps measles will become a higher risk factor – the fundamentals of cross infection control are constant.

The intention is to remove to the limit of possibility all pathogens from the surgery and practice environment, and since most pathogens are killed by the same products and procedures, a rigidly observed hygiene routine becomes a ‘one size fits all’ solution, although there may still be occasions when specific action is required to combat a specific potential risk; MRSA, for example, has recently dominated the headlines in even the mainstream media.

At the same time, research and new technology continually bring new products to the market, along with innovative clinical equipment which may have its own discrete hygiene regimes, and regular reviews of the practice’s cross-infection policy should take these advances into account in the quest for an ever safer working environment. Whenever changes are introduced, it is imperative that all staff are fully informed.

Identify threats

Regular reviews of policy and procedures guard against complacency and encourage staff to monitor their own health. They also present opportunities to identify local or particular threats, which not all staff may have appreciated and which demand increased attention – an epidemic at a local school, for example.

Regular access to professional training ensures that standards are maintained for both existing and new staff members, and that practices are always familiar with the latest products, ideas and procedures in this essential aspect of safely delivering dental care within the community.
Getting cross infec-
tion control right

Dave Gibson, discusses the advances in cross infection control and some of the ways you can secure a completely decontaminated environment in your dental practice.

What does cross infection control really mean?

There are various views about the aforementioned subject and although most dentists will adhere to the guidelines set out by the government, actually complying with them is an entirely different matter. In order to continually meet the needs of the directives, it is important to gain the right support, knowledge and experience to develop and advance the way in which your practice operates.

In order to secure a completely decontaminated environment, make sure that your practice puts in place ‘dirty to clean surgery areas’. We now refer to this process as Decon360 (Dental Decontamination Room) to meet the latest HTM 01-05 directives.

Implementing in-surgery cross infection control

To comply with this directive in its entirety, make sure that you start with a ‘Dirty Instrument Set Down’ zone. This will always be positioned near to the entrance/exit to ensure that contaminated instruments do not travel around the surgery. Within the same vicinity a built-in non-splash back sink(s) for instrument washing can be integrated with a knee-operated bin and optional waste chute underneath each sink unit.

Moving to the next stage of the process, a washer disinfector can be installed on or again underneath the work surface. (I will discuss options regarding the types of systems available). The fourth zone that needs to be considered in your Decon room is an ‘Instrument Inspection’ area. Normally the space above the washer disinfector can be used for initial instrument inspection after washing and disinfection has taken place.

Next door to this zone allocate space for your Autoclave(s) followed by a ‘Final inspection and packing area’ prior to storage or use of fully decontaminated instruments. Your seventh and final zone will be set aside for ‘Instrument Storage’. These units can either be wall mounted or positioned as cabinets underneath the final packing area.

Additional points to consider in this first phase include: location of sink which needs to be placed in a neutral zone between the clean and dirty areas. A single basin can also be wall mounted behind the entrance / exit as a final precaution.

Delivering safe non-contaminated instruments

Applying strict cross infection control conditions to your working environment is the best way of ensuring that cross contamination cannot take place. A well organised system can decrease the risk of decontamination which is why it is essential to design your Decon room in stages. Always make sure that you leave space between equipment to allow for ease of access when an engineer attends to service and maintain your products.

This important aspect of delivering non-contaminated instruments leads me to discuss how you go about choosing the right washer disinfector for your practice followed by the type of autoclave you should consider. Again, planning is the key to success. There are two primary elements to consider for washer disinfectors:

- Free-standing
- Bench top

‘Cross infection control, in its simplest form, is the non decontamination of surgery instruments between patients’
Of course, this can only be decided once you know exactly what room is available. If you have a practice with two or more surgeries, then the best option will be a free-standing washer disinfector as this will provide the internal room required to clean the amount of instruments used.

On the other hand, a bench top product is best utilised by practices who possess only one or two chairs maximum, providing the optimum amount of room for smaller sized cleaning quantities. In terms of purchasing the correct level model, you need to understand the decontamination process on offer. In this regard, there are major differences between manufacturers. For ease of reference, I have listed below some of the unique features you should have on your tick list prior to choosing or upgrading a washer disinfector.

1. Make sure your equipment is either EN15883, HTM2030 or HTM 01-05 compliant
2. Has ‘Unique Directional Irrigation’
3. Ceramic micro filtration for fully effective dental handpiece lumens cleaning
4. Rapid Wash/Disinfect cycle in under 40 / 45 minutes
5. Rack(s) for HFiT cassettes and mesh instrument basket
6. Compressed air drying system
7. Built-in water softener for hard water areas (detailed maps available upon request)
8. Touch screen controls
9. ICPs/Neodisher detergent starter kit
10. Integral detergent monitoring system to maintain product to highest level possible
11. Look out for an 11 or 22 Litre, six or 15 tray, HFiT 10 capacity autoclave
12. B Type model with rapid non-vacuum cycles
13. One touch operation
14. Self checking cycles
15. Advanced air detector (vacuum model only)
16. Twin water reservoirs
17. Direct drain options
18. Direct Data Download to PC as standard
19. HTM 01-05 validation and service including warranty aspects
20. Large chamber capacity is ideally suited for use with a washer disinfector

Difference prior to purchase
Understanding the entire process of cross infection control and how to maintain a ‘Decon-Free’ environment will help you save time and unnecessary long-term costs. These vital pieces of equipment go one stage further than previous cross infection recommendations. A Handpiece Care System ensures that you actually clean the insides of your dental handpieces. Similar to a washer disinfector and autoclave, this unique piece of equipment washes away debris left on handpieces to keep them running smoothly and more efficiently, while adding years to their lifecycle.

The surgery disinfection system will actually sterilise your surgery once you have completed your day’s work. By using this piece of equipment, you and your patients will be safeguarded from the high risks of cross infection.

Again it is worth bearing in mind the features that you must look out for prior to purchase. For a handpiece care system, take into consideration the following tick boxes:

1. A system that can automatically clean and lubricate up to three separate handpieces in 45 seconds.
2. Precise dosing of the exact amount of lubricating spray oil with no mess, or over-soling.
3. Chuck care system
4. One handed operation
5. Self contained cleaning and lubricating spray
6. Suitability for high and low speed instruments
7. Free lubricating spray and absorption pads to care for more than 1800 handpieces
8. Couplings for all major makes of handpiece

Getting ready for compliance
Cross infection control is now the ‘hot topic’ for anyone involved in dentistry. Because the goalsposts have changed dramatically over the last few years, it is essential to constantly re-view your own practice procedures. This can only be carried out by talking with experts in their field who understand the many pitfalls involved with setting up a fully functional Decon room for the purposes of becoming 100 per cent compliant in today’s clinical environment.

About the author
Dave Gibson is the Marketing Manager of Eschmann. For more information contact Dave on 01903 875 287 or email lc.sales@eschmann.com.uk
Provide your patients with a pain free alternative to traditional veneers.

Increase your income and improve the quality of your dentistry.

Learn how to place and finish LUMINEERS®

So......why choose Lumineers?
No Anaesthesia - increases patient demand
Instant Orthodontics for your patients
Longevity - clinically proven to last over 20 years
Versatility - can be placed over existing restorations
Permanent - whitening, no staining or discoloration
NEW- Lumineers 2, NOW 30% Stronger

One Day Course
MIDLANDS - 15th May 2010
Book now
0844 247 3527
email: lumineers@dkap.co.uk

Hands-on Workshop, Diagnosis & Case Selection
Treatment Planning, Step by Step procedures
.....and much more

UK Clinician, Dr W.E Jenkins, BDS(Wales)DPDS

An Evening Seminar - June 18th 2010
“Introducing.... the Lesion Detection System”
including a bonus feature ‘Smile Enhancement’

Oral Cancer.... is something your patients can’t afford for you to miss. More than 5000 people are diagnosed annually and it kills almost 2000 people every year.

Used with the Sapphire Plus Light the hand-piece works via fluorescence visualisation technology and is easily administered during routine checkups.
The Sapphire Plus Plasma Arc Curing light gives you increased productivity, increased profits and less stress. In addition to high speed performance with 3-5 second curing and dual arch hands free whitening you can now offer your patients piece of mind - with the NEW Lesion detection system.

To book your place call 08451 301611

DenMat®
from DKAP International Ltd

Infinity SE
Self Etching
Crown and Bridge Cement

Core Paste xp
Dual cure
Core build up material

Geristore
Self adhesive
resin glass ionomer
Hydrophilic and bio-compatible

UltraBond
Ideal cement for crowns, veneers, porcelain inlays, onlays and full porcelain crowns

Tenure
Versatile bonding agent

Viewed using
Sapphire Plus
Lesion Detection

DKAP international is an independent reseller and is not affiliated with or sponsored by Den-Mat Holdings LLC. Images used are taken from previous Lumineer courses.

Non-refundable deposit is required to reserve a place. DKAP reserves the right to cancel, content is subject to change without notice.

DKAP International is the trading name of DKAP International Limited. Registered in England No: 05153218

Hands-on Workshop, Diagnosis & Case Selection
Treatment Planning, Step by Step procedures
.....and much more

UK Clinician, Dr W.E Jenkins, BDS(Wales)DPDS

An Evening Seminar - June 18th 2010
“Introducing.... the Lesion Detection System”
including a bonus feature ‘Smile Enhancement’

Oral Cancer.... is something your patients can’t afford for you to miss. More than 5000 people are diagnosed annually and it kills almost 2000 people every year.

Used with the Sapphire Plus Light the hand-piece works via fluorescence visualisation technology and is easily administered during routine checkups.
The Sapphire Plus Plasma Arc Curing light gives you increased productivity, increased profits and less stress. In addition to high speed performance with 3-5 second curing and dual arch hands free whitening you can now offer your patients piece of mind - with the NEW Lesion detection system.

To book your place call 08451 301611

DKAP international is an independent reseller and is not affiliated with or sponsored by Den-Mat Holdings LLC. Images used are taken from previous Lumineer courses.

Non-refundable deposit is required to reserve a place. DKAP reserves the right to cancel, content is subject to change without notice.

DKAP International is the trading name of DKAP International Limited. Registered in England No: 05153218
Stormy seas for pension plans?

Jon Drysdale asks whether your NHS pension is secure in the eye of the financial storm of recently implemented changes

With many a negative story on mortgage borrowing in the national press and savings rates at a historically low level, many dentists are wondering in which direction their financial planning is heading. With a raft of recent changes made to the NHS pension scheme, here we discuss its benefits and consider whether the scheme remains one of the best.

Retirement mainstay

Dental practitioners with pre-dominantly NHS income should continue to see the NHS Superannuation scheme as the mainstay of their retirement planning. In fact, other than GPs, dentists are the only self-employed professional group, who benefit from an employer's pension scheme.

The benefits for dentists are sometimes misunderstood and should be differentiated from the main NHS 'final salary' scheme. In practice, many dentists will have an NHS pension based on a combination of two different sources of income – practice principal earnings and associate earnings.

Pension benefits:

Initial career phase (associates): Pensionable NHS earnings for associate dentists should be based on the amount of contract allocated to them by their principal. A nominal 43.9 per cent is 'uprated' to allow for inflation after retirement. There are many variables that will come into play, not least the size of the NHS contract and the length of service.

Secondary career phase (principal dentists): The final pension is based on 4.1 per cent of total career average re-valued earnings (CARE). For principals, NHS 'earnings' are effectively their contract value less a fixed percentage (56.1 per cent) to allow for non-pensionable 'expenses'. For example, a principal with NHS 'earnings' of £100,000 would have a contract of £227,790. Let us assume the dentist in question enjoys a level of annual NHS earnings of £80,000. (Bear in mind this is not necessarily the professional group, who benefit from an employer's pension scheme.

Principal earnings: For dentists with private fee income, the costs are proportionately higher. For example, an associate enjoys a level of £182,232, they should have 'NHS earnings' of £80,000. (Bear in mind this is not necessarily the amount of income they will be paid – this will depend upon the agreement they have with their principal.)

Let us assume the associate had 10 years of associate earnings before becoming a practice principal. On that basis, their total associate (NHS) earnings will be £80,000 x 10 = £800,000. The resulting pension will be 4.1 per cent of total associate earnings resulting in a pension of £11,200 per year, for life.

Further NHS pension scheme benefits include an optional tax-free lump sum, discretionary ill-health benefits, death-in-service benefits including a lump sum and partner/dependent pensions.

Further information on the NHS pension scheme can be found at www.nhsbsa.nhs.uk/pensions. The NHS pension scheme advises that: "If you are in any doubt about the pension arrangement that will be the best for you, you should seek independent financial advice.

There are further related subjects that dentists should seek independent financial advice on. These are: The 'lifetime limit' on pension funds, annual allowance for pension contributions, early retirement options and the nomination of beneficiaries for death in service benefits.

A note of caution

For dentists with private fee income, it’s good to remember that the NHS pension accrues only from NHS income. Those practitioners with increasing private-fee income should take independent advice on mitigating the resulting loss of NHS pension benefits.

About the author

Jon Drysdale is a qualified mortgage adviser, an independent financial adviser and a director of Practice Financial Management Ltd (PFM), an ASPD member. ASPD members offer professional, objective and practical advice and services, based on experience within the industry, to dental practices and other businesses within the dental sector. ASPD members include solicitors, accountants, banks, financial advisers, valuers and sales agencies, insurance brokers and leasing and finance companies. For more information on the ASPD, call 0800 458 6775 or visit www.aspd.co.uk. To contact PFM, visit www.pfmdental.co.uk.

If you are in any doubt about the pension arrangement that will be the best one for you, you should seek independent financial advice

NHS pension plan in the eye of the financial hurricane

‘If you are in any doubt about the pension arrangement that will be the best one for you, you should seek independent financial advice’
Dental implants require sufficient bone to be adequately stabilised. For some patients, implant treatment would not be an option without horizontal or vertical bone augmentation. Therefore, general bone augmentation is an area of immense importance in implantology.

A variety of materials and surgical techniques are available for bone augmentation, depending on the case and patient – after all, each case is different.

One option is a block graft, a bone augmentation technique ideally suited for simply building up bone matter. Firstly, the area to be augmented is measured and then cortical blocks are harvested from either the chin or the ramus of the mandible. First the area to be augmented is measured. After raising a flap from the donor site, a block is cut either by using peizo-surgical instrument or by drilling small holes to trace the outline of the block. A fissure bur then links these and the block is separated from the underlying bone using chisels.

The donor site can be filled with collagen sponges to aid healing, before being sutured. On the host site, the cortical plate is perforated numerous times to promote bleeding using small diamond burs. The block is then shaped using large burs to fill the void and follow the curve of the dip. Small holes are drilled through the block and the cortical plate to allow for a screw to secure the block in place.

Particulate bone can be used around the block and a resorbable membrane draped over the graft. This is left for at least six months before implant placement.

Non-resorbable membranes
A more tricky technique is to use non-resorbable membranes to build up the bone mass. The use of these membranes is technique sensitive and in inexperienced hands can easily lead to failures, resulting in the removal of grafts.

Generally there are two types of commonly used membranes. One of which is titanium reinforced, while the other is not. In areas of augmentation, xenografts alone with these membranes cannot be used. In my experience, although the ridge will augment, the quality of bone formed is very poor and unsuitable for implant placement.

It is therefore important to mix autogenous bone and xenografts together with an equal ratio to achieve better results. The autogenous bone can be taken from the tuberosity or ramus and crushed...
A tension-free flap is then sutured over the graft, and left to heal for at least six months before the membrane is removed – a vital stage in all augmentation cases. The peristium at the base of the flap can be scored using a scalpel to allow for greater flexibility.

Alternatively, ridge augmentation can also be achieved using resorbable membranes. An example would be a severely atrophic posterior ridge. Once the cortical plate is perforated, a mixture of autogenous bone and particulate bovine bone can be mixed and placed onto the atrophic ridge. A resorbable membrane can then be secured over the augmented area and left for a period of six months.

Demineralised Bone Matrix
A relatively new concept to enter the arena is the use of Demineralised Bone Matrix (DBM). Already used by some colleagues in the US, this technique has been approved by the American Food and Drug Association, but is still waiting to be approved in the UK.

This is human cadaver bone prepared in such a way that growth factors are released to aid augmentation. The bone comes in a putty form and is therefore very easy to use, simply mixed with autogenous bone, usually taken with bone scrapers or blocks, and crushed in a bone mill. In large defects, the cortical bed is further prepared by small perforations. Tenting screws are then placed to achieve the correct dimensions, before the putty bone is moulded in position and covered with a resorbable membrane. The area is sutured over using a tension free flap and allowed to heal for at least six months, after which the screws are removed and implants placed in this newly augmented bone bed.

Ridge splitting is a technique that allows the surgeon to open a thin ridge by cutting into the coronal portion of the cortical plate and gently widening the ridge using progressively larger sized instruments into the slit ridge. Implants are then placed, and the void filled with a bone matrix. This technique, although effective, can also lead to varying degrees of resorption.

A number of options are outlined in this column and all are very effective depending on case selection and surgical skills. Training courses are available on hard tissue augmentation.

---

**Module 1 Clinical Leadership and Service Delivery**

This module will cover the five leadership domains outlined in the Medical Leadership Competency Framework (2009): namely demonstrating personal qualities, working with others, managing services, improving services and setting direction.

**Module 2 Achieving Clinical Excellence**

Through an evidence-based understanding of the dental literature, this largely hands-on skills laboratory based module will provide a comprehensive review of the diagnosis, treatment planning and management of patients within the scope of NHS general dental practice. The challenges presented by both young and old patients, as well as those who may require special care in the community, will also be considered.

**Module 3 Improving Oral Health**

Current concepts in the aetiology and management of caries and periodontal disease, as well as behaviour management and an understanding of patient psychology, will all be considered as part of the team approach to improving oral health.

**COURSE OUTCOMES**

This programme is designed to support dental professionals:

- to lead the delivery of dental health services
- to manage the dental team
- to deliver effective prevention
- to improve oral health
- to deliver quality dental care

**Course fees:** £8,960 (to be confirmed by fees committee). Individual modules may be taken by those who have a specific training need.

Closing date for applications: 31st August 2010

For further information or to register, please contact: Marjorie Kelly, Programme Administrator, UCL Eastman CPD, 123 Gray’s Inn Road, London WC1X 8WD

tel: +44 (0)20 7905 1234 or +44 (0)20 7905 1261

e-mail: m.kelly@eastman.ucl.ac.uk

web: www.eastman.ucl.ac.uk/cpd

---

Developing leadership and clinical excellence within the NHS General Dental Services

This innovative programme is offered by the UCL Eastman Dental Institute with the support of the Chief Dental Officer and the Department of Health in order to encourage and support the dental team in their desire to deliver effective leadership and clinical excellence within the NHS whilst improving oral health through the delivery of effective preventive dentistry.

**WHO IS THE COURSE FOR?**

This programme is designed for NHS general dental practitioners who wish to embrace the delivery of clinical excellence through a commissioning framework and introduce new concepts and approaches to leadership, clinical management and team development within the primary care setting. DCPS working with course participants will be invited to attend selected training sessions.

**COURSE DELIVERY**

This challenging and thought provoking blended-learning programme will offer verifiable CPD and be delivered through 28 days of didactic and skills laboratory training over 15 months (approximately one day every three weeks) supported by work-based distance learning and assignments to include a service improvement project. Elements of Core CPD will also be made available to course participants and DCP colleagues.

**FACULTY**

Programme Director
Professor Andrew Eder
Programme Coordinator
Dr Rishi Patel
Module & Teaching Leads
Dr Janine Brooks MBE
Mr Robert Cragg
Mrs Helen Falcon
Dr Sue Gregory OBE
Dr Shazad Saleem
Professor Peter Spurgeon
Dr Vivian Ward
Professor Richard Watt

Supported by an experienced faculty of dynamic teachers and clinicians invited by both the Eastman and the Department of Health.

In association with

---

**UCL EASTMAN DENTAL INSTITUTE**

**THIS UNIQUE AND CHALLENGING PROGRAMME BRINGS TOGETHER CLINICAL EXCELLENCE AND LEADERSHIP SKILLS TO ACHIEVE IMPROVED LEVELS OF ORAL HEALTH THROUGH ACTIVE PREVENTION AND THE DELIVERY OF QUALITY CARE.**
Waging war on dental nurse wages

The majority of dental nurses are still earning less than £20,000 a year, according to BADN’s recent salary survey.

A survey into the salaries of dental nurses in the UK, conducted by BADN at the end of 2009, shows that the majority of dental nurses are earning less than £20,000 a year.

The majority of dental nurses who participated in the survey had been working in dental nursing for more than 10 years (60 per cent), worked more than 55 hours a week (55 per cent), in general practice (63 per cent), and earned between £10,000 and £20,000 a year (62 per cent).

Dental nurse salaries are still calculated by the hour (55 per cent), rather than as an annual salary (52 per cent), and are paid monthly (94 per cent) into a bank account (87 per cent), although one per cent are still paid in cash. Nearly a fifth (17 per cent) have second jobs, and over a third (35 per cent) are the sole or primary earners in their household.

Other findings

• 71 per cent of registered dental nurses pay their own GDC registration fees
• 92 per cent of BADN members pay their own BADN membership fees
• 54 per cent of student dental nurses pay their own training costs
• 45 per cent of employers make no contribution towards CPD costs; only 15 per cent cover all costs associated with CPD
• 92 per cent of employers do not provide any additional benefits, such as health insurance, pensions, childcare vouchers
• 52 per cent of registered dental nurses do not have their own indemnity cover
• 18 per cent of registered dental nurses have no indemnity cover at all!

“We were shocked, but not particularly surprised, at the results of the survey,” said BADN President Sue Bruckel.

“What is particularly disturbing is that the majority of the respondents were full time, fairly senior, dental nurses with more than 10 years experience – and the salaries are still well below the median pay for full time employees in the UK of around £25,500, according to ASHE and less than half the median pay for full time ‘health professionals’ of around £55,500.

“We discovered that most part-time dental nurses, or those who are younger or in more junior posts, were reluctant to participate in the survey because their salaries were so low. Of course, had these dental nurses actually participated, the results would have been even more damning, and shown more fully the exploitation of a predominantly female workforce.”

Inadequate insurance

What is particularly disturbing is the number of dental nurses working without adequate, or in some cases any, indemnity cover. BADN included indemnity cover in its Full Membership package so dental nurses wouldn’t have the hassle of having to research the subject themselves, and because economies of scale mean we can obtain cover at a very low premium. I appreciate that the membership fee initially seems a considerable sum of money, but when you consider that this includes £1m indemnity cover – as well as free verifiable CPD, legal advice and a journal, in addition to other benefits – or the cost of NOT having cover, it really is worth every penny.

“BADN will be offering free money boxes to BADN members who visit our stand at the Dental Technology Show, the BDA Conference, Dental Showcase and our own National Dental Nursing Conference to encourage them to save £3.50 each week to cover the cost of BADN membership and the GDC registration fee.

“The meantime, BADN will continue to lobby for a reduction in the GDC registration fee for dental nurses. BADN chief executive Pam Swain and I shall be meeting with the GDC’s new Chair Alison Lockyer and new chief executive Alison White to present them with full details of our survey and a firm request that the matter of dental nurse registration fees be put at the top of the GDC agenda.”

www.badn.org.uk
Dental Unit Water Line Disinfectant completes a highly successful range that is rapidly becoming the alcohol free disinfectant of choice. The new Continu is carefully selected to fully comply with HTM 01-05 guidelines, guaranteeing the best level of decontamination for your sterilizers, disinfectors, washers and cabinetry are compliant with HTM 01-05 guidelines, guaranteeing the best level of decontamination for your equipment.

The proper preparation of a dental surgery is the key procedure to manage gingivitis. The unique formulation creates an invisible barrier between invading bacteria and plaque bacteria to group together with little impact on the usual oral microflora. When used routinely, the Sienna DAC PROFESSIONAL autoclave handles large sterilization loads quickly and with the utmost reliability. The DAC UNIVERSAL supports the practice staff by automatically cleaning, lubricating and sterilizing handpieces maintained non-critical, semi-critical and critical applications. The function of the NITRASEAL, unit is to seal and preserve the objects sterilized in the DAC PROFESSIONAL. According to the hygiene guidelines of the Robert Koch Institute and other authorities the applications do not involve any contact with the mucous membranes.

A new weapon in the battle against bio-contamination of DUWLs. Nurieve has launched a groundbreaking new green based DUWL. Disinfectant to deliver a safe, effective and economic solution for inhibiting bio-contamination of waterlines. Some existing solutions are known to damage equipment, many are expensive, and HTM 01-05 guidelines state that no autoclave or steam cleaning device should be used without a certificate. The new Dental Unit Water Line Disinfectant completes a highly successful range that includes spray, sprays, liquid soap and hand cleaning cream, together with an Anti Microbial Dental Impression Film.

If you have any questions or queries, please contact us at the contact details provided. For more information call Nurieve on 01453 872 266, or visit www.nurieve.co.uk.

The Sirona DAC PROFESSIONAL autoclave handles large sterilization loads quickly and with the utmost reliability. The DAC UNIVERSAL supports the practice staff by automatically cleaning, lubricating and sterilizing handpieces maintained non-critical, semi-critical and critical applications. The function of the NITRASEAL, unit is to seal and preserve the objects sterilized in the DAC PROFESSIONAL. According to the hygiene guidelines of the Robert Koch Institute and other authorities the applications do not involve any contact with the mucous membranes.

The Sienna DAC PROFESSIONAL autoclave handles large sterilization loads quickly and with the utmost reliability. The DAC UNIVERSAL supports the practice staff by automatically cleaning, lubricating and sterilizing handpieces maintained non-critical, semi-critical and critical applications. The function of the NITRASEAL, unit is to seal and preserve the objects sterilized in the DAC PROFESSIONAL. According to the hygiene guidelines of the Robert Koch Institute and other authorities the applications do not involve any contact with the mucous membranes.

The Sirona DAC PROFESSIONAL autoclave handles large sterilization loads quickly and with the utmost reliability. The DAC UNIVERSAL supports the practice staff by automatically cleaning, lubricating and sterilizing handpieces maintained non-critical, semi-critical and critical applications. The function of the NITRASEAL, unit is to seal and preserve the objects sterilized in the DAC PROFESSIONAL. According to the hygiene guidelines of the Robert Koch Institute and other authorities the applications do not involve any contact with the mucous membranes.

A new weapon in the battle against bio-contamination of DUWLs. Nurieve has launched a groundbreaking new green based DUWL. Disinfectant to deliver a safe, effective and economic solution for inhibiting bio-contamination of waterlines. Some existing solutions are known to damage equipment, many are expensive, and HTM 01-05 guidelines state that no autoclave or steam cleaning device should be used without a certificate. The new Dental Unit Water Line Disinfectant completes a highly successful range that includes spray, sprays, liquid soap and hand cleaning cream, together with an Anti Microbial Dental Impression Film.

If you have any questions or queries, please contact us at the contact details provided. For more information call Nurieve on 01453 872 266, or visit www.nurieve.co.uk.

For more information please call 0800 581 108, e-mail info@saniswiss.co.uk or visit www.saniswiss.co.uk

Meeting your obligations - With no obligation to you. The only way to really make sure that your practice can continue to bring up to the demands expectations of HTM 01-05 and IOSCOHN (1994) directives, is to comparatively survey the entire competer system. By collecting data and anonymising collected qualitative this effective tool of your obligations as a responsible practitioner.

Any supplier of an compressant should be completely up-to-date to all with new and existing regulations. The leading suppliers and analogous collectors quotes last longer.

For more information please call Nurieve on 01453 872 266, or visit www.nurieve.co.uk.

To get your copy of the product guide speak to your Dental Directory Customer Care Department, or visit www.dentaldirectory.co.uk
**Green shoots**

Whether your practice could simply do with a ‘spring clean’ or a complete renovation, the end of the long, cold recession marks the perfect time to start anew. Now that the recession is coming to an end, the future looks brighter. Confidence in the market will start to grow, and practitioners will consider their future business directions and the possibility of undertaking practice improvements. With a boost in consumer confidence, the market will start to take more money. Of course, this is great news for any practice principal, but it also means that competition will start to pick up too.

By exhibiting the help of an experienced design and build company with an excellent knowledge of the dental industry, such as Genesis, the practitioner will be in safe hands.

Celebrate the green shoots of recovery by treating yourself and your patients to a new smile! For more information please call Genesis on 01782 394984 or email info@gensuicrest.co.uk.

---

**Barrow in expands with independent sector**

Groups, Integrated Dental Holdings is working hard to provide clinical excellence in increased opportunities for employees through ongoing training and support.

For the past 18 months, dental business coach Chris Barrow has brought his unique perspectives and expertise on the profession to IDH as Director of Private Sector Development.

Over the course of the coming year, Chris will be helping IDH to build a secure foundation for the next stage of the company’s evolution through a series of development projects:

- Partnering the Dental Recruitment Team as they create a series of nationwide Open Days
- Supporting the new IDH Training Academy
- Running bespoke development training sessions to coach new private and specialist team members
- Facilitating Multi-disciplinary Groups with designated practice teams, Dentists and Orthodontists to continue to develop their business plans
- Providing assistance in the evolution of the marketing plan for the Private and Specialist Dentistry.

---

**Owandy Ime Touch Panoramic unit**

Vispex are proud to announce the launch of the Owandy, Ime touch digital panoramic unit. This ergonomically designed and comes complete with both Tomographic and Panoramic applications as well as 3D imaging. The system comes with the Owandy Quasar software – a powerful software that can be mounted in as many practices as required for ease of transferable data.

The unit has Ethernet connectivity to one or more computers, or onto a network. Once connected, the main control panel of the Ime Touch can be shared amongst the dental team. The Owandy Quasar software can also take a USB memory stick, for transferring data outside of a network. The 3D laser positioning system helps the operator get excellent images consistently. The resulting radiograph can be viewed, zoomed and diagnosed on the Ime Touch control panel.

For further information on our co-operation with the Owandy Quasar software on a practice demonstration, please contact Vispex. For more information, or a demonstration of the Quasarimaging software, please contact Vispex.

Owandy supported by Wispex
Mark Chapman, Director Sales & Marketing
Mobile: 07734 944077 Email: mark@wispex.co.uk

---

**Munroe Sutton at The Dental Showcase 2010**

**The NobelProcera™ system from Nobel Biocare allows clinicians to offer their patients the very latest in restorative treatment, with fast, effective treatment procedures that perfectly cater to their requirements.**

An essential tool in the provision of individual and aesthetic restorations, the NobelProcera™ system uses cutting edge CAD/CAM software to give practitioners the keys to the straightforward delivery of robust yet attractive restorations.

Traditionaly, restorations signified a large financial commitment, considered by many patients to be beyond their means. Now, the NobelProcera™ system offers a highly versatile, cost-effective solution. The ‘one visit’ option is available, allowing full installation, shade, zirconia and titanium, which allow the practitioner to pass on more flexible pricing options, opening the door to more patients.

For practices, being able to offer a larger number of patients with the option to choose restorations means a significant expansion of the potential client list, and the financial benefits that this brings are evident.

The dedicated team at Nobel Biocare are training for treatment support throughout, and are always on hand to offer advice and information on the superlative NobelProcera™ system.

For more information on the NobelProcera™ system, contact Nobel Biocare on 01953 452 912, or visit www.nobelbiocare.com

---

**Performance Mouthwear™**

**Hitting golf balls and had more energy after my practice session was over.**

And made it easier to focus and concentrate. I felt less fatigued from hours of brushing alone!

That I have never used a mouthpiece before. And to be honest, I thought this would be another golf gimmick. However, the Ortho Breathe is one of the few things that have made me feel stronger right of the bat. I felt relaxed, free and loose, as if I had been warming up for 45 minutes. I found that it helped me to breathe better, improved my balance and posture and made it easier to focus and concentrate. I felt less fatigued from hours of hitting golf balls and my post match recovery after my round was so much faster.

The Under Armour Performance Mouthpiece™ is amazing, and definitely well worth the try! Thanks again for such a great product!”

For more information on Performance Mouthwear or how to benefit from Under Armour Performance Mouthpiece™, call The Dental Directory free on 0800 528 586 or visit www.performancemouthwear.co.uk.

---

**Septodont Ltd is proud to announce the launch of their new and improved website.**

Septodont collaborated with the marketing and design team of In2 and to provide a more comprehensive coverage of company information and services. The new site features a fresh design, focused on delivering information pertinent to dentists and their teams and to provide services in an easy to navigate, aesthetically pleasing layout. The new site features a wealth of content and style and content provides customers with access to product information and a dynamic description of the many services that Septodont has incorporated to better serve the dental profession.

The launch of the website represents the first phase of Septodont redevelopment of its digital presence, with more developments on the way to show that Septodont is always a step ahead.

Septodont will be exhibiting at The Dental Showcase – visitors can see the range of products and services that Septodont offers and discover how its dedicated team of professionals can help them improve their patients’ oral health. More information about Septodont and to see the new website please visit www.septodont.co.uk.
Experience a new kind of training at DARE

DARE (Dental Advance Refresher Education) at Newcastle upon Tyne Institute for Learning is a new training facility in Manchester, has just released its prospectus for a variety of courses in offer in 2015.

Courses beginning in June through to November are as follows:

- Ten Day Restorative courses start in May and June.
- Improving Oral Health: an Introduction to Caries Stabilisation courses begin in June.
- Botox and Fillers courses begin in November.

DARE should be the first port of call for all practitioners looking to develop their skills in a friendly, relaxed environment. The course experienced tutors include the likes of Phil Broughton, Andy McLean, José Zurdo, Michael Booth and Gary Zelty, all of whom are dedicated to promote the practical training.

DARE’s mission is to provide all delegates with a positive learning experience and to bring knowledge and practical experience to the dentistry.

What's more, practitioners on every course are more than welcome to come and watch procedures taking place in The Mal Dental Practice after their training!

For MORE INFORMATION please contact Suzanne Towers on 0161 830 7100, or by email suzanne@daremedical.com

www.daremedical.com

www.dmg-dental.com

www.endocare.co.uk

www.cura.co.uk

www.dentalphobia.co.uk

www.dentally.com

www.aspd.co.uk

UCL Eastman CFD launching new programme

UCL Eastman CFD launches challenging new programme

"Developing Leadership and Clinical Excellence within the NHS"

The UCL Eastman CFD, with the support of the Royal College of Dental Surgeons and the Department of Health, is excited to announce the Autumn 2010 launch of a unique new programmes examining leadership and clinical excellence within the NHS.

The programme will incorporate the following modules:

Clinical Leadership and Service Delivery: This module will cover the development of leadership and delivery of patient services, an exciting new training programme (2009),

Clinical Excellence: This module will provide a comprehensive overview of the diagnosis, management and treatment planning of patients within the scope of NHS general dental practice. The material is delivered through the use of seminars and hands-on clinical laboratory based teaching.

Impact on bendable.

The module covers current concepts in the anatomy and management of caries and periodontal disease, as well as behaviour management and an understanding of patient psychology.

For further information contact or to register for the pre-good oral health specialists: please contact the Course Administrator.

Tel: 020 7985 1234 x 1281
E-mail: m.baby@eastman.ucl.ac.uk

EndoCare's highly skilled team, lead by clinical Director Dr Michael Salfan, comprises of some of the most experienced and well-publicised experts in the country.

Winner of the 2009 Private Dentistry Award for Best Referral Practice, the EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.

The team make up the latest dental technologies from the state-of-the-art surgical suite to the latest imaging and management software. The EndoCare team are recognised as experts in the field of endodontics, and are passionate about providing the best care for both patients and referring dentists.
Best in Class
World's Leading Light-Activated Whitening System

See what leading dental professionals are saying about Zoom!

"Zoom provides me with the option of a reliable, fast technique for tooth whitening for many of my patients who wish to have a brighter smile. The Zoom kit is easy to use and Discus Dental provides great support and literature for the patient. I would recommend all dentists who wish to include tooth whitening as a treatment option to consider Discus Dental as their preferred supplier."

MICHAEL THOMAS
WESSEX DENTAL SPECIALIST CENTRE
FAREHAM, HAMPSHIRE

"Zoom Advanced Power is an extremely patient and professional friendly whitening system, and consistently delivers the results we expect for our patients."

DR. ELAINE HALLEY
CHERRYBANK DENTAL SPA
PERTH, SCOTLAND

ZOOM!

Call today for a free demo
UK 0800 032 3005
Email +44 1923850 423

Visit: discusdental.com/uk or discusdental.com/ir

DISCUS DENTAL
Commitment to education

Dental Protection offers a range of risk-management programmes and seminars around the country

As a committed indemnity provider with more than 117 years of experience, Dental Protection recognises the importance of effective risk management in ensuring the safety of patients and the security of its members.

Educational programmes

In the UK, DPL provides a variety of educational programmes, in different parts of the country and focusing on different areas of professional practice.

Premier Symposium

Now in its tenth year, the Premier Symposium in association with Schülke, is a clinical programme which focuses on risk management and infection control. The event, which attracts 400 dentists each December in London, also includes a series of Awards, offering prizes for risk management projects which aim to reduce potential harm to patients.

Young Dentist Conference

Now in its fifth year, the Young Dentist Conference is hosted in association with the BDA and BDJ and offers practical, non-clinical advice for dentists at the start of their career.

Horizons

Following on from the success of these and other events DPL launched Horizons. The team-oriented Horizons roadshow visited venues across England during 2008 and venues in Northern Ireland and Scotland during 2009. Further to the success of the event in Scotland, Dental Protection is pleased to announce that further Horizons roadshows will be presented in Glasgow, Edinburgh and Dundee in May 2010. It will later visit venues in England and Wales in September.

The team-focused, Horizons events feature two very well-known speakers Kevin Lewis and Hugh Harvie who will present a programme of relevant and practical subjects that will be useful for all members of the practice team. Entitled, The Good, The Bad and The Ugly, the programme will explore the management of difficult people and difficult situations that can arise throughout the practice - from chairside to reception.

The evening events include 2.5 hours' verifiable CPD for all members of the dental team who are GDC-registered. Tickets cost £60 for members and £75 for non-members. Tickets for DPL Xtra Practices and their staff are priced at just £50 per person, and accompanying staff members can attend free of charge.

Sponsoring education nationwide

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

Meet DPL at the following events in 2010

• BDA Conference 20-22 May, Liverpool
• International Symposium on Dental Hygiene 1-5 July, Glasgow.

For more information about any of the educational events that DPL supports, please contact Sarah Garry, Dental Events Manager on sarah.garry@mps.org.uk or telephone 020 7399 1339.
Specialist Dental Accountants
Established over 25 years (FCA, CFP)
- Tax saving strategies for both associates and principals
- Advice on buying/setting up practices
- Incorporation reviews - will you save tax?
- Help on all financial aspects of running a practice - from increasing your profits to financing equipment tax efficiently
- Advice to ensure a good deal for both principal and associate

For a FREE, no obligation 1 hour consultation,
Call: 020 8346 0391
Email: mac.kotecha@virgin.net
www.specialistdentalaccountants.co.uk

THE MALT HOUSE DENTAL CENTRE
Tel: 0161 832 9400
Deva Centre, Trinity Way, Manchester M3 7BD
e-mail: smile@malthousedental.net • www.jameshull.co.uk

Have confidence in referring to Specialists with over 55 years experience

Dr B David Cohen
PhD, MSc, BDS, MFDS, LDRCS, FDSRCS, CDE
Specialist in Endodontics

Dr Philip R Greene
BDS, FDSRCS, CDE
Specialist in Periodontics

To advertise here please contact Sam Volk on 0207 400 8964
DUAL CARE FOR GUMS AND TEETH

CORSODYL DAILY GUM & TOOTH PASTE IS DIFFERENT FROM REGULAR DENTIFRICES

- The only formulation to contain sodium bicarbonate, 1400 ppm fluoride and six natural plant extracts
- Over 67% of the ingredients are for the care of gingiva and teeth – compared to 25% in many other regular dentifrices
- Free from sodium lauryl sulfate – suitable for patients using 0.2% chlorhexidine digluconate mouthwash

Corsodyl Daily Gum & Tooth Paste is a clinically proven dentifrice, which can kill bacteria that can cause gum disease¹.

With regular brushing, it helps maintain firm and tight gums and a low gingival index².

Recommend Corsodyl Daily Gum & Tooth Paste because teeth need gum care too