Private dentistry booms on

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nual 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 prof- its rose in the private sector from £131,000 to £137,000.

Costs have gone up and on av- erage a private practice is now spending £259,000 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 varia- tion in the rate of Unit of Dental Activity (UDA) fees. The average for practices and £16.20 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 associ- ates. What we are also seeing are practices which are consol- idating and operating more surgeries over longer hours or growing in size. This would ap- pear to be the way that dentistry is going.’

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

Based on goodwill as a per- centage 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 av- erage figure of 94 per cent for val- uations and 85 per cent for deals for the quarter ending October 2008.

‘Appalling wait’ for Zach

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uy who is terrified of den- tists, 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, com- monly using nitrous oxide.

Alan Yardley, senior paediatric dentist and clinical director for NHS Plymouth dental services, has ad- mitted that the waiting time for treatment under sedation is cur- rently ‘much longer than we would want’ due to health and safety re- strictions’.

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

In 2006, an eight-year-old girl developed such a phobia of dentists that after having her teeth out un- der sedation, she refused to eat or drink and starved to death.

For dental or other care and professional services you can buy, visit the DENTSPLY website and order online or call 0800 72 3313.
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 improvements needed to work towards reducing oral health inequalities.

Professor Steele, who is the chair in Oral Health Services 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 surgery.

Professor Steele claims he is ‘not a very good dental patient’ and admitted: ‘For a start, I don’t go to the dentist very often, and for a dentist that is probably not unusual (I think we perhaps 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 having 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 and requires both the skill of communication and a strong medical ethic to ensure that a 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.

Glenside 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 Hosiedge 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, BSHi for hygienists, BADT for therapists, DTA for technicians, 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) – 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, 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 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 £140 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**

**‘Unmissible’ 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 enquire 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**

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**Murder saga continues**

Ms Hickman-Smith owned a caravan at the same site where top-dentist Colin Howell had been staying after leaving his luxury home in the seaside town last year.

A police spokesman said their investigation remained focused on the double murders but ‘a number of lines of enquiry are being conducted into a range 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.

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**Over 50’s glamour**

There has been a rise in the number of people over 50 getting cosmetic and aesthetic dental treatment.

London cosmetic dentist, Dr Anoop Maini of Aapa Dental Spa, has seen a 65 per cent increase in patients over the age of 50 since last October.

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.

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**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 Lisburn, 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.
Unregulated indemnity continues

Thousands of dentists are thought to be working without full insurance cover 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 indemnified.

So far it has not insisted that this should only be through insurance, though it has the power to do so.

Botched dental work by the likes of Silverto Di Rocca 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 work done to repair the damage but the obvious alternative is more NHS dentists not being able to treat patients. The board was satisfied that, based on existing research, water fluoridation is more effective at reducing tooth decay than alternative methods. The dental professions are divided on whether to fluoridate water supplies, with many professionals against it.

The DDU, which acted for the couple during the 2005 GDC case, said that it had not been instructed 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 insurance.

Drugop Hoppenbrouwers, head of the DDU, said: ‘In this current dento-legal and economic climate, we cannot understand why the UK still allows unregulated indemnity. The UK has fallen far behind other EU states on this.’

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

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

After two years of NHS treatment 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 orthodontic equipment so poorly fitted.

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

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MP raises desperate appeal

A n MP in Hampshire has made a last-ditch bid to stop the fluoridation of water in Southampton and Eastleigh 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 fluoridate the water in Southampton, despite 72 per cent being opposed to the idea.

The decision, which will affect around 200,000 people, followed a large public consultation and months of debate.

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

‘I have written to the chairman of the Environment Agency, Lord Chris Smith, to ask if it will investigate this matter and come to a clear view about the environmental 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 authority’s decision lying down, as it flies in the face of nearly three quarters of the responses to the consultation 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 alternative is more NHS dentists not mass medication where there are contested benefits and ill-understood risks.’

Jim Easton, the South Central Strategic Health Authority’s (SCSHA) chief executive, on announcing the decision said: ‘We recognise that water fluoridation is a contentious issue for some people. The board was satisfied that, based on existing research, water fluoridation is a safe and effective way to improve dental health.’

While Bob Deans, chief executive for Southampton City Primary Care Trust said: ‘Southampton City PCT continues to believe that a water fluoridation scheme, when introduced with continued oral health promotion, will be the most effective way of reducing the large numbers of tooth fillings and extractions currently needed by children in Southampton.’

The British Dental Association (BDA) has also welcomed the decision which it claims has been supported by dentists in the region.

The decision by South Central Strategic Health Authority to back fluoridation, is the first under 2005 laws, giving health authorities powers to demand the service from water companies.

John Spottiswoode, chairman of Hampshire Against Fluoridation, called it ‘absolutely disgraceful’ and said: ‘They have re-

Many dentists are reliant on discretionary indemnity
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.

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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

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

Further Courses
Once accredited, further your orthodontic expertise with our hands on course, where you will learn sectional fixed skills and other methods to reduce your costs and treatment times.

Clearstep Advanced Techniques
Hands On Course dates for 2009

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Dentist in the spotlight
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 student 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 Technologists Association (DTA), 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).

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

• Put patients’ interests before your own or those of any colleague, organisation or business.

These standards complement the overriding principles set out in the ‘Standards for dental professionals’ series and should be read with this and the other guidance documents.

We expect you to follow this guidance, whether or not you are responsible for justifying your actions in your role to someone who is registered with us. If you cannot justify your behaviour or practice in line with the principles explained in the ‘Standards for dental professionals’ guidance, you may risk losing your registration with us.

Registrants who are members of/employed by a Dental Body Corporate (DBC)

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 fully and appropriately.

Full details of the guidance which can be found on the GDC website www.gdc-uk.org

The guidance will steer students towards a greater awareness of the professionalism

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News & Opinions

Don’t miss the Dental Awards

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**
- Denacraft – 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
- Perfect32.com – Beverley, East Yorkshire
- Westbury Park Dental Practice – Clayton, Newcastle under Lyme
- Winning Smiles – 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 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 – Isle of Man
- Cleveland Orthodontics – Middlesbrough
- Gencare Dental Clinic – Tickhill, South Yorkshire
- Gencare Dental Clinic – Huddersfield, West Yorkshire

**Best National Smile Month Event**
- Denacraft & Dentith Clinic – Oakham, Rutland
- `Genz Healthcare Ltd – Leeds
- Thomson & Thomas – Sheffield, South Yorkshire
- Woodsports Dental Care – Sheffield, South Yorkshire

**Dentist of the Year South**
- Michael Sultan – 99 Harley Street, London
- Dr John Patrick McEvagh – 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 Darran Bloom – Senova Dental Studios, Watford, Hertfordshire

**Dentist of the Year North**
- Dr Michael Cahill – Cahill Care Centre Ltd, Bolton, Lancashire
- Ms Dental Care, Fort William, Scotland
- Catherine Gray – Special Care Bridges, Essex
- Duncan 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 Backwell Dental Care
- Karen Halls – The Dental Healthcare Centre and Cleveland Cosmetic & Dental Implant Clinic, Stockton on Tees
- Debbie Bell – Cheam, Surrey
- Joanna Louise Jones – Various London practices

**Dental Hygienist of the Year**
- Melanie Prebble – Senova Dental Studio, Watford, Hertfordshire
- Kirsty Louise Smith – Smile & wellbeing Dental Care, Bishops Stortford, Hertfordshire
- Kevin Lauzer – M&S Dental Care, Fort William, Scotland
- Catherine Gray – Special Care and Community Dental Service, Barking, Essex

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

**Dental Nurse of the Year**
- Madeleine Fielder – Backwell Dental Care, Backwell, Bristol
- Kathy Johnson – Amble Dental Care, Amble, Northumberland
- Debbie Bell – Cheam, Surrey
- Joanna Louise Jones – Various London practices

**Dental Receptionist of the Year**
- Madeleine Fielder – Backwell Dental Care, Backwell, Bristol
- Madeleine Fielder – Amble Dental Care, Amble, Northumberland
- Debbie Bell – Cheam, Surrey
- Joanna Louise Jones – Various London practices

**Clinical Dental Technician of the Year**
- James Neilson – Winning Smiles, Gillingham, Dorset
- Steven McKeown – Hamilton Clinical Dental Technicians Inc., Hamilton, South Lanarkshire
- Arabella Black – Backwell Dental Care, Backwell, Bristol
- Madeleine Fielder – Backwell Dental Care, Backwell, Bristol

**Team of the Year North**
- Beverley Street – 99 Harley Street, London
- Madeleine Fielder – Backwell Dental Care, Backwell, Bristol
- Madeleine Fielder – Amble Dental Care, Amble, Northumberland
- Debbie Bell – Cheam, Surrey
- Joanna Louise Jones – Various London practices

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Money Matters

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, plus any sick pay to which you are entitled under your contract of employment.

The incapacity of working self-employed principals or practice owners who have employed associates will not necessarily force the immediate closure of their businesses, and at least temporarily a proportion of their income will continue. However, the regular payments made under a GDS/PDS contract are liable to claw-back if targets are not achieved and, without established alternative arrangements, State benefits become the only income option. The payments in respect of long-term sickness under standard GDS/PDS contracts are subject to qualification criteria, are not payable for the first four weeks of incapacity, and cease after a maximum of 22 weeks in a 52 week period.

The loss of income through incapacity will seriously compromise your quality of life.

For self-employed associates, sick pay will depend on the terms of their individual contracts of employment. For many, not seeing patients will effectively cease an income. For others, the NHS can expect to receive their full salary for the first six months, and half their normal income for a further six months.

Consider financial commitments
Whatever your present state of health, it makes sense to consider the financial implications of not being able 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 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.

Advance registration closes on Friday 6 November 2009.

Mineral Lane, Chesham, Bucks HP5 1NL

A £10 on-the-day registration fee will be charged to visitors who do not register for tickets in advance. Advance registration closes on Friday 6 November 2009.
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.

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 7822 2511, write to Dentists’ Provident Society Ltd, 9 Gayfere Street, Westminster, London SW1P 5HN, or visit www.dentistsprovident.co.uk.
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 DH’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 dentists to practice evidence-based caries prevention, in accordance with Delivering Better Oral Health toolkit, sent to practices nationwide.

In addition, he says more newly trained dentists are entering the arena. ‘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 articulated 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-handlings 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-resourced. 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 Pulford, dental lead for HERT PCT says plans are about to start a major procurement exercise to ensure both patients and dentists benefit from the £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.'

'Avoiding potential legal challenges, and the compliance issues that come with open tendering, PCTs will be wary of funding announcements involving large contracts.'

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 wastage. For example, there is a middle management tier to be paid for, and 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.'

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.'

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

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?

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

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 UDAs is damaged, and I don’t like playing with semantics, but whatever we come up with will not be called UDAs.

NK: You mentioned you’re planning on phasing the contract out. How quickly do you think this will happen?

MP: I think there will be some areas where the contract is really not working and here commissioners, the PCT, will work with the NHS dentist to phase it out quite quickly. We think 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, 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.

And the reason I say that the contracts sets us back 20 years when it’s only been here for such a short space of time is the damage is done in the children. It’s in their professional dental oral hygiene.

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

MP: We’re not going to be short of dentists, we’re going to be short of people working within NHS dentistry. I have often been asked, would I allow children only contracts? And the answer to that is, I’d like to have a perfect world where we’ve got enough dentists to say no, you’ve got to take all or nothing, but we’re not in a perfect world, so I would allow specialty contracts such as child only contracts, so we can encourage people back into the fold who are not likely to come back in otherwise. And to be fair it’s not new what I’m saying, I said it at the BDA conference last year, I’ve said it in the chamber, I’ve said it at business questions. I think most people realise that there are parts of the contract that are working in parts of the country and parts of NHS dentistry, I visited Newcastle, where there was almost no private provision, but within the NHS there was a surplus of cash and NHS dentistry was actually thriving, not least because of the brilliant work done at the dental school up there as well. But in other parts of the country it’s a massive crisis, where we don’t have any dentistry provision at all.

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

MP: I honestly don’t know. They must have realised that there was going to be a massive problem. Listen to me I’ve been here in the chamber, I’ve said it at business, I’ve said it at conferences last year, I’ve said it in the chamber, I’ve said it at business questions. I think most people realise that there are parts of the contract that are working in parts of the country and parts of NHS dentistry, I visited Newcastle, where there was almost no private provision, but within the NHS there was a surplus of cash and NHS dentistry was actually thriving, not least because of the brilliant work done at the dental school up there as well. But in other parts of the country it’s a massive crisis, where we don’t have any dentistry provision at all.

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: You mentioned you’re planning on phasing the contract out. How quickly do you think this will happen?

MP: I think there will be some areas where the contract is really not working and here commissioners, the PCT, will work with the NHS dentist to phase it out quite quickly. We think that you should be allowed to have a contract up to five years, in some cases possibly even longer. The reason that’s so important is that, unlike any other area of NHS provision, the dentist is an entrepreneur where you put up the money.

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 delivered does this tend to make employment law a bit murkier?

 NK: ‘I don’t like playing with semantics, but whatever we come up with will not be called UDAs’

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: So how would you distribute the current funds?

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 £10 billion pounds of NHS spending is dispersed, 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.

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

MP: We’re not going to be short of dentists, we’re going to be short of people working within NHS dentistry. I have often been asked, would I allow children only contracts? And the answer to that is, I’d like not to. I’d like to have a perfect world where we’ve got enough dentists to say no, you’ve got to take all or nothing, but we’re not in a perfect world, so I would allow specialty contracts such as child only contracts, so we can encourage people back into the fold who are not likely to come back in otherwise. And to be fair it’s not new what I’m saying, I said it at the BDA conference last year, I’ve said it in the chamber, I’ve said it at business questions. I think most people realise that there are parts of the contract that are working in parts of the country and parts of NHS dentistry, I visited Newcastle, where there was almost no private provision, but within the NHS there was a surplus of cash and NHS dentistry was actually thriving, not least because of the brilliant work done at the dental school up there as well. But in other parts of the country it’s a massive crisis, where we don’t have any dentistry provision at all.
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 if we move the contract back to what the NHS was designed to do, which was to be the welfare state, to look after the welfare, 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, when 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 knew 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?

‘Why the government didn’t put personal dental contracts in around a registration system, I’ve no idea.’

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 a 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 op-
portunity 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 that 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 dentis-
t until the next time your treat-
ment 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.

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?

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

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 op-
portunity 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 that 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 dentis-
t until the next time your treat-
ment 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.

But the other area where it’s fundamentally obvious it fails is if you come into a night shift with me at an A&E. Come to one of our A&Es, anywhere around the country, and just stand and ask the consultant how much of an increase they have seen over the last two to three years of oral pain and oral abscesses coming through our A&Es and the graph will just show you, it has rocketed. Of course the government will tell you that the figures are not available, I’ve tried. So I go to the A&Es and find out.

NK: Who has been worst af-
fected by the changes in the NHS?

MP: The people who are be-
ing worst affected are those be-
ing affected by the postcode lot-
tery. It’s a term which has been banded around from year to year, but you can live on one side of a road in London and have a damn good NHS dentist working for that particular PCT, or you could live on the other side of the road and have almost no dental provi-
sion whatsoever, unless you can pay for it, whether you’re on a welfare package or not. And those are the people that are be-
ing worst affected. The people that need the care and can’t ac-
cess it, either because it’s not available or they can’t afford it.

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 Cockscroft 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.
**View From The Mouth**

The views of dental professionals are frequently read and talked about. But it's rarer to get an opinion about treatment from the patient themself. So what is NHS dentistry like from the perspective of the patient on the dental couch? Yvonne Gordon talks to a patient, who was treated at an NHS dental surgery as a new patient.

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 re-assuring 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.

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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?

*Dental Tribune* investigates

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.

‘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
By the end of the course participants should:

- 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
9.00pm Close

Dates and venues
21 May Milton Keynes
02 July York
17 September Chesterfield
24 September Cardiff
06 October Ipswich
26 November London

Delegate rates
£55 - dentists, accompanying nurse free of charge*

About the speaker:
Jerry Watson BDS 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.”
The current system can put pressure on dentists to extract teeth, rather than restore them. ’

The more advanced the disease, the higher the qualification required for treatment.’

‘Endodontics is a dental specialty, which covers the treatment of healthy or infected pulp and periradicular 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.

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 dental 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 specialty, which covers the treatment of healthy or infected pulp and periradicular 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.

Jerry Watson said there had been ‘results so quickly.’

The DH wants more dental access for patients, but it must recognise the effects on contracts.

‘It is no surprise that when dentists are faced with a target, they aim to achieve it by trying to get as many UDAs as quickly as possible. They can achieve this well through extractions, but root fillings do not get the same results so quickly.’

Specialist in Endodontics, Jerry Watson said there had been a marked decrease in endodontics in the NHS. He adds: ‘To my knowledge the decay rate has not changed significantly, it therefore follows that more extractions are being performed to alleviate pain. This situation is not in the patient’s best interest, as the cost of replacing long term tooth loss is much greater.’

In response to the views, Barry Cockcroft, chief dental officer for England, says dentists in general were earning more under the new system. He says: ‘All the RC data published shows no increase in extractions. A reduction in complex work, providing it is appropriate, is one of the aims of the new system.’

‘We need to start looking forwards, focusing on the massive change going on regarding the growth of prevention, the increased number of new dentists coming out of UK dental schools and the commitment made by the NHS to commission enough services to enable anyone who seeks NHS dental care to get it by April 2011 at the latest. There is a huge increase in preventive work, backed up by evidence.’

He said ‘preventive toolkits’ had been dispatched to every practice and there was a 153 per cent increase in fluoride-concentrated toothpaste, as well as evidence-based programmes using fluoride varnish.
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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

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 about me, before he came to see me and was genuinely interested.

‘We must have spent at least 20 minutes discussing my business and my life, and I was in my element’

You have all probably heard the saying: ‘People will only normally do business with people they like and can associate with’, and that the most important part of the sales process is the building up a relationship. I strongly believe this and would like to share a personal story with you to back up this case.

On a whim, during the recent property boom, I joined the many thousands and become a first-time property developer. I decided to offer finance to a builder-friend of mine, so he could buy a run-down property, develop it and then sell it on. It is in a good area and the deal fitted in with my risk taking. What I needed, however, was finance to do the deal quickly. So I contacted my existing bank – and for the purposes of this article, let us call them Existing Bank. I also contacted a client, with whom I do business – let us call them New Bank. On the basis that I am borrowing over £140,000, I decided to ask them to visit my offices, Existing Bank at 2pm followed by New Bank at 4pm.

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 connect 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.

I find in life that for every 100 purchases/transactions I make, about three to four per cent are memorable and enjoyable. The other 96 per cent are nothing special, or the service is not good and I do not enjoy it. So I am delighted to share one of the more enjoyable experiences.

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.

What’s happened since
1. One of his associates came and collected the forms and all necessary paperwork within 24 hours.
2. I had regular telephone calls from his PA, Stephanie, every other day, informing me of the progress of the loan.
3. Once we had completed, I got a telephone call telling me the money was ready and available to spend.
4. A few days later I got a bunch of flowers thanking me for my business and for choosing New Bank.

It was harder to do business with New Bank, as I had to provide information that my existing bank already had, however it was a joy to do business with them.

About the author
Ashley Latter

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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 mistimed. 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, these 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 3.

4. Patient-entertainment systems. Some pieces of equipment can seem high-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 or programme 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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Course Synopsis
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• How to use photography to treatment plan
• How to apply the principles of occlusion for longevity of your restorations
• How to take the perfect Centric Relation bite
• Why and how to take a face bow
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gingival re-contouring to treating periodontal pockets and adjunctive to endodontics therapy and exposure 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 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 1855. 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.
High Tech Equipment

Orascoptic HiRes Class III Loupes

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Orascoptic’s award-winning line of HiRes 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 5.25 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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The Optima MX INT system from Bien-Air provides a complete and reliable solution for your endodontic work.

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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.

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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 Optime intraoral digital imaging system and the Digora PCT digital extraoral imaging system, the Veraview IG5, Morita’s high-speed digital panoramic x-ray machine and the Velopex Diode 5W 970nm 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.dentalservicedirect.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 its 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 unprecedented 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 exceeds in performing the delicate techniques of minimally invasive and adhesive dentistry better than the PrepStart neat and compact air abrasion unit.

The Grace X5 dental chair is a quality product at an affordable price.
This comfortable chair has a hydraulic elevation system. The standard package at £6,795 (excluding installation) includes options, real leather (in a wide range of colours), massage function, led curing light, built in scaler (piezo or stack), fibre optic on 2 lines, air motor, and small x-ray viewer, 2 memoriaIsed positions, and movement safety interrupts, as well as a large delivery table. The deluxe package for £7,849 includes the Grace multimedia camera system, an assistant’s chair and automatic infra red cup filler.

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.

Savings to be made at Bien-Air
Bien-Air is offering triple or quadruple packs in a variety of options. Choose from CA 1 1/5 or 10/1 or without light with large push button quick bur release in either the standard or Diamine diamond coating for optimum user comfort providing an excellent grip to help prevent hand fatigue.

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 GXCR-500, the latest in Cone Beam 3D dental imaging. The unique single sensor design allows staff to switch effortlessly from 2D to 2D imaging saving them valuable time. It has a standard field of view of 8 x 8 cm while its special EDS shot enables a view of 14 x 8 cm. The Orthoralix 8500 is a panoramic digital extraoral X-ray unit that provides superior mechanical performance while producing the best diagnostic image quality. The 9200 version is the best dental panoramic and cephalometric system for film-based or direct digital radiology.

The Velopex Aquacut Quattro
The Velopex Aquacut Quattro has an output of 1500 mw/cm². The LEDs that deliver an average beam with three, high-intensity LEDs that deliver an average output of 1500 mw/cm². The new advanced optics in the Flashlite Magna maintain a high output even at a distance from the teeth.

850th Aquacut Quattro Installed
Bexley in Kent, is now firmly on the map as far as Fluid Abrasion is concerned! The 850th Velopex Aquacut Quattro has been installed at Dr Braka Thu raisundaram’s ‘busy Dental Practice, in Vicarage Road, Bexley. This light and airy building provides a superb backdrop for this busy dental practice – which now offers all patients the availability of fluid abrasion: Cleaning and Treating, in a calm soothing environment. Dr Thu raisundaram commented: ‘It’s great! It’s an essential part of modern technology in a modern practice’!

Weighing in at just over 4 ounces (121 grams) and measuring only 8.6 inches (219 mm) in length, it is easy to manoeuvre 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 contact our sales team on 0800 052 5003 / +44 1922 850425.
planning and minimally invasive solutions. For more information please contact 01925 251 557 or visit www.lukebarnett.com

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 Chlorotetracycline, a broad-spectrum antibiotic that acts against infective organisms.

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

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 excellent 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 dentists 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

The Annenberg Lecture will be given on the Friday by Professor Nitaz Tichachro and Dr De-Vrath Schwartz-Arad, and Saturday’s Conference is set to be the best yet with speakers including Mr Artio™, Professor 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- on.com, www.clinicalinnovations.co.uk

Outstanding Quality at A Great Price With Nuview at The Dentistry Show

Nuview introduced delegates to world-class magnification solutions at the Dentistry Show 2009, including the OPMI Pico dental microscope and the EyeMag Smart loupes. Available at a great price and useful in general and specialist dentistry, these devices made a real impression on visitors to the stand.

Carl Zeiss designed the OPMI Pico microscope exclusively for use in dentistry, and delegates were keen to take a closer look. The excellent quality of image and the ergonomic yet robust design helps to make the OPMI Pico a leading choice in dental microscopy. Minute details of the treatment site are easily recognised, and the integrated light source lets the user enjoy conditions approaching those of daylight.

The EyeMag loupes represent a cost-effective, comfortable and high-quality product, with a range of working distances to promote ideal posture, and a flip-up function for great dentist to patient communication.

Nuviev was happy to discuss its cladding service, which is second to none and gives all clients complete peace of mind with their new equipment. For more information please call Nuview on 01455 759659, email info@nuview-ltd.com or visit www.nuviev.co.uk

Extraordinary Quality From DENTSPLY at the Dentistry Show 2009

DENTSPLY was keen to show how superior consumables can help dental professionals provide an excellent service to patients at the Dentistry Show 2009 (15th and 16th March at the Birmingham NEC).

Delegates were inspired by the focus of the DENTSPLY stand on the indirect Restorative procedure. Crown and bridge restorations are amongst the most demanding procedures carried out by a dentist, with high expectations from their patients. DENTSPLY’s quality, branded products fit each step of this procedure, making quick and easy for dentists to ensure an accurate, long lasting restoration and help you to ‘get it right first time’.

Preparation with Miss Hi-D®, diamond burs “Diamonds are a Dentist’s Best Friend”

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

Temperature/Provisional Restorations with Mrs Integrity “Looks that Last”

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

Permanent Cementation with Mr Artio™ “Strength in Simplicity”

The new stand drew real interest from dental professionals who shared DENTSPLY’s dedication to the very best standard of dentistry. 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 01932 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 choice of modules at network, the 1st of its kind to be established in the North West. A recent seminar 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...
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.

Any 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 01380 734990 or email info@genusgroup.co.uk, www.genusinteriors.co.uk

Denti-Brush® Interproximal Introductory Offer

Denti-Brush® Interproximal brushes are an extremely effective way of removing plaque and food particles from interdental 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 pivoting 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.periprod.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, NobelReplaceTM tapered is the most widely used implant in the world. Completely colour coded and excellent for narrow spaces between remaining roots, NobelReplaceTM offers:
• Step-by-step drilling protocol for predictable surgical procedures
• Internal tri-channel connection for accurate and secure prosthetic restorations
• Implant design that mimics the shape of a natural tooth

For more information call 020 7400 9988 or email info@smile-on.com

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 DINSTAR 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 9988 or email info@smile-on.com

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 through 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 CHX product, but now with the CEMAL programme lead at Salford, combined is one of the many advantages of adding the Waterpik® to your dental hygiene routine.”

Waterpik® Dental Water Jets are now widely available in Boots stores or speak to your dental wholesaler for your professional courtesy discount. For more information visit www.waterpik.co.uk

Densi-Brush® Interproximal Introductory Offer

Densi-Brush® Interproximal brushes are an extremely effective way of removing plaque and food particles from interdental 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 pivoting technology enabling it to bend easily and minimise potential breakage.

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For more information call 020 7400 9988 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 and meet the increasing demands of hitherto unattainable standards 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, recognised 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 periodontic 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 Nitzan 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

Core CPD Update Conference
7 hours verifiable CPD only £99*  
* excluding lunch. £114 including lunch. All costs exclude VAT.

The GDC recommends 5 core areas in which dentists and DCPs should carry out CPD. Attending this conference will bring you up to date on the latest developments in these key areas and ensure you are well on the way to satisfying the GDC’s requirements for verifiable CPD.

Suitable for the whole dental team.

Key Subjects:
• Dental Radiography: Today’s Requirements, Tomorrow’s Possibilities
• Legal and Ethical Issues: Risky Business - Avoiding the Banana Skins
• Dental Decontamination in the 21st Century
• Dealing with Complaints Professionally
• Medical Emergencies in Dental Practice

Chairman
Dr John M.G. Hunt OBE FFBDG BDS

Speakers
Dr Colin Cook BDS MSc FETC DRC (R)  
Dr Len D’Cruz BDS LDS LLM MFGDP DipFdD  
Dr Martin Fulford BDS MPhil DGDP FIBMS  
Stephen Henderson BDS LLM  
Dr Yusof (Joe) Omar MBChB DA MRCA

For more information, visit
www.proconferences.com or call 01923 859626

Dates and Venues
30th March, Watford Fully Booked
6th May 2009, Gatwick
11th May 2009, London
20th May 2009, Manchester
17th June 2009, Bristol
23rd June 2009, Leeds
30th June 2009, Birmingham
Implantology Mini Residency

One year Surgical & Restorative Implantology course
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 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, 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, CPR

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

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Tel: 020 7631 1488
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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

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✅ Over 67% of the ingredients are for the care of gingiva and teeth – compared to 25% in many other regular dentifrices

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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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