Private dentistry booms on

Annual profits in the private dental sector have risen by £6,000, while profits for NHS practices have dropped, according to new figures.

The figures from the National Association of Specialist Dental Accountants (NASDA), show that during 2007/08, annual profits for NHS practices fell from £149,000 to £148,000, while profit rose in the private sector from £151,000 to £157,000.

Costs have gone up and on average a private practice is now spending £250,000 on materials, laboratory bills, wages, direct costs, and overheads while NHS practices spend around £220,000, equivalent to 59 per cent and 65 per cent of practice fee income, respectively.

These figures represent the end of the second year of the NHS dental contract.

Once again, the NASDA statistics show a considerable variation in the rate of Unit of Dental Activity with £24.58 being the average for practices and £26.20 the lowest. The average UDA rate for associates is £21.58.

Ian Simpson, a partner in NASDA member Humphrey and Co, and responsible for the compilation of this year’s figures, said: ‘From what we are seeing, despite this small drop in profit, NHS practices are generally more profitable because they engage more associates. What we are also seeing are practices which are consolidating and operating more surgeries over longer hours or growing in size. This would appear to be the way that dentistry is going.’

NASDA also announced the results of its latest quarterly study of dental practice valuations and sale agreements.

Based on goodwill as a percentage of fee income, the figure for both valuations and sale agreements, for the quarter ending 51 January stood at 77 per cent. This compares with an average figure of 94 per cent for valuations and 85 per cent for deals for the quarter ending October 2008.

‘Appalling wait’ for Zach

A boy who is terrified of dentists, is being forced to wait 14 months, to have specialist dental treatment under sedation under the NHS.

The parents of eight-year-old Zach from Plymouth, said they are ‘disgusted’.

Father, Leroy Lander said: ‘I can’t believe they are prepared to leave children to wait that long to have dental treatment that’s needed. It’s appalling.’

Zach was referred for specialist dental treatment under sedation in September last year because he is terrified of dentists.

After hearing nothing for months, Mr Lander called the specialist and was told there was a 14-month waiting list for the treatment.

He said his son has a condition which means his teeth have thinner enamel than they should, which has contributed to him having seven cavities.

Zach is so terrified, he won’t open his mouth properly to let the dentist put his instruments in.

Patients with dental phobias are referred by their general dentist for some treatments, such as fillings or extractions, under sedation, commonly using nitrous oxide.

Alan Yardley, senior paediatric dentist and clinical director for NHS Plymouth dental services, has admitted that the waiting time for treatment under sedation is currently ‘much longer than we would want’ due to health and safety restrictions.

The nitrous oxide used for dental sedation can pose a hazard to clinical staff over an extended period of time, so staff exposure time needs to be limited. This means only three patients can be treated under sedation a day.

In 2008, an eight-year-old girl developed such a phobia of dentists that after having her teeth out under sedation, she refused to eat or drink and starved to death.
News

Dental visits are ‘intimidating’

Even for a dentist, being a dental patient is an intimidating experience, according to Professor Jimmy Steele, who is leading an independent review into NHS dentistry in England. The review group has been asked to report on increasing access across the country, improving quality of services and suggesting how the government might work towards reducing oral health inequalities.

Professor Steele, who is the chair in Oral Health Sciences Research at the School of Dental Sciences in Newcastle, has revealed in his latest update on the review, his views on being a patient and how difficult it is to determine the quality of dental care.

Professor Steele claims he is ‘not a very good dental patient’ and admitted: ‘For a start, I don’t go a dentist very often, and for a dentist that is probably not unusual (I think we probably believe, in my case, quite incorrectly, that we are immune to dental problems).

When I do go I talk a lot, I want to see what is going on and I do not mind admitting that I don’t like it very much at all, I am nervous.’

Part of the problem is that dentists have treatment ‘know exactly what to expect, I can picture the procedure in some detail and I trust the person treating me to do an excellent job, but that does not stop me wanting to be somewhere else rather than in the dental chair. Even for a dentist, being a dental patient is an intimidating experience.’

One of the things the review team will be examining over the next few weeks is ‘quality’.

Quality can be defined in a myriad of ways, according to Professor Steele, but he added: ‘If the NHS is offering a dental service, it needs to do what it does well. Trying to describe the makeup of a high quality service in this, sometimes intimidating, environment of a dental surgery is not easy. I suppose my point is that patients may feel quite differently about what a quality service is when they are in the surgery compared to when they are not.’

He also believes that a dentist may have a very different version of quality than a patient.

‘As a patient I want a quick, painless experience. As a dentist I know that a good outcome may take a little longer and that to avoid more visits or possibly discomfort in the future, some investment of time at the beginning may be sensible. The NHS needs to balance these two points of view (and many more) and to make sure that all the right checks and balances are in place to ensure that the result is, indeed, a high quality service,’ he said.

There are some elements that are easy for dental patients to judge, according to Professor Steele.

These are a clean and safe environment, polite staff and ease of access.

However he claims there are other aspects of quality that it is difficult or impossible for a patient to evaluate such as the safe operation of x-ray machines, the detail of cross infection control, the accuracy of information given and the clinical validity of approaches taken to treatment planning or to preventing disease.

He believes the effectiveness of that most important skill, the communication of advice about a difficult subject in difficult circumstances, is particularly challenging for dentists as both the skill of communication and a strong medical ethic to ensure the patient is able to make the decision that is best suited to them.

He added: ‘Perhaps the most difficult of all to evaluate is the technical quality of the decision making of the dentist, the dental care provided and the likely longevity of any work done.’

Data on doctors and hospitals is available to the general public. Professor Steele feels this is a good thing but only if the data is meaningful and is asking dentists for their views on the pitfalls and advantages of this.

More NHS dentistry

A new NHS dental surgery in Wirral is hoping to make up for the lack of NHS provision in the area.

Glenaside Dental Practice in Pensby, which is opening in April, already has over 1,000 patients registered, David Speechley, of Glencairn Dental Practice, Bebington, and his colleague Simon Wright, is opening the new surgery with Mike Stoker, from Hoseside Road Dental Practice, Wallasey.

Mr Speechley said: ‘We hope that this new collaborative initiative will help to provide the people of Pensby and the surrounding areas with a high-quality, friendly service, under the terms of the NHS.’

He claims that the surgery has the potential to expand. The practice in Pensby Road, which will be one of 55 other NHS surgeries in Wirral, will also provide dental implants and some extensive cosmetic dentistry on a private basis.

MP Stephen Hesford has welcomed the new NHS provision.
Many people in dentistry are still unaware of the enormous amount of work done by the professional associations. Many dental nurses, for example, who claim tax relief on their laundry don’t realise they can only do so because BADN® negotiated on their behalf – when we realised that tax relief on the laundering of uniforms was available to general nurses, but not to dental nurses.

All the professional associations are funded primarily through members’ subscriptions, so it’s important that they are supported by their constituent groups so they can continue fighting for those specific DCPs – BADN® for dental nurses, BSHT for hygienists, BADT for therapists, DTA for technicians, CDTA for clinical dental technicians, IHLA for lab owners and the BDA or DPA for dentists.

And it’s about what you can put back in – apart from three office staff, BADN® is run by volunteers, working dental nurses who give up their free time to support other dental nurses. They don’t get paid for doing this – they do it to put something back into their own profession. Being a BADN® member means you get a chance to influence how dental nursing adapts over the years, to make sure your views are heard.

Doing the right thing is all very well, but in these times of recession, what do you get from joining a professional association? I can only speak for the BADN® – Full Membership includes a quarterly journal, legal advice, up to eight hours verifiable CPD, a million pounds’ worth of indemnity insurance (which not only covers damages awarded to a patient but also your legal costs, including those for professional misconduct cases related to a professional indemnity claim; and is your personal cover, so you can take it with you if you change jobs (subject to policy conditions) – not the case with many other schemes!), £70 off the cost of attending the National Dental Nursing Conference (another eight hours or so of verifiable CPD) or any other BADN® Study Day – not to mention money off holidays, hotels, flights, car hire, home/travel/car/life insurance, breakdown cover, eye tests and glasses, wine, flowers, CDs and DVDs, gym membership, days out (Alton Towers, anyone?), office supplies, dental sundries, textbooks…

That’s all very well, I hear you cry, but poor, underpaid dental nurses can’t afford £70! Well, £70 a year works out at £1.35 a week – or 19p a day! If you put 20p a day into a jar for a year, you would be able to pay your next year’s membership (and that £1 million indemnity cover could prove much more useful than the ‘I’m on the train’ phone call! And you get tax relief on your membership fees, as you do on your GDC registration fee – again, something BADN® negotiated with the Inland Revenue?) In fact, one more service offered to BADN® members is our tax refund service – to date, BADN® members have received a total of nearly £56,000 in tax refunds – an average of over £40 per claim, or two years BADN® membership!

Can you afford not to join?!

The above was written by, and represents the personal view of, Pam Swain, chief exec of BADN®.

BADN® Membership forms are available from 01253 338360, membership@badn.org.uk or www.badn.org.uk.
News & Opinions

‘Unmissable’ flexible learning

A learning resources provider is to offer dental professionals, groundbreaking solutions to keep the whole dental team up to speed with new developments, at this year’s British Dental Conference.

Smile-on will show visitors a wide range of informative products, at the event being held at Glasgow’s Scottish Exhibition and Conference Centre, on the 4-6 June. A spokeswoman for Smile-on said: ‘Smile-on’s participation makes the British Dental Conference unmissable for dental professionals. Groundbreaking solutions will show how the latest technology and the greatest expertise combine to make learning flexible, convenient and involving.’

Its products at the event will include the Clinical Photography course.

The course, which is available on CD-ROM or on-line, fits around daily tasks and provides an excellent grounding in digital imaging.

Participants will find the most suitable camera, master perfect clinical shots, unlock ways to keep patients better informed and enjoy robust medico-legal protection.

Delegates should also ensure about the three-module programme Communication In Dentistry: Stories From The Practice, which provides everything necessary to open effective lines of communication with patients and colleagues, promoting success across the board.

There will also be the chance to explore Smile-on’s Clinical Governance programme, enabling total compliance with Healthcare Commission standards, and DNSTART, essential learning for dental nurses.

For more information call 020 7400 8989 or email info@smile-on.com

Murder saga continues

A dentist in Northern Ireland accused of murdering his wife and his ex-lover’s husband has been remanded in custody again.

Dr Colin Howell appeared at North Antrim Magistrates’ Court via a video link from Maghaberry Prison, near Larne, County Antrim, where he is currently being held.

He will appear before the court again on 6 April, the same day as his co-accused, Hazel Stewart, 45, who is also facing a double murder charge.

It has been claimed they were having an affair at the time of the deaths.

Colin Howell has been charged with murdering his wife Lesley Howell and former RUC officer Trevor Buchanan nearly 18 years ago.

Police are investigating two more deaths in connection with Howell.

Police are now re-examining the death of Lesley Howell’s father, Henry Clarke, who died 12 days before his daughter’s death - apparently from a heart attack or some form of seizure.

They are also looking into the death of mother of two, Alexandra Hickman-Smith, 27, who was found dead at her caravan in Castlerock last November. Her family were told at the time that she had died from diabetes.

They are also looking into the death of a woman of other issues and events.

Howell has also been charged with sexually assaulting a number of women.

He is accused of four counts of indecent assault on a woman and of unlawfully applying a stupefying or overpowering drug in order to commit an indictable offence.

Last month, at least 200 letters were sent to former patients of Mr Howell by police seeking help with their investigation.

Howell, who had surgeries in Ballymoney and Bangor, charged more than £2,000 for each dental implant and treated patients from all over Ireland, Europe and the USA.

Howell is seen as one of the foremost dental practitioners in Northern Ireland.

Dr Howell has lectured at implant conferences in Jordan and tutored final year dental students at Queens University Belfast. He also ran a cosmetic implant course for dentists who wished to restore their own implants.

He was the course tutor at Queens for core teaching of final year dental students on Dental Implants and a mentor for the Association of Dental Implantology (ADI) and the University of Salford Degree Programme.

Over 50’s glamour

These patients have chosen tooth whitening treatments, dermal fillers or Botox, despite people being more strapped for cash in the recession. He revealed that many patients who have cosmetic dental treatment will also have fillers or botox to improve the appearance of the area around their mouth.
T

Unregulated indemnity continues

Many dentists are reliant on discretionary indemnity

Unregulated indemnity continues

housands of dentists are thought to be working without full insurance coverage or using schemes that have loopholes—leaving patients without any compensation when they receive botched treatment.

The Dental Defence Union, the specialist dental division of the Medical Defence Union, claims that many patients mistakenly assume their dentist or doctor is insured in the same way as their car or house, but this is not the case.

Under the current, outdated system of dental indemnity, dentists are still not required to have insurance.

The DDU would like the General Dental Council (GDC) to specify how dentists should be insured, but this is not the case.

Botched dental work by the likes of Silviero Di Rocco and Alicia Caffarena, who fled the country after being found out, show that fundamental reform is needed to close loopholes in the insurance policies covering dentists.

The Italian couple fled after botching the treatment of 16 pa-
tients.

The couple, who worked at practices in Camberley, London and Surrey, were struck off for gross negligence by the GDC but their patients have been left without any compensation.

One of their patients was Aaron Kersey, who was 11 when his dentist sent him to the couple’s Cambridge practice to have two sets of braces fitted. He was told the braces would need to stay in place for 12 months. But it was not until last year, that the boy, who is now 17, stopped wearing a brace; two years of botched work had de-
formed his teeth, four of which had to be removed, and caused pain and infections which lost him three months’ schooling.

Similarly, Helen Parton, from Enfield in North London, was 15 when she first saw Di Rocco at his practice in Palmers Green.

After two years of NHS treat-
ment under his care, during which her braces repeatedly fell out, or cut into her mouth, leaving it bruised and bloody, her mother Donna insisted she see a specialist, who said he had never seen ortho-
dontic equipment so poorly fitted.

She still needs major corrective work done to repair the damage but is terrified of dental treatment.

The DDU, which acted for the couple during the 2005 GDC case, said it had not been in-
structed by their clients and could not represent them over the damages claims as it cannot represent dentists without their permission.

Many dentists are reliant on discretionary indemnity and the DDU is campaigning for the GDC to make it compulsory for every dentist to have a contract of insur-
ece.

Rupert Hoppenbrouwers, head of the DDU said: “In this cur-
rent dental/legal and economic cli-

mate, we cannot understand why the UK still allows unregulated in-
demnity. The UK has fallen far be-
hind other EU states on this.

A German patient who was treated in the UK and negligently harmed by a dentist who was re-
liant on discretionary indemnity might not be compensated if the indemnifier decided not to assist with the claim. Of course, a Ger-
man patient who was treated and harmed at home by an insured dentist would receive insured compensation.”

Dr Christine Tomkins, deputy chief executive of the Medical Defence Union (MDU), said: “Many patients, and even the dentists and doctors reliant on discre-
tionary indemnity, may not re-
alise that it only gives the right to seek indemnity, but not to receive it. We are aware of cases where some practitioners have not been provided with discretionary in-
demnity and patients have not been

A n MP in Hampshire has made a last-ditch bid to stop the fluoridation of water in Southampton and East-
leigh going ahead by appealing to the Environment Agency to look at its impact on local water courses and rivers.

Health bosses in the area have decided to go ahead and fluor-
date the water in Southampton, despite 72 per cent being opposed to the idea.

The decision, which will af-

fected around 200,000 people, fol-

owed a large public consultation and months of debate.

Liberal Democrat MP, Chris Huhne is calling for a proper Environmental Impact Assess-
ment of the decision made by the South Central Strategic Health Authority.

“T have written to the chairman of the Envi-
ronment Agency, Lord Chris Smith, to ask if it will investigate this mat-
ter and come to a clear view about the environ-
mental risks of adding more than 100 tons a year of fluoride to local water supplies,” he said.

Mr Huhne added: “Many local residents rightly do not want to take the health author-
ity’s decision lying down, as it flies in the face of nearly three quarters of the responses to the con-
sultation and all the local councils and MPs who expressed a view. It is

frankly high-handed.

No-one doubts that teeth need better care, but the obvious alterna-
tive is more NHS dentists not mass medication where there are contested beliefs and ill-un-
derstood risks.”

Jim Easton, the South Central Strategic Health Authority’s (SC-
SHA) chief executive, on an-

nouncing the decision said: “We recognises that water fluoridation is a contentious issue for some people. The board was satis-
fied that, based on existing research, water fluoridation is a safe and effective way to improve dental health.”

The decision by South Cen-

tral Strategic Health Authority to back fluoridation, is the first un-

der 2005 laws, giving health au-

thorities powers to demand the service from water companies.

John Spottiswoode, chair-

man of Hampshire Against Fluo-
ridation, called it ‘absolutely dis-
graceful’ and said: ‘They have re-
fused to listen to all the evidence we have given them. They have ig-

nored the will of the people—72 per cent didn’t want it and yet they still are going to do it. It is

deeply unethical.”

SHAs are required to make decisions on the ‘weighty of the arguments advanced’ and not simply on numbers of people and organisations for or against pro-

posals.

 Authorities in north-west England, Derbyshire, Bristol, and Kirklees in West Yorkshire are thought to be among those preparing to go down the same route.
Dental appliance guidance

The General Dental Council has issued new guidance for all dental professionals involved in prescribing, manufacturing and fitting dental appliances.

It follows a 12-week consultation on the issue which closed in August 2008.

The purpose of the guidance is to ensure that dentists, dental technicians and clinical dental technicians (CDTs) understand and are responsible for the decisions they make when commissioning or manufacturing dental appliances.

The guidance, which complements the GDC’s Principles of Dental Team Working, is in three parts as follows:

- **Registrants who make dental appliances**
  - If you make a dental appliance, you must understand and comply with your legal responsibilities as “manufacturer” under the Medical Devices Directive.
  - These are legal requirements rather than GDC rules and the GDC expects you to fulfil these responsibilities and will hold you accountable for doing so.

- **Registrants who arrange for dental appliances to be made**
  - If you arrange for dental appliances to be made in the UK, you are professionally responsible for issuing the prescription to and receiving the appliance from a UK-registered dental technician. If you prescribe a dental appliance to be made by a person in the UK who is not a registered dental technician you are liable to face a GDC fitness to practise inquiry. Equally, you are liable to face a GDC fitness to practise inquiry if you receive a dental appliance made in the UK by a person who is not a registered dental technician.

- **Registrants who sub-contract or prescribe dental appliances to be made outside the UK**
  - When making the decision to either sub-contract the manufacture of a dental appliance, or use a dental laboratory or agent which sources dental appliances, outside the UK, your choice not to use a UK-registered dental technician puts a particular responsibility on you.
  - You will be held professionally accountable for the safety and quality of the appliance. This is because you have chosen not to sub-contract or issue the prescription to a registered dental technician who would otherwise be accountable him or herself.
  - You take on the dental technician’s responsibilities for the appliance and the GDC will hold you accountable for your decision.

Further we expect you to have taken appropriate steps to discharge the extra responsibilities you choose to accept when you make this decision.

The full guidance can be read on the GDC website at www.gdc-uk.org.

**The Clearstep System**

The Clearstep System is a fully comprehensive, invisible orthodontic system, able to treat patients as young as 7.

Based around 5 key elements. Including expansion, space closure / creation, alignment, final detailing and extra treatment options such as function jaw correction. The Clearstep System is designed to treat any malocclusion efficiently and invisibly, no matter how severe.

GDP friendly, with our specialist orthodontic faculty providing full diagnostic input and treatment planning, no orthodontic experience is necessary. As your complete orthodontic toolbox, Clearstep empowers the General Practitioner to step into the world of orthodontics and benefit not only their patients, but their practice too.

**Accreditation Seminar**

This accreditation seminar is aimed at General Practitioners, providing you with all the knowledge and skills required to begin using The Clearstep System right away.

**Introductory Course dates for 2009**

- 17th April London
- 14th July London
- 8th October London

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Receive a visit from a Clearstep Account Manager, providing a personal accreditation in your practice at a time convenient to you.

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**Clearstep Advanced Techniques Hands On Course dates for 2009**

- 29th June - 1st July London
- 1st - 3rd December London

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**Comprehensive invisible orthodontics made easy**

A dentist has been accused of needlessly pulling a woman’s tooth out instead of treating her ulcerated gum.

Ian Bain, who works at the Gables Dental Practice in Prestatyn, denies the allegation that he failed to diagnose a patient’s toothache.

Now the General Dental Council is holding a hearing to investigate allegations that he failed to spot the woman had an ulcerated gum, and ended up pulling out her tooth.

The woman claims Bain treated her in a ‘ dismissive, and mocking’ way when he saw her at the surgery between August 1, 2005, and April the next year.

Bain is also accused of failing to take records of the patient’s appointment and not giving her painkillers to help with the toothache.

He denies misconduct and that his fitness to practise is impaired.
Student Fitness to Practise consultation

The General Dental Council is holding a consultation on the draft guidance regarding Student Fitness to Practise.

The guidance document is aimed at all dental dentists, but also at all student dental care professionals as well as the institutions which provide dental training.

The purpose of the guidance is to instil in students a greater awareness of professionalism and a commitment to the General Dental Council’s (GDC’s) Standards for Dental Professionals.

Another key aim is to help dental schools and other training providers deal with issues which may arise during a course of study that call into question whether a student is fit to practise during training or in the future.

Hew Mathewson, GDC president, said: ‘We are keen to get as many responses as possible to the consultation, especially from students and those teaching on training courses for approved qualifications. This is an ideal opportunity for education providers and students to tell us what would be most helpful to them.’

The GDC and the other healthcare regulators have developed the guidance in response to the government’s White Paper ‘Trust, Assurance and Safety’.

It requires regulators to strengthen their relationships with healthcare students and the institutions which provide their training.

The GDC’s Student FIP guidance also aims to ensure the safety of patients being treated by students as part of their training.

The aim of the consultation is to gather a range of views which will help make the guidance as effective and as helpful as possible.

The consultation can be completed online via the GDC website at www.gdc-uk.org/

The three month consultation opened on 26 February 2009 and will close on 26 May 2009.

BDTA joins hands with partners

The British Dental Trade Association has joined up with a number of high profile partners for this year’s Dental Showcase.

The British Dental Trade Association (BDTA) will be working closely this year with the British Association of Dental Nurses (BADN), the Dental Practitioners’ Association (DPA), the British Society of Dental Hygiene and Therapy (BSDHT), the Dental Laboratories Association (DLA) and the British Dental Practice Managers Association (BDPMA).

Tony Reed, executive director at the BDTA, said: ‘I am delighted that these associations have recognised the advantages of working with us to promote the exhibition. It means that the communications can be targeted directly towards their members on a more frequent basis and the BDTA can reach individuals from across the profession’.

The arrangement is mutually beneficial with the BDTA offering the associations a stand and meeting room at the event, publicity on the Showcase website and a fee to cover their time and effort. In return the associations have committed to supporting and publicising the event at every available opportunity.

The BDTA Dental Showcase 2009 takes place 12-14 November at NEC Birmingham.

To register in advance for your complimentary ticket visit www.dentalshowcase.com/cis it, call the registration hotline on +44 (0) 1944 729959 or text your name, address, occupation and GDC number to 07786 206 276.

Advance registration closes 6 November 2009. On-the-day registration is £10 per person.

GDC guidance for Dental Bodies Corporate

The General Dental Council has issued new guidance for dental professionals about Dental Bodies Corporate (DBCs).

In July 2005, an Order to amend the Dentists Act 1984 removed key restrictions on DBCs.

Any corporate body can now carry out the business of dentistry provided it can satisfy the conditions of board membership.

The General Dental Council (GDC) held a consultation to seek views on whether registrants involved in a DBC should declare this for example in practice literature such as treatment planning forms.

The guidance has been approved by the GDC’s Standards Committee and says:

- Patients’ interests before your own or those of any colleague, organisation or business.
- Patients should be made aware of relevant facts that may have an effect on their treatment and the management of any complaint.

If you are associated with or employed by a DBC that information should be made clear to patients in practice literature, including treatment planning forms and documents explaining the surgery’s/DBC’s complaints process.

This is an important part of the process of ensuring the patient has the information they need to make an informed choice and to be able to pursue a complaint if necessary and appropriately.

Full details of the guidance which can be found on the GDC website www.gdc-uk.org
This year’s Dental Awards will be showcasing the best that the UK dental profession has to offer.

The Dental awards ceremony takes place on 24 April at the Royal Lancaster Hotel in London.

Broadcaster and writer, Gyles Brandreth, will be hosting the event.

Chair of the judging panel, Lisa Townshend said: ‘The entries for this year’s event were of an amazingly high standard across all of our categories, so much so that in many of the categories it was difficult to choose a winner.

It is gratifying to know that there are so many dental professionals in the UK consistently striving to provide the best in clinical care and patient service.’

This year, due to the number of high quality entries in some of the categories, it has been decided to split them into Northern and Southern regions, with the winner of each region in contention to become the overall National Winner. This has been done for Dentist of the Year, Team of the Year and Practice Design & Interior.

The finalists in each category are as follows:

**Dental Laboratory of the Year**
- Dentraft – Sheffield, South Yorkshire
- Casterbridge Dental Studio – Gillingham, Dorset
- Bucks Oral Design Studio Ltd – High Wycombe, Bucks

**Dental Team Support**
- EL-Nashar Dental Care Ltd – Newton Abbot, Devon
- Perfect2.com – Beverley, East Yorkshire
- Hexthorpe Park Dental Practice – Clayton, Newcastle under Lyme
- The 130 Dental Centre – Hayes, Middlesex
- Thompson & Thomas – Sheffield, South Yorkshire

**Practice Design and Interior South**
- Backwell Dental Care – Backwell, Bristol
- Senova Dental Studios – Watford, Hertfordshire
- Swiss Smile Kids – London
- The Ivory Room Dentalcare – London
- Gentle Dental Care – Winchester, Hampshire

**Practice Design and Interior North**
- The Dental Healthcare Centre and Cleveland Cosmetic & Dental Implant Clinic – Stockton on Tees
- Abbey Dental – Ise of Man
- Cleveland Orthodontics – Middlesbrough
- Gencoare Dental Clinic –Tickhill, South Yorkshire
- Gencoare Dental Clinic – Huddersfield, West Yorkshire

**Best National Smile Month Event**
- Dentith & Dentith Dental Practice – Oakham, Rutland
- Genciz Healthcare Ltd – Leeds
- Thompson & Thomas – Sheffield, South Yorkshire
- Woodseats Dental Care – Sheffield, South Yorkshire

**Dentist of the Year South**
- Michael Sultan – 99 Harley Street, London
- Dr John Patrick McVeigh – Abbey Mead Dental Practice & Implant Centre, Tavistock, Devon
- Dr Lennart Jacobsen DDS MSc (DENMARK) – City Dental Care, London
- Michael Atar – Swiss Smile Kids, London
- Dr David Bloom – Senova Dental Studios, Watford, Hertfordshire
- Dr Bhavin Bhath BDS (V. Lion) – Perfect2.com, Beverley, East Yorkshire
- Michael John Heads – The Dental Healthcare Centre and Cleveland Cosmetic & Dental Implant Clinic – Stockton on Tees
- Duncan Thomas, Amble Dental Practice, Amble, Northumberland
- Claire T Lawson – Lion House Dental Practice, Richmond, North Yorkshire
- David Thomas – Thompson & Thomas, Sheffield, South Yorkshire

**Dentist of the Year North**
- Dr Michael Cahill – Cahill Care Centre Ltd, Bolton, Lancashire
- Gary Rowland – Perfect2.com, Beverley, East Yorkshire
- Michael John Heads – The Dental Healthcare Centre and Cleveland Cosmetic & Dental Implant Clinic – Stockton on Tees
- Darren Thomas, Amble Dental Practice, Amble, Northumberland
- Claire T Lawson – Lion House Dental Practice, Richmond, North Yorkshire
- David Thomas – Thompson & Thomas, Sheffield, South Yorkshire

**Dental Therapist of the Year**
- Kirsty Louise Smith – Smile & Wellbeing Dental Care, Bishops Stortford, Hertfordshire
- Kevin Lawlor – M&K Dental Care, Fort William, Scotland
- Catherine Gray – Special Care and Community Dental Service, Barking, Essex

**Dental Hygienist of the Year**
- Melonie Prebble – Senova Dental Studio, Watford, Hertfordshire
- Kirsty Louise Smith – Smile & Wellbeing Dental Care, Bishops Stortford, Hertfordshire
- Karen Hails – The Dental Healthcare Centre and Cleveland Cosmetic & Dental Implant Clinic, Stockton on Tees
- Debbie Bell – Cheam, Surrey
- Joanna Louise Jones – Various London practices

**Oral Health Promoter of the Year**
- Emma Clithero – Dentith & Dentith Dental Practice, Oakham, Rutland
- Julia Wilkinson – Oral Health Promotion, Nottinghamshire
- Elaine Sharp – Blantyre Health Care, Lanarkshire

**Dental Nurse of the Year**
- Madeleine Fielder – Backwell Dental Care, Backwell, Bristol
- Kirsty Barber – Thompson & Thomas, Sheffield, South Yorkshire
- Rachel L Walker – Andrews Dental, Chesterfield, Derbyshire

This year, due to the number of high quality entries in some of the categories, it has been decided to split them into Northern and Southern regions, with the winner of each region in contention to become the overall National Winner. This has been done for Dentist of the Year, Team of the Year and Practice Design & Interior.

The finalists in each category are as follows:

**Dental Laboratory of the Year**
- Dentraft – Sheffield, South Yorkshire
- Casterbridge Dental Studio – Gillingham, Dorset
- Bucks Oral Design Studio Ltd – High Wycombe, Bucks

**Dental Team Support**
- EL-Nashar Dental Care Ltd – Newton Abbot, Devon
- Perfect2.com – Beverley, East Yorkshire
- Hexthorpe Park Dental Practice – Clayton, Newcastle under Lyme
- The 130 Dental Centre – Hayes, Middlesex
- Thompson & Thomas – Sheffield, South Yorkshire

**Practice Design and Interior South**
- Backwell Dental Care – Backwell, Bristol
- Senova Dental Studios – Watford, Hertfordshire
- Swiss Smile Kids – London
- The Ivory Room Dentalcare – London
- Gentle Dental Care – Winchester, Hampshire

**Practice Design and Interior North**
- The Dental Healthcare Centre and Cleveland Cosmetic & Dental Implant Clinic – Stockton on Tees
- Abbey Dental – Ise of Man
- Cleveland Orthodontics – Middlesbrough
- Gencoare Dental Clinic –Tickhill, South Yorkshire
- Gencoare Dental Clinic – Huddersfield, West Yorkshire

**Best National Smile Month Event**
- Dentith & Dentith Dental Practice – Oakham, Rutland
- Genciz Healthcare Ltd – Leeds
- Thompson & Thomas – Sheffield, South Yorkshire
- Woodseats Dental Care – Sheffield, South Yorkshire

**Dentist of the Year South**
- Michael Sultan – 99 Harley Street, London
- Dr John Patrick McVeigh – Abbey Mead Dental Practice & Implant Centre, Tavistock, Devon
- Dr Lennart Jacobsen DDS MSc (DENMARK) – City Dental Care, London
- Michael Atar – Swiss Smile Kids, London
- Dr David Bloom – Senova Dental Studios, Watford, Hertfordshire
- Dr Bhavin Bhath BDS (V. Lion) – Perfect2.com, Beverley, East Yorkshire
- Michael John Heads – The Dental Healthcare Centre and Cleveland Cosmetic & Dental Implant Clinic – Stockton on Tees
- Duncan Thomas, Amble Dental Practice, Amble, Northumberland
- Claire T Lawson – Lion House Dental Practice, Richmond, North Yorkshire
- David Thomas – Thompson & Thomas, Sheffield, South Yorkshire

**Dentist of the Year North**
- Dr Michael Cahill – Cahill Care Centre Ltd, Bolton, Lancashire
- Gary Rowland – Perfect2.com, Beverley, East Yorkshire
- Michael John Heads – The Dental Healthcare Centre and Cleveland Cosmetic & Dental Implant Clinic – Stockton on Tees
- Darren Thomas, Amble Dental Practice, Amble, Northumberland
- Claire T Lawson – Lion House Dental Practice, Richmond, North Yorkshire
- David Thomas – Thompson & Thomas, Sheffield, South Yorkshire

**Dental Therapist of the Year**
- Kirsty Louise Smith – Smile & Wellbeing Dental Care, Bishops Stortford, Hertfordshire
- Kevin Lawlor – M&K Dental Care, Fort William, Scotland
- Catherine Gray – Special Care and Community Dental Service, Barking, Essex

**Dental Hygienist of the Year**
- Melonie Prebble – Senova Dental Studio, Watford, Hertfordshire
- Kirsty Louise Smith – Smile & Wellbeing Dental Care, Bishops Stortford, Hertfordshire
- Karen Hails – The Dental Healthcare Centre and Cleveland Cosmetic & Dental Implant Clinic, Stockton on Tees
- Debbie Bell – Cheam, Surrey
- Joanna Louise Jones – Various London practices

**Oral Health Promoter of the Year**
- Emma Clithero – Dentith & Dentith Dental Practice, Oakham, Rutland
- Julia Wilkinson – Oral Health Promotion, Nottinghamshire
- Elaine Sharp – Blantyre Health Care, Lanarkshire

**Dental Nurse of the Year**
- Madeleine Fielder – Backwell Dental Care, Backwell, Bristol
- Kirsty Barber – Thompson & Thomas, Sheffield, South Yorkshire
- Rachel L Walker – Andrews Dental, Chesterfield, Derbyshire

Don’t miss the Dental Awards!
Safeguarding your future

In this time of financial uncertainty, protecting your income is proving a good option for dentists.

It’s easy to be cavalier about the future when you have no responsibilities, and few anticipate disaster when the sun shines. But dentistry is a physically taxing and stressful profession, and as time passes, most of us acquire responsibility, so not investing in income-protection insurance has all too often proved a gamble too far for dentists young and old, and their families.

No-one is immune to ill health or accidents and their potentially catastrophic financial side-effects. Even for those dentists who remain single, the loss of income through incapacity will seriously compromise their quality of life.

Sick-pay arrangements

These vary considerably for employed dentists, and even more widely for the self-employed. Those working in the NHS can expect to receive their full salary for the first six months, and half their normal income for a further six months. Private employers may have in place an income protection plan which pays for a longer period, but in the case of smaller companies you may only receive the statutory minimum, currently £75.40 per week for 28 weeks, but in the case of smaller companies you may only receive the statutory minimum, currently £75.40 per week for 28 weeks, and subsequently be dependent on State benefits.

If you become ill, the pattern of your living costs and discretionary spending will change radically. Commuting expenses, for example, will cease altogether, while domestic spending will increase – heating costs will rise if you are obliged to stay at home all day, and you may have to pay for medical or nursing care. Unless you have independent means, or some other source of income, it’s almost certain that you will need income protection insurance to safeguard a reasonable standard of living for yourself and your family.

Buying income protection insurance buys peace of mind as well as financial security. If you cannot work, your policy guarantees you will still receive a regular income, free of tax, until you return to work, cancel the policy or reach a predetermined age. And there is no limit to the number of claims you can make. Dentists’ Provident, for example, will cover up to 60% of your gross income up to a maximum initial benefit of £1,200 per week, regardless of how often you need it.

Check the small print

As with any purchase, you should inspect the goods before making a commitment. For instance, there are different interpretations of ‘incapacity.’

‘Own occupation’ contracts will pay if your incapacity prevents you pursuing your own profession, while ‘any occupation’ policies will only pay if your incapacity means you can do no work at all. As you would expect, ‘own occupation’ agreements are more expensive, but for professional people, such as dentists, they offer the most appropriate protection.

Consider financial commitments

Whatever your present state of health, it makes sense to consider the financial implications of being unable to work, perhaps for many months. Specific loan commitments, such as mortgages or credit card debt, are likely to be already covered by discrete insurance as a condition of acceptance, although these policies will usually feature a time limit, typically one or two years from the date of incapacity. But this is not the complete picture.

If you become ill, the pattern of your living costs and discretionary spending will change.
Many policies also feature a ‘deferred period’ clause, which effectively precludes payments until you have been incapacitated for a defined period. This period is usually negotiable, or at least offers a range of options. If you are self-employed, for example, you may want payments to start at once, or at least relatively quickly, while if you are employed you may not need support until work-related payments cease.

You must also decide whether to pay fixed or variable premiums. ‘Guaranteed’ rates cannot be changed by the insurer, except in agreed circumstances (for example, a rise in line with inflation). ‘Reviewable’ rates are based on the insurer’s overall claims and costs and are not influenced by any claims you make personally. ‘Renewable’ rates are set for a fixed period, after which you have the right to renew the contract by paying a new fixed premium for a further fixed period, based on your age at the time of renewal.

What it will cost
Along with the value of the sum insured, these are the principal factors which influence the cost of the insurance — effectively summarised as the degree and type of incapacity covered, the immediacy of payment and the type of premium paid. It’s worth noting that guaranteed rates can initially be significantly more expensive than reviewable rates, as the insurance company must cover itself against unforeseen changes in the market; while renewable rates will naturally become more expensive as you get older and become more likely to make a claim.

Inflation comes into the equation if you ‘index link’ your required benefits to keep pace with the cost of living, a wise precaution when you consider that the cover attached to mortgages, credit card and other household debt is relatively short term. It’s important that your policy, and any payments made from it, remain in force until you reach retirement age and the alternative security of pension income.

Making your choice
It’s a competitive market and there are different types of insurance company as well as different types of policy. While many commercial insurance companies provide policies with no cash-in value, mutual insurers share their profits among their members by offering bonuses or reducing the cost of the insurance.

‘It’s important that your policy, and any payments made from it, stay there until retirement’

Friendly Societies are mutual organisations with no external shareholders and which are owned by their members. Some Friendly Societies offer a ‘Holloway Contract’, which combines income protection insurance with a retirement fund. Holloway Contracts include income protection and, at the same time, retain the policyholder’s (member’s) share of the society’s profits to create a lump sum payable to the member on retirement. This lump sum is tax-free under current legislation, and only ten Friendly Societies, among them Dentists’ Provident, are allowed by HM Revenue & Customs to write this type of business.

Dentists’ Provident protects over 15,000 dentists in the UK and Ireland, and each year around 1,500 claim benefits. Some will never return to work, and will receive benefits until they reach retirement age. In light of these statistics, can you afford to be without income protection insurance?

For further information, contact Dentists Provident on 020 7222 2311, write to Dentists’ Provident Society Ltd, 9 Gayfere Street, Westminster, London SW1P 5HN, or visit www.dentistsprovident.co.uk.
Funding NHS Dentistry

Following the Government’s investment pledge in the last operating framework, Dental Tribune assesses how the movement towards increasing NHS dentistry access UK-wide, is progressing, alongside the many new practices opening around the UK. We also get views from those in the field on what areas still need targeted funding and why some parts of Britain are showing less evidence of improvement than others. Yvonne Gordon reports.

Who has benefited from the Government’s £209 million investment into dentistry last year, in the light of the DfHe’s response to the Health Select Committee’s findings? And how far has NHS dentistry come in terms of pledges to improve access, to work more closely with dentists and to open more surgeries? Dr Barry Cockcroft, Chief Dental Officer for England, says figures show that NHS dental practices are opening all the time, which is reflected in the recently published ‘data on commissioned activity’ and in the new two-year retrospective access data, which was published on February 26.

He says: ‘This is good news for patients. Access to NHS dentistry is improving following a record investment, expanding workforce and a continuing increase in the amount of services being bought by the NHS.

‘As well as an increase in access, the new data shows that NHS dentists are delivering more courses of treatment - an increase of 400,000 (2.4 per cent) in 08/09 from the same period last year. We can already see the impact, with PCTs buying more NHS dentistry. There is a huge increase in the take-up of NHS contracts and new practices.’

Dr Cockcroft says the new data points to an overall positive upward trend. There were 655 more NHS dentists in 07/08 than the previous year and an 11 per cent increase in funding in 08/09, with 8.5 per cent anticipated for 09/10.

He explains why figures are only just beginning to show up in the data: ‘Because the access data is retrospective over two years, we are only just beginning to see evidence of the growth in NHS dental services that has been going on over the past couple of years.

‘We want to go further to ensure that every person who wants to access an NHS dentist is able to do so and have invested a record £2 billion in dentistry and set up a national access programme to help the NHS deliver this.’

He continues: ‘We are not just changing the way we pay, but changing the culture of services to adopt a more preventative way of working, which PDS pilots said they wanted.’

Dr Cockcroft says a successful pilot in Central Lancashire is extending to other PCTs.

He says: ‘Skelmersdale Smiles, a partnership between NHS Central Lancashire and a local NHS dental practice, is expected to be the model for similar projects in Cumbria and Lancashire.’

Another project, Blackburn with Darwen Smiles has also opened, which aims to enable local dental practices to provide evidence-based caries prevention, in accordance with the Delivering Better Oral Health toolkit, sent to practices nationwide.

In addition, he says more newly trained dentists are entering the sector. ‘This year also sees the first graduates from the expanded dental degree programme, yielding 100 extra dentists this year, 170 next year and 200 the following.

‘It is important to note that dental services were historically just carried out by dentists, who now lead whole teams of dental professionals.

But John Milne, chairman of the BDA’s GDPC, says primary care NHS-dentistry funding has failed, historically, to keep pace with funding for other NHS areas.

He says: ‘The increased funding, announced in the most recent NHS Operating Framework begins to address this problem, but there is clearly still a long way to go. The framework also articulates a requirement for primary care trusts to improve access to NHS dental services, something which builds on the findings of last year’s Health Select Committee report. If PCTs are to provide access to the large number of people who want care but can’t get it, it is vital they are provided with the necessary funding.’

However, Dr Sab Bhandal, principal of five practices in the Luton area, said provision is good in his area overall. He said: ‘NHS dental access in Luton is very good, with no patients more than three miles from a dentist accepting new NHS patients. There has been a two per cent increase in patient numbers over the past two years, monitored month-by-month, so the investment is definitely helping patients. The new system gives patients better value and the price-handings make it very clear what they can expect for their payment.

‘We are also getting large increases in patients not going private - especially over the last three to six months since the economic downturn - these patients are seeking better value for money, hence they are moving from their private practices to practices offering NHS, whether they remain with these practices will depend on the service that they receive. Several new practices have opened, since the funding increase and will be looking for continued migration of such patients, but will have to offer high levels of service to retain them.

‘However, one area which does need improvement is the flow of information from the Department of Health, as it takes an inordinate amount of time to get to the frontline. This may be because PCTs are under-reourced. This makes it difficult for practices to take business decisions and achieve the required results before the year end.

The PCTs in Luton, Beds and Herts are all very different. Luton PCT is the smallest and is able to make decisions very quickly regarding the new investment, so practices have the whole year to make plans, but the other PCTs are much larger, but have similar resources and hence took longer this year (mid October) to inform us of their growth plans. One assumes the data couldn’t be processed quickly enough due to the lack of resources, so when the funding was received, there was little time to implement plans, to achieve results before the deadline of March 31.’

Mark Pullford, dental lead for HOBHT PCT says plans are afoot to start a major procurement exercise to ensure both patients and dentists benefit from the circa £2 million the PCT has above baseline. He says: ‘The PCT received additional central funding for our primary care dental budget, which has been invested since 2008 in mini-contracts with dental practices. We are about to start a major exercise to ensure
this money is invested through open procurement very soon. Patients and dental practices will benefit from this central investment, from April 1.

‘The mini-contracts end on 31 March 2009, when we will need to purchase £2 million worth of dentistry. The likelihood is that many dentists will bid and be successful, in an open and transparent tendering process. This process will involve LDCs who play a constructive part in commissioning and procurement work.’

Eddie Crouch, secretary of Birmingham LDC, says: ‘All PCTs have been given funding, but staffing levels and competence make the transfer to practices extremely difficult and time-consuming.

‘Compliance with European law on tendering makes PCTs wary of legal challenges, so, instead of offering extra funding to expand existing practices, they worry about procedure and delay change.

‘Large tenders for single providers make delivery harder than spreading the money over known successful practices.

‘Whilst HORT PCT tries its best, without radical changes to the contract, they are paddling uphill.

‘Unless Jimmy Steele, (head of the DH’s independent review), comes up with a miracle cure, this contract is terminally ill.’

Derek Watson, chief executive officer of the DPA, says that formerly, dentists could see investment in the profession because it was a percentage addition on the fee scale, which income paid for everything, including expenses.

He explains: ‘Now, dentists don’t see the investment because they don’t follow PCT budget meetings. Also, because the contract is inflexible, inefficient and unfair, there is considerable money wastage. For example, there is a middle management tier to be paid for, any funding announcements invariably include an element of double-counting, eg; they include money from the Doctors and Dentists Review Body, which is given to the profession anyway.

‘In the past, the DH has invested more money in dentistry, mainly for political expediency. Therefore I expect its investment to at least run up to the election in May 2010.

‘Outside of the areas of oral health and prevention, we do not support expansion of the NHS dental service through simple funding increases, until the structural problems are addressed.’

Richard Thomas, General Secretary, Federation of London LDCs, says there are some excellent examples of increased capacity to treat patients under the NHS, due to increased funding, but there are associated problems.

He says: ‘Although there has been additional dentistry funding, we are however aware of situations where funding, allocated to PCTs, has not reached front-line dental services. There is certainly a difference between various PCTs in their ability or willingness to send out to practices all the funding they receive. We also feel that the present systems used to procure additional services are off-putting to many GDPs.

He says some dentists are saying they have seen no evidence of this investment, because the new contract places a ceiling on the extent of NHS services which each practice can carry out without prior approval. He explains: ‘This limit on their activity necessitates a cautious approach by dentists, as they are penalised for treating more patients than their PCT allows. The systems in place to enable dentists to attract additional funding are bureaucratic and discourage some from applying. Some PCTs offer funding on a non-recurring basis, but dental practices are reluctant to take this up as it creates an insecure business model.

With regard to future funding, he says the DH and PCTs should recognise that it is costly in terms of time and money to take on new patients, many of whom arrive with high treatment needs, costing more for the practice than the UDA system allows. He elaborates: ‘We feel there should be realistic incentives to take on new patients. Those practices whose present UDA values are uneconomic should be offered higher UDA values.’

Thomas claims the new contract has been ‘proven to have an adverse effect on access to NHS dental services’.

Ultimately, the federation wants dentists to be able to concentrate on their profession’s purpose, namely, the improvement of oral health.
Conservative dentistry?

In an exclusive interview for the Dental Tribune, Neel Kothari interviews Mike Penning, the Conservative shadow Health Minister responsible for dentistry, and asks him what the Conservatives would do to improve NHS dentistry?

MP: Sadly, we’ve come to the conclusion with many parts of the profession that the present contract as it is formulated and imposed upon dentistry is unsustainable and we intend to phase the contract out. We would like to have a system that can put preventative dentistry at the forefront and re-introduce registration. But also I think the brand of UDA is damaged and, I don’t like playing with semantics, but whatever we come up with will not be called UDA.

NK: Mr Penning, what are the Conservatives’ plans on taking NHS dentistry forward?

MP: Well, the whole area of NHS funding, as the Select Committee said, is fundamentally flawed. If you look at how the funding formula works, some £110 billion pounds of NHS spending is dispensed, it’s distributed almost solely based on a social-economic situation. It takes almost no account at all of age-profiling and birth rate. That’s the way it should be looked at, that’s what the Health Select Committee said when they looked into the deficits. We’ve committed ourselves to a review of the funding formula.

At the moment the PCTs can and do refuse to allow you to sell the goodwill of your business on. I will make it implicit within the contract that, subject to due diligence, you have the right to sell your contract on. That will help give some stability back to NHS dentistry.

MP: I honestly don’t know. They must have realised that there was going to be a massive problem. I’ve already eluded to the fact that I think it was drawn up by accountants rather than clinicians. Most of the representative bodies either walked away or said, please don’t impose this upon us, it won’t work. They’ve done pilots on other schemes such as personal dental contracts and these were seen to be working, and yet they suddenly woke up with this one morning, with no proper pilots in it came, and the crisis has ensued.

NK: How big an error do you feel it has been not to pilot the contract and are you aware of any other government contracts which have been introduced without piloting?

MP: I think it’s a massive error that has probably put dentistry, oral hygiene in this country back 20 years. And the reason I say that is because there are now thousands, millions of people that would have had some sort of professional dental oral hygiene routine, which have none today.

NK: So why do you think this new contract was imposed by the Labour government?

NK: Do you feel that the current level of funding of NHS dentistry is sufficient and, if not, how would the Conservatives alter that?

MP: I’ve made a commitment to my treasury team that we will stick within the existing budget. Is all NHS funding spent in each of the years? No, it’s not. Was there a surplus last year? Yes, there was. Do we have a major problem in certain parts of the country where there is almost no NHS provision whatsoever? Yes. Do we have a surplus of provision and a surplus of cash in our country? Yes. So we have to look carefully at the formula.

NK: By putting a capacity on the amount of work that’s being delivered does this tend to make employment law a bit murkier?

MP: I don’t like playing with semantics, but whatever we come up with will not be called UDA’s.

NK: Do you feel that the current level of funding of NHS dentistry is sufficient and, if not, how would the Conservatives alter that?

NK: What else could be done to encourage dentists back into the NHS?

NK: So you see NHS dentistry as a business as well as a health-care?

MP: Yes, absolutely, and it has to be, in that, if I’m a GP and I want to set up a practice the PCT comes forward and covers the costs... in dentistry that isn’t the case.

NK: By putting a capacity on the amount of work that’s being distributed how would you distribute the current funds?

MP: At the moment the PCTs can and do refuse to allow you to sell the goodwill of your business on. I will make it implicit within the contract that, subject to due diligence, you have the right to sell your contract on. That will help give some stability back to NHS dentistry.
Children with oral health problems will have to live with those problems for the rest of their lives. The second part of your question was, have they cocked something else up that is similar; yes, there are other areas of health where they did. The first ISTC programmes that came out in phase one were a fundamental disaster. Contracts were being paid 100% on 40% of activity and had no training facilities.

NK: For most simple treatments, prices have rocketed under this new contract. Do you feel that the ‘swings and roundabouts’ approach is unfair for patients?

MP: I think you’ve touched on one of the fundamental flaws within the system. We know that under the previous contract there was probably excessive treatment done at times. What we’ve got now is under-treatment in many cases, because people cannot physically afford to have their treatment done. Dentistry has always been a co-payment system, unless you’ve been on one of the welfare packages, but at the moment we have a situation where middle England are struggling to afford NHS dentistry, which seems to be somewhat of an anomaly.

NK: Dentists who take on new patients under this contract have been asked to do a potentially unlimited amount of work for a fixed fee. Do you feel this is workable or do you feel that this is another one of the problems of this new contract?

MP: The package isn’t helpful in the way that you’ve just described. The government I think knew this anyhow. Dentists should be treated fairly and the contract should remunerate you fairly. What really worries me at the moment is that as some of the contracts have been issued we have people coming in from outside the United Kingdom, quite legally under the European Union employment laws, but are being paid a pittance to provide the services. That’s not fair in the 21st Century and that shouldn’t happen.

But I think we move the contract back to what the NHS was designed to do, which was to be the welfare state, to look after the oral hygiene, of the people in this country for those that do not wish to have or cannot afford private dentistry. That’s where we need to be.

NK: Yes, but the key link that I want to draw here is if a patient requires 10 fillings, should they be paying the same as if they require 1 filling?

MP: No, of course not.

NK: And should a dentist be remunerated the same as if he was doing 1 filling?

MP: Well what we need to look at is having a payment plan which doesn’t put us in the position where we are now: a payment plan which isn’t a deterrent to the patient, isn’t a deterrent to the NHS dentist and also isn’t a deterrent to the taxpayer, who quite rightly will say “is this value for money?” If you look at the last audit commission report, the previous Health Select Committee report into dentistry and this one, all of them slammed the government over the way they were handling dentistry. They actually turned around and said that personal dental contracts were fundamentally good things. Why the government didn’t put personal dental contracts in around a registration system, I’ve no idea. That’s something they’ll have to explain for themselves. All I know is that every time I try and debate with them, I go and speak to the BDA at their conference, no minister turns up. At the London Dental Council, no
minister turned up. They keep sending Barry Cockcroft; Barry is not a politician, I will not debate with Barry, he's a civil servant, not the minister of state responsible for dentistry.

NK: What effects do you think the recession will have on middle England, who is as you say struggling to pay for some of the more expensive NHS work?

MP: I think we've got a two-fold crisis going on. Before the recession we know that less people were having any form of oral preventative work done at all, which has been increasing for some time. That is sending a disaster down the line, which our A&Es are already starting to pick up. With the recession there will be more and more people that can ill afford their private insurance policies; that will put even more demand on the ever-decreasing availability of NHS dentistry.

NK: It's likely that there are going to be far more people who are hit in their wallets, who may not be claiming welfare packages, but will still have the increased dental charges to pay under this new NHS contract, can these people get a fair deal?

MP: Under the existing contract, absolutely not. One of the things we want to do with the contract as we phase it in is to expand, not back to the hundreds of different funding systems we had before, but certainly expand probably going into 15 or 20 areas of treatment, because it can't be right that you have one piece of treatment that costs you £198 odd and have something much more complicated which costs a lot less.

NK: The Health Select Committee has recommended increasing the width of range of band 2 treatment plans. What do you think about this?

MP: Well I've already said earlier on that the very limited area of our bands make certain treatments ridiculously expensive and actually preclude some treatments being done, in that the dentist looks at them and says the amount of work I'm going to do for you, I'm going to lose money on this. And that's a crazy situation. People must be treated. We must look at outcomes... I think we need to move to much better longevity outcomes.

NK: Has local commissioning been a success or an expensive failure?

MP: In some parts of the country it has been a success but in other parts of the country it has been a disaster.

NK: But overall?

MP: I believe in PCT’s quality commissioning. If the PCT’s aren’t commissioning well we have to look at why this is. Is it the amount of funding they have? Is it the quality of people managing their commissioning or is it that the contract is fundamentally flawed? In most cases where it is not working it will be a bit of each. The contract is where the main drive of the failure is happening.

NK: You mentioned the quality of PCT commissioning; has...
the introduction of this contract been fair on PCTs?

MP: Well again I think you have touched on probably one of the greatest flaws within the contract, which is that it is so compli- cated to manage and so difficult to work within. There is so much documentation and so much opportunity for the PCTs to get it wrong, and when they get it wrong to blame someone else. I can assure you we will pilot the legislation that comes forward from the Conservatives. We will publish a green paper and white paper and we will work with the whole industry including hygien- ists and technicians who are also struggling with the increased leg- islation that they have to deal with, such as registration. This is so that we can have as simple a contract as possible that protects the tax payer, but at the same time gives a service.

NK: Can you give me an idea as to how you will make this happen?

MP: Well the key has to be reg- istration. One of the great scams that is going on at the moment is people are being fooled into thinking they are registered with a den- tist. They haven’t got a dentist; you and I know that once you’re treat- ment plan stops, you don’t have a dentist until the next time your treatment plan starts, and if the dentist has used their UDAs they may have to find another dentist if they wish to have their treatment under the NHS. To have people registered with dentists costs nothing and I believe that will be the start of the rebuilding process we need within dentistry.

NK: Do you think NHS den- tistry has been poorly funded?

MP: No, I actually think there has been a lot of money gone into NHS dentistry in the last 10 years which has been very, very badly spent. I think we need to spend the money we have got better and make sure it gets under the front line more rather than forever saying give me more. The NHS has tried to do over the last 10 years, it has nearly doubled the amount of money going into the NHS from our taxpayers and our outcomes of productivity have actually dropped.

NK: Since the introduction of the new contract the private den- tal sector seems to have done un- believably well. Is this a sign that the contract has failed?

MP: I think this is one of the key barometers that shows that the contract has failed. Very often dentists have written to their pa- tients and I have had this from my own dentist, ‘We can no longer work within the contract, we are going private. If you’d like to come across with us, we’d love to keep you.’ Now for a lot of people they didn’t have any choice... The people that worry me are the people that can ill-afford it and have almost no dental provi- sion whatsoever, unless you can put your hand up and say, ‘We don’t need a review; it’s a very, very badly run system.’

NK: Very final question, does the Conservative party feel that by the government consistently defending this new contract they are trying to cover up a massive mistake?

MP: That’s a very leading question. The answer to that is yes, and they have consistently as you said tried to defend the inde- fensible. Last week they put up the white flag and said, ‘we’re go- ing to have an independent re- view into NHS dentistry. What do we need an independent review for? What’s the minister paid for? What is Barry Cocksroft paid for? Why don’t they just read the Health Select Committee’s report and look at what was said there. They don’t need a review, it’s there in black and white.
South-west London resident, Anselm Mcleod, 38, had avoided dentists for some time after becoming dissatisfied with private treatment. After getting acute toothache from several dislodged fillings, he rang an NHS dentist and was offered an appointment the day after.

He says: ‘I needed to visit the dentist quite urgently, because I hadn’t had a check-up for over a year, because private treatment had put me off.

‘I changed from private to NHS, partly because of cost. Previously I went to a dental practice for seven years, which gave patients NHS or private treatment. Prices shot up when the surgery went completely private two years ago. But the service was no better, though I was paying more.

Anselm chose an NHS dentist from the PCT website. Although there were no NHS dentists in ‘posh’ Clapham Common, there were many in nearby Brixton.

He says: ‘The NHS treatment I received was second to none. The dentist was very thorough, professional, caring and honest. Each session lasted 25-30 minutes. He took the time to do a good job.

Anselm’s treatment spanned four visits over one month and he felt all the treatment he received was really necessary, with appointments spaced out according to the dentist’s advice. He adds: ‘After I completed the course of antibiotics he prescribed, he asked me a series of detailed questions to check my discomfort level, before deciding on further treatment.

‘He did an excellent job technically and his patient care and consideration could not have been better.’

Anselm also thinks the amount he was charged was ‘incredibly reasonable’ at under £45 for the whole lot. ‘It was reassuring that the NHS dental price tariff is clear and carefully explained to me in advance.’ The dentist also gave him a full ‘hygienist’ treatment, privately, in addition to NHS scaling and polishing.

Anselm comments: ‘It was good to have the dentist himself carrying out the “hygienist” treatment. He said that the NHS regards such treatment as “cosmetic”. But I cannot understand why such a basic, preventative measure, is not included in NHS dentistry.

He concludes: ‘I would like to get across that I have read much negative press about NHS dentistry, specifically about confusion over costs and inappropriate, rushed treatment.

My experience was completely contrary to this. I had excellent treatment from a consummate professional as well as advice on prevention, carried out with a high regard for patient comfort, satisfaction and quality. The dentist reassured me that if anything bothered me not to hesitate to come back, because prevention should always precede cure.’
Endodontic rumours

Some dentists think NHS funding for Endodontics is ‘laughable’. But is it a fact or just Chinese whispers that some GDPs are opting for extractions instead of endodontics because of budget constrictions? If this is true, what are the implications?

*Endodontics* investigates

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Endodontics is often identified as one of the most technically demanding procedures in general dental practice, dealing as it does, with tooth pulp health surrounding the root.

Some dentists claim that the technical know-how required for complex root-canal treatment is not acknowledged by the NHS, which classes complex endodontic treatment under the same band as fillings.

A dentists’ questionnaire on website, bassettlaw.gov.uk put forward the following: ‘We are now target driven – we have to earn a certain number of UDAs per year. In the past we simply provided the treatment required and got paid for it. Now, we get the same UDAs if a patient needs one filling or six extractions, eight fillings and three root treatments. It is obvious that dentists have a disinclination to accept patients with dreadful mouths.

“There should be a more flexible approach to UDAs and poor mouths should attract more. UDAs should be awarded in relation to the treatment provided.”

Dr Shiv Pabary, the principal of six practices across Newcastle and Gateshead, which have been established over 20 years, says the situation is complicated. He says: ‘With regard to endodontics, the way the contract is set up, it is assigned to Band 2. But to do treatment properly can take up to 90 minutes and be very demanding. I don’t know what the evidence is that dentists are opting for extractions in practice, but the current system definitely discourages dentists from saving teeth.

‘There is also a strong ethical dimension, because dentists should be doing what is in the patient’s best interest. A dental practitioner would have to strongly defend a decision to extract a tooth, if it were not in the patient’s best interests.

‘In our practices we went into a PDS contract early. I told my colleagues not to change their treatment plans or their way of thinking, because dentists are obliged to do what is clinically necessary.

‘For example, if there is a second or third molar from the back that is non-functional, one could consider extraction as a possible option. But if a patient needed three molar endodontic treatments, the dentist would only get
Predictable Endo for the General Dental Practitioner

smartseal are delighted to announce dates for their popular evening seminars. The events will be hosted by Jerry Watson BDS, a practising GDP from Lincolnshire.

**Aim of the course**

To provide course participants with the necessary knowledge and skills to be able to implement the smartseal endodontic system in their practice.

**Course objectives**

- have an understanding of the science behind the smartseal system
- have knowledge of the polymer plastics used in the system
- have the necessary skills to be able to use the smartseal system
- understand the nature of the material and its uses
- be able to interpret x-rays where a smartseal endodontic treatment has been used.

**Format of the evening**

- 6.30pm light buffet/networking with colleagues
- 7.00pm overview of the system, science behind the material and how it works
- hands on session using endo blocks, allowing delegates to see exactly how the smartseal system works and get a feel for using it
- 9.00pm close

**Dates and venues**

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**Delegate rates**: £65 - dentists, accompanying nurse free of charge*. Delegates attending the seminar will receive a 50% discount against the purchase of an introductory pack of smartseal, 'one nurse per dentist treatment has been used.

**About the speaker**: Jerry Watson is a general dental practitioner based near Stamford. Jerry is a well respected trainer and has worked with many companies and organisations to deliver training for dental teams; he is particularly interested in facilitating customer care and team work training events.

Delegates who attended the recent spring series of seminars made the following comments following their experience at the seminar: ‘uplifting’, ‘looking forward to getting started with smartseal’ and ‘it does as it says on the tin it will be amazing, I think it will and does’.

Endodontics should be introduced, because dentists should be fairly remunerated for it. Endodontic instruments are all single-use, which also increases expenditure.

If a crown gets 12 UDAs, a molar root-canal treatment should get nine and an anterior, at least six. That would encourage more dentists to do root-
IMTEC’s Sendax MDI® Implant System offers a revolutionary one-hour, one-stage solution for long-term denture stabilization. This immediate loading mini dental implant system utilizes a patented, failproof placement protocol and works with the patient’s existing dentures. The versatile MDI implant family includes the 1.8 and 2.1mm implants with standard thread design and the 2.4mm MAX thread for softer bone.

One day Seminars: 6 or 8 CPD – Cover implant theory, patient selection, clinical protocol and instrumentation for MDI placement.

Hands-on session of mock implant placement. £390.00


One and a half day Surgical Hands on Seminars: 8 or 10 CPD – Friday am – Theoretical aspect of MDI placement and case planning. Saturday all day – Hands on live surgery and the opportunity for you to place implants, under supervision, either in a patient you bring along or a volunteer. £450.00

Smile Design dental Practice in Manchester, Cheshire. July 3 & Nov 14. More may be available

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Four implant diameters to ensure best use of bone volume

Simple protocols and a cost effective solution for denture stabilisation

Due to the new opportunities that have opened up because of implants. For example, a tooth of dubious prognosis, which previously one may have restored and warned the patient about its limited prognosis can now be extracted and replaced with a much longer-lasting, more predictable implant.

‘We are lucky to be in a fairly affluent area here, so can make up the cost of Endodontics through private work with some of our patients. But in a poor area, where there is minimal private treatment, the cost of root-canal treatment cannot be made up, which could encourage more extractions.

‘Not acknowledging the complexity of endodontics devalues the work dentists do.

A definite re-think is needed.’

Mark Pulford, commissioning lead for Heart of Birmingham Trust PCT, says the PCT does provide Endodontics. He adds: ‘We recognise that Endodontics is an issue, but having said that, this PCT is providing Endodontics. We will be working with our dentists including, and in particular, dentists with an interest in Endodontics, to see if we can support services in HOBT, through a clinical network approach involving High Street dentists and secondary dental care colleagues. This is in order that future contracting can be influenced by our dentists, now that we are more than two years into the new contract. Our work will include looking at contract values and we certainly will not be paying any less.’

An endodontics expert said endodontics and the NHS was a very delicate topic which needed attention from political, social and economic viewpoints.

He said community health covered the whole of society and implied the primary right of the ill individual to be helped and reintegrated back into society. He says:

‘Endodontics is a dental speciality, which covers the treatment of healthy or infected pulp and periapical diseases. Each diagnostic requires a different treatment approach.

The more advanced the disease, the higher the qualification requirements for the practitioner, the higher the material
and instrumental involvement, the higher the time demands and, of course, the financial implications.

Endodontic treatment of a multiple-rooted tooth, presenting a chronic apical periodontitis, may require between one and half to two and a half hours of clinical work. Financial remuneration as offered by the NHS cannot cover this.

The NHS recognises the need for differentiation and accordingly covers treatment costs for GDP and endodontic specialists within the funding available. As science advances, the previously allocated funding cannot continue to cover the costs, but one cannot blame the system for not providing funding for everything.

Offering the patient an up-to-date diagnosis and all available treatment options, including the coordination of specialist referral services, represents the optimum standard of NHS care.7

Eddie Crouch, of dental campaigning group, Challenge, said the Department of Health included funding for Endodontics in the contract value, but he adds that ‘the funding was based on a year that may have been typical or atypical.

Dr Barry Cockcroft has agreed to answer any questions our readers would like to raise on this subject matter.

WHAT HAVE YOUR PATIENTS GOT TO LOSE?

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WHAT HAVE YOUR PATIENTS GOT TO LOSE?
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Free Teaching Guide included

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The Admor Patient Charges and UDA Reckoner will save your staff countless hours, also available as a PDF version on CD.

The Reckoner will enable you to determine, after the 1st April 2009, the new charging bands and Units of Dental Activity values for particular treatments.

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How to order your Reckoner

- Prices below inclusive of postage and VAT as applicable
- Send your cheque and order to Admor
- Reckoners are non-returnable

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The art of connection

You have to bond with your patients if you want them to say ‘yes’ to treatment. Author Ashley Latter offers some invaluable advice.

The meetings commence

Existing Bank arrived. There were two of them and they were nice and pleasant. They built rapport fairly well, although they were questioning me on what I did as a business. Twenty years as a customer, yet they did not know what I did for a living. They offered a really good scheme and I said that I would consider it over with my wife.

New Bank arrived on time. There was just one of them and he was called Brian. Brian spent the first few minutes asking me lots of questions about my business and my website, which he had visited the day before, and about some of the training I had delivered. We must have spent at least 20 minutes discussing my business and my life, and I was in my element.

You see, ‘ME’ is my favorite conversation. He asked me questions about what I required and presented some quotations he had already prepared on the basis of a quick telephone conversation we had had on the day before. You know what, I had already decided to do business with Brian and New Bank before I had seen the offer he was making to me. I was very impressed and I had probably decided in about five minutes. Why, because Brian had taken the trouble to find out all about me, before he came to see me and was genuinely interested. We also found several topics we connected with, before he came to see me and was genuinely interested.

Key points to learn

1. Spend time in preparation. Learn all about your patients, read their records and have staff meetings. Remember - proper preparation prevents poor performance.
2. Really focus on getting the customer to like you and ‘connect’ with the patient. It is only when you really connect that a transaction takes place.
3. Look the part. Nothing more to say here.
4. Once you have gained commitment, do everything possible to make the experience a great one. ‘Wow’ them at every opportunity, keep them updated with what is going on and of course, common sense here, thank them for your business.
5. Ring the patient at home afterwards and ask them how everything is going.

Last thought and something I would like to leave with you. Please focus on building relationships with your patients. You and your team will never get a second chance to make a first impression. It is only when you really connect that a transaction will take place.

About the author

Ashley Latter has now delivered the ethical sales and communication programme to over 4,000 dentists and their teams members over the last 10 years. He is also the author of the book, Helping Patients say YES. To find out more about his course dates and to register for his free email newsletter, please visit his website www.dentalsalescoach.co.uk.
Lightening the load
Dr David Bloom and Dr Jay Padayachy of Senova Dental Studios discuss the benefits of high-tech equipment

1. Digital radiographs and portable x-ray heads such as the Nomad mean that all the convenience of instant radiographs along with the resultant reduction in radiation dosage are available. Not only are patients impressed by this technology, the advantages for the practice include time savings and also cost savings from not having to process the radiographs manually. Storage is no longer an issue and radiographs cannot get lost or misplaced or mutilled. Many courses are also available to allow your team members to take the radiographs themselves. See Figs 1a and 1b.

2. Digital SLR camera. This is an essential piece of equipment on many fronts for diagnosis, patient communication and laboratory communication. A picture speaks a thousand words and never is this truer than with dental photography. Seeing a picture of their teeth on a 17-inch monitor aids co-diagnosis. This can also be extended to include intra-oral cameras as they also greatly aid patient communication and co-diagnosis. Intra-oral cameras are very useful when preparing teeth, for example, when removing an old amalgam filling to show any internal fracture lines that are present, so that this can be documented. See fig 2.

3. Air abrasion unit. There are many available and each have their pros and cons. However, as a treatment modality, this is considerably under-utilised and has many advantages ranging from minimal preparation to better bond strengths for adhesive dentistry. While some of these advantages can be achieved through a lower-tech, intra-oral sandblaster, this will not actually cut tooth tissue which air abrasion does. It can do this very conservatively and often without the need for local anaesthetic. With the advent of hydro abrasion, the mess often associated with this technology is also greatly reduced. See fig 5.

4. Patient-entertainment systems. Some pieces of equipment can seem hi-tech but can avoid the expensive price tag often associated with this type of equipment. One such example is patient DVD glasses. These can be connected to a portable DVD player to allow patients to watch a film during their treatment. These systems can be very technical and involved, but they can also be as simple as a portable CD player with headphones. These little touches make all the difference to the patient experience. See Fig. 4.

5. Dental Lasers have come down in price considerably over the last six years resulting in soft tissue diode lasers at affordable prices. They now cover a variety of procedures ranging from cosmetic

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William ‘Bo’ Bruce, DMD
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“What MUST I have to treatment plan aesthetic cases?”

This hands-on course is designed to answer that question. Knowing how to prep and cement veneers is not enough to go forward with a comprehensive case. We must know what information and materials we need to put the puzzle together.

This course will give you the blueprints to any complex case in a simple and understandable way. You will learn not only the aesthetic requirements but also the functional necessities to the perfect case. Not required, but would be a real bonus if your dental assistant could attend with you.

This is a must take course for any dentist wanting to do more complex aesthetic and/or functional cases.
gingival re-contouring to treating periodontal pockets and adjunctive to endodontics therapy and expose of implant fixtures. The modern ones are very portable and some are even cordless so that they can be used in multiple rooms. Hard-tissue lasers are also useful, but at this time they are considerably more expensive. See Fig 5.

6. Velscope. An amazing piece of equipment for the early detection of oral cancer. While the cost of this screening can pay for the machine, patients are also very appreciative of having this reassurance and with the correct marketing, the costs of the machine can quickly be recouped via goodwill. See Dental Tribune Vol 2, Issue 26 and Fig 6.

7. Wand. This is a computerised local anaesthetic delivery system that allows slow and painless anaesthetics. It is a modern replacement for syringes which have barely changed in design since 1853. Pain from palatal infiltrations will be a thing of the past and a single point of infiltration can anaesthetise upper three to three. As the needle can be held with a pen grip, there is minimal risk of deflection of the needle when giving an inferior dental block and hence the chances of failure are vastly reduced.

8. Magnification. A real eye opener once you start using it, especially when used in conjunction with a battery light – see Fig 8. It’s best to start with relatively low power of 2.5 times loupes. This can go up to times 4.5 with higher powered loupes or even higher with microscopes. Ensure your loupes are professionally measured to fit yourself for visual acuity. The magna vu is a video microscope that can be used to record procedures for patient education. It can be used live to work off indirect vision from a flat screen TV or even to feed procedures to a lecture room. It also can act as a magnification device of up to x 25 optical and x 50 digital. See Figs 8a and 8b.

9. Power whitening lamp – such as ZOOM Advanced Power. While some older studies maintain that the light does little but provide marketing support for the bleaching procedure, newer studies dispute this and our experience is that power whitening certainly kick starts the procedure and gives patients the motivation to continue with home trays that they might otherwise be reluctant to wear.

10. Collardam. Although this is not high-tech in price, the crystal fibre technology is high-tech and allows your patient to stay dry around the neck area even with the large amounts of water and spray are created associated with restorative dentistry and even ultrasonic scalers. If you think your patients do not get wet, just ask them. See Fig 10.

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

Practice makes perfect!
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Key to the creation of your perfect surgery is the precision planning provided during the design phase, teamed with state-of-the-art equipment from leading manufacturers such as Adec, Anthos, Schick and Apex Cabinetry and a commitment to after-sales support. Proud of its accomplishments as a market-leading supplier, Clark Dental is delighted to see that the philosophy upheld for more than 30 years, that exceptional personal service, offering the very best advice and treating customers ‘like family’, remains the ideal that drives efficiency, innovation and business success for those who have chosen Clark Dental to help make their perfect practice.
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As the most effective in their class, Orascoptic HiRes Class III Galilean loupes have been enhanced by the addition of powerful ultra lightweight Class III Galilean oculars. These loupes offer a stunning combination of innovative design and powerful optics with a remarkable depth and width of field, to guarantee crystal clear resolution. As the most effective in their class, Orascoptic HiRes Class III loupes boast the smallest possible oculars whilst providing approximately 3.25 x magnification.

Mounted on a choice of three frame designs, Orascoptic HiRes Class III loupes deliver an unbeatable combination of style, comfort and performance.

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Accurately Controlling Your Handpiece Speed

The Optima MX INT system from Bien-Air provides a complete and reliable solution for your endodontic work.

With an easy to use, intuitive display the Optima MX INT converts your air-driven system to an upgraded electric operation; allowing, for example NiTi endodontics to be covered with a standard 1:1 contra-angled handpiece. Most other procedures are covered with just two contra-angles (1:1 and 1:5), thus replacing several conventional instruments saving time and expense.

This simple system enables you to change the torque, speed and ratio in just a few clicks. With 20 pre-set programmes, 10 designed specifically for endo work and 10 for operative programmes, the Optima MX INT allows you to set a further 20 programmes to your personal requirements. This good looking unit will suit all surgery decor and the unique mounting system allows optimum visibility.

For further information please contact Bien-Air on 01506 711 565 or visit www.bienair.com

Dental Services Direct top-notch technologies

As dentistry becomes more sophisticated and practices turn to more hi-tech solutions for their everyday needs, there is the need for a company whose advice they can trust and whose products are the very best available. Dental Services Direct offers a wide range of the finest in the market. Some more popular models currently include; the Digora Optima intraoral digital imaging system and the Digora PCT digital extraoral imaging system, the Veraview IGS, Morita’s high-speed digital panoramic x-ray machine and the Velopex Diode 5W 850nm laser, for a more patient friendly approach.

For extra peace of mind, when Dental Service Direct sell a piece of equipment they ensure the staff receive full training, ensuring the practice gets the most out of its investment. Everything is explained thoroughly and if there is ever a problem later on help is just a phone call away.

To find out more about the exciting range of technology products on offer call the Dental Services Direct Technologies team now: 08452 606 506, visit the website or download the latest special offer flyer from www.dentalservicesdirect.com.

Promotions at Henry Schein

Henry Schein, the UK’s leading supplier of products and services to the dental team are pleased to announce the re-structure of their senior management team.

Simon Gambold, who has been part of the Henry Schein team for more than 14 years, and played an important role in the acquisition of Minerva Dental in 2008, now assumes the role of ‘Managing Director’. Simon will continue to work as part of the British Dental Trade Association, creating and develop key relationships throughout the dental industry and profession.

Patrick Allen, who joined the team in 1994 following a long career in the dental industry, has been promoted, to Vice President of the Henry Schein Minerva Full Service Business.

These changes at Corporate level are indicative of Henry Schein’s desire to continue to evolve and put in place a dynamic infrastructure that will support its growing business model and further support it’s customers in running efficient and profitable practices.

The Ultimate Instrument

When is a handpiece more to you than just a handpiece? When it’s an NSK handpiece! This might sound like the start of a tall story but actually it’s a true statement.

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

A-dec 500 Integrated System

Contributes to a Healthier, More Productive Practice

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

Everything about A-dec 500 is designed with efficiency and well-being in mind: from the ultra-thin 1” (25mm) thick backrest that provides optimal access to the oral cavity, to the
Sirona

Sirona UK is a specialist division of Sirona Dental Systems, the manufacturer of the CEREC System, and has now for the last 5 years supplied and supported CEREC CAD/CAM all-ceramic restoration system here in the UK.

Minimally Invasive Adhesive Dentistry

Many modern dental procedures require specialised hi-tech equipment and none excels in performing the delicate techniques of minimally invasive and adhesive dentistry better than the PrepStart neat and compact air abrasion unit.

Versatility is assured, as Évident's PrepStart is ideal for use in a variety of procedures including cavity preparation, bonding, repairing, restoring and the detection and treatment of fissure lesions, with great patient acceptance.

KaVo continues to produce exceptional products based on the needs of their customers making sure they receive complete satisfaction.

DentalEZ

Since pioneering sit-down dentistry in the 1950's DentalEZ has been committed to improving working efficiency and to enhance practices.

Our surgery equipment choices are built around our renowned dental chairs. Our J/V Generation is an example, which offers exclusive seat tilt movement, helping maintain proper spinal alignment to reduce stress on discs and soft tissue around the patient's spine.

We then have a choice of Delivery units to complement, whether over-patient, rear mount or mobile.

DentalEZ range includes seating, lighting, suction and handpieces.

Imagine With KaVo

One of the leading dental manufacturers, KaVo prides itself on providing ergonomically designed and innovative high quality products. KaVo is dedicated to achieving dental excellence in all its product ranges, including superior handpieces.

KaVo offers its customers imaging solutions of exceptional quality such as the GXCB-500, the latest in Cone Beam 3D dental imaging. The unique single sensor head effortlessly from 3D to 2D imaging.

DentalEZ has been committed to improving working efficiency and to enhance practices.

580th Aquacut Quattro Installed

Bexley in Kent, is now firmly on the map as far as Fluid Abra-

sion is concerned! The 580th Velopex Aquacut Quattro has been installed at Dr Braka Thau-risuandaram’s ‘busy Dental Practice, in Vicarage Road, Bex-

ley. This light and airy building provides a superb backdrop for this busy dental practice which - now offers all patients the avail-

ability of fluid abrasion: Cleaning and Treating, in a calm soothing environment. Dr Thau-

risuandaram commented: ‘It’s great! It’s an essential part of modern technology in a modern practice’.

The Velopex Aquacut Quatro contains two chambers, weighing in at just over 4 ounces (121 grams) and meas-

uring only 8.6 inches (219 mm) in length, it is easy to manau-

vre and manage during each procedure. This compact and cordless LED light is well suited for mobile clinics and services while also providing more ergonomic comfort to clinicians. A fully charged battery powers 180 ten-second cures.

For more information on this exciting new light please con-
tact our sales team on 0800 052 5003/544 1923 850423.

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Our surgery equipment choices are built around our renowned dental chairs. Our J/V Generation is an example, which offers exclusive seat tilt movement, helping maintain proper spinal alignment to reduce stress on discs and soft tissue around the patient’s spine.

All of our chairs have thin narrow backs to provide clear sight lines and direct access to the oral cavity.

We then have a choice of Delivery units to complement, whether over-patient, rear mount or mobile.

DentalEZ range includes seating, lighting, suction and handpieces.

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For more information, please contact KaVo on 01494 755 000, email: sales@kavo.com or visit www.kavo.com.

DentalEZ offers its customers imaging solutions of exceptional quality such as the GXCB-500, the latest in Cone Beam 3D dental imaging. The unique single sensor head effortlessly from 3D to 2D imaging.
Tri-Sok now available in a cost effective 7gr Tube!

Tri-Sok is used for the treatment, after development, of inflammation in an extraction socket. Tri-Sok also prevents infection in the extraction socket where there is a history of Dry Socket and where the extraction has been traumatic. It contains Chloretetracline, a broad-spectrum antibiotic that acts against infective organisms.

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

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

Using informative lectures and hands-on sessions, a wide array of respected experts will share their insights, including such worldwide speakers as Dr Sue Mirfendereski. His lecture ‘Key steps to a successful whitening centre’ will help delegates provide a truly excellent service to patients, covering:
- The right bleaching method
- Concentration issues
- Chemical activation
- Restorative implications
- New regulations
- Patient communication
- Marketing and PR
- Competition

The Annenberg Lecture will be given on the Friday by Professor Nitazec Bichacho and Dr De- wachs Schwartz-Adar, and Saturday’s Conference is set to be the best yet with speakers including:
- Prof. Dr. B. Barghi, Dr Chris Orr, Professor Edward Lynch, Professor Liviu Steier, Dr Andrew Davood, Dr Wyman Chan, Professor Luca Gachetti and many more. Call today and ensure that you don’t miss out on this great chance to learn from the world’s best.

For more information, and to ensure your place, call 020 7400 8890 or email info@smile- dentistry.co.uk or visit www.clinicalinnovations.co.uk

Aspire exerts analgesic and anti-inflammatory actions. The topical application reduces swelling and post-operative pain.

The team was delighted to talk about its in-house milling services, advanced CAD/CAM technology and photography facilities, as well as the specialists and technicians and an array of services that include shade taking and custom finishing.

Based in Watford, Luke Barnett represents a new standard in comprehensive treatment planning and minimally invasive solutions. For more information please contact 01923 251 557 or visit www.lukebarnett.com

DENTSPLY was keen to support dental professionals who shared DENTSPLY’s dedication to the very best standard of dental care. DENTSPLY remains strongly committed to supplying innovative products of the highest quality at an affordable price, to support dental professionals in their provision of optimum care and excellent results.

For more information please call 01953 855 422 or visit www.dentsply.co.uk

Kiwi dentist wins postgraduate prize at Salford

Pierre Gill has won the 2nd Annual Best Essay Prize on the Dental Implantology Masters Programme run by the School of Healthcare Professions at University of Salford. Pierre now works in Liverpool at the Peers Backstrom dental practice, although he originally qualified at Otga in New Zealand.

According to Gillian Crofts, Academic Programme lead, Pierre’s work stood out as being an excellent example of how he had both understood the theoretical aspects of the management of tooth loss and demonstrated insight into his patient’s situation, as well as demonstrating the ability to apply the appropriate medical evidence to the case.

The Dental Implantology Masters Programme at Salford is unique in offering Dentists an extensive, comprehensive and interactive learning experience at a network-wide level. The 1st of its kind to be established in the North West, the course attracts a number of recognised guest speakers such as Dr Philip Freiberger, ITI Fellow and past president of the ADI and Mr Koray Feran from their patients. DENTSPLY’s quality, branded products fit each step of this procedure, minimise the need for chair time and users to ensure an accurate, long lasting restoration and help you to ‘get it right first time’.

Preparation with Miss Hi-De, diamond burs “Diamonds are a Bar’s Best Friend”

Impression Taking with Mr Apanul Ultra “Always makes a Great Impression”

Temporary Provisional Restorations with Mrs In- tegrity “Looks that Last”

Restorative Hand Instruments with Mr Artro “Tools for a True Artist”

Permanent Cementation with Mr Fully “Strength in Simplicity”

The new stand drew real interest from dental professionals who shared DENTSPLY’s dedication to the very best standard of dental care. DENTSPLY remains strongly committed to supplying innovative products of the highest quality at an affordable price, to support dental professionals in their provision of optimum care and excellent results.

For more information please call 01953 855 422 or visit www.dentsply.co.uk

Extraordinary Quality from DENTSPY at the Dentistry Show 2009

DENTSPY was keen to show how superior consumers can help dental professionals provide an excellent service to patients at the Dentistry Show 2009 (13th and 14th March at the Birmingham NEC).

Delegates were invited by the focus of the DENTSPY stand on the Indirect Restorations procedure. Crown and bridge restorations are amongst the most demanding procedures carried out by a dentist, with high expectations from their patients. DENTSPY’s quality, branded products fit each step of this procedure, minimise the need for chair time and users to ensure an accurate, long lasting restoration and help you to ‘get it right first time’.

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the London Centre for Implant and Aesthetic Dentistry.

Dr Cemal Ucer, Clinical Programme lead at Salford, commented “Until recently, formal education in implantology has lagged behind scientific advancements on the field. What makes the course at Salford unique is that we have an extensive clinical mentor network, meaning that students are supported throughout their studies at the level to suit their prior experience.”

Lloyd Pope presented Pierre with a £250 gift certificate on behalf of Genus Dental Medical who sponsor the prize.

Pierre commented, “I’m extremely pleased to win this award, it’s always nice to be rewarded for hard work. I initially decided to come to Salford, because Cemal is a highly respected Oral Maxillofacial Surgeon. The quality of guest speakers is excellent and I find having a clinical mentor very useful element of the programme.”

To find out more about the PG Dip/MSc Dental Implantology course contact Gillian Crofts, Academic Lead, via g.crofts@salford.ac.uk

For further information about General Medical telephone 01580 754990, visit www.generalmedical.co.uk or email info@generalmedical.co.uk

New Curasept Mouthwash with Anti-Discolouration System!

The new Curasept mouthwash available from the Dental Directory has all the efficacy of a CHX product, but now with clinically proven patient compliance!

Patients prefer using a chlorhexidine mouthwash with ADS (anti discolouration system) rather than chlorhexidine mouthwashes without - its official!

The extensive Curaprox range is also available from The Dental Directory and includes a daily CHX rinse, a daily CHX toothpaste, a higher intensity rinse for specific short term use, and the welcome return of the 0.5% gel for topical application of chlorhexidine.

“Convenient and cordless, the massaging sensation makes the Waterpik® a great addition for anyone looking for oral hygiene. It’s great and simple to flush out around braces, bridges, implants or even deep pockets.

Along with your recommended oral hygiene regime, the Waterpik® helps prevent gum inflammation and your mouth feels cleaner and fresher for longer. The Waterpik® is also very mobile so you don’t have to give up that super fresh feeling when you travel. If you have specific periodontal problems the additional advantage of flushing with a medicated rinse is one of the many advantages of adding the Waterpik® to your dental health routine.

For up to the minute prices and to see our latest oral hygiene offers make sure you get a copy of our latest Bightline oral hygiene catalogue. Call 0800 585 566 or view online www.den-tal-directory.co.uk

Special offer plus a free gift with Diamond Capsules

Diamond Rapid set GIC capsules are proving to be very popular with dentists because they save time, without the need to hand mix.

Before the end of March; buy one Diamond Capsule value pack (60 capsules) for £72.00 saving you £18.00 on the normal selling price of £90.00:

Or buy 2 value packs for £144.00 plus free box of Prac-ticeSafe wipes.

Denti-Brush® Interproximal Introductory Offer

Denti-Brush Interproximal brushes are an extremely effective way of removing plaque and food particles from inter-dental spaces.

The main benefit is that each brush has a flexible handle and brush to increase control and access to difficult areas. Unlike other brushes, the tip has been specially designed with a unique pivot technology enabling it to bend easily and minimise potential breakage.

Denti-Brush is available in 4 sizes in packs of 6 brushes. Each brush has its own hygienic protective cap making it ideal for travel as well as at home. To find out more about the promotions we are running this month or to receive further information and samples please call 0208 426 5558 or visit our website www.periproducts.co.uk

Scientific Dental Solutions!

Nobel Biocare, the world leader in innovative restorative and esthetic dental solutions, has an outstanding range of effective, easy to use implants that are scientifically proven to be safe and effective.

Offering high initial stability for all indications and in cases of immediate extraction & implant placement, NobelReplace™ Ta-pered is the most widely used implant in the world. Completely colour coded and excellent for narrow spaces between remaining roots. NobelReplace™ offers:

• Step-by-step drilling protocol for predictable surgical procedures
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DENTAL TRIBUNE United Kingdom Edition • March 30 – April 5, 2009

Industry News

Open the Door To Your Dream Practice With Genus

When it comes to Design and Build, Genus provides a world-class service. The team uses the latest Computer Aided Design and 3D rendering software to produce designs that meet the dentist’s unique vision and comply with the latest industry guidelines.

Genus understands that location has a huge bearing on success, and will aid the dentist in finding the most suitable site. When construction begins, a dedicated expert will oversee the project on the dentist’s behalf, half ensuring that everything runs smoothly within the agreed budget and timescale. The dentist always feels in control because there is always a clear and accountable point of contact.

No practice is ever complete without the latest equipment, because Genus are not tied to any particular manufacturer, if required, they can give dentists impartial advice to help ensure that practices are fitted with precisely the right equipment for their needs.

For more information please call Genus on 01582 840044 or email info@genusgroup.co.uk, www.genusinteriors.co.uk

For more information visit www.nobelbiocare.com or call: +44 (0) 1895 452 921

Smile-on Enriches Knowledge At The Dentistry Show 2009

Attendees at the Dentistry Show (NEC Birmingham, 13th-14th of March 2009) saw how new approaches to learning benefit the entire dental team.

Dentistry is becoming more competitive, and patients will only accept the very best. What’s more, new guidelines demand continual improvement. Smile-on provides fresh and exciting methods of developing the skills and knowledge required, in formats that are compatible with even the busiest schedules.

Smile-on showed delegates what was possible with the latest technology. All courses and products, easily integrated into the working day, included the three-module programme Communication in Dentistry: Stories from the Practice. This lets dental professionals open clear lines of communication with patients, laboratories and peers, reducing complaints and the risk of legal action by promoting clinical efficiency and patient satisfaction.

Delegates were introduced to digital imaging and the considerable benefits of using cameras safely and effectively with the Clinical Photography Course, available on CD-ROM or online. Other vital solutions discussed included DNSTART and Clinical Governance Progress Management, helping practices satisfy industry requirements and ensuring that Smile-on continues to be recognised as the provider of pathways to excellence.

For more information call 020 7400 9888 or email info@smile-on.com
Get ready for CIC
Explore superior treatment options with Dr Achim W. Schmidt at the Clinical Innovations Conference

The Clinical Innovations Conference has a proud track record of helping delegates develop world-class skills and knowledge. Every year, members from across the dental team return to their practices, ready to implement new systems and techniques to improve the services they provide. With an unmissable hitherto unattainable standard of treatment.

This event will be no different; building on the list of illustrious past speakers, the 2009 Conference sees experts from around the globe, renowned specialists in their particular fields and accomplished lecturers, take to the stage and work with delegates to promote superior results. Delegates are encouraged to discuss the ideas and concepts explored by the speakers, and the effective blend of lectures and hands-on sessions will help everyone develop strategies for improvement that can be immediately implemented in the dental practice.

This year, Dr Achim W. Schmidt will be presenting delegates with vital knowledge. *The compromised alveolar crest in the posterior mandible—regeneration by restoration or augmentation—evaluation of different treatment options* provides a crucial guide to helping dentists effectively deal with damage to the alveolar crest. One of the top 100 implantologists in the world, Dr Schmidt’s extensive experience in implantology and periodontal treatment ensures that delegates will receive reliably and expert advice on how to repair the alveolar crest using a variety of options. The lecture will examine the benefits of restoration and augmentation, so that delegates will be able to decide for themselves which option is the more suitable when they return to their practices. Dr Schmidt is committed to optimum patient care and will encourage delegates to explore a range of treatment options.

A founding member of the Global Oral Implant Academy and serving as a diplomat for the International College of Oral Implantologists, Dr Schmidt is also a member of the prestigious German Society of Implantology, proving his dedication to excellence. When it comes to providing dental professionals with precise and reliable skills, Dr Schmidt’s lectures are peerless.

This year’s Conference takes place across two days, on the 15th and 16th of May. Professor Nizan Bichacho and Dr Devonah Schwartz-Arad will deliver a joint lecture on Friday, and the Saturday will see world-leading experts including Dr Schmidt present to attendees. Delegates are assured that they will gain a great deal from the Conference, and there really is no better way to find out about new opportunities and superior techniques than to attend this event.

The list of speakers may be impressive, and so too is the venue. The Royal College of Physicians at Regent’s Park, London is a truly prestigious site, set in a place of great beauty. Hard to believe, but this grand building and its peaceful surroundings are right at the centre of the City of London, so delegates can make the most of their visit with excellent hotels and a number of famous attractions that regularly draw tourists from around the globe.

Smile-on expects this to be a truly unmissable event for dental professionals who are committed to great results and the very best skills in cosmetic and restorative dentistry. Set to be very popular indeed, dental professionals who wish to benefit from the knowledge of international dentistry’s most influential thinkers must reserve their places immediately, or risk missing out on the year’s most important dental event.

For more information, and to ensure your place, call Smile-on on 020 7400 8989, email info@smile-on.com or visit www.clinicalinnovations.co.uk
An implant course to provide you with the necessary knowledge and skills to start a successful career in implants. The course is aimed at general dental practitioners looking to integrate implant dentistry into their patient care.

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

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

For further information and to request a brochure/registration form, please contact:
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with Dr Mark Hamburger, Specialist Prosthodontist

An implant course to provide you with the necessary knowledge and skills to start a successful career in implants. The course is aimed at general dental practitioners looking to integrate implant dentistry into their patient care.

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DENTALTRIBUNE United Kingdom Edition · March 30–April 5, 2009
Classified 51
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

✔ Backed with 30 years of dedicated gum health expertise

✔ 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


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