Swine flu guidelines

Dentists in Wales have been issued guidelines from the Welsh Assembly on how to provide dental care to patients in the event of a swine flu pandemic. Dentists are advised to contact patients at least 24 hours before their appointment to make sure they are symptom free. The guidelines also suggest that, as a routine, where facilities exist, all patients should be actively screened for symptoms of influenza on entry to the practice and before they enter the waiting room or clinical area.

Patients may defer routine dental care until after the pandemic, contacting the practice and before they enter the waiting room or clinical area.

Decisions, decisions

So you’ve done all the hard work in building up a pension pot, but converting this to income will be a crucial financial-planning decision.

Swine flu hits dentistry

The Department of Health (DH) has issued guidance to dental practices on what to do if the swine flu outbreak turns into a pandemic.

As Dental Tribune went to press, 52 people in the UK had been diagnosed with swine flu, according to the DH.

A spokesman for the DH said: ‘It is right that we are preparing for the possibility of a global pandemic. The UK’s arrangements are continuing to ensure that we are well placed to deal with this new infection.’

Laboratory tests are currently being carried out on 590 other people who may have the H1N1 virus, said the Health Protection Agency. Symptoms of swine flu include fever, cough, headache, sore throat and aching muscles and joints. People are most infectious soon after they develop symptoms. Transmission is through close contact with an infected coughing or sneezing person. Dentists are being warned that fewer patients will attend a dental practice for treatment during a pandemic as illness and anxiety will encourage patients to cancel or delay appointments.

But some patients both well and infected will need dental treatment. All patients should be screened for symptoms of flu before attending the practice by telephone and again on arrival at the practice, said the DH.

Treatment of infected patients should be limited to pain relief and should avoid aerosol-generating procedures where possible. Infected patients should be segregated from well patients. Ideally, practices and clinics will be identified and equipped (in consultation with the primary care organisations) to deal with infected patients. Where infected and well patients are seen at the same practice, a separation by space and/or time is essential.

Good general hygiene measures will be of prime importance in containing the infection. The DH recommends that an adequate supply of tissues, waste bins and hand cleaning facilities must be readily available.

Standard infection control procedures must be adopted for all patients (infected and well) and should include hand hygiene, PPE (with FFP3 respirators for patients with flu), decontamination of equipment and environment, and the safe disposal of waste.

Uniforms should not be worn outside of the practice and be taken home in a tied plastic bag for laundering. Protective plastic aprons are recommended to limit contamination of clothes. Staff within the practice will also be affected by a pandemic. The DH estimates that up to 35 per cent of staff may be absent for two to three weeks as a result of illness, caring for dependants, bereavement and transport difficulties. Many practices will have difficulty in maintaining their normal level of services. It warns that in England and Wales dentists may fail to deliver their contracted number of Units of Dental Activity.

The guidance recommends that contractual payments continue with no penalties if providers have done everything within their powers to comply.

Denture tips

To charge properly for a complete denture, a thorough examination needs to be carried out and not just for clinical reasons.

Money Matters

Because we understand that one size doesn’t fit all.
Delivering the best

A n e-learning solution to help dental practices implement government guidance on improving patients’ oral health has been launched by a learning resource provider.

The two-hour programme, Published by Dental Tribune UK Ltd 4th Floor, Treasure House 19-21 Eastkin Gardens London, EC3N 8BA

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The training DVD was developed by Smile-on at the request of the Department of Health, which had input from members of the team that produced the Delivering Better Oral Health toolkit, which was sent to all NHS practices in England in 2007, by the Department of Health.

Dr Gill Davies, specialist in dental public health for Manchester University Dental Care Trust, who wrote some of the educational material on the DVD said: ‘It is designed to help general dental practitioners implement the preventive messages and actions that are detailed in the Department of Health’s prevention toolkit.

It deals with issues such as the best ways of communicating with patients, overcoming opposition within the practice, and perceived barriers to integrating preventive activity for every patient.’

She added: ‘A variety of teaching methods are used, such as full-length short film sequences, illustrations of key points and indications of the sources of the evidence on which the prevention toolkit is based. It is interactive in that it asks questions about attitudes at the start of each topic and then checks on knowledge gained at the end.’

Relevant resources are provided to support the activity.

The training DVD is aimed at all members of the clinical team as they should all be involved in giving consistent preventive messages. It can be watched from start to finish or which users can stop and go back and forth as they choose.

‘The programme aims to improve knowledge and understanding, and help consistent and effective delivery of evidence-based health messages by the dental team.

With the programme, dental professionals will be able to provide evidence-based health care interventions that impact on oral and general health and promote behaviour change in patients to improve self-care.’

The DVD also looks at patient self-care and how practitioners can raise self-care issues with patients, and includes oral health messages as well as advising patients on healthy diets, sensible drinking, and smoking cessation.

Users can see actual interviews from a dentist and a dental care professional who have successfully implemented the toolkit into their practice.

The programme is for all dental professionals from dentists to orthodontists to hygienists. Each DVD provides two hours of CPD.

For more information on the programme, call 020 7400 8989 or email info@smile-on.com.
Editorial comment

A big applaud

It’s that time of the year again when the profession shows its’ solidarity as it pulls together to support National Smile Month. But what would we do without stalwart organisations such as the British Dental Health Foundation?

Dentists and DCPs cannot be solely responsible for sending out good oral hygiene messages. They are busy enough juggling UDAs and keeping up with new regulations to say the least. Nevertheless, without national – and now transatlantic oral health campaigns, the profession would be in dire straits. So is the message getting through?

Well let’s consider the pro-active evidence going on right under our noses this very minute. Dental packs are being distributed to school children in Doncaster; Peterborough is handing out Brushing for Life packs to parents of babies and children, while The Oral Health Promotion Team for West Sussex Primary Care Trust has invited all primary schools in West Sussex to join the National Smile Month Brushathon during the week of 8 June. It’s pretty impressive don’t you think?

As Dr Nigel Carter, the Foundation’s chief executive said: ‘The Foundation is very excited to be working on the second trans-Atlantic National Smile Month and we look forward to working alongside partners and thousands of event organisers in both countries. Dentists and hygienists can now truly be said to be on the front line of healthcare, and this campaign and our extensive range of educational resources provide the ideal platform to spread the message.’

The Foundation should be feeling not just excited by all this activity but damn right proud of all it has achieved.

BACD study nights

The British Academy of Cosmetic Dentistry is putting on two study nights for those wanting to improve their knowledge of cosmetic dentistry.

The Birmingham Study club will be held on 18 June.

The guest speaker will be Dr Ian Buckle, who will be lecturing on Single Crown to Full Arch restoration. With over 20 years of both NHS and private experience behind him, Dr Buckle is a senior clinical instructor in London, New York, and Palm Beach.

The British Academy of Cosmetic Dentistry (BACD) also presents the Nottingham Study Club on 24 June, where the guest speaker will be Dr Ken Harris. Completing complex reconstructive procedures within the field of cosmetic dentistry is Dr Harris’s forte.

He will be speaking on the Kois Deprogrammer, a vital appliance that can be made simply by technicians.

For more information or a booking form please contact Suzy Rosvold on 02082418526 or email suzy@bacd.com.

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Together, we can make a difference.
National Smile Month kicks off

School brushathons and a competition to find out who has the cleanest teeth are just some of the events being held during this year’s National Smile Month.

The campaign, backed by companies such as Oral-B, aims to increase public awareness of the benefits of good oral health care. This year’s campaign message ‘Look After Yourself, Brush for Health’ highlights the systemic links between oral and overall health. Recent research has linked oral health to heart disease, diabetes, strokes and pregnancy problems, not to mention tooth loss and familiar dental issues, emphasising the importance of good oral hygiene.

Last year’s campaign was run in partnership with Oral Health America leading to the first National Smile Month to run simultaneously on both sides of the Atlantic. This is being done again this year.

Specially-designed National Smile Month products are now available to promote the best ways to good oral health and help youngsters enjoy care routines.

Dr Nigel Carter, the Foundation’s chief executive said: ‘The Foundation is very excited to be working on the second trans-Atlantic National Smile Month and we look forward to working alongside partners and thousands of event organisers in both countries.

Evidence of the systemic links between oral health and overall body health has been mounting considerably in recent years. Dentists and hygienists can now truly be said to be on the front line of healthcare, and this campaign and our extensive range of educational resources provide the ideal platform to spread the message.‘

Support for the campaign comes from platinum sponsors Oral-B, Wrigley’s ORBIT Complete sugar-free chewing gum and Tesco Dental Insurance.

Denplan, the dental payment plan specialist, is also supporting National Smile Month and has created an awareness poster, which also doubles as an information leaflet, so that member dentists can not only promote National Smile Month to their local press, but their businesses too.

Roger Matthews, chief dental officer at Denplan said: ‘There is mounting evidence that people who suffer gum disease are more at risk of serious general health conditions.

‘National Smile Month is something that we here at Denplan support whole-heartedly and our new posters can help practices encourage their patients to maintain good oral health while also promoting their practice.’

Campaign guides from the BDHF featuring event ideas and resources have been sent to each practice in the UK. The website www.nationalsmilemonth.org serves as a hub for health professionals and event organisers, incorporating helpful hints and tips, useful information and a chance to report on activities and upload their own photographs for posterity.

To order your own National Smile Month resources or for more information go online or contact the Foundation on 0870 770 6000.

For Further Information Contact Smile-on:
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Schools in West Sussex are holding a lunch-time brushathon as part of National Smile Week.

The Oral Health Promotion Team for West Sussex Primary Care Trust has invited all primary schools in West Sussex to join the National Smile Month Brushathon during the week of 8 June. They are looking for a record number of children across West Sussex to brush their teeth in school at lunch time one day during that week.

Schools have been asked to pick a day during the week beginning 8 June and invite everyone to bring in their toothbrush for a lunch-time Brushathon.

Thelma Edwards, West Sussex’s oral health promotion co-ordinator said: ‘In September 2007, new toothbrushing guidelines were released by the Department of Health. This event would give us the opportunity of making the guidelines known to the school staff, children and their families.

Oral health has an impact on so many different areas of life. Pain from decay or sepsis may affect school attendance and concentration. Repeated dental visits for treatment means time out of school too while dirty or artificially missing teeth may affect a child’s willingness to smile or express themselves.’

She added: ‘Supervised lunch-time toothbrushing at school is well evidenced as an effective oral health improvement programme. Whilst it is not practical or necessary for every school to carry out such a programme, we feel that a “one off” effort would raise the profile of oral health for all the families that take part.’

In Doncaster, the primary care trust is handing ‘dental packs’ to all school children in Doncaster to promote twice daily brushing.

A spokesman for Doncaster PCT said: ‘Resources have also been purchased to support teachers and school nurses to promote oral health through the National Curriculum. Teachers and school nurses will attend a short training session in order to collect their resources.

Bill boards at supermarkets and train stations across Doncaster will also promote the message to brush twice daily and not to rinse after brushing, but spit out instead.’

Peterborough PCT is holding a pilot study during National Smile Month with health visitors giving out information and ‘Brushing for Life’ packs to parents of babies and children aged eight months, one year and two years of age to coincide with their developmental assessments.

A spokeswoman for the PCT said: ‘The pilot will have an in-built audit and evaluation outcomes and liaison with local dentists and the PCT to see if there has been any increase in uptake of dental registration.’
The 11th annual Dental Awards

Dental practices and their teams across the UK celebrated the best in the profession at the 11th annual Dental Awards. Hosted by the author and broadcaster, Gyles Brandreth, the event was a night of celebration for winners for categories such as Dentist of the Year, Team of the Year, Laboratory of the Year and Dental Team Support.

Lisa Townshend, chair of the judging panel said: ‘The awards evening was a 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 Dental Awards 2009 was organised by Purple Media Solutions Ltd, and the British Dental Health Foundation. The event was sponsored by Denplan, The Dental Web, Dentsply Solutions Ltd, and the British Dental Healthcare Centre, Stockton on Tees

Highly Commended: Michael Cahill – Cahill Care Centre Ltd, Bolton

Southern Winner: Bhavin Bhatt – Smile & Wellbeing Dental Care, Bishop Stortford

Highly Commended: David Bloom – Senova Dental Studios, Watford

National Winner: Mike Heads – The Dental Healthcare Centre, Stockton on Tees

Hygienist of the Year
Winner: Karen Halls – The Dental Healthcare Centre, Stockton on Tees

Highly Commended: Joanna Louise Jones – Andrew Kay and Associates, Covent Garden and Smile@Kingshill

Team Support
Winner: El-Nashar Dental Care Ltd – Newton Abbot, Devon

Oral Health Promoter of the Year
Winner: Emma Clithero – Dentith & Dentith Dental Practice, Rutland

Highly Commended: Julia Wilkinson – Oral Health Promotion, Nottinghamshire

Practice Design & Interior
Northern Winner: The Dental Healthcare Centre, Stockton on Tees

Best National Smile Month Event
Winner: Dentith & Dentith Dental Practice, Rutland

Dental Nurse of the Year
Winner: Kirsty Barber – Thompson & Thomas, Sheffield

Highly Commended: Sam Davis – Marsh Farm Health Centre, Luton

Dental Receptionist of the Year
Winner: Carly Campbell – Thompson & Thomas, Sheffield

Highly Commended: Jane Allen – Wendy Sandeman Dental Practice, Drimpton, Dorset

Practice Manager of the Year
Winner: Jane Armitage – Thompson & Thomas, Sheffield

Dental Therapist of the Year
Winner: Catherine Gray – Special Care and Community Dental Service, Barking, Essex

Dental Laboratory of the Year
Winner: Casterbridge Dental Studio, Dorset

Highly Commended: Vivadent UK, Leicester

People’s Award for Patient Care
Winner: John Patrick McVeigh from the Abbey Mead Dental Practice & Implant Centre, Tavistock, Devon

Outstanding Achievement Award
Winner: Professor Crispian Scully, CBE

Clinical Dental Technician of the Year
Winner: Marc Northover – Ivoclar Vivadent UK, Leicester

Highly Commended: James Neilson – Winning Smiles, Gillingham, Dorset

Drumpton
National Winner: Thompson & Thomas, Sheffield

Dental telephone service for Devon

People in Devon looking for an NHS dentist can now use a new helpline giving information on how to access dental services. The new helpline, which has been launched by Devon Primary Care Trust, opened on 1 May, and is available on weekdays between 8am and 6pm.

During evenings and weekends, there is an answer phone message directing patients to out-of-hours dental cover. The helpline is available for all dental enquires for patients living in or visiting the Devon Primary Care Trust (PCT) area. Andrew Harris, Devon PCT’s dentistry lead, said: ‘We are sure that people who wish to access an NHS dentist will be pleased that they will now be able to get instant advice over the phone. We have listened to our patients and this step will ensure they have greater access to information about NHS dental services.’

For more information contact the dental helpline number on 0845 002 0034 or email devon-dentalhelpline@nhs.net

Competitions and events

Roger Holdsworth Dental Care in Bradford is holding ‘how clean are your teeth?’ competition. While in London, the Ultrasound practice in the Dockland is holding a large event distributing 3,000 packs to commuters at Canary Wharf. It is also offering free dental check-ups on 30 May. The check up which would normally cost £9.5 includes an oral cancer check utilising the latest ViziLite technology.
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The Mouth Cancer Foundation is calling on people to take part in a giant sponsored walk to raise much needed awareness of mouth cancer.

Dr Vinod Joshi, the founder of the Mouth Cancer Foundation, is encouraging dental, medical and health care practitioners, friends and family from all over the UK to sign up and take part in its fourth annual 10km walk.

The event is being held on 26 September at 2pm in Hyde Park, London. This walk is being supported by pop star Natasha Hamilton, who used to sing with the band Atomic Kitten. Ms Hamilton said ‘Mouth Cancer is a disease that has affected my family as it is how my Nan died. The Mouth Cancer Foundation plays a pivotal role in counselling and supporting patients and families who have to go through the horrors of Mouth Cancer through its online support group and telephone support service. Without them there would be no support for Mouth Cancer sufferers. It is vital that the charity can continue to support those that need them.’

Dr Joshi of the Mouth Cancer Foundation called the walk ‘a great opportunity for mouth cancer survivors, their families and friends, the public and health professionals to come together in a fun outing that will make a big noise in Hyde Park London about mouth cancer, loud enough for everyone to take notice’!

There will be free mouth cancer screening on the day, plus prizes available for top individual and team fundraisers as well as top individual and team awareness raisers. Money raised from the walk will help the Mouth Cancer Foundation improve its support for patients and carers.

To take part in the Mouth Cancer Foundation 10K Sponsored Walk visit www.mouthcancer-walk.org. Every 3 hours someone in the UK dies from Mouth Cancer. Mouth Cancer kills one in two people diagnosed due to late detection.

Symptoms include:
1. An ulcer or white or red patch anywhere in the mouth that does not heal within 3 weeks
2. A lump or swelling anywhere in the mouth, jaw or neck that persists for more than 3 weeks
3. A difficulty in swallowing, chewing or moving the jaw or tongue
4. A numbness of the tongue or other area of the mouth
5. A feeling that something is caught in the throat
6. A chronic sore throat or hoarseness that persists more than 6 weeks
7. An unexplained loosening of teeth with no dental cause

More information about Mouth Cancer is available at the Mouth Cancer Foundation website www.mouthcancerfoundation.org or by emailing info@mouthcancerfoundation.org or calling our helpline: 01924 950 950

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Headscarf hearing

A dentist is up again before the General Dental Council (GDC) for refusing to treat a woman unless she wore a headscarf. Omer Butt, 32, told a man he would not register his family at his Lancashire practise unless his wife covered her head, it has been alleged.

Two years ago Mr Butt was reprimanded by the GDC for telling an Asian mother-of-two he would not register her unless she wore the Muslim hijab. Now he faces another two charges relating to a further two women who complained about their treatment in 2006 and 2007.

One patient said she had to leave the Unsworth Smile Clinic in Bury in pain in June 2007 because she would not wear the religious headdress.
Protecting your practice
John Grant considers the implications of employment law for dental practices

The figures show a 50 per cent rise over the last year in the number of tribunal claims received by ACAS for conciliation, from 105,177 to 151,249. With some employment tribunal claims including multiple complaints, the total number of complaints rose from 180,420 last year to 227,497 this year – an increase of some 26 per cent.

In 2007, the average compensation amounts awarded by employment tribunals were:
- For unfair dismissal, £7,974
- Racial discrimination, £14,049
- Sex discrimination, £10,952
- Disability discrimination, £15,059.

Being aware
The fact that many dental practices have failed to put in place the relevant documentation, policies or disciplinary procedures to protect their staff from potential exploitation makes them especially vulnerable to a successful complaint by a disgruntled prospective, present or even past employee. All principals need to be aware that:
- Since 1978, there has been a statutory requirement for all employees to be given a written statement of their main terms and conditions of employment.
- Since 2004, there has been a statutory requirement for the existence of written disciplinary and grievance procedures.
- Since 2004, the failure to follow statutory disciplinary and grievance procedures renders any subsequent dismissal automatically unfair – no matter what the circumstances leading to the dismissal.
- Since April of this year employers may be liable to pay compensation if a patient harases a member of their staff on the basis of their race, sex, age, disability, or for any other discriminatory reason.
- For an employer to have any realistic prospect of successfully defending a discrimination claim – whether on the basis of race, colour, ethnic origin, nationality, national origin, religion, sex, sexual orientation, marital status, age or disability, a written Equal Opportunities Policy must be in force and employees must have been trained in its content.
- However, there are two sides to the issue of documentation: for example, if an employee is contractually obliged to give four weeks notice before taking annual leave, and fails to do so, he or she cannot justifiably claim if permission is refused. This provision thus makes it possible for employed to a charge before a tribunal of unfair treatment or unfair dismissal, with the employer’s defence against the charge undermined from the outset by established precedent.

Taking disciplinary action is never pleasant, and without the confidence afforded by a recognised, established structure the temptation is to do nothing. However, the consequences of a “wait and see” approach can be disastrous. The offending employee exploits the situation further, and more conscientious staff quickly resent their additional, unpaid workload. Morale, discipline and business efficiency are all undermined by what is essentially a minor problem.

Documentation will describe the rights and responsibilities of both parties in such a situation. The employee must be notified in writing that he or she is transgressing and subject to disciplinary procedures, and also informed of their statutory rights. Most dental practice principals are clinical professionals with only a limited knowledge of employment law, and may not be aware that the offending employee must also be informed, in writing, of their entitlement to be accompanied by another member of staff at any disciplinary interview, or by a union representative whether or not they themselves are a union member. The right of appeal is also a statutory entitlement.

However, despite the employee’s conduct, any breach of their statutory rights during disciplinary procedures exposes the employer to a charge before a tribunal of unfair treatment or unfair dismissal, with the employer’s defence against the charge undermined from the outset by established precedent.

Subject to change
Employment legislation is subject to change, with a growing emphasis on employee protection. While matters such as working hours and the minimum wage tend to make headlines, technical changes attract less attention. In order to safeguard themselves from potentially damaging claims, employers need to ensure that their documentation and procedures remain compatible with the latest developments in the law.

A successful claim for compensation against any business can have far reaching consequences. From a compromised public reputation to long-term dissatisfaction among the remaining workforce, be sure that your practice has up-to-date, documented procedures in place and avoids the risk of becoming an expensive statistic in this year’s ACAS report.

Ensuring that employment contracts and policies are in place and fully understood will in itself substantially reduce the risk of dispute or a claim, but the existence of even the best documentation is no guarantee of protection from an adverse tribunal outcome. The protection afforded by written employment and Equal Opportunities policies is forfeited if they are not followed or staff are ignorant of their content.

A typical scenario, familiar to many employers, is poor time keeping by an individual employee who is habitually arriving late for work or returning from break periods. Without a pre-determined, written disciplinary procedure in place, the employer may be at a loss to know how to approach the problem without alienating the entire workforce or being accused of victimisation.

For an employer to have any realistic prospect of successfully defending a discrimination claim – whether on the basis of race, colour, ethnic origin, nationality, national origin, religion, sex, sexual orientation, marital status, age or disability, a written Equal Opportunities Policy must be in force and employees must have been trained in its content.

Ensuring that employment contracts and policies are in place and fully understood will in itself substantially reduce the risk of dispute or a claim, but the existence of even the best documentation is no guarantee of protection from an adverse tribunal outcome. The protection afforded by written employment and Equal Opportunities policies is forfeited if they are not followed or staff are ignorant of their content.

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Practice Management

Be a better leader

You can’t do it alone. Many dentists don’t want to admit this, but practice success depends on a team approach. Owning and operating a successful dental practice requires many skills that aren’t taught at dental school. Many new practice owners experience a rude awakening after a few months (weeks or even days) on the job.

Fortunately, today there is a greater awareness of the need for strong leadership skills by dentists at every stage of their careers. Leadership skills are taught as an essential element of the Levin Group Management Consulting Program. Helping leadership skills allow the dentist to help the staff members become a high-performing effective team despite the challenges faced by growing practices.

Properly exercising leadership skills helps the team understand their responsibilities and accountabilities in the ever-changing practice environment. The following action steps can help you become a better practice leader:

1. Recognise the limitations. There is only so much time in the day. As the chief producer for the practice, you should be spending more than 90 percent of your time involved in direct patient care.

This is where you are most effective and productive. As the CEO of the practice, you need to work through others to accomplish practice goals. Some dentists attempt to be everywhere at once and just end up frustrating themselves and their teams. Recognise that as one person you could do only so much. That’s why your team is so important.

2. Delegate responsibility. To maximise productivity and profitability, you must delegate responsibilities to your team. Levin Group believes dentists should delegate all tasks that they are not required by law or state board regulations to perform. Although each task in the office has different levels of difficulty and varying deadlines, proper training will help team members learn to perform these functions. By delegating responsibilities, you enable yourself to fully concentrate on the responsibilities that only you can perform, while the staff executes all other tasks.

3. Create a vision for the practice. A vision statement focuses on where you are going and serves as an internal document guiding decision-making. A vision should demonstrate to your team that as a CEO you have a clear understanding where you are taking the practice in the next three to five years. Having a clear and successful vision makes people feel more connected and engaged. With a clear understanding of where you are going, your team will become more involved in the goals that you are trying to achieve.

4. Coach your office manager and your team. Develop written job descriptions for every team member. Provide continuing education and skill development training courses. Set yearly objectives for your office manager and have regular performance or review meetings with those objectives in mind. If you coach and empower your team, your manager should be able to handle 99 percent of the issues that occur within her (or his) assigned areas.

Dentists have many opportunities to coach staff, including informal feedback during the workday, formal performance reviews, one-to-one meetings with team members, staff meetings or morning meetings. For the practice to grow and team members to develop, feedback is needed from the doctor. Effective and responsible leadership focuses on positive, specific and practical communication that helps team members grow and excel at their duties.

5. Create a set of documented systems and processes. Dentistry must incorporate step-by-step systems, as all successful businesses should do. Systems must be documented before they can be successfully integrated into the practice and adopted by the team. Documenting systems forces the team members to focus on the most efficient ways to operate.

The team will quickly realise which steps are necessary and which should be eliminated. These changes can make an incredible difference in employee morale and practice stress levels. Documenting expert systems is the fastest way to train current and new team members.

6. Improve listening skills. Busy work schedules often prevent dentists from communicating with their team members about anything other than patient care. The key to communicating effectively begins with your ability to listen. Recognise that listening is something you do for professional and personal success. Listening earns power, respect and gratitude and provides the information you need to be effective.

7. Be consistent. Team members look to leaders for guidance, calmness and strength—especially during stressful moments. Staff will follow the dentist if they believe that leader knows where he or she is going. This can only occur if the leader displays noticeable levels of strength and confidence.

Emotional consistency is not always an easy personality trait to adopt. Leaders, by their nature, tend to push the envelope. At times, they are emotional when things do not go as planned because of unforeseen obstacles. For team members, it is very destabilising to see their leaders lose their tempers or have significant mood swings. People usually do not like to work for individuals whose temperament is unpredictable.

8. Lead by example. Your behaviour and demeanor affect how your team views the practice. A dentist who is positive, motivated and energetic will transmit those feelings to the team and patients. By observing the dentist’s behaviour, the team should understand that the main purpose of the dental practice is to create the right environment for patients.

Leadership also requires:

- Maintaining a positive attitude at all times
- Having an open door policy so people are comfortable talking to you at any time about what is happening in the office
- Challenging people to develop their own solutions in areas where you believe that team members are already proficient and skilled
- Acting as a motivator for your team and reinforcing positive messages on a regular basis
- Providing rewards and fair compensation to let your team members know that they are appreciated

Conclusion

Leadership is not one thing, but rather a set of evolving skills. Look at the above action steps and select the ones that can best enhance your leadership abilities in the near-term. Everyone can become a better leader. It takes determination, desire and dedication. Your team is looking to you for inspiration—it’s time to lead the way to greater success!

Dental Tribune readers are entitled to receive a 10 percent discount on a Levin Group Practice Analysis Program, an in-office analysis and report of your unique situation conducted by a Levin Practice Development Specialist. To schedule the Levin Group Practice Analysis Program, contact customerservice@levingroup.com with ‘Dental Tribune’ in the subject line.

About the author

Dr. Roger P. Levin, DDS, is founder and chief executive officer of Levin Group, which provides dental practice management consulting firm. For more than 20 years, Levin Group has helped thousands of general dentists and specialists increase their satisfaction with practicing dentistry.
Five-star first impressions
Ian Stead offers some tips on running an effective and efficient reception desk

For those principals looking to take their practice to an off-the-shelf level, a well-run reception desk is a must. In today’s competitive world, patients have higher expectations than ever before, and those who have had experience at a practice will never return. Excellent communication skills and administration skills are necessary to deliver the necessary five-star standard of customer service.

Ideally, you should begin by reviewing the whole patient journey through your practice, from the first contact with a potential customer through to the final visit on a course of treatment. This will provide you with an overview that will enable you to make the necessary changes to reflect how you would like things to happen in the future, and create a standard of service.

Many times we have heard dental surgeons tell us that their teams are exceptionally good on the phone with patients, yet there are no systems to support or disprove these claims. In fact, most surgeons have never called their own practice to experience first-hand how their practice is portrayed to potential new customers.

Your reception team are not only the face of your business, but they also provide you with key information that will assist you in making important business decisions in order to move the practice forward.

Making first contact
From the very first call that a patient makes to your practice, the team at reception should be word perfect in their greeting and continual questioning, to glean information about the person’s needs and requirements. This will allow the correct appointment slot to be booked, and will also ensure that the customer feels they are already receiving first-class treatment. All calls should be logged onto a basic form which should not only include the patient’s name, but also where they heard about the practice, who answered their call and whether or not they went ahead and booked an appointment.

By knowing whether the person made an appointment, you can begin to understand if your team enjoys a high success rate of converting new callers into booked appointments. Ideally you should be looking to achieve at least an 80 per cent conversion rate.

You will also be able to see which members of the team require additional training and support. Should a team member’s conversion rates differ greatly from other receptionists, you will be able to focus on improving their skills.

By knowing how patients heard about your practice, you will also be able to refine your marketing strategies and measure your return on investment. This will ensure that money is not spent in areas that generate little or no patient return. This will provide you with the necessary five-star standard of service.

You will also be able to see how patients are being signed up and bring them along to their initial appointment, having had ample time to think deeply about the smile analysis. If patients complete the smile analysis in the waiting room, they might rush their answers and not let you know about certain options they may be interested in, such as tooth whitening. They may also not be clear about the particular concerns they might have pertaining to treatment options.

By using a questionnaire of this type, you will be able to engage your patient in a discussion that revolves around achieving their desired outcomes, rather than making assumptions about their requirements. For instance, assuming that they do not have an interest in a particular treatment because they haven’t mentioned it, can be an obstacle to greater uptake of higher value treatment plans.

At the first visit
Once the patient arrives at the practice, the reception team should see the patient in the greeting you wish them to use. When they introduce themselves, they should be aware of body language and use their communication skills to put the patient at ease and make them feel welcome and confident.

Communication skills and positive body language are vitally important when a patient visits the practice for the first time, and your team members will have to take individual responsibility for creating that first impression.

This allows the patient to complete the forms at home and bring them along to their initial appointment, having had ample time to think deeply about the smile analysis. If patients complete the smile analysis in the waiting room, they might rush their answers and not let you know about certain options they may be interested in, such as tooth whitening. They may also not be clear about the particular concerns they might have pertaining to treatment options.

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At this time the front desk staff should complete the forms the patient’s completed documents, and take them through to the relevant dentist so that any areas raised on the smile questionnaire can be reviewed prior to the patient being brought to the surgery. This ensures that the patient’s requirements are met, and also means that the dentist will know the patient’s concerns and needs, which shows that the practice is efficiently run and customer-focused.

Cancellation and FTAs
Every month there is a certain amount of time wasted in practices by using the correct verbal techniques when the patient makes an appointment. Letting the patient know in the right way that a certain amount of notice is required should cancellation be necessary, and that FTAs will incur a charge, goes a long way to reducing missed appointments.

Should a patient try and cancel an appointment at short notice, then use the effective communication techniques can, in many cases, result in that patient in fact attending for treatment, thereby averting a gap in the diary and consequently a loss of income. Likewise, a patient that fails an appointment is unlikely to do so again if the correct verbal skills are used when calling them about their non-attendance.

Team members should remember to always be clear, concise and polite. If they know their role, then they will never fall short if they focus on these key points.

When they are all properly trained in using their verbal skills and familiar with predetermined telephone scripts, the reception team will ensure that the vast majority of appointment are met without causing offence to your patients.

Appointment tracking and recall bookings
Any patient that requires a further appointment but doesn’t make it at the time of their first visit should be tracked and followed up. This will ensure that no incomplete treatments are left without finding out why a patient has not gone ahead with a booked session.

A robust recall policy is imperative, and the reception team should ensure that this is carried out routinely, and that all patients are followed up. Many practices lose hundreds of patients each year simply because their recall systems are not followed.

With a well-trained, fully supported and appreciated reception team in place, your practice will deliver first-class customer service all day, every day. This not only ensures that your patients recommend you, but also enables you to move the practice forward, driving revenue and controlling downtime effectively.

About the author
Ian Stead
After graduating from Imperial College London, in 1980, with a degree in Zoology, Ian Stead joined Rentokil PLC Pest Control Division under a graduate recruitment scheme and soon progressed to sales manager of its West London branch. In 1993, Ian established an independent pest control company in London, which was sold in 2004. As the son of a dental surgeon, Ian possessed some empathy with dentists and dentistry. It was with this understanding and his excellent knowledge of running a successful business that Ian joined Frank Taylor & Associates in April 2006 as managing director. To contact Frank Taylor & Associates, call 08456 125454, email team@ft-associates.com or visit www.ft-associates.com.
Retirement income options

Whether or not you’ve reached retirement age, you’ll need to know what your options are to generate an income from the pension funds that you’ve built up. In part one of this two-part feature, Ray Prince discusses personal pension plans.

Take the tax-free cash

The golden rule to maximising retirement income is to take the maximum tax-free cash (known as pension commencement lump sum) from your pension fund. You do not have to take this lump sum, but it can be very advantageous to do so. The maximum you can take is usually 25 per cent of the underlying fund value.

The only exception relates to the NHS Pension Scheme and final salary schemes. With these, taking cash might not be such a good deal as it could reduce your final-salary income too much.

Once you have taken your tax-free cash, this money is no longer considered to be ‘pension money’. If you want to generate income, you can do so more effectively and tax-efficiently if the funds you use are not deemed to be ‘pension’.

You could, for example, invest up to £7,200 a year in an ISA to generate a tax-free income. Therefore, couples can invest £14,400 jointly.

Alternatively, you could buy a purchased life annuity. These are similar to conventional annuities but have extra tax advantages. People don’t tend to use them because it means your capital is committed to the annuity and cannot be ‘reclaimed’.

A third option is to invest in life insurance bonds. This route allows you to take five per cent income from your investment, tax deferred. In effect, what you are doing is deferring the income-tax liability. If you encash the bond after, say, 20 years there will be a further income-tax liability if you are a higher-rate taxpayer. If you are a basic-rate taxpayer, (after encashing the bond) there will be no further tax liability. As a higher-rate taxpayer, you need to gross up the five per cent income withdrawal from the bond to calculate the equivalent gross return that you would need from an alternative type of investment, such as a deposit savings account.

Once purchased, an annuity contract cannot be changed. Annuity providers have been very strict on this as many retired people miss out on thousands of pounds worth of income by not researching all the options available.

‘Many people miss out on thousands of pounds worth of income by not researching all the options available’

Therefore, the rate you would need is 8.35 per cent. If you don’t want to take any risk with the bond investment you can actually invest the money into a deposit account within the bond wrapper. Do take care which bond you decide to invest in, as the deposit rates fluctuate between the providers of these types of products.

Annuities

The traditional way of turning your pension pot into retirement income is to use the capital to buy an annuity, which is an annual income from an insurance company. Annuities are one of the oldest financial contracts and date back to Roman times.

In 1811, Jane Austen in Sense and Sensibility observed: “People always live forever when there is an annuity to be paid to them. An annuity is very serious business; it comes over and over every year, and there is no getting rid of it”.

Once purchased, an annuity contract cannot be changed. There are two important ways to boost your annuity income that many retired people miss out on.

1. The open market option

Seven out of 10 people, according to annuity provider Just Retirement, make the mistake of buying their annuity from the company with which they invested their pension. This can mean you miss out on a huge chunk of extra retirement income.

2. Enhanced Annuities

Annuity provider Just Retirement claims seven out of 10 people are unaware their health or lifestyle might qualify them for an increased annuity. If you smoke or have a serious medical condition you may be able to get a higher value annuity as insurers recognise these factors can affect your life expectancy.

Just Retirement estimates up to 40 per cent of people could receive a higher income at retirement thanks to enhanced or impaired annuities. You don’t have to be a particularly heavy smoker – 10 cigarettes a day for the past 10 years will qualify you for enhanced rates. Illnesses that qual-
One. An escalating annuity can be linked to the Retail Prices Index (RPI), in which case your income will change in line with inflation. Alternatively, you can opt for a fixed percentage of escalation, say three per cent a year.

An interesting study has been carried out to find out how long it takes for an escalating annuity to catch up with a level annuity. If the annuity increases at three per cent a year and inflation is three per cent it takes more than 50 years for the cumulative payments from the increasing annuity to overtake the total payout from the level annuity. However, if inflation is one per cent higher at four per cent per year, the break-even point is brought forward by nearly 10 years.

Higher-risk investment
If you can afford to take some risk with your retirement income, perhaps because you have a large pension fund, consider an investment-linked annuity. This gives you the opportunity to beat inflation while keeping your income at a reasonable rate. But bear in mind that there is a risk that if markets perform poorly your income could drop.

The annuity is linked to a unit-linked or with profits fund. You still get a regular income, but the pension fund you use to buy the annuity is invested with the underlying funds. Under a with profits annuity you have to assume a future level of bonus rate. The higher the selected rate, the higher your initial income will be. If investment performance exceeds the assumed rate, your income will increase. If not, your income will decrease.

Another option is to take your income at a higher rate, and invest the difference. This can only be done if you are in remission.

If your spouse is also on your annuity, don’t forget to take his or her health into consideration as this could also improve rates.

Other annuity options
How you maximise income from a pension fund really depends on what your fund is worth. More money means that you may be able to take more risk, and vice versa.

Anyone with the average pension pot of £50,000 to £40,000 should secure a guaranteed income. But if your pot is £100,000 or more (which many dentists will have), you may be able to take on additional risk to generate extra income.

Conventional annuities offer the security of a set level of income for life. There are several options under the ‘conventional’ umbrella. For example, how often you want income and whether to secure an income for your spouse when you die.

Most couples choose an annuity that benefits the surviving spouse, so that when you die, an income is paid to your survivor for life. The higher the amount paid, the lower the original annuity will be.

An alternative (and addition) to a partner’s pension is investing a guarantee period. This ensures payments continue generally for five or 10 years, even if you die within that time. Using a guarantee period can be a good way of providing for financial dependants, but will also reduce annuity income.

Most importantly, you need to choose between an income that is fixed for life or one that rises each year. With inflation proofing, this could make a real difference to your retirement income.

Choosing an escalating annuity will give you a lower starting income than a level annuity (one that doesn’t increase). On the other hand, if you opt for level income, your annuity will provide no protection from inflation.

Intuitively, most people go for level annuities because you get a higher initial rate of income. Someone with a pension pot of £100,000 would get around £2,000 a year more from a level annuity than from an escalating one. An escalating annuity can be

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You are normally required to assume a future rate of growth for the underlying funds. Under a with profits annuity you have to assume a future level of bonus rate. The higher the selected rate, the higher your initial income will be. If investment performance exceeds the assumed rate, your income will increase. If not, your income will decrease.

The annuity is linked to a unit-linked or with profits fund. You still get a regular income, but the pension fund you use to buy the annuity is invested with the goal of achieving a higher level of income.

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Money Matters 13
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The Diploma is a structured programme of didactic study of 48 days broken into 2 levels. The programme is held one day per month over a period of 4 years.

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Teaching will include interactive lectures, seminars, hands-on procedures and live surgery as well as supervised clinical treatment.

Didactic aspects of the programme will be provided by an experienced multidisciplinary team of GDC registered specialists and will include invited international speakers. During the programme, participants will compile a clinical portfolio and carry out written assignments, all of which contribute toward continuous assessment.

Please note that this is a limited attendance course and acceptance will be through competitive entry. Closing date for applications 18th September 2009.

Course Fees: approx £24,000 over 4 years (tbc)

For further information or to register, please contact Dawn Mifsud, Implant Course Administrator
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Programme is approved by the Faculty of General Dental Practice (UK) for accreditation towards its Career Pathway.

‘Illnesses that qualify for enhanced annuities include diabetes, liver impairment, heart conditions and many types of cancer’

The key point
It goes without saying, make sure you conduct research into all your options when you take your retirement income from a personal pension (or ‘old’ FSAV) pot. As you can see, there are various combinations when purchasing an annuity so choose from all the providers in the market and you should end up with the best deal available at the time.

Take some action
Whether you purchase an annuity direct from a provider or through a registered financial adviser, you will end up with the same level of income. The typical commission paid to an adviser is one per cent of the total purchase price. If you purchase direct, the provider simply keeps the commission that they would have paid to the adviser.

If you want to do your own research, utilise the many services available online to see which provider is offering the best income. Then use an adviser to organise all the paperwork for you and to double-check that you’ve definitely got the best rate.

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To learn more about your retirement planning options, you can request a free copy of one of Rutherford Wilkinson’s Audio CDs: ‘How To Avoid The Three Most Common Retirement Planning Mistakes’. To order a copy, call Catherine Lowes on 0191 217 3340 and a copy will be posted to you (please quote ref: DT).

About the author
Ray Prince

is a fee-based impartial financial planner with Rutherford Wilkinson Ltd and helps dentists plan towards their ideal retirement, as well as getting the best deals on mortgages, protection and investments. You can contact him on 0191 217 3340 and ray.prince@rwfg.co.uk.
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The future of dentistry?

Dr Anoop Maini discusses how to raise the cosmetic bar using computerised diagnosis

I recently attended a dental team training course that was valuable for my new staff, but left me, a 16-year dental business veteran, a little disappointed. The course presented a business and medical model of dentistry that reflected a philosophy that I do not share, which is also known as ethicallywrong. This concept is strictly limited to the oral cavity, and ignores the majority of the stomatognathic system. It also ignores the fact that we have tremendous impact on our patients’ TMJ, muscles, nerves and airway every single day.

In the limited model: dentists treat teeth and gums. We do root canals, extractions, fillings, crowns, partials, dentures, bridges, implants, cosmetics, and all of the services that are confined to the dental box or oral cavity. Only three per cent of dentists have stepped out of this dental box and made the shift to become ‘dental physicians’.

Beyond dentistry, doctors examine and diagnose their patients every day. The modern-day GP uses advanced technology to examine the patient, make a diagnosis, treat and refer. Why three per cent dentist, uses advanced technology to examine, diagnose, and treat and refer. This dentist knows that teeth are only a part of treating his patient comprehensively. He is interested in how his treatment has direct implications on the overall dental physiology of the patient. This dentist is not just concerned with cavities, periodontal disease, intraoral pain of the patient, or cosmetics. His treatment is based on what is revealed through his diagnostic protocol that includes the TMJ, muscles, occlusion and airway. This approach is something I have heard referred to as Optimum Dental Physiology (ODP).

ODP principles

These go beyond just teeth, and include an examination of the TMJ, muscles of the head, neck, face, the alignment and shape of the mandibular and maxillary (arches). 1. An ODP ‘three per cent’ dentist realises that to provide this type of comprehensive dentistry, special care will always involve other healthcare providers, such as doctors, ENT’s, physical therapists, massage therapists, etc. The ultimate result of this comprehensive examination and treatment protocol will be exceptional treatment that creates optimal cosmetics, function and stability. ODP. Optimal Dental Physiology includes improvement or elimination of headaches, face pain, neck pain, ear pain, sinus problems, obstructive airway problems, sinus problems and many other issues. The examination of occlusion must include these four areas: 1. The teeth, plane and occlusion.

2. To quote Dr Peter Dawson: ‘All occlusal analysis starts at the temporal mandibular joints.’ In my opinion, you should never begin restorative, orthodontics, and/or sleep treatment without first diagnosing and correcting (if possible) a TMJ condition. In my practice, this includes an extensive history, joint vibration analysis, tomography, and if necessary MRI. If you feel your practice cannot support the investment necessary in the more costly imaging systems you should be using a thorough history for your subjective findings and Joint Vibration Analysis (www.IndentSystems.com) for the objective portion of your diagnosis. Diagnosing the health of the TMJ is the responsibility of every dentist. However, it is not the dentist’s responsibility to treat. Just as a GP doesn’t treat all heart ailments, we don’t need to learn how to treat advanced degenerative joint disease or avascular necrosis of the condyle, but we sure better find it when it exists.

3. A neuromuscular exam must not be confused with the neuromuscular treatment philosophy. The neuromuscular exam combines the subjective findings of the patient’s history and muscle palpation with the objective findings of the resting and functional health of the muscles using surface electromyography (EMG), gape, space and ROM using magnetic jaw tracking. This information allows me to assess the neuromuscular components involved with chewing, swallowing and breathing. If the diagnostic tools are not available in-house, there is a network of BioPAK Centres (www.BioPAKCentre.co.uk) established in the UK that will collect the information for you. These everyday functions can degrade to a point, which ultimately depletes the patient’s overall physiology such as clenching, bruxism, and patients whose chewing muscles are painful and fatigued. Obstructive sleep apnoea and patients who have distorted occlusal planes have to go through ‘oral gymnastics’ to accommodate chewing, swallowing, and breathing.

4. Even if you have to refer them out, all dental patients should have the opportunity of a thorough orthopaedic analysis. The examiner will take a lateral cephalometric radiograph to assess the orthopaedic conditions of the maxilla and mandible, to help diagnose and treat orthodontic patients. This is particularly relevant for patients receiving dentures or extensive rehab, TMD or sleep apnoea treatment. Comprehensive radiographs should include lateral cervical spine, frontal skull, Tomes view, frontal and sagittal tomograms of the condyles, sinus views and a sub mental vertex x-ray. Cone Beam Computed Tomography provides an excellent, low radiation dosing way of collected 3D data in a single scan.

I recommend the use of additional diagnostics as needed. I will use T-Scan for initial occlusal timing and force diagnosis, and to objectively guide my case finishing and equilibration. This is extremely important after final restorations are seated. The teeth, muscles and joints all work together to create optimum dental physiology and a harmonious environment for our dentistry. The use of T-Scan, EMG, and JVA allow me to objectively see the impact my treatments have on creating balance in the stomatognathic system. What’s most important is they make it easier to know when I am finished treating and the patient is ready for the next step by removing much of the subjective guesswork of a purely subjective analysis.

We can deliver beautiful, healthy and longer-lasting dentistry if we work with the patient’s craniofacial physiology, instead of simply putting manmade materials into a hostile environment that has already destroyed the natural teeth. This is hardly a new concept, but the objective tools of today allow us to see the physiology more easily and with more accuracy than ever before.

Computer diagnosis will be important in the future of dentistry. Come and speak to Dr Maini about the future of dentistry at the BACD Edinburgh annual conference in November 2009 (www.BACDS.co.uk)

References


You should never begin restorative, orthodontics, and/or sleep treatment without first diagnosing and correcting (if possible) a TMJ condition

Dr Anoop Maini GDGP (UK), BDS (Lond) graduated from Kings College in 1992. Dr Maini has a special interest in cosmetic rehabilitations from his practice at Aqua Dental Spa, London W1. He currently serves on the Board of Directors for the British Academy of Cosmetic Dentistry. Information about Biometric Diagnosis and Biometric Dentistry can be obtained by visiting www.Occlusion.co.uk and www.IndentSystems.com. For further information about becoming a member of the BACD, call Suzi Rowlands on 020 8241 9528 or visit www.bacd.com and join online.
Cleaning canals

Dr Michael Sultan discusses how sodium hypochlorite is his irrigant of choice

There are now so many systems for better faster and more efficient preparation of root canals that sometimes the real biological focus of treatment is somehow overlooked.

The issue is not how quickly a canal can be prepared using the latest Nickel Titanium (NiTi) systems but whether the canals are actually clean. It is very easy to get seduced by a beautiful shape on a radiograph but if the canal was not fully disinfected first the whole system will fail. The purpose of root canal treatment is to clean the canals, therefore fighting with a large tongue in a field sodden with saliva is a waste of time. A mouthful of bleach is also not particularly desirable either.

The irrigant of choice is still sodium hypochlorite. This is a very cheap solution which has the effect of dissolving pulp tissue and killing the bacteria however just as important is the flushing effect which will help in the removal of debris and stop canals getting blocked during instrumentation. This by itself will prevent legions and other procedural errors so that the canals can be really cleaned.

Bleach concentration

There has been much debate over the years as to the concentration of bleach that should be used. The Scandinavians have traditionally gone for concentrations of 0.5-1 per cent as they are very cautious of the tissue toxicity and possible problems of bleach whereas the Americans have gone for 5.25 per cent arguing that this is the most effective solution as a tissue solvent. We generally use 2.5 per cent (British sense of compromise), but can really increase its effectiveness either by using ultrasonic or by heating it. Normally we keep the bleach in a bottle warmer and are constantly flushing the solutions rather than letting the solutions passively sit in the canals.

The Bacteria in a canal are not always systems but whether the canals are so difficult. I also think that if the patients were forewarned and advised that the prognosis of a tooth was 80 per cent and not 100 per cent a lot of problems could be avoided.

Rellying on irrigants

Looking at the shape of canals, it becomes clear that there is no way a stainless steel file can even make a start in preparing it fully. Even the nickel titanium files will be ineffective, so we must rely on our irrigants to really clean canals. They do this by dissolving the organic pulp tissue, killing and removing bacteria and dissolving the inorganic tissue. They thereby making space for our irrigants to get in.

Use of a rubber dam is mandatory, not only for medicolegal to prevent inhalation of files and protect the airways, but to aid in maintaining a clean and dry field. The whole purpose of root canal treatment is to clean the canals, therefore fighting with a large tongue in a field sodden with saliva is a waste of time. A mouthful of bleach is also not particularly desirable either.

The irrigant of choice is still sodium hypochlorite. This is a very cheap solution which has the effect of dissolving pulp tissue and killing the bacteria however just as important is the flushing effect which will help in the removal of debris and stop canals getting blocked during instrumentation. This by itself will prevent legions and other procedural errors so that the canals can be really cleaned.

Don’t make mistakes

It must not be forgotten that sodium hypochlorite is a very toxic fluid that if extruded out of a canal into the oral cavity can cause severe complications. It is not uncommon following a lecture to get a phone call from one of the audience in a panic saying that the patient is in severe pain and is having an allergy to the hypochlorite. What has normally happened is the sodium hypochlorite has been forced out of the canal into the surrounding tissues.

The result can be startling and dramatic. The patient might well scream out in pain and there will be a profuse bleed there is a possibility of paraesthesia and later very marked bleeding. Management is very much to stay calm-you may well be the only one in the room doing so. Local anaesthetic has to be topped up and in some cases mid sedation may be required. Ideally the canal should be rinsed out with saline and the contents aspirated to dilute the irritant. Antibiotics are seldom required but are recommended if the canal was infected and had been continually prepared. The patient should be advised on pain control and the most effective is alternating 400mg Ibuprofen with 500mg Paracetamol Shaurly. The patient should also expect severe bruising and should be advised the use of icepacks.

EndoCare

Getting to the root of dental pain

About the author

Dr Michael Sultan
BDS MSc DFO

is a specialist in Endodontics and the Clinical Director of EndoCare. He graduated at Brunel University in 1996. He worked as a general dental practitioner for five years before commencing specialist studies at Guy’s hospital, London. He completed his MSc and in Endodontics in 1995 and worked as an in-house endodontist in various practices before setting up in Harley Street, London in 2000. He was admitted onto the specialist register in Endodontics in 1999 and has lectured extensively to postgraduate dental groups as well as lecturing on Endodontic courses at Eastman CPD, University of London. He has been involved with numerous dental groups and has been chairman of the Alpha Omega dental fraternity. In 2008 he became clinical director of EndoCare a group of specialist practices. To talk to a member of the EndoCare team call 020 7224 0999, email reception@endocare.co.uk or visit www.endocare.co.uk.
A perfect match

An examination for dentures needs to be extensive to make sure the patient receives the perfect set for them. Justin Stewart offers some tips

It could be argued that dentists generally undercharge for dentures. Take complete dentures for example: constructing complete dentures can really be considered full-mouth rehabilitation.

Some dentists charge the same amount for a complete denture as for one crown, therefore, in essence, they charge as much for restoring one tooth, as they do for a denture, which restores the whole arch.

If a dentist is going to charge properly for a complete denture, a thorough examination needs to be carried out not only for clinical reasons, and to assess what improvements can be made to a previous set, but also to show a patient the care and concern that will be taken in new denture construction.

Countless new patients come to my practice and tell me their dentist spent just a few minutes having a brief look at their dentures, to give them a price of a new set.

I find however, that once I have carried out a thorough clinical examination, patients have a much better understanding of the complexities of their particular situation, and are more than willing to pay a premium to receive an excellent set of dentures.

Some important points

There are too many factors in a thorough examination to describe in detail here, but I would like to highlight a few that are important yet often not discussed (but should be) prior to patient treatment.

Lip pulls: Very often when patients smile, their smiles are not symmetrical, and the upper lip on one side will tend to be higher than the other. With complete dentures this can be compensated for, but it is important to mention this to the patient before treatment commences.

Saliva: It can be wet, ropey, dry or average. A significant proportion of denture wearers have dry mouths. We can point denture wearers towards some good products on the market that will help with this, however it is important to be up front to let patients know that a dry mouth significantly reduces retention of the dentures.

Pain index: There are patients whose ridges are sensitive to even light touch. This is rare, but needs to be checked before treatment begins.

Throat form: This can be classified into Class 1, 2, or 3. In throats where the uvula is hanging low, it is harder to get a good seal at the back of the hard palate. Patients should be told about this up front.
Upper ridge to upper lip and lower ridge to lower lip (resting/smiling): This is one of the most important measurements to take, as immediately it gives the dentist an idea of how easy it will be to achieve an attractive smile with dentures.

Height of muscle attachments: Clearly the higher the muscular attachments to the ridge, the more difficult it is to get a highly retentive denture.

Palate (deep/average/shallow/v-shaped): It is obviously more difficult to get a highly retentive denture with a shallow palate.

Tissue consistency: Pay particular attention to where the ridge is loose and flabby; it may require a different impression technique to the firmer areas of the ridge.

TMJ status: Make a note of any symptoms and sounds. In my experience it is very difficult to recapture the disk when providing new dentures.

Tongue (large/average/small/retracted): There are a proportion of patients who are in the habit of retracting their tongue on a regular basis, and they are much harder to restore because the floor of the mouth moves up as the tongue retracts.

Bone levels: Complete denture discussions today should include implant treatments. For older patients with very resorbed ridges, volume and quality of bone may make these options difficult.

Expectations (high/medium/low/unsure): As we all know, it is much easier to satisfy patients with low expectations. For patients with high expectations, it is important for the dentist to under promise, or at least be very realistic about what can be achieved in order for the resulting denture to be acceptable to the patient.

‘If a dentist is going to charge properly for a complete denture, a thorough examination needs to be carried out to show a patient the care and concern that will be taken in new denture construction.’
Making an impression

In a bid to meet the increasing demand for affordable, comfortable and clear orthodontic treatment, clinicians are required to take impressions more often. Dr Andrew McCance strives for perfection

Leading orthodontic treatment systems mean GDPs require good-quality impressions to facilitate the best results, so it’s worth making sure you are familiar with the best method. Put yourself in the place of the technician poring over an impression in the laboratory. As you can probably imagine, imperfections and voids simply make doing a good job utterly impossible.

The best results

After a comprehensive appraisal of the qualities and results of various materials, it is fair to say that using a two-part putty and wash Vinyl Polysiloxane material produces the best impressions. Using high-shore-strength heavy putty with a separator sheet provides the ideal foundation for the wash, and the separator sheet prevents the teeth leaving an imprint in the heavy putty. If a lighter putty is used, it can cause poor retention in the tray, and increases the chances of the patient biting right through the putty and into the tray, distorting the leading incisal edges and cusps.

When you mix the putty, be aware that any residue on your hands can adversely affect the setting. Don’t wear gloves, and make sure that your hands are clean. When placed in the tray, make sure the putty fully covers the buccal and labial segments. Your laboratory will want to see good extension of the putty lingually and around the back molars. Also ensure that you are using the right-sized tray for the patient, too – the provider of your orthodontic system should supply you with a variety of sizes.

Cover the putty with a separation wafer that has been cut to size. Once the tray is introduced into the patient’s mouth, you need to hold it firmly in place for about two minutes to ensure the putty sets. Distortion will occur in the heavy body material if the impression is removed before setting.

Adding the wash

Once the tray is taken out of the patient’s mouth, remove the separation wafer. Now you can add the wash. Removing the separation wafer will give the wash an even 1mm space to flow. Use a generous amount, and place the tray back in the patient’s mouth. If you don’t use enough, you could end up with insufficient detail on the impression. Again, you must hold the tray firmly in place until the wash has set. If the tray is removed before setting is complete, distortion and drag will occur right across the occlusal surface, resulting in an unsatisfactory impression. Be aware, during this stage, that bubbles in the wash can cause the impression to be inadequate. The process is straightforward, and by keeping the above guidelines in mind, you should always be able to furnish your laboratory specialists with top-quality impressions. With good extension of the putty lingually and around the back teeth, you will have a good foundation for the production of satisfactory impressions, and remember: perfection is impossible to achieve in real life, but it doesn’t do you any harm to strive for it.
Protect your reception

Although cases of violence against front-of-house staff are rare, it’s still a good idea to make some commonsense precautions to prepare for the worst. Glenys Bridges offers some advice

As the current socio-economic climate leads people into circumstances over which they have no control, they’re more likely to vent their displeasure at everyone who frustrates them. There can be no doubt that over the coming months, as times get harder, increasing numbers of our patients will feel economically traumatised and more likely to be react badly when we cannot meet their needs in the way they ideally wish. Historically, dental patients’ behaviour toward their dental careers has been good when compared to our medical colleagues, especially those in emergency medicine. However, this may not continue to be the case in the light of the current socio-economic climate.

Violent crime against individuals is fortunately still rare, but there is a real need to put in place sensible and commonsense precautions, formalised in practice policy and followed through with training as preparation for worst-case scenarios. This preparation should include a range of practical and behavioral measures to enable individuals to understand how their behaviour may contribute in to the build-up of critical events for example:

Body language
Fifty-five per cent of any message we give out is unconscious. What’s more, we are constantly giving out these signals and other people are reading our body language all the time. Try to be aware at all times, stand erect, walk straight, don’t necessarily look people straight in the eyes, but let them know that you know that you are interested in them and want to provide them with good care and services.

Raising the alarm
At the front of house, receptionists are often quite isolated from their colleagues, and when a potential flashpoint is building up this becomes problematic. Timely action can defuse this build-up. Initially it is vital to discreetly alert colleagues in the treatment rooms that a situation is brewing or has reached a point of real concern.

Many practices have a panic alarm that probably has more value for reassuring reception staff than offering a constructive contribution to managing critical incidents. Make sure a robust communication channel is available. Many dental computer software packages have a ‘red screen’ function, which can be used by receptionists to discreetly summon low-key support from treatment rooms.

Now that CPD is required as part of the commitment of dental registrants to keeping their skills up to date and relevant, all DCPs and non-registered members of the team such as receptionists need to ensure they include aspects of personal development, such as how to respond to undesirable behaviour from patients. This is one of the subjects covered in the CPD for DCPs courses provided for in-practice learning by the Dental Resource Company (www.dental-resource.com).

About the author
Glenys Bridges is managing director of the Dental Resource Company, and has provided training for dental teams since 1992. For more information, visit www.dental-resource.com or call 0121 241 6693.
Hiring and firing
Finding new team members and having to let certain ones go are two of the most complex tasks to handle as a manager, says Sharon Holmes

In all the time I’ve been in a management position, I still find finding hiring new staff one of the trickiest tasks to handle. I’ve learned that this is one of the responsibilities as an employer you should never take lightly. It helps to structure the process as smooth as possible, you need to follow some good advice. It also helps to structure the process and have a strict protocol that you adhere to.

The BDA offers booklets that cover all aspects of management issues, especially with the legal side of employment being so stringent. Here at the Dental Arts Studio, we follow its guidelines and have a strict protocol. It also helps to structure the process as smooth as possible, you need to follow some good advice.

Carrying out references
We use a reference request form, which contains some very specific questions with regards to work ethos, trust and attendance, for example. Sometimes we ask the questions telephonically and fill in the form to keep on record. The previous employer is legally bound not to give too much away with regards to an ex-employee’s character, however, any intelligent person can work out what is being said to them without much being said at all.

I have made the fatal mistake in the past, of taking on staff purely on the fact that they’ve interviewed exceptionally well. They are well presented, well spoken, smile or laugh in all the right places and have all their answers worked out as they’ve learned what employers want to hear.

I have also been told by some of my staff that when they’ve had their CV’s professionally written, agencies have embellished the truth to increase their chances of finding new staff for their clients. This is rather a scary thought as it can lead us into some serious situations. I can’t prove that this actually happened at Dental Arts Studio, but because I know it might, I like to be cautious. I have learned never to work blindly, as it causes an extreme amount of stress and many sleepless nights.

Once I have completed the reference check, and am happy with it, I then send them an offer of employment letter which states details of their start date, salary, work hours and holiday entitlement. Before their first day of employment, I invite them to the practice where I carry out a two-hour induction with regards to practice procedures and protocols. They are also given all the required paperwork, which includes their contract and practice policies manual. I give them one week to read through all these documents and make sure that I receive the signed contract which includes an appendix for health and safety and their job description which also requires a signature. Once I have all the required paperwork back to me, it is placed into their personal folder which is locked away in line with the confidentiality act.

Making tough decisions
Sometimes when relationships don’t work out between any member of staff and the practice, tough decisions need to be made. They are never pleasant and are always a source for discomfort and unhappiness. If procedures are not followed by the book, as a practice manager or an employer you are inviting a tribunal into your already stressful working environment.

I always take full advantage of the legal team at the British Dental Association who are very thorough in the information and guidance that they provide. Sometimes the advice is not always what you want to hear and it can be very frustrating, but they know what they are talking about and I follow it wholeheartedly.

When employees start to cause chaos in the practice, I never hesitate to invite them to an informal hearing to discuss the problems that are occurring. Many times it only takes one verbal warning and the problems cease, however sometimes it continues sporadically and you need to then invite them to a second hearing. If it ultimately leads to a dismissal and the member of staff raises a grievance, you have all the paperwork in order and documented which is then hard for them to argue with. I never simply dismiss anyone. When an employee is not coping at work, I look at creating a strategy for training and nurturing. I put the time in and when the results are good and I can see an improvement I am pleased for the practice and the employer as it means less disruption to the team with having to go through the process of replacement. Training a new member of staff is time consuming and also costs money as I could be doing something more positive towards the business development side of practice.

Rules are in place for a reason and if we follow them, we don’t get hurt as much when things go wrong. It is time consuming and involves some commitment towards paperwork, but it really is worth following the rules.

As American philosopher William James once said: ‘Whenever you’re in conflict with someone, there is one factor that can make the difference between damaging your relationship and deepening it. The factor is attitude.’

Sharon Holmes
Originally from South Africa, Sharon Holmes moved to the UK in 2002. She thoroughly enjoys her position as business development manager at the Dental Arts Studio and her role in the dental industry, which has moulded her into a winner in her field. She believes that her position is based on common sense.
Protection planning: be prepared
Mark Blakeman looks at the importance of protecting your income

You may think that paying out on income protection policies is an unnecessary expenditure in these cash-strapped times, but it could be the best money you’ve ever spent.

The key is to spend your money wisely on a policy that suits your particular needs and circumstances. You should talk with an adviser who understands your profession and the benefits offered by the NHS pension scheme, because you want to have the right level of protection and not pay for unnecessary products.

There are many different types of protection products. The following is a guide to what we think are the key areas you should consider to protect yourself and your family if the worst happens.

Critical Illness

This is an insurance policy that will pay out a tax-free lump sum if you are diagnosed with a pre-defined condition, even if you are able to carry on working. So, if for example, you were diagnosed with a degenerative illness you could use the lump sum to adapt your home to make life easier in the future. However, it’s up to you how you spend this money and you could consider paying off your mortgage or other outstanding debts, taking a holiday to con-

‘Problems such as backache or depression can be equally debilitating and lead to long-term incapacity’

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value or investing it for future income. However you decide to use the money, a critical illness policy can help remove financial worry at a time when you have more pressing concerns.

Critical illness policies will typically cover some forms of cancer, terminal illness, heart attack, stroke and multiple sclerosis. A range of other conditions may also be covered including kidney failure, paralysis, and early onset of Alzheimer’s and Parkinson’s disease. A comprehensive policy should cover at least 25 conditions, although some cover almost 40. Some policies will also include critical illness cover for your children up to the age of 18.

The Association of British Insurers (ABI) has created guidelines on what should be covered in a critical illness policy including definitions of illnesses and the severity of illness. Most companies will follow these guidelines but you should check first.

Infection protection

While a major illness can stop you working, problems such as backache or depression can be equally debilitating and lead to long-term incapacity. These types of complaints are not covered by critical illness insurance but, if they were to stop you working, you could expect to receive a regular income from an income protection policy. The benefit of this insurance is that it will pay you a monthly tax-free income at

key points to consider when looking at income protection are:

• What level of cover do you need? This will be specific to your individual needs and circumstances. You may have other ways of covering loss of income, such as through investments or a partner’s earnings.

• Does the policy have an ‘own occupation’ definition? This means that the policy benefits will be paid if you are unable to carry out your specific job due to sickness or injury. Some income protection products offer an ‘any suited occupation’ definition, which means they won’t pay out if you can’t do your own job but could do other types of work based on your knowledge and experience. This is obviously less desirable as you have studied, trained and worked hard to get where you are in your current role.

• What is the deferred period? The deferred period is a set amount of time from the date you are incapacitated after which income payments will start to pay out. You can opt to defer income payments for the amount of time that suits your situation, up to a maximum of 52 weeks. Think about what happens so it is essential that you consider the loss of income that could arise if you or another income provider, such as a dental hygienist falls ill.

• You could consider locum protection that will assist in meeting the costs of employing the service of a Locum tenens in the event of absence through sickness, so that you can continue to provide a full service to patients.

• Key Persons Assurance will safeguard your business profits if a key member of staff passes away unexpectedly or is off work sick for a sustained period of time and gives you time to find a replacement if necessary.

• There’s also surgery insurance that will cover you if you suffer loss or damage to valuable equipment.

Before committing to any insurance products, make sure you take good advice. They may all look the same but when you examine the small print you could find some very real differences.

About the author

Mark Blakeman is National Sales Manager for Wesleyan Medical Sickness, specialist providers of financial services and product for dentists. For information, call 0800 980 1885 or visit www.wesleyanmedicalsickness.co.uk.

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DE-AD-10-0509
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Convenient and hygienic SingleDose

Futurabond M now also comes in the convenient and hygienic SingleDose blisters. This unit dose delivery system is simply opened with the applicator, and the bond is ready for application. One coat is sufficient: this shortens the entire bonding process to only 35 seconds. The blister is gas-tight and does not have to be shaken. This system greatly facilitates cross-in-fec tion control procedures in the dental clinic.

Manufacturer: VOICO GmbH, PO Box 767, 27457 Cuxhaven, Germany, www.voico.com

For more information contact Tim McCarthy, Mobile: 07500-769-615, or email t.mccarthy@voico.com

Adjunctive Therapies And The Fight Against Periodontitis

Adjunctive treatments doubtlessly have an essential role. When used from the outset in combination with scaling and root planing, they provide the most effective means of ensuring good results and patient satisfaction in the treatment of periodontal disease.

For example, the most cost effective option, Denticymix, has several beneficial actions. It combats the wide range of harmful bacteria thought to be prevalent in periodontal disease, and is also a highly effective anti-inflammatory. It enables the clinician to reach areas that are hard to access with instruments alone, and attacks the acidic, destructive enzymes produced by bacteria. This leading adjunctive can also reduce pocket depths by up to 42% over 12 weeks when combined with scaling and root planing.

For more information please contact John Jessop at Blackwell Supplies on 07971 128077 or email john.jessop@blackwellsupplies.co.uk

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Genus combines flexible services including interior con- struction and design with outstanding space planning. Genus will impress with state of the art workplace designs and interiors that are perfectly suited to the unique demands of the dental industry.

Genus oversee every element of the project to ensure that everyone involved is working towards the same goals, pooling skills to complete both outstanding, and beautiful results. Whilst Genus does not supply equipment they are happy to offer their client’s with assistance and independent advice on technical solutions.

It can take time to help patients attain a high standard of oral and dental care. With Travel Sets from Curaprox you can make sure that patients keep their travel sets fully stocked.

When used in conjunction with an autoclave that can run in vacuum or non vacuum mode, Prestige Medical say that UltraClean II will allow a seamless, hands free process from the dentist, through the cleaning to sterilization in the auto clave, which should help to eliminate sharp injuries and instrument damage.

More information is available from Prestige Medical direct by calling 01254 844 105 or email to sales@prestigemedical.co.uk

Software of Excellence’s New Website

Software of Excellence are a leading supplier of innovative practice management systems globally, and have recently unveiled their latest innovative provision, their new website!

The new website will feature a range of features and programs designed to benefit the customer, including extensive information on their practice management products and de-

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To ensure an accurate, long lasting restoration and help you to “get it right first time”.

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The new DUO caters for a substantial number of delegates who attended the first seminars hosted by the company felt the courses proved invaluable in relation to important aesthetic dentistry topics. Developed to help further strengthen the skills of dental teams by enabling dental practitioners to achieve greater client care and long-term success individually, the courses will continue to run throughout the year at various locations.

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Mr Artio™ – he is so light and agile with an ergonomic grip and super strong tips, the DENTSPLY team often wonder how they would cope without him. He simply loves creating works of art with his DENTSPLY restorative friends!

Amaris Gingiva

For the highest standards in aesthetic dentistry, Amaris Gingiva is the only restorative that permits chair side gingival shade matching. This gingiva-shaded, composite-based restoration system facilitates individual shade-matching using a combination of a base shade (matte) with three mixable opaque shades in white, light and dark. The result is a representation of the gingiva that appears natural.

The new DUO caters for every working need and each unique feature is controlled from a practical and intuitive console. Operators have access to up to 5 instruments, all on self-balancing levers to eliminate traction on the wrist.
Man with a mission

Dental Tribune finds out about the lectures Dr Edwin Scher had organised for the Smile-On Clinical Innovations Conference

Implantology pioneer, Dr Edwin Scher celebrated 20 years of teaching dental implant programmes this year in a novel way. Instead of marking the occasion with a big party at an upmarket venue as in previous years, he decided to hold a full-day seminar on, ‘How to Make Dental Practices Recession-Resistant,’ which he felt was more appropriate in the current economic climate.

An active participant
Chairman of the first day of the Clinical Innovations Conference, organised by, Smile-On last Friday May 15 at the Royal Conference of Physicians in Regent’s Park, Dr Scher moderated as well as introduced speakers from international dental body, Alpha Omega,

‘The conference brought together the world’s leading thinkers in aesthetic and restorative dentistry to share their experience and knowledge’

as part of the Annenberg Lecture. The conference, which lasted two days, brought together the world’s leading thinkers in aesthetic and restorative dentistry to share their experience and knowledge. In his role as chairman of the London chapter of Alpha Omega, he organised a programme of six evening lectures by Israeli-based dental experts and academics, which culminated in a day-long lecture programme on, ‘Clinical Innovations,’ at the conference, which ran from, 9am to 5pm.

Professor Nitzan Bichacho and Dr Devorah Schwartz-Arad talked about: ‘Success Factors in Dental Implantation: A multi-disciplinary approach between the surgeon and the prosthodontist.’ Dr

Fig. 1: Before-Edentulous ridge of a patient suitable for guided surgery using the Teeth-in-an-Hour technique.

CIC’s Annenberg Lecture was held on Friday May 15. For further information about the Clinical Innovations conference, call Smile-on on 020 7400 8989 or log onto: www.clinicalinnovations.co.uk.

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Scher said: 'I had invited top academics over from Israel for the event, whom the NUT attempted to prevent from speaking in the UK because of a boycott against Israel. So I wanted to redress the balance. In Israel, implantology is at the forefront of complicated treatment planning.'

Prof Bichacho heads the Ronald E Goldstein Centre for Aesthetic Dentistry and Clinical Research at the Prosthodontics department of Hadassah Medical Campus. He has published and lectured extensively worldwide in the fields of dental implant therapy, fixed prosthodontics, cosmetic dentistry and innovative treatment modalities in aesthetic dentistry.

Dr Schwartz-Arad received her PhD from the faculty of medicine, at the Hebrew University, Jerusalem. She is a specialist in oral and maxillofacial surgery and has lectured for more than 20 years at, Tel Aviv University. She also has a surgery, with special expertise in bone grafting and dental implantology.

**Dr Scher's practice**

Meanwhile, Dr Edwin Scher's practice also offers treatment including preventative dentistry, periodontics, hygienist treatment, cosmetic dentistry as well as its groundbreaking work in Implantology, for which it is renowned. Walpole Dental Practice is at: 16 Walpole Street, SW3 4QP. To get in touch, call 020 7584 9833 or visit www.dental-implants.co.uk.

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**About Dr Edwin Scher**

Dr Eddie Scher is a specialist in oral surgery and prosthodontics, and is regularly invited to lecture in countries including the US, Norway, Israel, South Africa and Germany. Originally trained at the dental school of University College Hospital, London in 1973, Dr Scher is has many prestigious titles to his name. He is a full visiting professor of Prosthodontics & Implants at Temple University, Philadelphia, a member of the faculty of dentistry at Lyon and honorary senior lecturer at Salford University, as well as an honorary lecturer at Eastman Dental School. He is also on the board of the world's biggest implant board, ICOI (International Congress of Oral Implantology). Editorially, he is chairman of the board on quarterly publication, Implant Dentistry Today and has been featured in many magazines and newspapers, including Harper's, and The Mail's, Good Health section. He is also a highly respected contributor of refereed articles to many journals in the field.

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The course provides:
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