Medical experts are urging dentists and physicians to work closer together in a bid to improve and understand patient health.

The news follows the latest clinical evidence from a new report which examines the association between periodontitis and systemic conditions.

A UK group of cardiology, endocrinology and periodontology experts found a potential link between periodontitis and an increased likelihood of CVD.

They also discovered that periodontitis is also an even more severe in subjects with diabetes mellitus - a group already at increased risk for cardiovascular events.

The Potential Impact of Periodontal Disease on General Health represents the first time a broad group of UK experts has convened to explore the growing body of research into this important area.


We welcome this new report and it reinforces the current consensus of evidence-informed action.

The infectious and inflammatory burden of chronic periodontitis is believed to have an important systemic impact on overall health. The exact reasons are unknown, but may be the result of oral bacteria entering the bloodstream and/or the systemic inflammatory reaction produced in response to the oral bacteria.

The periodontal disease in cardiovascular, metabolic and respiratory disease as long as other factors, such as smoking, are addressed.

Medical experts finally acknowledge there is a link between periodontitis and systemic conditions.

UK medical experts finally acknowledge there is a link between periodontitis and systemic conditions.
Dental Award winners celebrate in style

T he dental profession turned out in style earlier this month, with an annual event that featured the presentation of awards to outstanding practitioners. Held at The Royal Lancaster Hotel in London’s West End, the event was attended by dental professionals from across the country, including dentists, hygienists, and practice managers. The program included a range of activities, such as networking opportunities, a panel discussion on current issues in dentistry, and a special presentation of the Dental Award winners.

Hassan El-Nashar was delighted to win Dentist of the Year, commenting on the evening's events that "it was an absolutely fantastic night. I'd like to commend everyone who entered, but special congratulations go to all of our winners - you set an example of professionalism and care for your patients for us all to follow." The idea of such an event has historically been far from front of mind for many dentists, and while there are now leading campaigns and events to celebrate dental professionals' work, many more needs to be done to increase public awareness of the value of dental care.

Extra dentists for Anglesey

The local Anglesey health board (LHB) announced two new contracts to bring extra dentists to the west and east of the island - giving access to local treatment for another 4,000 patients. Back in January 2007, a mere three of Anglesey residents had access to an NHS dentist – forcing patients to travel as far as Liverpool to get treatment. The shortage saw a protest group collect more than 1,000 signatures in just days to voice anger at the massive hole in services. Anglesey LHB chief executive, Lyne Joannou said: "These additional contracts should help to stabilise the provision of NHS dental services and improve access for members of this community. Work goes on to continually improve the situation and the oral health of the population of Anglesey." The local Welsh Assembly member Ieuan Wyn Jones said: "The situation has improved but of course the provision in Anglesey has historically been far worse than in most parts of Wales and more needs to be done to increase access and ensure more NHS dental places."

Children still waiting for ortho treatment

Hundreds of children are still waiting for orthodontic treatment in north Cumbria, where the dental profession is still waiting orthodontic treatment for another 4,000 patients. Back in January 2007, a mere three of Anglesey residents had access to an NHS dentist – forcing patients to travel as far as Liverpool to get treatment. The shortage saw a protest group collect more than 1,000 signatures in just days to voice anger at the massive hole in services. Anglesey LHB chief executive, Lyne Joannou said: "These additional contracts should help to stabilise the provision of NHS dental services and improve access for members of this community. Work goes on to continually improve the situation and the oral health of the population of Anglesey." The local Welsh Assembly member Ieuan Wyn Jones said: "The situation has improved but of course the provision in Anglesey has historically been far worse than in most parts of Wales and more needs to be done to increase access and ensure more NHS dental places."

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Periodontal disease maybe a ‘silent’ disease but it is a disease that needs radical attention from all. It’s far too easy to deleg-ate the dis-ease to hygiene-ists, but clearly the responsibil-itv is too heavy for one pair of shoulders. So who to blame? Ws. It’s no good pointing the finger at one sector is it; For this is an issue that needs the help from dentists, primary care trusts (PCTs) and all equivalent bodies.

Unsurprisingly periodontal disease is barely recognised in the new contract, and with hy-gienist treatments costing £50 a go, this is a problem that’s not going anywhere. On top of that, getting an appointment with a local hygienist is like getting a ticket for Glastonbury. If you don’t call way before the plaque builds up, you have to pole-vault the walls to get an appointment.

So with two-thirds of the adult population suffering some form of periodontal dis-ease we could all be donning gummy smiles pretty soon at this rate.

Nevertheless it is a prevent-able disease which does need the active involvement of the patient. But it takes effort and dedica-tion so we have to be re-alistic. How many of us can re-ally be bothered to floss day in day out, followed by a thor-ough gurging of aggressive mouthwash? It’s just another chore on the ‘to-do’ list that most people are just too tired to cross off.

However, the significance of this condition cannot be ig-nored. And although most of the studies reviewed are small scale, there is emerging, com-pelling evidence of the link be-tween periodontal disease and systemic conditions such as dia-betes and cardio-vascular dis-ease. With the increase in obe-sity, the numbers diagnosed with type-2 diabetes have also risen.

For many years dentists have recognised that diabetes have poorer periodontal health. The key to this new research is that improved periodontal health can lead to better gen-eral health. For example, a reduc-tion in periodontal disease for diabetics can lead to a small, but significant improvement in the patients’ blood sugar levels.

When diagnosed with type-2 diabetes patients are sent to an optometrist to check for signs of diabetic retinopathy, a condi-tion which can lead to blind-ness. This (free) check is re-peated annually. Yet how many doctors advise a newly diag-nosed diabetic to seek an as-sessment of their periodontal health from a dentist? And how many doctors double-check that this assessment is repeated annually?

The answer in both cases is probably none; Even with excep-tions the patient has to find a dentist, plus an extra £50 for the hy-gienist the following week.

So the time is here now where dentists and doctors should join hands to work this one out. And it’s a good time too for PCTs to of-fer diabetics free annual assess-ments. Enough said.

There is something to be said when it comes to winning a ‘kosher’ award for being an excep-tional professional (see page two). The Dental Awards continue to grow from strength to strength and is the only respected event that de-serves a whopping applaud. Year after year The Dental Awards are presented in only the best venues, followed by quality cuisine and first class entertainment. This year Fred MacAulay’s humour was in-fectious, while the tenors and divas set a moving atmosphere which was just impossible to ignore. Well done Purple Media Solutions and big congratulations to all you winners.

Penny Palmer
DTUK editor

A genuine reward

Editorial comment
Joining forces

Periodontal disease
Denplan launched its Excel accreditation programme for children in Manchester earlier this month. The programme was developed with advice and assistance from Professor Raman Bedi, former chief dental officer for England who spoke at the launch.

Last year Denplan developed the new programme specifically aimed at the oral health needs of children. It was successfully piloted by 45 practices. Denplan Excel for Children has two objectives: that when the children turn 18 years-old they will have no cavities and will be confident they will require no major restorative treatment as adults.

Denplan Excel for Children sits alongside Denplan Excel (for adult patients) as a component within this clinical governance programme. Commenting at the launch, Roger Matthews, Denplan’s chief dental officer said: ‘Recognising that children have different oral health needs from adult patients and drawing from latest research in the field, Denplan Excel for Children aims to redefine children’s oral health care by offering support and guidance to dentists on the best approach to children’s dentistry and also to influence parents in choosing the best dental care for their children. It has been welcomed by the profession at a time when children’s oral wellbeing is never far from the headlines.’

The programme is simple and easy to use in general practice – acting as a support to dentists’ current activities. It consists of a number of unique elements, including The Oral Health Score for Children and The Oral Wellbeing Score for Children.

The Oral Health Score for Children lets dentists provide a personalised treatment plan for each child based on more than the presence of active disease, and will allow children and their parents to more accurately monitor the changes in their oral health over time.

The Oral Wellbeing Score for Children is made up of four components measuring dental anxiety, oral health quality of life, oral health awareness and oral health confidence.

Together, they provide the dentist and parent with a comprehensive analysis and monitoring tool for children as well as providing the clearest ever indication of the state of their dental health – something adults have been able to do with the Oral Health Score in recent years.

Denplan’s Excel for Children also includes an ongoing paediatric dental education programme for the whole dental team (and is CPE verifiable), allowing practices to keep up to date on the latest research and best practice in paediatric dentistry.

Asked at the launch whether the programme had any relevance to the millions of children treated under the NHS, Roger Matthews said: ‘I would be happy to discuss it with any primary care trust that approaches me.’
Thursday, September 4th 2008

Workshops

Restoratives Dr. Didier Dietschi, Prof. Dr. Fernando Maravankin
Prof. Dr. Roland Glauser

Implants Dr. Sascha Jovanovic, Dr. Roland Glauser
Dr. Didier Dietschi
Prof. Dr. Fernando Maravankin

Prosthetics Prof. Dr. Herbert Dumfahrt, Dr. Stefan Paul

Friday, September 5th 2008

Comprehensive program

Speakers Dr. Sascha Jovanovic
Dr. Roland Glauser
Dr. Didier Dietschi
Prof. Dr. Fernando Maravankin

Evening buffet Drinks, buffet and music by Royal College of Music
with barbecue in the Physic garden (weather permitting)

Saturday, September 6th 2008

Multi disciplinary program

Speakers Prof. Dr. Herbert Dumfahrt
Dr. Stefan Paul

Other Case presentation, video session

Delegate Fees

Workshops

£249.00
If booked before June 30th only £229.00

Symposium (2-days)

£349.00
If booked before June 30th only £329.00

£329.00 BACD Members

£329.00 Denplan Members

£329.00 Dental Update subscribers

£99.00 Nurse/Technician delegate rates

Workshop & Symposium combined

£500.00

Friday evening buffet

£44.95 Indicate special dietary requirements

First name/Last name
Title
Practice
Street
Post code/City
Country
Phone
E-Mail

Return form to: Coltène/Whaledent Ltd. Freepost RCC1262, Burgess Hill, RH15 9BR
DDU introduces insurance for cosmetic procedures

The Dental Defence Union (DDU) has introduced special indemnity insurance for dentists who want to offer botulinum toxin and non-permanent resorbable dermal fillers to patients’ lips or face, but excluding the neck.

The new insurance supplement, for existing members, was introduced in response to the growing popularity of cosmetic procedures over the last decade and the number of dentists willing to undertake such work.

Rupert Hoppenbrouwers, Head of the DDU, said: ‘Over the past decade the nature of dentistry has changed, with a greater emphasis on improving the aesthetic appearance of the teeth and face. An increasing number of dentists are now providing cosmetic procedures, such as botulinum toxin and dermal filler injections, in addition to other aesthetic procedures such as tooth whitening and veneers.

‘The DDU is constantly working to provide the best possible defence and dento-legal services to our members. This is why I am delighted, on behalf of the DDU, to be able to offer this insurance in response to members’ requests and in the interests of patients.’

The supplement, which was introduced on 1 April this year, is only available to dentists and evidence of adequate and appropriate training will be required. Dentists wishing to extend their membership to include these procedures should contact the DDU membership department on 0800 085 0614.

Dentists offer Botox and fillings

A growing number of dentists are offering Botox injections alongside routine dentistry says cosmetic lecturer Dr Bob Khanna. On average one in four dentists are now believed to offer Botox injections, as well as anti-ageing fillers and facial peels, a survey found. Botox is offered between £150 and £1,000, fillers for £200 to £2,200 and skin peels from £125.

Commenting on the shift, Dr Khanna said: ‘Dentists’ training in anatomy, and sterile good practice made them preferable to backstreet beauty salons for this sort of procedure.’

Dr Anoop Maini, a London dentist, said that about a quarter of his workload now involved anti-ageing fillers and facial peels, mainly for women aged between 40 and 50. He tells patients, ‘I can give you the teeth of a 55-year-old, but unless you have work to remove the wrinkles around your mouth, you will still have the face of a 50-year-old.’

Online forum prioritises research into primary care dentistry

A new online forum designed to identify the priorities for research into primary care dentistry was launched at the British Dental Conference and Exhibition earlier this month.

The online discussion forum will allow dentists to voice their opinions on clinical issues and scenarios encountered in everyday practice and get definitive responses on questions they need answers to.

As well as providing participating practitioners with the best available evidence about topics in an easily accessible format, the forum will also identify the research priorities of practitioners in everyday practice.

For further information please email Linda Greenwall at l.greenwall@btconnect.com, or call 0207 7070.
New research shows that one in five people do not have a dentist, with 50 per cent blaming lack of access, 45% blaming cost, with 28% of patients too scared to visit.

The survey, rolled out by Wrigley’s Orbit Complete and the British Dental Health Foundation (BDHF) shows the attitudes of more than 4,000 adult consumers and 100 dentists.

The results showed that 56 per cent of people use NHS dentists compared to just 23% visiting private practitioners.

Paying for dental treatment is a major negative factor said the survey, with a quarter of consumers expecting to pay more than £30 for treatment.

Nigel Carter, CEO of the British Dental Health Foundation said: ‘Since the last dental census of this size took place nearly a decade ago, consumers are recognising that dental health is important, however it is still too low down on the health agenda, and in particular there is a level of ignorance about how oral health can be linked to overall health.

Looking after your oral health is inexpensive and easy; regular check-ups, using a toothpaste containing fluoride, brushing between your teeth and chewing sugarfree gum that contains xylitol, are proven to benefit dental health and should be just as much a part of your regime as going to the gym or eating your five a day.’

Meanwhile The Wrigley Company launched two new flavours to its Orbit Complete range of sugarfree chewing gum with xylitol. The two products, strawberry and lemon and lime are to go on sale from April this year.

Commenting on the new products, Alexandra MacHutchon, communications manager for The Wrigley Company said: ‘We are very proud of our oral healthcare products and their benefits related to maintaining good oral health.’

She added: ‘Chewing Orbit Complete sugarfree gum with xylitol when it is not possible to brush is a great way for patients to look after their teeth when they are on the go. It is proven to help reduce plaque and help reduce the risk of tooth decay. We are really excited to be able to offer the same benefits in sugarfree fruity flavours and hope that this will encourage more people to chew Orbit Complete to look after their oral healthcare.’

The new strawberry and lemon and lime flavours of chewing gum will be accredited by the British Dental Health Foundation (BDHF), together with the existing Orbit Complete sugarfree products.
Playing a bigger game for the future

You’ve got to make a concerted effort to step back and make time to plan your business’s future. Simon Hocken offers some tips

I

sometimes ask our dental clients if they have ever considered whether the ‘game’ they are playing (professionally and personally) is ‘big enough’ for them. Evidence suggests it might not be. I can often see the look of weary resignation in their eyes and the frustration in their voice as they describe the circumstances and choices that currently make up their professional and personal lives.

Their frustration and resignation at playing too small a game can also come from lack of business and financial success, an unfulfilled life at home or in their community. When I coach clients to envisage, ‘raising their game’, be it towards better clinical skills, more business success or more personal fulfilment, their eyes light up with ambition and at last, I am working with an excited and energised dentist.

Changing times

Dentistry, dental practice and the ‘business of dentistry’ is changing fast. Rapid change always creates many opportunities and the good news for ‘game raisers’ is that your time has come. What’s more, the public’s perception of dentistry and dentists is changing too. No longer do they see dentistry as being about pain relief, restoring teeth and prevention. Thanks to the media’s (and our) obsession with looking good and makeovers, some of our clients are beginning to regard dentistry as a ‘look-good, feel-good’ service, sitting comfortably alongside many other health and beauty services.

There are many opportunities for early-adopters and a lot of our work at Breathe Business in 2008 is around creating new business models for our clients. Some of them are finding opportunities by questioning thestatus quo. For example:

For many years, dentists who work together in the same practice (as expense-sharing partners or associates) have behaved like market-stall holders, sharing the cost and benefits of a covered market, while running micro-businesses which effectively compete with each other for patients (and sharing any profit generated by their hygienists). We believe this business model has always been ineffective and is no longer financially successful for the practice owners or robust enough to compete with corporate dentistry.

More free time?

Some of our clients are becoming interested in the possibility of leveraging their time and their businesses. It is stressful to be the main or even the only fee earner in your business. Going on holiday or even on courses can feel like a rare luxury. Building a business where you are just one of several fee earners eases this situation and frees up time for business development and leadership. Changing your role and leaving the fee earning to your team in order to concentrate on building your brand is another path for the dental entrepreneur.

Here are just three examples of clients who are creating opportunities for themselves by raising their game:

1. The dentist who wants to open a new cosmetic practice in a rapidly expanding dental commuter belt adjacent to a big city. She has found some premises in a new retail development (which are perfect) and is busy writing a business plan, agreeing finance and a lease, working with an architect, an accountant and a branding agency on design, cash flows and budgets, brand marketing and recruitment etc... All while holding down her current job as an associate!  
2. The dentist who is evolving his leafy suburban London practice from a private, centre of excellence, family dental practice into a practice that still maintains a group of existing, ‘family patients’ while creating a facility that attracts patients who want complex, cosmetic and restorative treatments. To deliver this, he has recruited a team of specialist dentists who will supply implants, endodontics, periodontics, orthodontics and cosmetic dentistry. We are helping him with his time management, developing unique practice key performance indicators, brand and communications, marketing and sales, motivating his team etc...
3. The dentist who owns a successful, award-winning general practice who has just hired a replacement. He has given up fee earning to concentrate on opening a second practice in a nearby city centre. He intends this practice to become a franchise model so that the successful business can be replicated across the area. We are helping him get the business model and the business plan right before we help him look for finance and start recruiting his new management team.

Ways to succeed

These dental entrepreneurs are all playing a bigger game and they will all need strategies and tactics to help them succeed. Here are my top tips:

1. Limit the time you spend doing clinical dentistry (to a maximum of 28 hours per week) and put a boundary around it.
2. Get up and get to work.
3. Give yourself time in every day to think bigger than just the doing and the delivery of clinical dentistry.
4. Take steps to maintain your confidence and self-belief. Avoid people who want to trash your ideas.
5. Think about and audit your unique skills and abilities
6. Decide what other resources you will need – time, people, money
7. Find the right people with the right knowledge and skills to help you
8. Create enough investment/investors
9. Set a time scale (for raising your game and doing what it takes to stick to it
10. Make sure that every week you take some action to progress your game.

In my experience of both being a dentist and coaching a lot of dentists, what gets in the way of playing a bigger game is not having sufficient time to stop and make the changes. Some dentists believe they sell their time and spend far too much of it practising dentistry and not enough time thinking, focussing and planning and implementing. Then, paradoxically, because they are by nature, perfectionists, they become scared to take action because they are obsessed with getting it right.

Here’s what to do

1. You may decide to play a bigger game by expanding your clinical skills to meet the new market place in dentistry.  
2. You may decide to play a bigger game by leading your business and getting it working effectively and expanding it.
3. You may decide to play a bigger game by changing your business Whatever you decide, now is the time for you to get off the dental hamster wheel and play a bigger game.

Simon Hocken BDS

is an accredited coach who specializes in working with dentists and their teams to create top practices. He runs Jump Coaching and works in partnership with Chris Barrow at The Dental Business School. Regularly voted one of the top 50 influencers in dentistry, he works with dentists and their teams every month to help them become and stay top practice. You can contact him at simon@jumpcoaching.com
Bonner

Abuse of information
The seventh in a series of articles on managing information

I remember an event that took place at my practice some years ago. One of my patients was an affable, mild foreigner in his mid-fifties who owned a guest-house in the ‘hood. He was a regular attendee, and his wife usually came in with him. We were all disappointed when he and his wife informed us that they were going to live abroad. Only a couple of months later, he returned alone to have an implant placed, and we were surprised by how many months he seemed to want take over the treatment.

Eventually, the treatment was completed and he returned to his wife. A few months later his wife arrived and requested a copy of his records so that she could check the financials. Fortunately, my receptionist declined to provide her with a copy of the clinical records. She demanded to see me, and then accused me of being in collusion with her husband because I would not provide her with data she requested. I was mystified until I learned that this mild affable middle-aged man was a veritable lothario who was having an affair with the hotel housekeeper, and had used the extended dental experience to justify his absence from home. She called us both names that made my staff blush. She threatened to take me to the Council and to the Government. Fortunately she did nothing, and we saw neither of them again. But it could have been different.

The purpose of the Data Protection Act is to protect the rights of individuals not to have their personal details disclosed without their consent. An individual has the right not to have their personal information disclosed to anyone, not even to a parent or spouse, without their prior consent.

‘She called us both names that made my staff blush’

Hand in glove with data protection is confidentiality. I quote from Dental Protection Ltd’s 2007 Annual Review: ‘Confidentiality is a principle that is all or nothing. It can only exist if we meet the patient’s absolute expectation that none of the personal information they have supplied about themselves within the professional relationship will ever be disclosed without their explicit consent.’ They state further: ‘This duty extends to all members of the dental team and includes both clinical and non-clinical staff for whom the dentist has a vicarious liability. That duty also extends to the way that we store and eventually dispose of those paper and computer-based dental records.’

In most countries patients have the right to access information kept about them.

Tell a lie
There are times when every dentist or a member of his staff is guilty of perambulating on the outskirts of veracity. This is not exactly telling lies, but its not telling the truth either. A good example of this is when a patient phones and is told you are on a course. The fact that it is a golf course that you are on is definitely not the message you wish your patient to receive, whereas being on a course implies dedication to continuing education. We can also perambulate on the outskirts of veracity when we tell our patients that a crown could last for life or tooth whitening can last for up to three years. Both statements are true, but the likelihood is they will not.

Being economical with the truth is not a good way to keep your patients informed. Quoting one set of data that supports your case while neglecting to make known another of which you are aware that does not is bad medicine.

You can contact Ed at bonner.edwin@gmail.com.
Minerva Customers…

Ask Henry Schein UK Holdings Limited…
why they own four different dental dealer brands in the UK…

Ask Henry Schein…
why they have increased their website prices by 6.02%*.

Ask Henry Schein…
why Kent Express, a Henry Schein UK Holdings Limited company, have increased their website prices by 12.68%*.

Ask Henry Schein…
why they charge a £3.50 delivery charge.
On all deliveries under £40 + VAT

Ask Henry Schein…
about choice and their global intentions.

Trust us…
There is an alternative.
Before being taken over by Henry Schein, Minerva Dental was like The Dental Directory – a private business, managed day-to-day by the people who owned the company. This encouraged an intimate approach to its customers.

This ethos, for Minerva and its customers, is now consigned to the past. If Henry Schein adopt the same business model that they have with their other UK retail companies, you as a Minerva customer can expect prices to increase significantly.

We analysed a list of top-selling, essential dental products and compared the prices quoted on the Henry Schein website with those in their current printed catalogue – Edition 11.

This comparison shows that Henry Schein have increased their website prices on 49 essential dental products by an average of 6.02%.

Another Henry Schein UK Holdings Limited company, Kent Express, have increased their website prices by a whopping average of 12.68% for 48 essential dental products compared to the prices that they quote in their current catalogue – Edition 6.

If you look at the Minerva website, you will see that this model has already been adopted. Minerva have increased their prices by over 6% on average for 56 essential products when compared to their 2007/2008 printed catalogue.

How long it will be before Minerva customers will be paying a delivery charge of £3.50 on orders under £40.00 plus VAT, because, that is what customers of Henry Schein have to pay.

If you are a Minerva customer who would prefer not to buy your everyday dental products from an American-owned, multi-national organisation, whose first responsibility is to return as much profit to its shareholders at the expense, some would say, of their customers, then there is an alternative.

The Dental Directory is a UK, family-owned and managed business. We have become the UK’s largest dental supply business because we care about our customers.

The Dental Directory, unlike Henry Schein, has not increased its prices.

We do not charge for next day delivery regardless of the size of order.

It is our intention to remain fearlessly independent and maintain the very highest business ethics. But to do so, we need the continued support of the dental profession. In return, we will continue our investment in professional group sponsorships, meetings and seminar support, customer loyalty programmes and dental charity donations which in 2007 amounted to over £250,000.

If you want to see the erosion of the UK dental retail supply chain to a point where there is only one multi-national supplier, with no competition or choice, continue to support the Henry Schein Group with their never-ending UK acquisition programme.

But, you do have a choice. Simply call The Dental Directory FREE on 0800 585 586. One of our local Business Consultants will visit your practice and discuss the many cost saving programmes that we have to offer.

Why not call FREE today on:
0800 585 585

Trust…

The Customers Choice
Money Matters

Marketing: Does your practice have what it takes?

By Sally McKenzie

The topic of marketing raises numerous questions. How many ads should I buy? How many brochures will I need? Should I give away refrigerator magnets, what about stress balls or key chains? How much do I have to spend on advertising? Do I need those fancy, full-color brochures? Is a website really necessary? Exactly how many new patients will I get if I place an ad in the newspaper? Will people respond if I offer a discount? How big should the discount be? And, in the minds of many dentists, most of those questions have only one answer: money and lots of it.

While dollars can quickly become an issue, some dentists will spare no expense. They are convinced that if they just get the right message in their ads, or the most vibrant colors on their brochures they will unleash a flood of new patients. Better patients, more patients will find the doctor's dental services. They are convinced that they can buy all the bucks marketing campaigns can produce in their ads, or the most eye catching jingle they can afford. Leaving the doctor to promote what each member of the marketing team got a chance to provide training and typically they are seldom involved in helping the practice achieve defined results. They have a much greater interest in working toward those outcomes.

Use your monthly staff meetings for the doctor and team members to educate each other on specific procedures as well as new and existing practice services. The better the education and training provided, the better the staff are prepared to inform the patients, answer questions, and continuously promote what each member of the team has to offer patients. All of which is needed to keep up the professionalism of the entire practice.

Before you pour more money into external advertising and promotion, shore up your internal marketing and you'll significantly increase the chances of that short term campaign producing longer term results. Make the most of your practice's 'marketing representatives' - the staff. Start by preparing the team to successfully promote the doctor, each other, the services, and the office as a whole.

Organize your marketing team

Begin with a clear goal and a specific vision from the doctor. This doesn't need to be an elaborate or time consuming exercise. It's simply a matter of answering a few key questions. First, what kind of dentistry do you want to provide - more restorative, cosmetic, implants? Do you want the hygiene department to grow, be reduced, or stay the same? Then share the vision and goals with the team. Seek their input in how to achieve the objectives. When employees see themselves as instrumental in helping achieve defined results they have a much greater interest in working toward those outcomes.

Provide necessary education for the team, so that they fully understand the benefits of the dentistry you want to provide, and don't overlook the frontline. One of the best resources a practice has to promote services is the front desk. But these employees are seldom offered training and typically they have very little understanding of the level of dentistry provided. Few things can kill a patient's confidence quicker than a poorly informed employee.

Use your monthly staff meetings for the doctor and team members to educate each other on specific procedures as well as new and existing practice services. The better the education and training provided, the better the staff are prepared to inform the patients, answer questions, and continuously promote what each member of the team has to offer patients. All of which is needed to keep up the professionalism of the entire practice.

Expectation marketing

After education, focus on expectation. The best internal marketing consistently delivers on the expectations of the patient. The average patient isn't looking for foot massages or Champaign cocktails from their dentist. Most patients have a few basic expectations they want and your team to deliver on the first time they visit your practice and each appointment that follows. Including the following four:

Timeliness. Patients expect the office to run reasonably on time. If the doctor or hygienist is behind schedule, telephone patients should be made aware of the delay, but they will appreciate that the practice acknowledged the inconvenience.

Stability. Patients expect a doctor and team they can count on. If yours is a revolving door practice and each time the patient comes in for an appointment there's someone new in the office, whether it's the front desk staff, the hygienist, you assistant, the patient will feel this is a practice struggling with stability.

Information. They expect to be able to ask questions and receive clear answers. As I noted earlier, prepare your team. In addition, develop a list of frequently asked questions and answers and keep them handy throughout the office.

Credibility. Patients expect you to deliver what you promise. If your razzle-dazzle ad campaign claims your practice is 'state-of-the-art' because you have that fabulous new digital X-ray system, but the rest of your practice smacks of vintage 1980s, the patient will feel misled. If your practice claims to be modern, the patient should be able to see it from the moment they walk in the door to the moment they drive away.

First impression or last

Carefully consider your practice's first impressions. To examine the new patient experience in its entirety. Review how new patients are handled. What may be a standard operating procedure in a practice could come across as insulting to a prospective patient. For example, the new patient who calls to schedule an appointment and is greeted with the question, 'Do you have insurance? No? Let me tell you our financial policy immediately feels unwelcome and defensive. Educate them first on the excellence of the doctor and team. Get basic expectations they want and you and your team to deliver on the first time they visit your practice and each appointment that follows. Including the following four:

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Budgeting for success
By Roger P. Levin, DDS

Introduction
Mention ‘budgeting,’ and most dentists’ eyes immediately glaze over. But when practices don’t have a budget in place, Levin Group has heard dentists say things like:

‘It seems like there should be more left at the end of the month.’
‘There’s no way we spend that much.’
‘I’m not sure where all the money goes, but it goes all right.’

A budget is a necessary tool in your financial arsenal that allows you to reach your ultimate business goal — practice profitability.

Budgeting instills fiscal discipline. By adhering to a budget, you can better manage your revenue and expenses as you journey toward achieving greater success. The following tips can help you understand how to develop an effective practice budget:

Set a Revenue Target
You cannot know what your profit goal is unless you set targets for both revenue and expenses. Using these benchmarks, you can customize all the systems in your practice toward achieving the goal of every successful business — profit.

For your revenue goal, look at last year’s production and collections. Often, dentists first think of what they want their profit to be, without considering the revenue that must be generated to reach that number or accurately accounting for expenses. To set an achievable profit goal, you must know what your practice can actually produce in a given period. Look at the trends in your practice’s production over the past few years, such as the number of days worked, and the number of staff members. By evaluating your findings, you can begin to understand where your practice has been and set realistic revenue targets for the future. Questions you should ask yourself when you set revenue targets are the following:

• How much do you expect production to increase over the next year?
• Will you be adding staff in the next year in an attempt to increase production?
• Do you plan to introduce any new services?
• Do you intend to raise your fees?

Based on your thorough analysis, determine realistic production and collection goals for the coming year. Levin Group Method recommends a 10-15 per cent growth per year as a good starting point.

Track Everything
Once your budget is complete, you will need to track all the critical numbers on a monthly, weekly, or even daily basis. Tracking performance and comparing it to the budgeted goals allows you to closely monitor the progress and be alerted early on if performance is falling short of goals. Key performance indicators — your most important practice numbers — provide a daily snapshot of your progress. They must be monitored and analysed on a regular basis for your budget to remain an effective guide to boosting the profitability of your practice.

Your budget should have space to accurately track your actual revenue and expenses as compared to goals. Documenting your budget and tracking key performance indicators throughout the year will also allow you to monitor your changes and adjust your goals when necessary.

Conclusion
Budgeting is more than simply jotting numbers down on a legal pad and then forgetting about it later. For an effective budget, you need to set a revenue target and track the critical numbers in your practice. Properly done, budgeting can allow you to set goals, reach maximum production levels and control overhead to the point where the profitability of your practice reaches an optimum level.
Orthodontics

Dento-legal pitfalls for the practitioner and at the specialist interface

For many years orthodontics has been regarded as a relatively low-risk field of dentistry with few dento-legal problems arising. Times have changed and we are currently seeing an increasing number of claims and complaints involving orthodontics.

Recent experience suggests that these cases are more likely to arise where a general dental practitioner with a particular interest in orthodontics but no formal specialist training, is undertaking the treatment. In such cases, most of the problems could be categorised under four headings:

- a) Case assessment, diagnosis and treatment planning
- b) Consent
- c) Lack of progress
- d) Unsatisfactory outcome

Interestingly enough, shortfalls in respect of (a) and (b) above tend to come to light only when problems have arisen in respect of (c) and (d). Typically the patient becomes frustrated by the apparent lack of progress, or is unhappy with the results that are being, or have been, obtained—as was the case with the patient shown in the adjacent column (left). Sometimes the trigger for this dissatisfaction is a request for an additional fee from the practitioner, because the treatment is taking longer than had been expected at the outset.

Second Opinions about Progress

The patient may decide to seek a second opinion about the progress of his or her treatment, and it is often here that the real problems begin. The patient is often prompted to question the appropriateness of the original treatment plan and possibly the training and competence of the first dentist.

If the second dentist is an orthodontic specialist and the original dentist a general dental practitioner with an interest in orthodontics there can be a variation in approach. The question commonly arises: should the general practitioner have been undertaking the treatment at all, instead of referring the patient to a specialist at the outset?

It may not be obvious at first sight that this raises questions regarding the validity of the consent obtained for the treatment, if the patient had agreed to the treatment without appreciating its potential complexity. Not surprisingly, both orthodontic specialists and general practitioners with a special interest in orthodontics, have strongly held views on this subject. The predictable divergence of these views is actually far less important than the quality of the care itself, and the outcome of the orthodontic treatment.

However, the issue of consent is more complicated than it might appear at first sight. Faced with starting a new course of orthodontic treatment after investing much time, effort (and perhaps, money) into the original treatment, that has not been successful, the patient may well feel angry. The patient might argue that he or she would never have allowed the general dental practitioner to carry out the original treatment had it been fully explained that the orthodontic problem was more appropriate for treatment by an experienced specialist. If the general practitioner did not make it clear that he (or she) was not a specialist, and had not offered the option of a specialist referral for an initial opinion and/or for the treatment itself, then the practitioner can be vulnerable on the question of consent. This would apply even though the patient happily proceeded with the treatment without asking for any such referral. Patients cannot be expected to understand the significance of orthodontic training, or to appreciate the complexity of their own malocclusion; they must be given a balanced and fair explanation of their options (including that of a referral) and allowed to decide for themselves.

When these considerations become central to a claim or complaint, as they often do, the allegation is frequently made, that the practitioner failed to assess the case adequately, or perhaps through inexperience, failed to recognise the complexities of a case and to take them into account in the treatment plan. This begs the question of whether an experienced orthodontist who had undergone specialist training, would have assessed the case differently, would have recognised the problems and would have been able to overcome them successfully. Unless this can be shown to be the case, then the all important question of causation is not established and the case against the practitioner becomes easier to defend. It is in the nature of dento-legal proceedings that experts are called upon to review a patient’s treatment, with the help of clinical records, photographs, models, x-rays etc. Two recurring problems are commonly encountered:

- The clinician appears not to have identified and taken account of certain complicating factors.
- The clinician was too slow to recognise that treatment was not progressing as planned, and failed to take steps to reassure the patient personally, or with the help of an appropriately trained colleague.

The Specialist/Practitioner Interface

Even when a referral to a specialist is made, problems of a different kind still tend to arise at the interface between the orthodontic specialist, and the referring general dental practitioner. The most common of these are:

- Delayed referral
- Caries and decalcification
- Periodontal problems
- Loss of vitality

Delayed Referral

It is the practitioner’s role to monitor the development of the oral health of a child through the mixed dentition phase. Any variation from the norm whether in terms of occlusal relationship, delayed eruption (or loss) of teeth, the presence of supernumerary teeth or those which are congenitally absent, hard and soft tissue anomalies and relevant habits (e.g., thumb/finger sucking) should be identified. As soon as any child presents a challenge that exceeds a practitioner’s knowledge, experience and expertise, a duty of care exists...
There is always the potential danger that the problem will remain unaddressed with both clinicians assuming that the other is dealing with the problem.

It is essential that an understanding is reached as to who is taking the responsibility for providing the necessary oral hygiene advice and perhaps local remineralisation treatment. The clinical records of both clinicians should show that the problem has been identified and acted upon in timely fashion. Copies of correspondence should always be retained in the patient’s notes to confirm the communication between the clinicians.

Periodontal Disease
Within the last few years, a single case of orthodontic treatment carried out on a patient with juvenile periodontitis, resulted in the loss of 11 teeth, and a settlement which was equivalent to almost 200 times the annual indemnity cost being paid by the dentist concerned, at the time in question. Here, again, the orthodontist and the referring dentist must know that the situation has been identified, monitored and treated as necessary, and that the patient has been kept informed of the problem and advised appropriately as to his or her part in resolving it.

Summary
Ten points for the general practitioner to consider when undertaking orthodontic treatment:
1) Is the orthodontic treatment necessary?
2) Does the patient want the treatment and understand what is likely to be involved? (Parents obviously need to be involved in the consent process in the case of minors.)
3) Is the patient prepared to make the necessary commitment in terms of compliance, attendance, oral hygiene, etc?
4) Is the treatment within my competence? Can I demonstrate that I have sufficient training, experience and expertise to undertake a case of this nature?
5) Do I need to enlist the help of a specialist orthodontist to assess the case and to provide me with a treatment plan?
6) Is it then within my own competence to carry out this treatment plan?
7) If I decide not to enlist the help of a specialist colleague, have I made it clear to the patient that I am not myself a specialist?
8) Have I offered the patient a referral to a specialist colleague, and recorded this fact in the notes?
9) If a case is not progressing as planned, should I enlist the help of a specialist to reassess the case and suggest a way forward?
10) Do my clinical records show clearly that I have identified any problems with the progress of a case and taken steps to address them (especially where these problems relate to the patient’s own non-compliance, oral hygiene/diet or failure to attend regularly for appointments)?

Record card audit
Pull out a random sample of 20 or 30 record cards for cases in progress and ask yourself:
• Can I show all the steps of a detailed case assessment, with all appropriate investigations?
• How many of the discussions I have had with the patient (or parents) at key stages of treatment (see points 7, 8 and 10 in the summary) are recorded in detail in the notes?
• Have I monitored orthodontic progress with recorded measurements, models and photographs?
• Do I have copies of all the relevant referral correspondence?
• Have I highlighted any lack of cooperation on the patient’s part (e.g., have all cancelled/failed appointments been recorded?)
• Has any non-compliance been recorded and acted upon?
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Better treatment outcomes

Iain Hathorn discusses the changing role of orthodontics in modern multi-disciplinary treatment planning

The quality of orthodontic treatment outcomes have improved dramatically over the last 20 years. The widespread use of fixed appliances has meant that more precise tooth movements are achievable and there is a greater appreciation of the need for careful treatment planning. In treatment planning, the very precision of the tooth movements achievable, allows more subtle issues such as profile and details within a smile to be considered.

The ideal smile
Orthodontic patients are usually referred to their specialist by general dental practitioners or hospital-based specialists, such as paediatric dental consultants, restorative consultants or maxillo-facial consultants. Orthodontic treatment increasingly requires a joint planning process to achieve the best results. For those with missing teeth, it is often the case that replacement of the teeth will give the ideal smile. This is only achievable with a full joint discussion between the GDP or restorative specialist and the specialist orthodontist. Whether the restorative solution is a bonded bridge or an implant, there are very particular space needs and the roots of the adjacent teeth to the space will also require careful consideration. This joint planning and close working is a very exciting process, which is increasingly a key part of our working lives as specialist orthodontists. Our patients are without doubt given a much greater range of opportunities with careful joint planning.

Long-term results
Our paediatric dental colleagues are encouraged to refer a considerable number of severe hypodontia patients who can be offered very achievable joint results with the introduction of mini-implant anchorage devices. These exciting anchorage devices allow much better control of tooth movement. We can give these patients a considered long-term result with careful multidisciplinary planning. This can include a number of stages in the patient’s care which may involve short-term use of prosthetic appliances, to take our young patients through the mixed dentition into the orthodontic phase, followed by careful retention before the final definitive treatment perhaps involving restorative implants in the patient’s early twenties.

For many years, hospital-based orthodontic colleagues in orthodontics and maxillo-facial surgery have worked together to prepare cases with severe facial deformity and those with misplaced teeth, for carefully planned surgery. The orthodontist’s role has been to gather the appropriate records for planning jointly, using ever more sophisticated computer planning aids for facial deformity and for the many dento-alveolar problems a carefully integrated joint plan to achieve an ideal outcome.

Two very important responsibilities of these exciting areas of joint planning and execution of treatment, is the need for long-term care and audit/research.

Rare specialist skills
The joint restorative planning of replacement of missing teeth can only be achieved by including a long-term view of the on-going support for the retention of the newly aligned teeth and the support and maintenance of the restorations. Unfortunately, though we are capable of achieving stunning joint work, the specialist skills are spread very thinly in certain parts of the UK.

Joint working in many areas, such as cleft care has set a very good example of how health changes can be achieved based on good audit and research. You only have to read the CSAG report on cleft care, which in turn led to the establishment of new multidisciplinary units, to appreciate the virtues of collecting good orthodontic records. In the multidisciplinary care for facial deformity and restorative problems, we should build up a bank of evidence to guide future joint planning. Already, single implants have been seen to have problems, as differential tooth eruption takes place – this can only be judged by accumulating good joint clinical evidence.
Fibre reinforced composites in dentistry

Dr L Gregor and Dr V Pavelka look at the development of Dentapreg technology, fibres pre-impregnated with light-curing dental resin

Fibre Reinforced Composites (FRCs) were introduced to the art of dentistry in the 1980s. The first generation of these materials was based on dry woven strips made of Ultra High Molecular Weight Polyethylene (UHMWPE) under the trade name Ribbond (Ribbond, Inc., USA) and Connect (kerr, Inc., USA) or glass fibres GlasSpan (GlasSpan Inc., USA) which were, after proper impregnation with dental resin, used for preparation of oral or vestibular splints and post-orthodontic retainers.

However, the need to hand impregnate the ‘dry’ fibrous reinforcement in the office or lab resulted in poor reproducibility and reliability of these devices. Low fibre content in these strips resulted in low stiffness and strength of the cured structures and thus, led to relatively bulky and thus, led to relatively bulky and unreliable of these devices. Moreover, complicated lab and office procedures to prepare the semi-finished impregnated strip prior to forming the device required special handling.

Learning by mistakes

The shortcomings of dry reinforcements led to the development of the factory pre-impregnated FRC material combining high stiffness and strength, superior aesthetics, easy handling and ensures the reproducibility of the procedures. On the basis of these requirements, the researchers at the University of Connecticut developed fibre reinforced composite material in which fibres were pre-impregnated with thermoplastic resins in the late 1980s. These pre-impregnated glass fibre strips were protected under a US patent.

Further research by Professor Jancar and his group at Brno University of Technology in the Czech Republic resulted in development of the Dentapreg technology, producing fibres pre-impregnated with light-curing dental resin.

Commercial versions of light-curing pre-impregnated fibre strips were introduced by ADI, at the Greater New York Dental Meeting in November 1995 under the name ‘ES – Comp’ (renamed in 2001 to Dentapreg). Two years after Ivoclar (Lichtenstein) and Pentron (USA) introduced their versions of pre-impregnated fibrous reinforcements under trade names Vectris (Ivoclar) and FibreKor (Pentron). Stick-Tech (Finland) in late 1990s and Angelus (Brasil) in early 2000s followed with their products.

What FRCs are made of

Usually, the FRCs consists of three main parts. These are polymer matrix, reinforcing fibres and the fibre-matrix interface. Neat uncured resin has low viscosity and can be relatively easily processed. Also, it usually exhibits good chemical resistance and a bond ability to tooth structure. On the other hand, low Young’s modulus of elasticity, strength, brittleness and relatively poor creep resistance means it isn’t suitable for use in structural components. On the other hand, fibres exhibit required strength and stiffness;

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<tr>
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Table 1: Comparison of Dentapreg products with the commonly used FRC materials in dentistry showing its advantages.

The patient has periodontal problems in frontal area of lower jaw. Teeth 33 and 43 have Grade Two mobility.

Preparation of 0.5mm groove from the lingual side of teeth 33, 32, 42 and 43.

Application of FRC Dentapreg strip to the groove. The shape of the strip in the gap between teeth follow the shape of dental arch.

Building of the missing teeth with resin composite – lingual view.

Situation after 12 months – labial view.

Building of the missing teeth with resin composite – labial view.

Situation after 12 months – lingual view.

The first generation of these Composite Retainers (FRCs) were introduced to the art of dentistry in the 1980s. The first generation of these materials was based on dry woven strips made of Ultra High Molecular Weight Polyethylene (UHMWPE) under the trade name Ribbond (Ribbond, Inc., USA) and Connect (kerr, Inc., USA) or glass fibres GlasSpan (GlasSpan Inc., USA) which were, after proper impregnation with dental resin, used for preparation of oral or vestibular splints and post-orthodontic retainers.

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Building of the missing teeth with resin composite – labial view.

Situation after 12 months – lingual view.
however, they are very brittle and of low resistance in aggressive environments. This makes it very difficult to process them and stabilise them into the required shape.

The matrix-fibre contact area plays a crucial role in determining properties and stability of cured FRC structures. It is necessary to have good bond between fibres and the polymer matrix, for at least two main reasons. At first, fibre-matrix adhesion controls the stress transfer from relatively a weak matrix to strong fibres. This ensures good mechanical properties of FRCs. At the same time, good interfacial adhesion is needed to seal the boundary between fibres and the matrix to prevent diffusion of liquids along the fibres, which would deteriorate properties and result in discoloration of the cured structures. The surface of glass fibre is very sensitive to moisture. Thus, the appropriate surface treatment, in addition to ensuring good properties and environmental stability of FRCs, protects fibres from the environment during handling.

The unique fibre surface treatment in Dentapreg’s FRCs is obtained utilising plasma enhanced chemical vapor deposition (PE-CVD). This technique enables formation of a direct chemical bond between the fibres and polymeric matrix (see Figure 1) and substantially enhances the hydrolytic stability of the cured FRC device in the oral environment. The types of commercially most used glass fibres, polymer matrixes and fibre surface treatment are shown in Table 1. There are some apparent differences between individual products.

The FRC products currently on the market, can be used for preparation of oral, vestibular and occlusal splints, post-orthodontic retainers permanent or temporary bridges in anterior or posterior area, for reinforcing and repair of dentures or acrylic devices, for repair of metal fused to ceramic veneers, reinforcing of large restorations, preparing of anatomical posts. Three typical applications (Maryland two members bridge, inlay posterior bridge and anatomical posts from Dentapreg products) follow:

**FRC posts**

From the second half of the 1990s, posts made from FRC offer...
enhanced usage. Their biomechanical properties are near dentinal tissue. The reconstruction of endodontically treated teeth significantly reduces the potential risk of root fracture. Root canals are of different shapes. Prefabricated FRC posts are always of rounded diameter and sometimes don’t correspond with the shape of root canal. In this case, it is possible to employ the ‘anatomical post’ technique, by using pre-impregnated non-polymerised Dentapreg strips.

**FRC splinting**

Splinting is a treatment procedure, which helps us stabilise teeth and support the periodontal tissues during healing. Many different techniques have been described various studies through time, and it seems the most popular technique involves using orthodontic wire fastened to teeth by composite. FRC splints in combination with adhesive systems performed the latest technique in splinting of periodontal teeth.

Sometimes, if teeth are missing, we can combine FRC splinting with direct replacement of missing teeth.

**Non-metallic IFPDs**

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Taking technology forward

Technicians have a responsibility to hone their skills and keep up with the latest developments, says Richard Daniels of the DLA

Competition is a relatively new phenomenon in dentistry. Twenty or thirty years ago, most patients who needed a dentist approached the local surgery with no thought of seeking a second opinion, took what was on offer and went contentedly on their way. Not anymore. Today’s patients compare prices and treatments, are prepared to travel for the best deal, and thanks to the media’s newfound interest in dentistry, have a far greater knowledge of different procedures and awareness of what is possible in terms of improving their appearance. And the tentacles of competition reach beyond the high street; technicians too have a responsibility to constantly hone their skills to ensure the practices they serve maintain a competitive edge and keep up to date with the latest developments in materials and methods.

Extending your reach

All dentists seek to offer a wide range of treatment options, each reflecting the highest standards of professional care. Technicians have the same ambition, to create prostheses and appliances of the highest quality, which satisfy patient expectations and complement the talents of their clinician partners. However, compatible ambitions need to be reinforced by common knowledge. To ensure the midfield and the striker are playing the same tactical game, both must pay attention to the team talk. Continuing Professional Development (CPD) keeps the different elements of the dental team not only up to date, but communicating in the same language.

Learning new skills is personally challenging and commercially productive. For practices engaging with and exploiting the latest developments as they occur, unlimited progress becomes possible. Staff are highly motivated, the patients benefit, and profitability soars. In many respects, technicians man the engine room driving the practice forward; advanced clinical protocols within the surgery cannot succeed without the support and certified, proven expertise of the technician behind the scenes.

Widen your skills

Undertaking CPD, with its emphasis on promoting understanding of key aspects such as new materials and handling facilities, broadens the technician’s knowledge and practical abilities. Another area rapidly increasing in importance for all technicians is public relations. While technicians themselves rarely have face-to-face contact with the patients, their specialist knowledge, which is not shared by the ‘front line’ members of the dental team, has led to a recommendation that they pursue the same CPD syllabus in legal and ethical issues and complaints handling as other members of the team. In the 21st century, communication skills have a more prominent role than ever before in every professional activity, and certainly not least in the delivery of healthcare in all its forms.

The General Dental Council is asking all unregistered technicians to register immediately. The new requirement, due to come into effect shortly, for all dental care professionals to complete 150 hours of recorded CPD every five years, is indicative of the importance now being attached to ongoing training and education. Dentists need to ensure that every member of their team is prepared to meet these new professional standards.

For further information please call Richard Daniels on 0870 991 4525, or visit www.dla.org.uk
Managing performance in your practice

Delegates at the BDPMAs spring management development seminars discovered tools for undertaking effective appraisals, but here, we take it one step further and look at why no practice should be without the process of performance management.

Which manager are you?
You live and breathe performance management and in conjunction with an annual appraisal your team members have regular reviews.

You undertake an annual appraisal in some extent or with some people.

You want to introduce performance management but you don’t know where to start.

You can’t see the benefits of performance management to either the employees or the practice.

According to research, most folk fall into categories B and C. The point of this article is to explain how a well-run appraisal system in conjunction with a performance management approach can help you and the practice.

What is appraisal?
An appraisal system is a management process for maximising the performance and contribution of employees in an organisation. The outputs are an agreed set of future work objectives for each individual together with a plan that addresses personal development needs.

An effective appraisal system helps to engage and motivate employees. According to recent and extensive research by the Chartered Institute of Personnel and Development and the Institute of Employment Studies, the three things that are most likely to get employees really engaged in helping your business to be successful are:

• Good communication (for example, opportunities to feed views upwards/share opinions/be involved in decisions)
• Being enabled to develop in the job
• Perceiving that the boss cares about the well-being of staff

A well-run appraisal system and a constructive appraisal discussion tick all three of these boxes.

Most people want to come to work and do a good job and want to know what they can do to improve their work further. They want to know how they, personally, can make a difference to the business and help the practice achieve its business objectives. Effective feedback on performance is at the core of this.

Performance management vs appraisal
The term performance management is the generic name given to various techniques that ensure the practice delivers on all fronts against set expectations, for example, objectives.

Don’t confuse an appraisal with performance management. An appraisal is only one part of a performance management system. The appraisal is usually undertaken every six or twelve months and therefore is not frequent enough to enable the management of business performance. For instance, you can imagine waiting twelve months to inform a member of your team that he/she was not meeting his/her objectives!

If those objectives are truly critical to the achievement of the overall practice objectives as they should be - then the practice could be - in dire straits.

A more frequent mechanism is therefore required and should take the form of monthly reviews. The normal reaction to this statement is horror because managers worry about where they will find the time to undertake monthly staff reviews.

The answer is this - as a manager there is nothing more fundamental than ensuring your team are doing the right things, and that you have a system for knowing they are doing these things right. It needn’t take a long time, often ten to fifteen minutes each month is all that’s required to ensure everyone remains on track.

Struggling with implementation?
Many practices set budgets, undertake appraisals and agree objectives with team members but fail to understand that these are pieces of a jigsaw that ultimately belong together. Treating these activities as discrete processes rather than trying to achieve congruence, for example, all objectives and activities are pulling in the same direction, is exactly why many managers feel unconfident to undertake appraisals and why they feel performance management is just a huge time waster.

It is not possible to undertake appraisals or manage performance without having a business plan for the practice. If you don’t know what you are heading for and you haven’t mapped out what success looks like in terms of key business objectives then how can you possibly give direction to any member of your team?

No-one working in the practice should be undertaking any activity that does not support the achievement of the practice’s goals and the most fundamental role of any manager is to identify when team members have strayed from their purpose, to clarify why their efforts are wasted and to get them back on track. If you don’t know where that track is then it is impossible to manage the direction and effort of your team members.

Performance management benefits
The advantages of running an effective performance management system are huge. Here are just some of the key benefits:

• It enables you to tackle underperformance immediately and therefore keeps morale high throughout the team because standards are maintained.
• It ensures that every member of your team is doing the right things in the right way. Your most costly resource is your people so you must ensure you are getting maximum return from your investment.
• It is a motivational tool that facilitates development of the right people and ensures your performance is tackled.
• It increases the likelihood that the practice achieves its overall objectives.
• It improves staff retention.

It provides a formal route for constructive two-way feedback that ensures you are fully aware of what’s going on in the practice.

A team effort
Principals and managers should work together to clarify the annual practice objectives and to determine how these overall goals should be broken down among individual members of the team. Through a formal appraisal, these SMART objectives should be agreed with individuals and then the relevant reporting systems put in place, along with regular reviews, to monitor performance. Like anything new, it might be scary and it may take time and effort to set up, but once in place you will wonder how you ever managed any other way.

The British Dental Practice Managers’ Association (BDPMA) is growing quickly because it fulfils the needs of managers to become more effective. Take your first step towards management success by joining now. Contact the BDPMA on 01452 886 364 or by emailing info@bdpma.org.uk.

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Nationwide roadshow
Sarah Cunliffe, events and communications coordinator at Dental Protection, describes an exciting new initiative

As a mutual organisation, Dental Protection is always looking for new ways to communicate with its 50,000 members worldwide. Earlier this year plans were put in place to launch Horizons—a nationwide roadshow visiting five UK cities during June 2008.

Acting on feedback from members, Dental Protection’s event programme is expanding worldwide to reflect the needs of members. Already acknowledged as the international leaders in dental risk management, DPL will be fielding speakers at more than 400 conferences in 14 countries during 2008 and 2009. Here in the UK, DPL is already involved with two hugely successful events—The Young Dentist Conference (in collaboration with the BDA and BDJ) and the Premier Symposium (in association with Schülke)—both are held in London, which may not always be convenient for members outside of London and the South East. Our Horizons programme will go some way towards addressing the balance, giving more opportunity to attend a meeting within a reasonable distance of their home.

Taking in the sights
During June 2008, Horizons will visit Newcastle—Life Conference and Banqueting Centre (17 June), Leeds—The Village Hotel and Luxury Club (19 June), Bristol—Marriott City Centre (24 June), Chester—Crowne Plaza (26 June) and Coventry—Hilton (27 June). The same programme will be presented at every venue to ensure members have access to the same content regardless of the event they attend.

Running a successful practice is not just about the quality of dentistry provided, but also the communication between team members as well as staff to patients. This is reflected in the day-long programme, which will see internationally renowned speakers present on relevant and practical subjects.

Inspirational talks
Trevor Burke and Martin Kelleher will share the responsibility for the presentation Restoring Confidence: Dento-Legal Aspects of Restorative Dentistry. Trevor (speaking in Newcastle and Leeds) and Martin (Bristol, Chester and Coventry) will discuss how endodontics and the provision of fixed restorations account for over 40 per cent of all dental negligence claims in the UK. On top of this, the rapid growth of highly interactive ‘cosmetic’ dentistry, which is creating its own problems now, and for the long-term future. Both Trevor and Martin will explore the issues and facts associated with these courses of treatments and will offer practical clinical solutions which will help to stem the tide of complaints in the field of restorative dentistry.

Kevin Lewis, dental director (Bristol, Chester and Coventry) and John Tiernan, assistant dental director at Dental Protection (Newcastle and Leeds) will also be speaking at DPL Horizons. In their presentation (How To Avoid) Close Encounters of the Third Kind, Kevin and John will explore situations that arise from communication problems and will be a useful session for the team to experience together; problems arising from miscommunication, consent and record keeping not only happen chairside, but also in reception and other areas of the surgery!

Kevin Lewis, Director of Dental Protection, said ‘Horizons demonstrates Dental Protection’s continued commitment to risk management for all members of the Dental Team regardless of their location in the country. All too often there simply isn’t this sort of educational resource available to the dental team outside of the capital—here at DPL, we wanted to remedy this with Horizons. As our membership has continued to expand—not just here in the UK but worldwide—we felt it only natural that we increase the range of benefits associated with membership.’

Don’t forget CPD
Each Horizons event will provide six hours verifiable CPD for every member of the dental team who is GDC-registered. The events will give delegates a chance to meet some of the 55 members of the Dental Protection advisory team face to face.

‘Horizons is an excellent opportunity for our members to meet members of the dento-legal team. It will give us the chance to hear feedback and listen to the views and concerns of our members and allow us to engage with members we may not get the opportunity to meet at our events in London,’ says Lewis.

Membership advisors will also be on hand at each event to discuss the benefits of membership with DPL, including access to publications, verifiable CPD and team-training tools.

Tickets for the events are selling quickly and cost £85 for members, with each additional guest of a member £80. Non-Members tickets are £245 with additional guests £230. For more information about the event, or to book your tickets contact Sarah Cunliffe on 020 7399 1339 or email sarah.cunliffe@mps.org.uk.
Modern assessment

The MJDF (Diploma of Membership of the Joint Dental Faculties) is the new membership examination of the FGDP(UK) and FDS. It is a modern assessment designed to recognise the successful acquisition of the knowledge and skills defined in the new foundation training curriculum for dentistry. This curriculum describes knowledge and skills that the newly qualified dentist should acquire during the first two years post qualification.

The examination consists of a Part 1 paper of multiple choice questions that test knowledge and the application of knowledge. Part 2 comprises an objective structured clinical examination (OSCE) and a structured clinical reasoning (SCR) component. The third part is a portfolio of evidence which draws on the candidate’s work experience.

Candidates who successfully complete all three parts of the MJDF will be eligible for joint membership of both faculties for an initial period of three years, after which they may choose membership of either the FGDP(UK) or the FDS, depending on whether their career is taking them in the direction of general dental practice or specialist training.

Candidate experience

The eagerness of practitioners to complete the examination has been evident from the outset; 180 and 166 candidates entered the first Part 1 and 2, and 265 are registered to sit Part 1 in March 2008. Pass rates for the first diets were also good, with 81 per cent and 77 per cent of candidates passing Part 1 and 2 respectively. Specialist advice identified an excellent level of reliability (summarised as ‘the accuracy with which an assessment is made’) for the first sitting of the examination.

A crucial part of the process is feedback from candidates on their experience of the new assessment. As part of quality assurance, candidates’ feedback will be used to refine processes for the future. So far, we have found that candidates have been keen to provide their views, with 161 out of 166 candidates sitting Part 2 (97 per cent) completing a feedback form.

The feedback helped confirm a number of important aspects of this first assessment. In response to the question, Did you feel the assessment was fair?, 92 per cent responded yes for the SCR component and 95 per cent for the OSCE component. Detailed feedback was also provided in other areas, for example on the wording of questions and instructions for candidates, which will help us build on the service to candidates for future diets.

Assessing dentists of the future

One of the ways in which dentistry has differed from medicine is in the absence of a compulsory period of postgraduate training and assessment following registration. There are signs that this may be about to change, and the General Dental Council is currently consulting on the introduction of provisional registration.

MJDF exam sees high ratings

The results of two years’ planning and collaboration between the FGDP(UK) and the FDS are finally being recognised, says Ian Pocock FGDP(UK)’s registrar.

Leading the way to a brighter future

In the current economic climate of money market uncertainty, the ongoing PPI leading and contract issues, your practice management and business skills will need to be fit for the future.

Maximising your income and minimising your costs in every area of your practice will be key to success in the difficult times being forecast. However, you can stay one step ahead of these additional challenges at the same time as improving your business and safeguarding your future.

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Education 25
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Orthophos XG is available in a variety of options including purely panoramic, with Ceph software training.

For further information telephone Minerva Dental on 029 20 412800.

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Orthodontic Surgery

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Classic Dental Cabinetry Ltd has significant experience in the design and installation of any bespoke dental surgery including Orthodontic Practices, for example the recent refurbishment of the Manchester Orthodontic Centre.

Designs can be developed to suit a variety of Orthodontists’ working methods, for example sitting or standing and employing differing bench heights; whilst the requirement for significant storage facilities for models is obviously recognised.

To complement this specialist area, CDC have teamed up with Italian dental equipment manufacturer Galbiati to bring their dedicated Ortho dental package to the UK market. Featuring a knee-break chair, quality light, bracket table and a smaller dental unit providing suction and an air outlet, the ORTHO package is competitively priced whilst providing all that a Specialist Orthodontist requires to work efficiently.

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For further information telephone Digital Dental on 0800 027 8395, email sales@digtaldental.co.uk or visit www.digtaldental.co.uk.

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Cordless for unlimited mobility, the NEW Bluephase features a state-of-the-art lithium polymer battery with a 60 minute capacity. It delivers a high intensity 1,200 mW/cm² output for reduced curing times starting at just 10 seconds, and three modes of operation – maximum, deep and stress-reduced polymerisation.

For further details contact your local Representative, visit www.ivoclarvivadent.com or telephone 0116 284 7880.
The Velopex Diode Laser can also be used for Tooth Whitening. This allows superb results to be obtained in sur- gery, in relatively short times.

Dr Sanghera, who is no stranger to lasers said of the laser.

“The Velopex Diode Laser is ideal for soft tissue work – as it does not inter- act with teeth or bone. It is particularly indicated for both periodontal work – where it can sterilise the pocket killing the bacteria – also for endodontic work where it can sterilise the root canal. The laser energy is fibre delivered - the smallest available fibre being 200 microns.

The GaAlAs laser has a wavelength that makes it an ideal way to do much oral sur- gery. Using this laser, an area can be cut with localised haemostasis. Not only does the laser cut but it also sterilises the tissues as well making for good post-operative results. Allthis is done silently and in a tactile manner – giving plenty of con- trol to the clinician.

The Velopex Diode Laser can also be used for Tooth Whitening, for example. This allows superb results to be obtained in sur- gery, in relatively short times.

Dr Sanghera, who is no stranger to lasers said of the Velopex Diode Laser: “This is a super unit, neat compact and easy to use.”

The Velopex Diode Laser is very easy to operate with a user friendly, menu based, control system that is easy to navigate. The unit itself can fit neatly onto dental chairs and will replace your current provider.

The Velopex Diode Laser can also be used for Tooth Whitening. This allows superb results to be obtained in sur- gery, in relatively short times.

Dr Venter, who is no stranger to lasers said of the Velopex Diode Laser: “This is a super unit, neat compact and easy to use.”

Patient feedback continues to be very positive with many patients commenting positively on the laser.

Reap the Rewards of a Compatible Web Solution

The Internet is now an indispensible part of every modern practice, however, many prac- tice managers have opted to im- plement web services from high street providers, who have no expertise in meeting the unique demands of the dental industry.

Fortunately, a reliable solu- tion is available, PracticeWorks can implement a business broadband service that is fully compatible with your existing software, for just £26 a month.

When compared to the busi- ness broadband services offered by some of the large suppliers, that charge more than £40 per month for a similar service, the cost-effectiveness is obvious.

Celma Urell and Gillian Crofts, Practice Leaders of the PG Dip/MSc in Dental Im- plantology at the University of Salford were delighted to an- nounce that Simon Wright BDS PGDipLCD, a part-time post- graduate student from the Wirral, was the winner of the Medicare Prize donated by Gen- eral Medical, the one stop shop for implantology accessories.

Celma Urell and Gillian Crofts said that there was a stiff competition with some excellent essays written by the first cohort of postgraduate students studying for the new Diploma/Masters Degree in Implantology at the University of Salford. However, the prize was eventually awarded, for excellent critical analysis and outstanding synthe- sis of reference material from a wide range of sources, to Simon’s essay on “Options for prosthetic rehabilitation of a patient with a history of periodontal disease – an evidence based decision mak- ing and treatment planning process” which has recently been published in a peer-reviewed journal.

For further information about the University of Salford MSc Implantology Programme please contact Gillian Crofts, GDip/Dipl Med Implant, via g.crofts@ salford.ac.uk.

The Velopex Diode Laser allows super- human hand-piece in Dr Sanghera’s hand – allowing his patient’s to settle back without the noise and vibrations of conventional treatments in other den- tal practices.

Patient feedback continues to be very positive with many patients commenting positively on the laser.

For more information or to ask any questions, please contact:
Mark Chapman Mediavance Instruments Ltd Barretts Green Road LONDON NW10 7AP Tel 07754 044877

Simon Wright wins General Medical’s University of Salford Medcare Prize

The ‘Pride in Oral Health’ Dental Practice in Victoria Road, Chelmsford, has got the first Towns first Velopex Diode Laser. They can now offer all patients the availability of laser treatments as well as the high quality dentistry previously offered.

The Velopex Diode Laser is a super unit, neat compact and easy to use. “This is a super unit, neat compact and easy to use.”

Salford.ac.uk For further information about the laser. The Velopex Diode Laser is a super unit, neat compact and easy to use. “This is a super unit, neat compact and easy to use.”

For more information or to ask any questions, please contact: Mark Chapman Mediavance Instruments Ltd Tel 07754 044877

A Credit to an Industry in Real Crisis

Recently, IDH’s Whitland Dental Surgery, came under the spotlight following the publica- tion of a letter in the Western Telegraph. The letter, head- lined ‘A Credit to an Industry in real Crisis’ and signed from ‘an impressed unregistered dental patient’, explained how she wit- nessed the receptionist going to great lengths to help an elderly patient who urgently needed some teeth removed before he could have a hip operation. The letter said.

This was quite upsetting for the gentleman who desperately needed his hip operation. How- ever, the receptionist could see he was in great need of an ap- pointment and she immediately rang the local health board and asked whether they would agree for the gentleman to be seen. The gentleman was given an appoint- ment and hopefully his operation will go ahead. The lady who dealt with him did her utmost and was extremely sensitive to his predicament. She is a credit to the NHS and her surgery.

To find out more about IDH, please call Gemma Bradshaw on 01204 799751 or email gbradshaw@idhgroup.co.uk.

ChairSafe- the new innovative disinfectant foam cleaner from Kemsdent

ChairSafe is the new disinfectant foam cleaner from the Kemsdent range of cross infec- tion control products. ChairSafe foam is specially formulated to clean sensitive surfaces and equipment, including the leather and synthetic facings of dental chairs. As soon as you try it you will recognise the real benefit of this product. The foam is non-drip. It remains ex- actly where you apply it, making it ideal for the angles and contours of a dental chair.

Patient feedback continues to be very positive with many patients commenting positively on the laser.
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Clearstep have been wonderful, with very good backup and support. When you call them they help immediately. I would put my children on Clearstep.”

Dr Theresa Kleinhans, Wensum Dental Practice

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With orthodontic patients having such high expectations, dentists need the very best technology. With the Hogies®/MediViewTM MiniScope from Blackwell Sup- plies, you will benefit from the latest design innovations.

The MiniScope promotes effective treatment in several ways. Firstly, it facilitates an excellent view of the treatment area, with a full 5mm vertical adjustment. Dentists have a choice of up to 3.5x or 5x magnification, each with a working distance of 420mm, and the MiniScope caters for users with the majority of eyeglass prescriptions, including astigmatism.

Effective Magnification and Superior Ergonomics with MiniScope

With orthodontic patients having such high expectations, dentists need the very best technology. With the Hogies®/MediViewTM MiniScope from Blackwell Sup- plies, you will benefit from the latest design innovations.

The MiniScope promotes effective treatment in several ways. Firstly, it facilitates an excellent view of the treatment area, with a full 4.2mm vertical adjustment. Dentists have a choice of up to 3.5x or 5x magnification, each with a working distance of 420mm, and the MiniScope caters for users with the majority of eyeglass prescriptions, including astigmatism.

The free ASPD Directory enables you to find not only a highly reputable advisor with specialist knowledge, but also one who has a long history of success in the dental sector. With a solicitor, independent financial advisor, accountant or leasing company with considerable experience of providing service to the dental profession, you can be sure that the advice you are receiving is reliable, and suits your needs.

With this unique document you will also have access to the best possible service, because Clearstep always go above and beyond to help at hand. ASPD members will provide professional assistance with your business, financial plans, and can also work together to develop a multi-disciplined approach to overcome any problems that may arise, and arrive at the best possible solution.

This year, the ASPD will be distributing a copy to all dental practitioners, to ensure that everyone has access to the most effective advice from businesses that have had proven success in the dental sector. Now you can make the ASPD Directory your first point of reference.

To get your free copy of the 2008 ASPD Directory please call 0800 458 6773 or visit the website at www.aspd.co.uk

The 2008 ASPD Directory: your guide to the best expert support

The Cornwall IDP is just £150 per dentist and £65 per team member.

If you would like to book a place on the course please call Trish Hodgkinson on 01326 500345 or email phodgkinson@tinyworld.co.uk.

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For further information please contact: Sirona Dental Systems 0845 871 5048

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Secondly, the MiniScope has been developed in line with the latest ergonomic theory. Made from a thermo-set plastic, the loupes never work loose, unlike soft metal alloy alternatives.

Thirdly, the MiniScope can be augmented in a variety of ways. Not only does it boast compatibility with all Carl Zeiss loupes and lights (with new couplings under development), it also has magnetic adapters to enable the use of the High Q fibre-optics light and Perilux LED mobile headlight.

For more information contact John Jesshop at Blackwell Supplies on 07771 126077.

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Direct Air offers a peerless Clean Air Package, with new equipment, full servicing, maintenance, and breakdown support, with quality control checks to ensure that your compressed air meets the necessary high standard. With the latest oil-free Piston and Scroll compressors from Dental Air, you can enjoy the benefits of top quality compressed air, with features including an air inlet filter, aftercooler, noise reduction and several optional extras to ensure that your system meets your individual requirements.

After a thorough understanding of NHS HTM2022/1, HSE (COSHH 1994) and the European Pharmacopoeia Directive, Direct Air can draw up a full factual report covering compressors, dryers, filtration and pipework, and make no-obligation recommendations.

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For more information call Dental Air on FREEPHONE 0800 543757. To request a site survey or Safety Briefing Pack, visit www.dentalair.co.uk.

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For further info on CollarDam please call 0845 5104286, email: collarlus@collardam.com, or visit www.collardam.com.

Breathe Business Club: the place to be!

Simon Hocken and Chris Barrow leading business coaches with more than 15 years of experience across over 750 practices in the UK, invite practice owners committed to a bigger future to attend the Breathe Business Club, and join a community of like-minded professionals.

Members of the Breathe Business Club meet on a quarterly basis for 2 days to discover strategies and techniques to help take their practices to the next level. Members realise the benefits of meeting in a peer-group environment to share contemporary ideas and solutions, as well as being mentored by the top 2 business coaches in dentistry.

Dr Fraser Hendrie of Cranleigh Dental Health Care, Edinburgh, is a member of that city's Breathe Business Club. He eloquently summed up what a difference membership is making to his practice: “I feel my mojo returning,” he says. “Thank you, Chris and Simon, for two excellent days!”

Kry areas of focus at Breathe Business Club meetings include:
• Profit
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• Team
• Systems

For more information call 01726 777078 or email bonnie@novsbreathe.co.uk. Visit www.novsbreathe.co.uk.
As part of this year’s National Smile Month – an event that will run simultaneously in the UK and the USA – The British Dental Health Foundation will take a holistic approach to health, by focusing on promoting the link between oral health and overall body health.

From May 18 to June 17 this year, health professionals are being urged to use the “Brush for Health” tagline to educate members of the public on the often-underestimated importance of good oral healthcare to general wellbeing.

Dr Nigel Carter, chief executive of the Foundation, said: ‘This year’s campaign represents a real step forward for National Smile Month. There is a growing body of evidence suggesting that people with gum disease are more at risk of heart disease, heart attacks, strokes, diabetes and, in the case of pregnant women, giving birth to underweight babies.

‘We need dentists and other health professionals to make the public aware of the importance of good oral healthcare to keeping gum disease under control and preventing it from developing into more serious general health conditions,’ he said.

The USA-based campaign is being launched by the international arm of the Foundation in conjunction with US-equivalent dental charity, Oral Health America.

Dr Carter continued: ‘Oral Health America (OHA) is the nation’s premier, independent advice organisation. Like the British Dental Health Foundation for people in the UK, OHA is dedicated to improving oral health for all Americans. We are delighted to be working with them to raise awareness of the link between oral health and overall body health on an even wider scale.’

Robert Klaus, president and chief executive of Oral Health America, said: ‘We could not be more thrilled to be working with our colleagues at the British Dental Health Foundation to bring National Smile Month to the United States.

‘Our two organisations share many similarities, and perhaps most importantly, a mission to raise public awareness of oral health’s importance to overall health. America’s understanding of oral health issues has grown considerably over the past two decades, and this is the right time to launch a campaign encouraging consumers and their care providers to take action.’

For more information on National Smile Month, visit www.nationalsmilemonth.org.

Dental practices interested in getting involved in National Smile Month can order a free campaign handbook by calling 0870 770 4000 or emailing pr@dentalhealth.org.
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