New coalition government warns of spending cuts to NHS

Efficiency savings and pay squeezes in areas of healthcare herald new age of British Government

The new coalition government has warned that the NHS will be hit by efficiency savings and pay squeezes.

The new Secretary of State for Health, Andrew Lansley (Conservative, pictured), told the BBC’s Today Programme that the service would not be saved from the same kind of efficiency savings and pay squeezes that will hit the right across the public sector in a bid to claw back cash.

Mr Lansley is the MP for South Cambridgeshire and previously served as the Shadow Health Secretary – a position he held from 2003.

On being appointed, he said: “It is an immense privilege to be appointed Secretary of State for Health in the new Government.”

“Just as Britain needs strong and stable Government, so we intend to bring to the NHS the consistent, stable reform, which enables it to deliver improving quality of care to patients.”

“I am determined that we will have an NHS in which the patient shares in making decisions; where quality standards are evidence-based and form the basis of the design of services and their management; and where the objective is consistent improvement in the outcomes we achieve, so that they are amongst the best in the world.”

However he added: “To achieve this in the current financial crisis requires leadership and highly effective management. The NHS will be backed with increased real resources but with this comes a real responsibility. We will need progressively to be more efficient, to cut the costs of what we do now, to innovate and re-design, in order to enable us to meet increased demands and to improve quality and outcomes.”

As Shadow Health Secretary, Mr Lansley attacked the “terrible dental legacy” of Labour and warned that it would be “difficult to fix”.

Before the election, the Conservatives promised to tie taxpayerv-trained dentists into the NHS for five years, allow dentists to fine people who consistently miss appointments and give every five-year-old a dental check-up.

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Before the election, the Conservatives promised to tie taxpayerv-trained dentists into the NHS for five years, allow dentists to fine people who consistently miss appointments and give every five-year-old a dental check-up.

“It costs the NHS around £170,000 to train a dentist, but many feel forced to abandon the service for the private sector – or in some cases are actually being poached – at no cost to private firms. We propose that those who take public bursaries for dental training should do at least five years work for the NHS in return,” said their manifesto.

The Tories also pledged to reduce the frequency of routine check-ups NHS dentists would also be rewarded for preventative work.

The other part of the coalition government, the Liberal Democrats, didn’t even mention NHS dentistry in its election manifesto.

When Dental Tribune went to press, the Department of Health had just announced the appointments to the Government’s ministerial health team. Paul Burstow, Liberal Democrat MP for Sutton and Cheam and Simon Burns, Conservative MP for west Chelmsford, have both been selected to serve as ministers of state for health in the new coalition Government.

Former nurse, MP Anne Milton (Conservative) and Earl Howe, an elected hereditary peer have both been made parliamentary under secretaries of state.

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The British Dental Health Foundation wants oral health messages on diet and toothbrushing to be specifically targeted at children. The oral health charity has expressed its concern after a new study highlighted the problems surrounding a ‘sweetie culture’.

The BDHF claims the report has flagged up a severe lack of support for parents, with the research showing that parents find it particularly difficult to refuse their children’s constant demands for sweets, biscuits and chocolate – in a society where sugary snacks are so easily available.

Chief executive of the British Dental Health Foundation, Dr Nigel Carter, said the study highlights the need for stricter measures to be put in place so that children’s health does not deteriorate further. He said: “The research underlines the struggles parents have in today’s society, where sweets and sugary foods have become the norm. It also gives us an insight into why children’s dental health in the UK is so poor, despite the constant hard work we do in making information available to the public.”

He added: “The UK in general has developed a very unhealthy food environment, making it even harder for us to improve the dietary habits of children in this country. Cutting sweets and high-in-sugar foods in schools is a start and a step that the government must radically think about adopting.”

The research, ‘Living in a sweetie culture: Scottish parents’ difficulties in maintaining their children’s oral health’ was carried out by the University of Dundee’s Dental Health Services and Research Unit.

EndoCare director successfully completes the London Marathon

The clinical director of EndoCare successfully completed the London Marathon and raised £2,000 for charity.

Clinical director, Dr Michael Sultan, finished the marathon in four hours and 44 minutes.

Dr Sultan, himself an asthma sufferer, raised more than £2,000 for Asthma UK, a charity dedicated to improving the health and wellbeing of those whose lives are affected by asthma.

“I ran 50km well but then I started to get pain in my right hip, which eventually seized up completely,” said Dr Sultan.

“There was no way I wasn’t going to finish the race so I walked and limped the last 12km. Donations for this year’s event are still rolling in and new donations are always welcome,” he added.

BACD member to train students at Peninsula

A member of the British Academy of Cosmetic Dentistry has been chosen to train students at the Peninsula Dental School.

Dominic Kiernander, from the Pearly Whites Dental Practice on City Road in Truro, has been awarded full membership of the British Academy of Cosmetic Dentistry. He is the second member of the academy in Cornwall, and the only dentist in Truro with full membership.

Professor Elizabeth Kay, Dean of Peninsula Dental School, said: “We’re delighted to have secured Dominic’s skills to give students in Years 5 and 4 a taste of some of the advanced techniques now used in dental care.”

She added: “This element of their training will help equip them even more fully for a career in surgical and restorative dentistry. “We value highly the support of local dental practitioners across the region in the training of our students and the development of our curriculum, at the heart of which sits a commitment to primary dental care and the welfare of local NHS patients.”

BACD member to train students at Peninsula

A BACD member has been chosen to train students at the Peninsula Dental School in Truro.

Dominic Kiernander, from the Pearly Whites Dental Practice, said: “I’ve got to do it. I refuse to withdraw my daughter’s love of sweets because they are the culprits.”

Oral health charity criticises ‘dangerous sweetie culture’

A recent BBC1 Panorama special highlighted the tooth decay epidemic which children in the UK are facing today. The documentary featured five-year-old Kaifyn, who had eight molars removed due to tooth decay. Her mother, Sharon, said the culprits were her daughter’s love of sweets and tomato sauce.

Dental receptionist wins sex discrimination case

A dental receptionist, who claimed she lost her job because she was pregnant, has been awarded over £5,000 in compensation.

Saba Saeed, of Great Barr, Birmingham, said she former employers, Dr Farshid Shojaa and Mrs Shohreh Shojaa of Broadway Dental Practice in Edgbaston had discriminated against her because she was a woman.

The receptionist also claimed that she was dismissed when she revealed that she was pregnant.

However, Dr Shojaa said Miss Saeed had intimidated other members of staff, made personal phone calls in work hours and talked to colleagues in a rude and inappropriate manner. Miss Saeed denied the allegations.

At Birmingham Employment Tribunal, judge Tom Roper, said Miss Saeed had indeed been discriminated against due to her gender and was also unfairly dismissed on the grounds that she had announced that she was pregnant and was sacked just days after the announcement. She was informed by her employers that ‘things between them were not working out’.

The hearing lasted for two days and Miss Saeed was given compensation totalling £5,041.

The sum included a 25 per cent penalty, as Miss Saeed’s employers had not followed the correct disciplinary and dismissal procedure under the Employment Rights Act.
Editorial comment

Brave New World

So we have a new Prime Minister and Government, and all seems rosy in camp Cameron and Clegg. Now the real work begins of running the country, reducing the national deficit and getting the ornaments out to adorn the cupboards of Number 10.

The papers have been full this week of the dire state of the country’s finances and the drastic measures needed to redress this state. With £8bn of cuts to be announced, and an emergency budget planned for June 22, all areas of industry, not just health-care, are waiting anxiously to see what this will mean in terms of their business.

Closer to home, we are still awaiting the announcement of the ministerial portfolios for the new ministers and under secretaries for health. Of the four announced so far, Paul Burstow, Simon Burns, Anne Milton and Earl Howe, there is nothing obvious which makes them stand out as more suitable for dentistry so it is a case of wait and see what happens. For what it’s worth, my money is on Paul Burstow...  

New training committee for dental trainees

D ental trainees are to get a new national training committee, the Joint Committee for Postgraduate Training in Dentistry be launched in June.

It will be made up of representatives from across postgraduate dental education and training.

The JCPTD will provide advice on foundation training and specialist training in dentistry and will promote a consistency and facilitate robust quality assurance.

Key components of the JCPTD will be the Advisory Board for Dental Foundation Training and the Advisory Board for Specialist Training in Dentistry which will be supported by the existing Specialist Advisory Committees (SACs).

Chair-elect of the JCPTD, Prof Jonathan Cowpe, current director of Dental Postgraduate Education in Wales and previously head of Bristol Dental School and dean of the Faculty of Dental Surgery, the Royal College of Surgeons of Edinburgh, said: “Dentistry and educational issues associated with the profession have entered an interesting and challenging period. I look forward to working with key stakeholders to enhance communication and promote a shared ownership of the initiatives of the JCPTD. This should facilitate enhanced cooperation on the future direction of dental education in the UK. This strategy should be at the heart of a modern approach to the continuum of education, underpinning the concept of lifelong learning in dentistry.”  

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Portsmouth University’s £9m dental outreach centre, which will train 80 dental students a year, is on schedule to open in September.

Up to 3,000 people a year are expected to benefit from its services, which will include oral health advice and all aspects of primary care dentistry including check-ups, fillings, extractions, crowns, bridges and dentures.

Portsmouth University hopes that the centre will be at the leading edge of dental education, training dentists, dental therapists, hygienists and dental nurses.

Student dentists will be trained in teams alongside dental hygienists, dental therapists and dental nurses mirroring how dental professionals work in practice.

The new centre is an innovative partnership between the University of Portsmouth and King’s College London’s Dental Institute.

It will provide NHS treatment to communities in Portsmouth, South East Hampshire and the Isle of Wight where, in some areas, oral health is significantly poorer than the national average.

Dr Barry Cockcroft, chief dental officer, said: “Outreach training has made a key contribution to our programme for the expansion of dental education, giving students practical experience of treating patients in a community setting. Equally importantly, this project is fostering cooperation between universities with different resources and priorities.”

He added: “King’s College has an international reputation for teaching and research in the dental sciences while the University of Portsmouth is developing training programmes for dental care professionals in an area where many people have unmet needs for dental treatment and support in maintaining good oral health.”

Of the £9m capital investment, £3m is from the Higher Education Funding Council for England (HEFCE) strategic development fund in recognition of the educational innovation of the new centre. The NHS and Department of Health are contributing £4m, with the balance from the universities.

The new centre will be integrated with the University of Portsmouth’s existing dentistry programme to create a new School of Dental Education and will provide routine, free National Health Service dental care to adults and children.

Final year dental students from King’s College London, in groups of 20, will conduct 10-week supervised clinical placements at the centre. Staff from King’s College London Dental Institute will also work at the centre, enabling the local community to benefit from their expertise in specialised aspects of dentistry such as identifying oral cancer.

The other partners in the centre will be the Portsmouth City Teaching Primary Care Trust, the South Central Strategic Health Authority, the Hampshire and Isle of Wight PCTs and the Guy’s and St Thomas’s and King’s College Hospital Trusts.

Portsmouth’s new £9m dental outreach centre

A millionaire dentist who took part in the Television programme, The Secret Millionaire, has set up a charity to help disadvantaged children in India.

Seema Sharma, was shown on the TV show earlier this year, going undercover in the Mumbai slums in India.

Mrs Sharma, who owns a small group of dental practices in London known as Smile Impressions Ltd, revealed how she felt despair at the sheer magnitude of the deprivation she saw.

She said: “I was humbled by the dignity, love and generosity of those with so little.”

She has now set up a charity, The Sharma Foundation, to provide on-going funding for the three projects she decided to help out in India.

The Foundation is organising fundraising events in the UK and Henry Schein Minerva, distributor and supplier of dental and healthcare products, is supporting a charity dinner being held on 30 June in London.

The evening will feature a three-course dinner created by Cyrus Todiwala from his award-winning restaurant, The Spice Café in London and will be followed by comedy and entertainment from comedian Paul Sinha.

Tickets cost £55 per person or you can buy two for £100. To reserve your place at this charity evening please call Lynn on 0208 2979100. For more information or to see ‘Slumdog Secret Millionaire’ please visit www.seemasharma.co.uk.
Time to talk about dry mouth?

Approximately 20% of people suffer symptoms of dry mouth, primarily related to disease and medication use. More than 400 medicines including tricyclic antidepressants and antihistamines can cause dry mouth and the prevalence is directly related to the total number of drugs taken.

Ask your patients

Some patients develop advanced coping strategies for dealing with dry mouth, unaware that there are products available that can help to provide protection against dry mouth, like the Biotène system.

Diagnosis may also be complicated by the fact physical symptoms of dry mouth may not occur until salivary flow has been reduced by 50%.

Diagnosing dry mouth

Four key questions have been validated to help determine the subjective evaluation of a patient's dry mouth:

1. Do you have any difficulty swallowing?
2. Does your mouth feel dry when eating a meal?
3. Do you sip liquids to aid in swallowing dry food?
4. Does the amount of saliva in your mouth seem to be too little, too much or do you not notice?

Clinical evaluations can also help to pick up on the condition, in particular:

- Use of the mirror ‘stick’ test - place the mirror against the buccal mucosa and tongue. If it adheres to the tissues, then salivary secretion may be reduced
- Checking for saliva pooling - is there saliva pooling in the floor of the mouth? If no, salivary rates may be abnormal
- Determining changes in caries rates and presentation, looking for unusual sites, e.g. incisal, cuspal and cervical caries.

Consequences of unmanaged dry mouth include caries, halitosis and oral infections.

The Biotène patented salivary LP3 enzyme system

The Biotène formulation supplements natural saliva, providing some of the missing salivary enzymes and proteins in patients with xerostomia and hyposalivation to replenish dry mouths.

The Biotène system allows patients to choose appropriate products to fit in with their lifestyles:

Products specially formulated for dry mouth:

- Biotène Oral Balance Saliva Replacement Gel
- Biotène Oral Balance Liquid

Hygiene Products:

- Biotène Dry Mouth Toothpaste
- Biotène Dry Mouth Mouthwash

The range is appropriately formulated for the sensitive mucosa of the dry mouth patient:

- Alcohol free
- Mild flavour
- Sodium Lauryl Sulfate (SLS) free

The Biotène formulation:

- Helps maintain the oral environment and provide protection against dry mouth
- Helps supplement saliva's natural defences
- Helps supplement saliva's natural antibacterial system - weakened in a dry mouth.

GSK welcomes Biotène to its oral care family

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Samples available from www.gsk-dentalprofessionals.co.uk

Dental comparison website to bring ‘transparency to sector’

The first dental comparison website, which claims to bring transparency to the private dentistry sector, has been launched.

www.dentalpricecheck.com lists dental practices with their names and address. For more information, the dental practice has to submit details which include prices for treatments that the practice offers, together with details of the dentists working there, their indemnity cover and complaints mechanisms. On the basis of this, the practice is given a star rating.

The company was created as the result of a visit to the dentist by the founder Sadiq Rahman.

It claims to be creating transparency in a sector that has been heavily criticised by the Office of Fair Trading (OFT).

In 2005, the OFT carried out an investigation on the private dental industry and found unfair practices by private dentists in terms of transparency and said the consumer was limited on choice and thus at a disadvantage.

A spokesman for the website said: “The OFT report was published in 2005, seven years later we feel little has changed based on our own research. No real effort to address the recommendations made in the report have been followed through as much as we would like. In our opinion, today there is no visible evidence to show that anything has significantly changed. However, with the launch of dentalpricecheck.com we hope that this will be a key turning point as we are certain that our comparison service will help both the public and dentists alike raise standards in the way of transparency. dentalpricecheck.com also addresses a number of other pressures that were laid out in the Office of Fair Trading Report”.

The website claims that dental practices will be able to advertise their treatments and fees for free to millions of people online and patients will be able to make bookings online.

The website is also offering a free trial use of its Market Intelligence Tool which could be of use to practices especially if they are intending to set up new practices. It will be free for three months and then dentists can buy details of website hits and demographical details of the area they are investigating.

Prestigious award for professor

Prof David Watts (pictured) from Manchester University School of Dentistry has been given the prestigious Alexander von Humboldt Research Award.

The professor of biomaterials science at The University of Manchester School of Dentistry has been given the lifetime research achievement award, which is granted annually to academics whose research achievements involve fundamental discoveries, new theories, or insights which have had a significant impact on their own discipline and who are expected to continue producing cutting-edge achievements in future.

It will involve Prof Watts spending a period of up to one year cooperating on a long-term research project with specialist colleagues at German research institutions, including the Universities of Jena and Munich. As an award winner he will also meet the president of Germany.

This is the first international accolade awarded to Prof Watts. In 2005 he was the recipient of the International Association of Dental Research (IADR’s) Distinguished Scientist Award for prestigious research in dental biomaterials.

Fancy a cuppa?

A cup of tea contains fluoride which can help ward off tooth decay, according to a recent study.

The study carried out by public health nutritionist, Dr Carrie Ruxton, and colleagues at Kings College London, looked at published studies on the health effects of tea consumption.

She found that drinking three or more cups of tea a day is as good for you as drinking plenty of water and may even have extra health benefits.

The study published in the European Journal of Clinical Nutrition found that tea protects against plaque and decay as it contains fluoride.

Tea not only rehydrates as well as water does, but it can also protect against heart disease and some cancers.

Experts believe flavonoids are the key ingredient in tea that promote health, to show that anything has significantly changed. However, with the launch of dentalpricecheck.com we hope that this will be a key turning point as we are certain that our comparison service will help both the public and dentists alike raise standards in the way of transparency. dentalpricecheck.com also addresses a number of other pressures that were laid out in the Office of Fair Trading Report”.

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Prestigious award for professor

Prof Watts is head of the Adhesive Biomaterials and Biomechanics Research Group at the Dental School. Commenting on the award, he said: “I am thrilled to have been nominated for this award and it is testament to the dental school that staff are encouraged to aim, and can achieve, excellence in clinical care, research and education”.

Prof Iain Mackie, head of the Dental school said: “This award demonstrates the high level of research excellence we are producing at Manchester and we are delighted that Prof Watts will continue to produce outstanding work which is recognised internationally.”

These polyphenol antioxidants are found in many foods and plants, including tea leaves, and have been shown to help prevent cell damage.

They found clear evidence that drinking three to four cups of tea a day can cut the chances of having a heart attack.

Dr Ruxton said: “Drinking tea is actually better for you than drinking water. Water is essentially replacing fluid. Tea replaces fluids and contains antioxidants so it’s got two things going for it.”

“So, a cup of tea contains fluoride, which is good for the teeth,” she added.
Inspiring teachers need apply

The search for this year’s most inspiring teachers in the UK’s dental schools and foundation schemes has begun, as the DDU opens nominations for its eighth annual Educational Awards.

For the first time, fellow teachers, as well as students and recent graduates, can nominate a teacher who has made the most positive educational impact on them, their school, or their foundation scheme. The deadline for entries is Tuesday 31 August 2010.

Rupert Hoppenbrouwers, Head of the DDU said: “We started these awards for teachers of undergraduate dentists in 2003 and their popularity has enabled us to expand the event to include teachers of dental care professionals and vocational trainers. Until now, student dentists and DCPs have enthusiastically nominated the teachers who have made a positive impression on them during their dental education. This year we are also inviting teachers themselves to get involved and nominate a colleague they believe has made a real difference to their faculty or deanery, their students and colleagues. We hope they will take up the challenge!”

Dr Gary Marvin, Marketing Director at DENTSPLY, the main sponsor of the awards added: “DENTSPLY is delighted to continue our support for these awards and is committed to continuing its strong heritage of investing in dental education. These awards reward and recognise the huge investment made by those dental professionals and academics who work in dental education and celebrate the fantastic talent that we have here in the UK.”

There are two award categories: Dentist Teacher of the Year (dental schools and foundation schemes) and Dental Care Professional (DCP) Teacher of the Year. The three finalists chosen from the nominations in each category will compete for the title at an awards ceremony in central London on Wednesday 17 November. Each finalist will be awarded £250 each and the overall winners in each category will receive £1,000 towards the cost of educational materials for their schools or VT schemes. Nominations will be considered across a number of criteria, including enthusiasm for their subject, student mentoring and the ability to motivate others.

Nomination forms can be downloaded or completed online at the DDU website (www.the-ddu.com/dduawards), or obtained from a DDU dental liaison manager.

Prestigious Lecture

In 2009, members of the King’s College London Dental Circle generously supported the re-establishment of a prestigious lecture series, last reported in the British Dental Journal as being held at Guy’s Hospital in 1959, which focused on the ever-important topic of pain control.

This year’s Badcock Dental Circle Lecture, entitled ‘Modulation of TRPV1 Activity in Pain: Potential Targets for New Analgesics’, will be given by Professor Ken Hargreaves from the University of Texas Health Science Center. Professor Hargreaves is a world-leading researcher in pain and Endodontics. He will be discussing his findings on endogenous TRPV1 (transient receptor potential vanilloid 1) agonists at the lecture.

The Badcock Lecture was endowed to King’s College London in the 1950’s by J H Badcock, who was a consultant surgeon at Guy’s Hospital Dental School between 1891 and 1904. His aim was to improve the holistic management of dental patients to reduce their pain and anxiety.

This year’s lecture will take place in Lecture Theatre 1, New Hunt’s House, Guy’s Campus, on Tuesday 1 June 2010 at 18:00 and will be followed by a reception.

The World’s First Online MSc in Restorative & Aesthetic Dentistry

‘The Best of Everything’

Two of the UK’s most respected education and academic organisations have joined forces to provide an innovative, technology driven MSc in Restorative and Aesthetic Dentistry. Smile-on, the UK’s pre-eminent healthcare provider and the University of Manchester, one of the top twenty-five universities in the world, have had the presence to collaborate in providing students with the best of everything – lecturers, online technology, live sessions and support.

Convenience

The majority of the learning resources on this programme will be online. The masters will combine interactive distance learning, webinars, live learning and print.

Ownership

The programme is designed to encourage the student to take responsibility for his/her own learning. The emphasis is on a self-directed learning approach.

Community

Students will be able to communicate with a diverse multi-ethnic global community of peers, with who they will also share residential get-togethers in fantastic settings around the world.

Opportunity

This innovative programme establishes the academic and clinical parameters and standards for restorative and aesthetic dentistry. Students will leave with a world recognised MSc.
20 years of education

Dental Tribune talks to Dr Edwin Scher about 20 years of implant courses at his Walpole St practice

Trying to have a sensible conversation with a man in a three-foot high green hat is not easy. Fortunately it was not the time to be sensible for long as the man in question was Dr Edwin ‘Eddie’ Scher, and he had an important mission to address the guests at his annual party held at London’s R.A.C Club.

This was not an ordinary party, falling as it did on St Patrick’s Day (hence the large hat, well I hope that was the reason anyway). This year marked the 20th anniversary of the opening of Eddie’s Walpole St practice in London as well his very popular implant courses.

Eddie has been running teaching programs for 20 years now, and has taught more than 700 clinicians on his courses at Walpole St. Eddie said: “1990 was a very desperate year for me as it was the year my father died, but it was also the year that we opened Walpole St. I was also passionate about developing the one or two-day courses that I was being asked to give by companies, but I wanted to take it one step further and develop a course that took a broader view. This means that delegates really need to know more than what a company is going to tell them, they need background, they need background literature and they then need enough knowledge to make decisions themselves rather than doing what they’re told. And so my courses were born!”

“We ran it as a year-long course. In the first year, we were fully subscribed, in the second year, we were double-subscribed, so we put on two identical days in a row. In the third year, we were triple-subscribed and were doing three days, and by the third day, I was brain dead. We then took a step back, said ‘this is crazy’ and decided to do just one a year. It’s been going very well, always fully subscribed for the past 20 years.”

During the 90’s the course remained popular, with delegates flying in from all over the globe to take part. Although this was a very satisfying position to be in, Eddie was concerned about the course format for people who had to travel great distances.

“About 10 years ago we were concerned with people flying in from so far, for example from Hong Kong, so we tried to create a course for out-of-towners in a different way, so we formed our year-long course into six intensive days from Sunday morning to Friday afternoon. “We started the course in the October (2000), and it got fully subscribed, it was very popular and a good way to teach, as the practice was busy enough to do what we did on the year course - taking one patient from initial exam to surgery to fitting the prosthesis. But, you couldn’t use the same patient on the six-day course. However, the practice was busy enough that you could use a different patient for the same implant in the same region at different stages. And it worked well. It’s worked well since.”

Eddie has strong ideals about how his course should be taught:

“My ideal is group size is 10, 12 is really the maximum. With more it becomes difficult for people to ask questions. If there are only 10 people in the room, it’s a beautiful interactive group.

“I do make a statement right at the start of the course on the Sunday morning. That statement is that I will never ask a direct question to a person. I will never embarrass or chastise an individual. It’s up to each delegate
to interact as they wish and not to be worried. You can feel a sigh of relief going through the room once I've said this. And of course I do stick to it. I would never like to embarrass someone.”

Talking about the course itself, it's easy to get carried away with Eddie's quiet enthusiasm for what he teaches: “I want my delegates to understand the principles of what they're doing, rather than painting by numbers. I want them to understand what they need to ask a representative when they come to their practice.

“What I teach isn't specific to any of the implant systems, I am expecting that by the end of the week is that delegates will have an understanding of their own capabilities, so they are able to decide for themselves what they can do. They will certainly have the knowledge to treatment plan a simple case, they will have the knowledge to place an implant in a simple case, and restore that implant in a simple case.

Eddie is very clear that course is not meant to be the end of a delegate's training in implants: “I very often help [delegates] decide how to proceed in their careers after they've done my course. I consider my six days as a comprehensive, but basic introduction. I then suggest that they should do a two-day advanced surgical course, which was part of my year-long course. It's not so they can then go on to do a sinus graft procedure. What we really need them to know is how to diagnose and treatment plan for a sinus graft procedure, and instruct someone who's competent and capable to do it for them, before they've learned how to do it. I think that's really important, that they know their own competence.”

Eddie believes that much of what is successful about both his practice and his courses is the team he has around him: “We have a good relationship in the practice between all members of staff and I think we all work very hard to create that.

“We've got two hygienists, three dentists, a specialist periodontist one day a week and for the rest of the time a cosmetic dentist, me, practice manager Diane, senior nurse Sarah, Laura (my nurse) and Tanya downstairs, and my wife in the background running the courses.

“Some of the team have been with me for a very long time, for example Diane has worked with me for 25 years. She says she's going to retire but, she's going to retire when I retire. Sarah has been with us for 10 years and is my right hand. She's wonderful and works to keep everything together. Laura has been with me for two and a half years and is one of the most competent and loyal nurses you're likely to meet. She always looks after me, to make sure I don't miss anything or forget something.”

Eddie is not just about his course though. “I think what makes me tick is that I have such a wonderful and varied life in that I'm an oral surgeon, I love my surgery. I have my operating theatre, I'm never disturbed in it, and it's something I love doing. But I'm also a prosthodontist, I carry out my own crown and bridge work, which I love and it's another part of my life.”

“I've got two sides to my clinical life, and then I've got teaching which allows me to travel the world. I'm also chairman of the editorial board of Implant Today, which gives me a nice outlet as I write editorial for them every three months. I've also been invited, by Prof Ucer, President Elect of the ADI to be scientific advisor/chairman for the two years while he's in office in 2012-15.”

Although he's been practicing for almost 40 years, Eddie has no plans to hang up the drill just yet. “I love dentistry. I actually LOVE it. When people talk about retiring, they ask me if I can afford it. Yes, I can afford it, but I have no intention of giving up. I don't know what I'd do. I don't even have an exit strategy for the practice. As far as I'm concerned, we go on. I'm enjoying it so much, there's no reason to stop. Certainly my sight and my hands are as good as they were 10 years ago, so I am very happy to continue. My biggest problem in life is that I took up golf five years ago thinking I'd be superb, but I'm rubbish. I'm getting better, but if you ask me my handicap…”

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Dr Alan Cohen on ‘Medico – Legal Aspects’
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Mr Keith Rowe on ‘Laboratory Techniques’

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Are you managing your practice or just practising?, asks Seema Sharma

Stepping up from management to leadership

While leadership and management are key skills for dental practice owners and practice managers, accessi-
able, affordable “real world” management training relevant to today’s genre of dental practices is hard to come by.

Management programmes for practice owners and managers are often based on writing reams of boring essays which do not feel connected to everyday life at work, or on sales, marketing and increasing profits without addressing how to align the changing CLINICAL environment and the changing COMMERCIAL environment that we operate in.

Now, however, CQC have the power to close down practices that do not meet their expected quality outcomes – all 28 of them! Add to this the key performance indica-
tors in new NHS contracts and the state of the economy and it be-
comes clear that a new vision and the 80/20 rule is left to do what he or she thinks
is best, an untrained manager can unwittingly create problems which come hard to unravel! DELEGA-
TION, not ABDCATION is the key to success in this area!

CQC Outcome 19 – Management

Outcome 19 requires the registered manager to have the necessary qualifications, skills and experi-
ence to manage the regulated ac-
tivity. If you are a practice manag-
er, are you ready for this? You are the person being delegated to, and that makes you the busiest person in the practice. The practice own-
er will expect you to help him or her to achieve all 28 CQC outcomes, as well as lead the team and manage the day to day machi-
nations of the practice.

Here are 12 tips to keep you sane:
1. Keep sight of the big picture: Don’t let fire fighting eclipse your vision into action.
2. Set clear objectives: Do not establish ambiguous or unrealistic goals for your team – go for bite sized chunks of learning.
3. Network with other managers: Don’t go it alone! Register at www.Dentabyte.co.uk and build relationships with peers and col-
leagues at our affordable courses, so you can help each other.
4. Delegate: Under pressure to produce, the last thing you should do is take on subordinates’ tasks because you fear losing control or overburdening others - they will need to demonstrate that they understand the outcomes too.
5. Give constructive feedback: Applaud good performance and avoid correcting inadequate per-
formance - you need your team’s help so empower and train them.
6. Keep your team informed: Share what you are learning about CQC with your team – don’t let them be ostriches and say they did not know when it comes to registra-
tion time.
7. Keep your boss informed: Don’t let him or her be an ostrich either! Ask for help: Don’t view your-
sel as in servitude to the practice owner, act more like you are in partnership and work together.
8. Receive feedback: Gather feedback about your performance.
9. Project confidence: There’s plenty of time yet – you can make things happen!
10. Don’t neglect your personal life: Don’t be-
come consumed by the demands of CQC – start planning now.
11. Know how to cope with stress: There is good stress and bad stress - know the difference!

Who is appraising YOU?

When you schedule your next round of appraisals for team mem-
ers, take a moment to think about who is appraising YOU. Both the Care Quality Commission and the General Dental Council, through their Revalidation scheme, will be looking for evidence that practice owners and practice managers have the appropriate “competen-
cies” to lead and manage the den-
tal practice.

The 80/20 rule

Now is the time to start thinking about personal development plans for practice managers and practice owners. If all this sounds daunting, remember that change can bring about unexpected benefits.

By concentrating on leadership, and delegating 80 per cent of the day to day routine management of your practice to a skilled manager, you can free yourself up to con-
centrate on clinical work and lead your practice to uncharted success!

Dentabyte and Smile-On are launching an exciting Practice Management Programme “for” practice owners “by” practice own-
ers, which promises to be fun and to provide real time solutions to make life easier.

About the author

Seema Sharma is the founder of Dentabyte.co.uk, which provides practice management and core CDP courses for all dentists and practice manag-
ers, in private or NHS practice. She has also es-
pablished a phil-
osophic charter, The Sharma Foundation. For practice management and CQC sup-
port, email info@dentabyte.co.uk or visit Website: Dentabyte.co.uk

If you would like to know more about her humanitarian efforts, email info@seemasharma.co.uk.

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SPEAKERS

SEEMA SHARMA
CEO, Dentabyte.co.uk
Owner of 2 mixed practices & 2 predominantly NHS practices and winner of 2 tenders, one of which is a Wave 1 Pioneer Steele Pilot.

ANDY ACTON
Director, Frank Taylor and Associates
Frank Taylor and Associates have helped thousands of clients in the dental business arena – from benchmark practice valuations to hands-on practice development programmes to improve practice performance.
Over the last few months Dental Tribune has been preparing to visit Tanzania with charity Bridge2Aid to renovate a community centre in the village of Bukumbi. Here are some of the pictures...

Having returned from the mission to Bukumbi to help breathe new life into a community centre for the local people, I have been wondering how best to share mine and the team’s experiences with you, the readers. I have much to share, but I think that there have been enough words for now. So, here are just a few of the images from an unforgettable experience helping to make a community’s life just a little bit better:

1. This is what faced us when we first arrived at the centre. Thirty years of cooking smoke, grease and dirt had to be scrubbed off the walls before we could begin to paint.

2. Armed with cold lake water, Vim and an awful lot of steel wool we began our first day’s scrubbing. This was taken at the end of the first day and you can see the difference already! We had so far to go though.

3. Mark, myself, Julie and Andrew take a break.

4. Margaret, Jo and myself speaking with care worker Kibibi during one of the children’s activity sessions.

5. Len contemplates at least five more days up a ladder...

6. Yours truly very excited that there is paint on the walls – no I hadn’t been drinking but the paint fumes were strong!

7. Some of the residents at Bukumbi. These ladies were part of the income generation group who made items such as baskets and jewellery for sale to eager customers – we may have wiped them out of their stock!

8. The volunteer team and Bukumbi residents before the official ribbon cutting ceremony of the community centre. A very happy and emotional day for everyone involved.

9. This blackboard was the culmination of at least eight coats of blackboard paint! Karibuni is Swahili for ‘Welcome’.

10. One of the finished rooms. Hard to believe that just ten days previously those walls were blotteden with smoke damage.

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CIC 2010 – meeting of minds

Dental Tribune looks back at this year’s Clinical Innovations Conference, held in London

The Clinical Innovations Conference held this year at the Royal College of Physicians was hailed a great success, with leading minds in aesthetic and restorative dentistry taking to the stage to share their expertise with enthusiastic clinicians at all stages in their careers. The two-day event, organised by dental education provider Smile-on, the AOG and in association with The Dental Directory, lived up to its reputation as being one of the most inspiring and informative conferences in the dental calendar. The event enjoyed a very high turn out with lecture theatres bursting at the seams for some of the most popular talks.

Dr Julian Webber began the conference with a lecture entitled Management of Endodontic Success, during which his passion for endodontics clearly shone through. “I love endo, that’s all I do,” he proclaimed. Making use of recent case studies, Dr Webber detailed the factors influencing re-treatment decisions, actively involving the audience in the discussion with a generous dose of humour. He highlighted the importance of re-treatment before the placement of a restoration and discussed re-treatment procedures. Delegates also learned how to cost re-treatment, when to refer cases on and indications for surgical treatment. Broken instruments are every endodontist’s nightmare, so Dr Webber proposed a successful strategy for the removal of these ‘separated’ instruments, along with tips on effective root canal repair and apical closure.

After a buffet lunch, delegates were treated to a full programme of lectures from the likes of Dr Basil Mizrahi, Mr Jonathan A Britto, Dr Joe Omar, Dr Peter Galgut and Dr Seema Sharma. Dr Mizrahi presented his lecture on long-lasting, attractive restorations to a full lecture theatre, detailing how best to achieve marginal fit and the keys to successful provisional restorations. He spoke in great detail on tissue health, the importance of understanding tooth morphology, and how to take quality impressions, among other topics, making use of video footage to illustrate his points.

Dr Omar presented a lively, hands-on seminar on how to deal with medical emergencies using Resus-Ann dummies and automated external defibrillators (AED). Dr Britto explored issues surrounding our society’s obsession with aesthetic perfection and the dentist’s role in providing patients with an ethical, honest service. Dr Galgut, winner of the Dental Awards 2010 Dentist of the Year award, gave an insightful presentation on how to manage and treat periodontal disease, and their clinical implications. Finally, Dr Sharma rounded off the day with a motivating talk on her journey to success and the satisfaction she gained from setting up her own charitable foundation.

Alongside the various lectures and seminars, a limited number of exhibitors were on hand to discuss their services with attendees. The manageable size of the exhibition hall enabled delegates to visit each stand in their own time without having to rush, and the prestigious venue and five star service offered at the Royal College of Physicians ensured that the conference went without a hitch.

Having worked so hard during the day, delegates let their hair down at an elaborate charity ball held at the Marriott Hotel in Grosvenor Square. The theme of the evening was The State of the Nation. Raj Rayan addressed the party on what he thought the future holds for post-election Britain in the dental profession. Partygoers were also treated to a fantastic performance from singing dentist Andrew Bain. Exhibitors and clinicians alike danced the night away into the small hours ahead of the second day of the busy conference.

Delegates commented on how well organised and informative the Clinical Innovations Conference had been. A testament to the hard work and dedication of the conference’s organisers – Smile-on, provider of accredited healthcare education, and the AOG. Both organisations share a common goal: to raise clinical standards in the dental practice and to improve the treatment the patient receives. This year’s Clinical Innovations Conference certainly helped achieve just that.

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There was a full house for many of the lectures.

Dr Omar (left) with Smile-on’s Noam Tanim
Changing rooms

So you want to buy a dental practice? John Grant sheds some light on what’s involved in this complex and time-consuming process

It will not have escaped your attention that over the last couple of years the country has suffered something of an economic downturn.

While some dental practices have been affected – some significantly, others less so – by and large the dental profession has escaped unscathed by the economic issues that have affected a lot of business in the UK.

This has certainly been reflected in the market for dental practices, which has seen – and continues to see significant activity, particularly with regard to NHS practices – but also with regard to private practices as well.

Positive thinking
An idea I like at the moment is that I am not the managing partner of a solicitors’ practice – I am the managing partner of a business selling legal services. The same can be said of dental practices – they are in my view not practices, but businesses selling dental services. Consequently, anyone looking to purchase a practice should ask, first and foremost, whether this is good business? More significantly, will it continue to be a good business after the principal’s departure or are there opportunities you have identified that will enable you to develop a practice into a good business? This is the key question a potential buyer should ask himself when looking at practices to buy.

Having identified a practice and having determined it fits your bill, the buyer and the seller will embark upon the legal process where the assets of the practice will be transferred. This article is intended to give an overview of that process. Bear in mind however that this is very much a general guide and is not intended as a detailed consideration of all that is involved in what is an extremely detailed, complex and in many cases lengthy legal process.

While the title may refer to the purchase of a practice, it is hoped that this article will provide useful information for sellers as well.

Negotiating the deal
In English law, a verbal contract is just as binding, and just as enforceable, as a written one. There may be difficulties in establishing the precise terms of the contract – particularly if there is a dispute, and proving certain terms in the absence of anything in writing may be troublesome to put it mildly, but in principle, if an offer or by one party is accepted by another then there may well be a binding contract.

The only time this does not apply is where property is involved. In this situation, the contract must be in writing and certain other formalities need to be present for a binding contract to be entered into.

Given that most practices involve a property element, the chances of inadvertently entering into a binding contract are slim. However, in order to avoid this scenario, it is recommended that all correspondence – and in particular any that may contain an offer, be headed, “Subject to contract”.

You will have seen this phrase numerous times on estate agents’ boards. From a legal perspective, this means that an offer may have been accepted, but at law, there is still no legally binding agreement.

It is important to be as precise as possible when concluding a deal. For example, is stock included or excluded from the price being negotiated? Are there any items of equipment or other fixtures at the practice, which may not be included in the price? Is the deal dependent upon the seller remaining at the practice post completion and if so on what terms? Is there any equipment on lease or hire purchase and if so will that be paid off, on or before completion?

The legal bit
Once the deal is done (or “heads of terms” agreed), it will be necessary to instruct solicitors to affect the transfer of assets.

These days more than ever, it is necessary to instruct a solicitor who is dentally aware – a solicitor who does not know his PDS from his GDS or what is meant by a Capitalisation Scheme does not have the requisite knowledge to guide you through the process without a significant risk that something may go wrong either during, or perhaps more importantly from your point of view, after the completion of the purchase.

Once solicitors have been instructed the legal process can commence. There is no difference between the process followed for the acquisition of a dental practice and the purchase of a residential property: the legal principles are precisely the same. The process can be broken down into these stages:

- Pre-exchange of contracts
- Exchange of contracts
- Post-exchange/pre-completion
- Completion
- Post-completion
- Pre-exchange of contracts.

As stated at this stage, a deal has been agreed, but there is still no binding legal agreement. There are essentially three key matters, which need to be attended to.

First, the sale agreement or contract has to be negotiated. Issues such as how the purchase price is to be split between goodwill, equipment and property will need to be agreed (always seek your accountant’s advice on this due to the tax consequences). How will partially completed treatments be dealt with? Is there to be a retention for failed treatment and if so, how much and for how long will it be held after completion?

The issues are numerous and as a consequence, contracts can be lengthy and technical documents. It can take some time to form the framework of these documents to be agreed.

Secondly, your lawyer should carry out what is known as the due-diligence process. In essence, this means obtaining information and documentation about the practice and the property to ensure there are no problems that could affect the practice going forward.

Part of this process includes sending detailed questionnaires to a seller’s solicitor. A solicitor should be asking for up-to-date copies of equipment-inspection certificates, contracts of employment, and contracts with associates and other self-employed persons. If the practice is an NHS practice, then a copy of the NHS contract should be provided to ensure the financial performance of the practice is all that it should be. This is particularly important as UDA performance can be checked. The list goes on and on, suffice it to say that when acting for a buyer it is not unusual to end up with one if not two files of
Finding the practice of your dreams is the easy part - buying it is another matter!

The completion date does relate to the day when the balance of purchase monies is paid to the seller (or more specifically to the seller's lawyer). Do you have these funds available? If not, will this make up part of the funding from your lender? Most banks will agree to advance part of the loan to a buyer's solicitor for use as a deposit.

Secondly, at exchange of contracts, a completion date is agreed, this being the date when the balance of the purchase monies are paid over and the practice becomes yours. The time between exchange of contracts and completion can vary enormously. In some cases, exchange and completion take place simultaneously, while at the other extreme, if you are working as an associate, you may not wish to give notice to your principal until there is a legally binding contract. If this is the case, there can be three months between exchange of contracts and completion.

The completion date does need to be agreed beforehand in order for exchange of contracts to take place.

Post-exchange/ pre-completion

At this point, the lawyers are busy preparing any other documents which need to be in place and signed for completion: mortgage deeds, transfers of property and the like. It may also be necessary - if this is an NHS practice - for certain notices to be sent to the PCT, or if a Capitation Scheme Practice is being purchased, notice given to the Capitation Scheme provider so that arrangements are in hand for the Capitation Scheme patients to be transferred to you.

Time to complete

In most cases this is the easy bit. The money should arrive from your funders. We generally request funds the day prior to completion to ensure there are no delays on the day of completion. From a legal perspective, from the moment these funds arrive in the seller's solicitors' account, the practice is yours.

Post-completion

By this stage, you will have had more than enough of your lawyers and will be happy to be able to concentrate on treating patients.

In many cases, these days there are post-completion issues to deal with, particularly with NHS practices where more notices may have to be sent to PCTs. If there was a retention from the purchase monies, it is possible that issues may arise if clinical neglect or failed treatment arise. In such circumstances, it is imperative you notify your lawyers as soon as these issues arise. There are in many cases time limits in which claims must be made and if missed, may result in you being unable to pursue what otherwise would have been a perfectly valid claim.

To summarise

Each transaction is different and each raises its own issues to deal with. The vast majority involve complex legal issues. On average, transactions take about four to five months to get to the stage where exchange of contracts can take place. Some take substantially longer, very few happen quicker.

Do not be rushed! For most dentists, the purchase of their own practice will be the biggest business transaction they ever take part in - it is of vital importance that everything is in place before being legally committed, that you end up with the practice that you thought you were buying and that your role as an entrepreneurial businessman can begin.
Various enamel lesions are characterised by a loss of minerals below a seemingly intact surface. The porosities inside the lesion body result in the typically whitish appearance of these lesions, so-called white spots. Carious enamel lesions on smooth surfaces are a frequent adverse effect of orthodontic treatment with fixed appliances. Although adhesively bonded brackets simplify orthodontic treatment, they inhibit thorough cleaning of the surrounding tooth surfaces, thus promoting plaque accumulation and the formation of carious lesions in these areas.

Even though the progression of these lesions, after removal of the brackets, may be inhibited with preventive measures such as topical fluoridation, the persistence of the white spot lesions in the visible areas frequently lead to severe esthetic impairments. Other risk factors for the formation of smooth surface lesions include insufficient oral hygiene, hypo salivation, or xerostomia. The standard treatment for white spot lesions includes topical fluoridation and improvement of the patient’s oral hygiene in order to promote the remineralisation of the demineralised enamel. Due to the improved access of the smooth surface white spots after debonding, these non-operative measures show good results with respect to limiting the lesion progression. However, especially for deeper lesions, only a mere superficial remineralisation is achieved. These lesions often have a very pronounced and mineralised surface layer. But the lesion body under this surface layer remains porous, thus the white appearance of the lesion persists. During the remineralisation phase, pigments from food, beverages, or tobacco products can also penetrate this lesion causing dark or brownish discolorations. Many patients perceive these brown spots as even more unaesthetic.

Different methods to treat these lesions have been established with varying success. The micro abrasion technique removes superficial enamel portions using a slurry of 18 per cent hydrochloric acid and pumice. Unfortunately, considerable amounts of enamel up to a depth of several hundred micrometers have to be sacrificed with this procedure in order to achieve satisfactory esthetic results. Other invasive restorative techniques, such as ceramic veneers or direct composite restorations, require the removal of extensive amounts of non-carious enamel and are very costly for the patient. The caries infiltration method is a novel, alternative therapy approach for the treatment of white spot lesions, based on the concept of sealing the micro-porosities of the lesion body and thereby inhibiting the substrate supply to inhibit the progression of the caries. For this purpose, the hyper-mineralised surface layer is removed with a 15 per cent hydrochloric acid gel. In a next
Clinical Indications:

<table>
<thead>
<tr>
<th>Proximal infiltration</th>
<th>Vestibular infiltration</th>
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<tbody>
<tr>
<td>lesions in coronaenamel</td>
<td>lesions in coronaenamel</td>
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<tr>
<td>active lesions</td>
<td>active lesions</td>
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<tr>
<td>no clinical relevantcavitation</td>
<td>no clinical relevantcavitation</td>
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<tr>
<td>active lesions</td>
<td>active lesions</td>
</tr>
<tr>
<td>isolation possible</td>
<td>isolation possible</td>
</tr>
<tr>
<td>radiographic lesion extension up to third of dentin</td>
<td>esthetic impairment</td>
</tr>
</tbody>
</table>

Table 1: Indications caries infiltration

The light refraction behavior is adjusted to that of the infiltrant (RI=1.52), which forms a barrier on the lesion. This procedure prevents the creation of artificial plaque retention areas and the formation of marginal gaps. Before the infiltration composite is light-cured, any excess material should be removed. A positive result of the caries infiltration is that the enamel lesions will lose their whitish or brownish appearance and the unfavourable esthetic effect is neutralised. Once the microporosities are filled, the light refraction behaviour adjusts to that of the surrounding healthy enamel. The light refraction behavior is described by the refraction index (RI).

The refraction index of healthy enamel (RI = 1.62) differs significantly from that of the air entrapments inside a lesion (RI = 1.00). This difference results in diffuse light scattering which is visually displayed in the afore-mentioned white spots. Filling the air entrapments with the infiltrant (RI=1.52), which has a refraction index similar to that of healthy enamel, eliminates the diffuse light scattering and removes the white spots. Brown spots can be cleared through etching, which removes the embedded organic pigments. In vitro and in vivo studies have confirmed the effectiveness of the caries infiltration as a quick and effective treatment method, which preserves the hard tissue, but still provides very good to excellent esthetic results for such lesions.
Microstructural replication – obturation

Steve Covey is known for his book The Seven Habits of Highly Effective People. The habit most applicable to endodontics is the second one; begin with the End in Mind. The implication of this vision in regard to idealising the final shape of the root canal system to ensure that the obturation represents a totality is profound. The root canal is negative space and as such recovery of its original unaffected form is the sine qua non of obturation or more descriptively - microstructural replication.

Perhaps the most significant example of negative space recovery is Michelangelo’s statuary for the funerary of Pope Julius II. Four unfinished sculptures speak eloquently to this process: the figure was outlined on the front of the marble block and then Michelangelo worked steadily inwards from this side, in his own words ‘liberating the figure imprisoned in the marble’. This is an exacting description of debridement and instrumentation of the root canal space prior to root filling after a myriad of pathologic vectors have destroyed the dental pulp, and altered the morphology/topography of the system (Fig 12).

Incomplete filling of the debrided and sculpted root canal space is one of the major causes of endodontic failure (38). Until recently, in vitro testing (dye leakage, fluid transport, bacterial penetration, glucose leakage) was used to evaluate the sealing efficacy of endodontic filling materials and techniques by assessing the degree of penetration/absorbance of these tracers (34, 35, 36). Unfortunately, leakage studies are limited static models that do not simulate the conditions found in the oral cavity (temperature changes, dietary influences, salivary flow). Given the historic dominance of in vitro testing, the clinician must be cautious when extrapolating study findings to the clinical situation, regardless of manufacturer’s claims (39). This reliance on invalid testing protocols diminishes the “monoblock” assertions applied to the new generation of adhesive obturating materials proposed as the “replacement material” for gutta-percha (40).

Gutta-percha was introduced to dentistry by Edwin Truman in 1847 (41). The concept of thermolabile vertical condensation of gutta-percha was originally described by Dr J R Bilany in 1927 (42). The defining article on obturation remains Dr. Schilder’s classic on filling the root canal space in three dimensions published some 40 years later (43). Logically, one cannot physically fill the root canal in two dimensions; however, one can fill the root canal space badly in three dimensions. This does not critique Dr Schilder’s exposition, but it does demonstrate that words can easily be misconstrued and alter perspective once they become, as Kipling said, ‘the most powerful drug of mankind’.

Ironically, Schilder’s article came seven years prior to his treatise on cleaning and shaping the root canal system, which even to this day remains the iconic standard for the technical imperatives associated with instrumentation.

The Washington Study by Ingle indicated that 56 per cent of treatment failures were due to incomplete obturation (9). The corollary is obvious; teeth that are poorly obturated are invariably poorly debrided and disinfected. Procedural errors such as loss of working length, canal/apical transportation, perforations, loss of coronal seal and vertical root fractures have been shown to adversely affect the integrity of the apical seal (44, 45). The Toronto study evaluating success and failure of endodontic treatment at four to six years after completion of treatment showed that teeth treated with a flared canal preparation and vertical condensation of thermolabile gutta-percha had a higher success rate when compared with step-back canal preparation and lateral compaction. Highlighting the vertical condensation of warm gutta-percha obturation technique as a factor influencing success and failure simply confirmed a perspective evident to most endodontists from years of clinical empiricism.

There is a never-ending array of obturation materials, delivery systems and sealers appearing in the marketplace. Each is hallmarked by proprietary modifications and each is heralded as the most significant iteration in obturation since the previous one; today, we practice with a sad tru-
Resilon (RealSeal - SybronEndo Corp., Orange, CA) and Thermoplastic Injection Obturation (Obtura III Max - Obtura Spartan, Earth City MO). Resilon exhibits less microbial leakage and higher bond strength to root canal dentin and enhanced fracture resistance (Fig 13). Other studies have reported undesirable properties associated with Resilon including low push-out bond strength and low cohesive strength plus stiffness. In addition, Resilon could not achieve a complete hermetic apical seal. These results indicate that a more appropriate material for root canal obturation still needs to be developed. There is still no obturation method or material that produces a leakproof seal. A material that is bio-inductive and promotes regeneration, a "smart" nano-material that can adapt to the ever-changing microenvironment of the canal system is essential, but to date, remains elusive.

All polymers demonstrate melt temperature and flow rate. Both gutta-percha and Resilon demonstrate a viscoelastic gradient that manifests as a dynamic rheological birefringence in the molded state. Dependent upon the molecular weight of the source material (without the opacifiers, waxes and modifiers), gravimetric measurements of the time-temperature-transformation diagram of any molding compound can be constructed. In the thermoplastic world of today, this has engendered an increase in the weight of the mass of obturating material and an improvement in the bacterial seal. This applies to carrier based obturation techniques, Continuous Wave Compaction Technique and Obtura III obturation without cone placement.

Instrumentation
The steps required for debride ment and disinfection of the root canal space are sequential and interdependent. Aberration of any node in the process impacts upon the others, leading to iatrogenic damage and potentially treatment outcome failure. The most common distortion of native anatomy is ledging; canal curvature exceeding 20° was shown to produce ledging of mandibular molars in a cohort of undergraduate students 56 per cent of the time. Dental chips pushed apically by instrumentation incorporated with fragments of pulp tissue will compact into the apical third and the foramen area causing blockage, altering the working length due to the loss of patency (Figs 14a, 14b).

Apical patency is a technique in which the minor apical diameter of the canal is maintained free of debris by recapitulation with a small file through the apical foramen. The most predictable method is to regularly use a designated patency file throughout the cleaning and shaping procedure in conjunction with copious irrigation. A .089 K-file passively moved through the apical terminus without widening it is most effective; it will refresh the NaOCl at the terminus as the action of the file going to the point of patency produces a fluid dynamic. Regrettably, loss of working length remains a common adverse event during endodontic therapy, especially among less experienced clinicians. Its major cause is the formation of an apical dentin plug.
plug. Therefore, establishing apical patency is recommended even during treatment of canals with vital pulps (49).

Historically, numerous techniques have been advocated for canal preparation (balanced force, anti-curve, double-flare, modified double-flare); however, step-back (50) and crown-down (51) are the most universally accepted. Experience has shown that a crown-down preparation will cause fewer procedural errors (apical transportation, elbow formation, ledging, strip perforation, instrument fracture). The preliminary removal of coronal dentin (pre-enlargement - treating the apex last) minimizes blockage and enables an increasing volume of irrigant penetration thereby sustaining working length throughout the procedure (52).

The balanced force shaping philosophy is integral to the crown-down approach. Its premise is that instruments are guided by the canal structure when rotational/anti-rotation motion (watch-winding) is used. Changing the direction of rotation controls the probability that instruments will become overstressed and thus ensures that the cutting of structure occurs most efficiently (53). Endodontists have long appreciated what the science reported, that the balanced-force hand instrumentation technique produced a cleaner apical portion of the canal than other techniques (Fig 15) (54,55). As will be discussed shortly, this author remains committed to hand filing in order to refine apical third shaping and creating an enhanced apical control zone taper.

Two distinct phases are required for the preparation of canals with nickel titanium (NiTi) rotary files. It is essential, that no matter the protocol used, a reservoir of NaOCl must be maintained and replenished, repeatedly in the strategically extended access preparation. The coronal portion of the canal space is explored with small sized K-files to establish a glide path for the rotaries to follow. The taper of NiTi files, regardless of manufacturer induces a crown-down effect in the straight portion of the canal. After the coronal and middle third segments are opened and repeatedly irrigated with NaOCl, a sequence of small K-files can progress apically, ultimately defining patency, confirming the topography of the accessible canal space and its degree of curvature.

A second “wave” with the NiTi rotaries is then used to effect deep shape approximating the working length and depending upon the configuration of the apical third, to enlarge the terminus to the gauged apical size and initiate the taper of the apical control zone (56). This is a basic concept. It is inherent in all templated protocols that each tooth is different and modifications to the process are always necessary as a function of the tooth morphology and type being treated.

The apical control zone is defined as a matrix like region created at the terminus of the apical third of the root canal space. The sone demonstrates an exaggerated taper from the spatial position determined by an electronic foramenal locator to be the minor apical diameter. Whether this is linear or a point determination is a function of histopathology. The enhanced taper at the terminus creates a resistance form against the condensation pressures of obturation and acts to prevent excessive extrusion of filling material during thermo-labile vertical compaction.

All NiTi systems are modeled upon a single or multiple taper ratio per millimeter of file length. Fig 16a demonstrates the metrics of the F1, F2, F3 finishing files of the ProTaper Universal system (author’s preference). These files demonstrate a common taper in the last four mm of the file, which in the vast majority of situations correspond to the length of the apical third of the root canal space. As shown, the .07 taper of the F1 (.20 tip), the .08 taper of the F2 (.25 tip) and the .09 taper of the F3 (.30 tip) produce the corresponding diametral dimension indicated each millimeter back from the apical terminus if the crown down protocol built into this multiple taper file system is adhered to. If the shape of the
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Ultrasonics in Endodontics

Prof Liviu Steier tests the NSK Varios 970 ultrasonic device to use in endodontics

Three different action modes are available: periodontics, endodontics, and general. They should be selected using the touchpad keys on the display. Once a modus is chosen, the power can be individually adjusted. The lower part of the display will show on the left a numerical display, and to the right side a bar-graph indicator. The right side of the display shows the selected irrigation mode, and on the left, the selected bottle.

Range of power
The power range is set to allow action levels between 40 to 100 per cent for general use, 20 to 50 per cent for endodontics and 5-55 per cent for periodontics. Of course there are only suggestions by the manufacturer and may be altered. The selected power range will be shown as a numerical display, as well as a bar graph. To change this we will need to press the touchpad power level keys located above the selected bottle.

The device
The basic part is the control unit, packed into a white plastic rectangular box with black interior sides. A black handpiece holder is mounted on the right side, behind the power switch. Two knobs are attached to the left side: the tap-water adjustment, and bottle-water adjustment. At the rear, the unit has the foot switch, AC power cord connection and tap-warer connector. The black operational panel and display are set in the front of the unit with blue LEDs. The handpiece connector is located on the left side just below the display. The two bottles can be connected to the unit in the rear part on the upper side of the box via bottle base connectors.

The handpiece can be easily attached and detached from the handpiece cord, and might also benefit from fibre-optics if desired. The handpiece is stored in a sterilisation case together with a sterilisation case, packed into a white plastic rectangular box with black interior sides. A black handpiece holder is mounted on the right side, behind the power switch. Two knobs are attached to the left side: the tap-water adjustment, and bottle-water adjustment. The tip system featuring interchangeable and restorations. A very precise application.

Endodontists value ultrasonics for their minimally invasive approach. Endodontists, periodontists and general practitioners value ultrasonics for their precise application.

The new Varios 970 NSK fits into the group of ultrasonic devices that can be operated independently without connection to pre-existing water lines. This device has a dual purpose if the user prefers to use the connection.

A variety of options from the Varios 970

Ultrasonic scalers provide a patient-friendly and efficient way to meet the challenges of perio, endo, hygiene and minimal intervention treatment techniques.

“The Varios 970 offers me the scope of greater control of power and greater flexibility of use. The tips are excellent in shape and form and the tactile feel from the handpiece is as good as I have used. It has been difficult to keep the unit in my surgery, my hygienist uses it on all our implant patients, using the specifically designed tips which are great for accessing the difficult tissue beneath restorations. Overall I am extremely happy to recommend this product to any of my colleagues but beware, like our practice, I think you may need to buy more than one!”

Bob McLelland, St Ann’s Dental, Manchester

“Using the Varios gives one the ability to achieve a more precise cavity preparation and margin refinement. The diamond coated tips are much smaller and more refined than conventional burs and it is the ideal tool for minimally invasive dentistry. The use of the single sided tips during interproximal preparation prevents damage to adjacent teeth.”

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The unit has to be specially tested for the use in endodontics. Using the V-Tip system as well as the restorative tips allows for coronal access shaping. One could use diamond-coated endodontic tips at varying lengths to complement root-canal enlargement. The removal of foreign bodies is enhanced with the more rigid tips, while fractured instruments are removed with the flexible ones. Holder tips for irrigant-energising files are offered in 95 or 120-degree angulation, while files are offered in sizes ISO 15 to ISO 55. The manufacturer also offers a variety of retrograde tips for surgical endodontics.

To conclude, either using the device connected to the water line or independently, the self-cleaning programme will ensure that optional biofilm formation can be avoided.

“To conclude, either using the device connected to the water line or independently, the self-cleaning programme will ensure that optional biofilm formation can be avoided”

The Varios 970 can be used in Endodontics for coronal access shaping, for removal of posts, fractured instruments, energising irrigants in the canal, and even condensation of the obturation. Having two independently bottled solutions, this allows for direct irrigation and energising of the last one-speeding up the chemical disinfection process.

The result
The ultrasonic unit is extremely powerful and satisfies any requirements. The different power settings and the extremely wide variety of offered tips make the Varios 970 suitable not only for endodontics, but also for periodontology as well as restorative.

We have tried the use of other parent products and the device worked to our satisfaction.

About the author
Dr Liviu Steier (PhD) is Specialis fuer Prothetik (www.dgzm-k.de) and specialist in Endodontics (GDC-UK). He is an honorary clinical associate professor at Warwick Medical School and course director of the MSc in Endodontics (www.warwick.ac.uk/dentistry). He is a member of the Scientific Advisory Board for the Journal of Endodontics (AAE) and maintains a private referral practice for endodontics, implantology, etc at 30 Wimpole Street, W1G 9GF London (www.msdentistry.co.uk).
The social revolution

Social networking sites offer a good way to share newsletters, promote the practice and interact in a positive way to develop new business, says Mhari Coxon, who urges you to get with the times.

Imagine if you will, a time not so very long ago. Three analogue television channels that finished before midnight; no mobile phones and no home computers. The World Wide Web was unheard of. Letters had to be posted. That, ladies and gentlemen, was my childhood.

Getting technical

If you had told me I would be on Facebook this time last year, I would have laughed, told you I didn’t have enough time and refused to consider it. I have only learned to predictive text last year, thanks to the patience of a 14-year-old patient. Although I still can’t get to grips with text shorthand much to the amusements of my friends. They say I send books not texts.

Thankfully, our wonderfult administrator (also my husband) set up a profile for me as the company and a page for us as CPDforDCP Ltd on Facebook last year. Six months on, we have more than 1,900 friends and it has allowed us to interact with dental professionals all over the country and produce courses tailored to their needs. Some of our courses are never advertised off Facebook, as they fill up directly from there. Listening to our friends in the business and being part of groups, has given us an insight into which direction we should be heading in our 2011 planning. All of this from the comfort of my own living room with a cup of tea in hand.

Information and answers

There is a lot of instant information at your fingertips and if you don’t know where to look, you can ask one of the many groups such as Dental Nurse Network or UK Dental Hygienists, or someone invariably knows the answer or connects you to someone or some business who does. Many forms of CPD (free and otherwise) are recommended and links posted to these are available to everyone.

I have had conversations with oral surgeons from Israel, special needs’ dentists from Germany and found a lot of great articles through the group’s suggestions; while business coaches offer advice, and other businesses support each other. Perhaps I am starting to make it sound like a commune, but that is because that is what it reminds me of.

There is a social side to this too, providing an environment for friendly debate and discussion, and an occasional moan too. There are a lot of fun groups with the one that managed to get Rage against the machine to 2009 Christmas number one showing the power of this site.

Not just the little people

The British Dental Health Foundation said this in a recent press release: ‘Since introducing the online strategy a little over two months ago, the British Dental Health Foundation has seen traffic to its website increase by more than a staggering 55 per cent!’

The Foundation posts a variety of oral health advice, dental research and industry-based news. Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, has been astonished by the speed of its success.

Dr Carter said: ‘When we first stepped into social networking we hoped that it would bring us closer to the public as another means of getting across good oral health messages.

“Our plan was long term, to grow a steady following and slowly increase traffic to the website but its growth has already surpassed all that we imagined. We tripled our three month target within the first three weeks and these figures have continued to rise.

“We are making new relationships with people of all ages, from all backgrounds on a daily basis – we really have fallen on our feet with it.”

Not just for professionals

There are many forms of social networking which work in similar ways, Twitter (too scared; might like it too much and start boring you all with my food choices and colour of socks: less is more), YouTube (watch out as we are on our way!), myspace and many others. There are even companies that will manage these pages for you and your company so you can access your clients in many different ways as possible, by text, tweet Facebook or email; providing convenience and a form of communication suited to the client’s needs.

Time to come on board

So come on, join the social revolution in some form whether to meet colleagues and peers, connect with your existing clients or find new clients, find information and CPD, or just to see what all the fuss is about. Find me, Mhari Coxon on Facebook and, ever at the forefront, find Dental Tribune on there too.

About the author

Mhari Coxon is a dental hygienist practicing in Central London. She is chairman of the London British Society of Dental Hygiene and Therapy (LBSDHT), regional group and is on the publications committee of the Central Dental Health. She is also clinical director of CPDforDCP, which provides CPD courses for all DCPs. To contact her, email mhari.coxon@cpdfordcp.co.uk.

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In light of reform
Changes are on the horizon when it comes to NHS pensions. Stephen Knowles explains what they are and how they will affect practice owners

I

n 1901, there were 10 people of working age for every pensioner. In 2005, this was a ratio of four to one, and it is predicted that by 2056, it will be two to one. The Government is concerned that a large proportion of the population is not saving for retirement either at all or in amounts large enough to provide for the longer lifespan seen after 65.

As a result, the Government has had to act to increase access to pensions—the outcome is workplace pension reform of substantial proportions. The reforms contained in The Pensions Act 2008 will be introduced in 2012, with wide-ranging implications for practice owners.

At the moment, the obligations of employers towards workplace pension provision could be described as minimal. For those employers who employ five or more staff, the obligation is simply to provide access to a stakeholder pension scheme. There is no compulsion to make any contributions to such pensions and few employees have made the effort to join such schemes. However, employers are going to have to start paying closer attention to the issue in light of the wide-ranging reforms the Government is introducing over the next five years.

Key measures
The workplace pension reforms contained in The Pensions Act 2008 will place a duty upon employers to provide a pension scheme that meets certain criteria for all eligible workers, as well as making a minimum contribution to the scheme. Workers will be automatically enrolled, unless they opt-out, and workers that do not qualify, can opt-in (but the employer is not required to contribute in this case, unless they want to). Employers will not be required to enrol into a scheme for workers who are currently members of a workplace pension scheme that meets the qualifying standards.

A “worker” is defined as someone working under a contract or employment or any other contract by which the person agrees to perform work or services personally for the other party to the contract. (The precise scope of this latter category of person has not been satisfactorily defined by the Courts but appears to include certain self-employed persons.)

The new pension measures do not apply to workers under the age of 22 as well as those who have reached pensionable age. Workers earning below a minimum amount will also not qualify. Therefore, anyone employing staff above the age of 22 whose earnings fall between £5,035 and £35,540 per annum will be obliged to provide a good-quality pension scheme, or use the Government’s scheme.

Adjusting to the system
This is clearly going to have significant ramifications for UK dental practice owners. To help employers adjust to the new system, the reforms are going to be introduced in stages, beginning with large employers first. For those employers employing 120,000 staff or more, the reforms start in October 2012. Those who employ less than 30 staff will be expected to commence the reforms in stages from 1 August 2014 to 1 February 2016.

There will also be a phasing-in of the contribution levels, with employers starting at one per cent in 2012, rising to two per cent in 2016 before progressing to the three per cent final level in 2021. Final details of the staging and phasing will be finalised in 2010.

Who is responsible?
There are three bodies responsible for the administration of the new scheme: the Department of Works and Pension (DWP); The Pensions Regulator (TPR); and the Personal Accounts Delivery Authority (PADA). The TPR will be responsible for maximising compliance with employer duties, while the PADA will oversee the administration of the Government’s Personal Account Scheme, now known as NEST.

The National Employment Savings Trust (NEST) is the workplace pension scheme being launched in 2011 as a way for employees and their “low-to-moderate” earners to meet the requirements of the auto-enrolment reforms. The scheme is a trust-based occupational pension scheme, regulated by the TPR and overseen by the NEST Corporation: a non-profit organisation accountable to Parliament.

What are the implications?
Although the obligations for small employers set out above are some way off, anyone preparing any kind of business plan or costs forecast will be wise to bear in mind these reforms now. For instance, how many employers will want to award pay rises in the year or even years before these reforms start?

When it comes to any kind of workplace planning that involve staff costs, being fully prepared for the potential impact on the business model will avoid any unexpected shortfalls.

At some point, all employers are going to have to assess whether to use the Government’s NEST scheme to comply with their obligations, or whether an alternative, existing scheme is a better option to suit the particular circumstances. As ever, the sooner an employer acts, the better prepared they will be and seeking professional advice on such matters is always recommended.

About the author
Stephen Knowles is a solicitor in the commercial team of Burn & Company, Solicitors, North Yorkshire, who are members of the Association of Specialist Providers to Dentist (ASPD) ASPD member companies work together to provide comprehensive solutions, each member of the ASPD network is a dental industry specialist committed to overcoming challenges faced by dental professionals. For more information on the ASPD, call 0800 458 6773, visit www.aspd.co.uk or email Stephen knowles at StephenK@burn-company.co.uk.
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World leader Tavom enjoy success at the DTS 2010

Tavom was proud to exhibit at the recent Dental Technology Show 2010 at the Ricoh Arena in Coventry.

As the largest dental technology showcase in Europe, the DTS promised delegates the chance to network with the individuals that are currently driving the industry forward – and it didn’t disappoint!

A world leader in dental furniture and cabinetry, Tavom invited delegates to experience the style and practicality of its designs first hand.

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Delegates enjoyed witnessing the durable, high quality, hygienic and aesthetically pleasing dental furniture and cabinetry, and left with a clear understanding of how Tavom can assist them in the future in creating a professional and functional practice that is a joy to work in.

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Sensodyne Pronamel for Children & Aquafresh at EAPD Conference

GlaxoSmithKline Consumer Healthcare (GSK), manufacturers of Aquafresh and Sensodyne Pronamel are proud to be platinum sponsors of the European Academy of Paediatric Dentistry (EAPD) 10th annual congress which takes place 4th-6th June in Harrogate.

Visitors to the GSK stand (No 19) can find out more about Aquafresh's support to dental practices in engaging their younger patients in good oral care habits from an early age through a range of educational materials and products.

Representatives will also be on hand to answer questions on Sensodyne Pronamel children, which has been specifically developed to help protect against the growing concern of acid erosion of children's teeth.

As part of the education programme GSK will sponsor a pre-congress symposium on the topic of Tooth Surface Loss and its Restoration in Children and Adolescents on Thursday 3rd June with speakers including Professor David Bartlett. To find out more about the congress visit www.eapd-2010.org.uk/programme.htm

**Attending the conference has been an excellent experience and has helped update my skills!**

― Dr. Sarah Abdulla Alnoor Aljily

**“Attending the conference has been a great experience and has helped update my skills!”**

― Sensodyne Pronamel for Children & Aquafresh at EAPD Conference

Dr. Sara Abdulla Alnoor Aljily is a GDP from Madina Dental Centre in Doha, Qatar. “I heard about the Clinical Innovations Conference through Smile-on’s regular email updates. I decided to take part in this extraordinary gathering to widen my experiences and knowledge which I believed did really happen.”

“I have found the conference to be well organised and very professional with excellent speakers, which is of course the most important thing! Attending the conference has been a great experience and has helped update my skills. I'll definitely be putting these skills to good use when I go back home.”

Organised by Smile-on and the AOG in association with The Dental Directory, the event succeeded in inspiring and motivating attendees, helping to raise standards in dentistry and enhance practitioners’ enjoyment of their chosen profession.

For more information call 020 7400 8989 or visit www.smile-on.com

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A recent customer satisfaction survey revealed that Practice Plan, the leading custom branded dental plan provider, has an incredible 98.5% overall satisfaction rate. The annual survey, and fourth of its kind for the company, showed that one in three of their customers believe they have improved upon their services from the previous year and that there has been a significant improvement in their customers’ enthusiasm to recommend them to others.

The credible results are a fantastic achievement for the company, especially in the testing economic climate, John Hughes, Managing Director at Customer Service Network, who carried out the survey explained: “In the current climate it is difficult for any service organisation to improve and grow. For Practice Plan to have developed and achieved overall satisfaction ratings of 98.5% is an excellent result. In addition, one in three customers believe that the service and relationships with Practice Plan have improved in the last twelve months, which is a reason to be proud of.”

BACD Belfast Study Club
Dental professionals in Northern Ireland and the Republic of Ireland have a unique opportunity to gain valuable guidance from one of the UK’s leading dental business consultants.

‘10 Top Tips to Survive and Prosper in the Next 10 Years’ is the title of the BACD Belfast Study Club event to be held on Wednesday 27th October 2010.

Chris Barrow in a consultant, trainer and coach for with a wealth of experience in helping dental professionals succeed in their lives and businesses.

During the evening event, Chris aims to:
• Look forward over the next 10 years of dentistry
• Identify likely winners and losers in the professions
• Suggest business models that will survive and prosper

Open to both members and non-members of the BACD, attendees will gain an insight into the current market for dentistry and current trends in dental products and services.

The BACD is committed to excellence and this event will help motivate dental professionals in achieving their potential.

For more information or a booking form please contact Suzy Rowlands on 0208 241 8526 or email suzy@bacd.com.

Septodont Ltd is proud to announce the launch of their new and improved website. Septodont collaborated with the marketing and design team of Six and Co to provide a more comprehensive source of company information and services. The new site features a fresh design, focused on delivering information pertaining to products and services in an easy to navigate, aesthetically pleasing approach.

Septodont General Manager Mike Cann has led the interior development and believes that the new site better reflects the company’s ethos and key messages:

“This represents a significant advance for Septodont in the UK, coming at a time when we are bringing many new products to market and continuing investment into the development of others. It is vital that our website effectively communicates who we are and our capabilities in working with dentists around the UK.”

We hope you will enjoy surfing the site. Your comments and suggestions are most welcome, through the site’s “contact” facility. For more information about Septodont and to see the new website please visit www.septodont.co.uk.

Septodont is a world leader in the development of innovative products for dental professionals and is proud to announce the launch of a new website.

For further information please contact: Nine Dental Systems 0845 071 5040 info@septodont.co.uk

Blackwell Supplies has an established reputation for delivering high quality magnification equipment, and Blackwell Supplies is one of the UK’s leading providers of products to the dental profession.

Hogies Galilean and Prismatic operating loupes provide 2.5X magnification with a working distance of up to 500mm with the added advantage of being ‘flip-up’ for efficient clinical workflow.

A convenient and versatile operating loupe, the Galilean is ideal for general practice use. Popular for endodontic procedures is the Prismatic operating loupe, available with either 3.5X or 4.5X magnification.

Both Galilean and Prismatic operating loupes utilise Hogies patented magnetic technology provides for fully integrated and adjustable:
• Prescription lenses
• Eye protection
• Extreme declination angles
• All interpupillary distances
• Height of presentation of loupes to the eye

Hogies has an established reputation for delivering high quality magnification equipment, and Blackwell Supplies is one of the leading providers of products to the dental profession.

For more information please call John Jesshop of Blackwell Supplies On 020 7224 1457 or fax 020 7224 1694

Improving Periodontal Health with Colgate Total Toothpaste
Maintaining an effective level of plaque control is a challenge for most individuals. The published consensus on evidence-based advice for improving periodontal health focuses on the key role of daily oral hygiene.1

‘Delivering Better Oral Health – An evidence-based toolkit for prevention’1 guidance is supported by varying levels of evidence, from level 1 which is ‘strong evidence from at least one systematic review of multiple, well designed randomised control trials’, to level 5 evidence that is the consensus opinion of a group of experts.

Colgate Total toothpaste is for everyday use. It contains a unique combination of triclosan, an antibacterial agent, along with a copolymer. In addition to patient samples, Colgate have a number of resources to support patient recommendation of Colgate Total toothpaste, these include a waiting room poster for your practice to encourage your patients to seek advice from you on how to improve their gingival health, along with a patient information leaflet entitled ‘Helpful tips to keep your gums healthy’ to help you in your patient education.

For further information or to request patient samples, please call the Colgate Customer Care Team on 01483 401 901.

Quick sleeper 2010 Hands On Training Sessions Now Taking Bookings
General Medical are UK Distributors for Quick sleeper, the computer controlled local anaesthetic system that delivers profound anaesthesia quickly, easily and painlessly. They will be running Hands On Training Sessions in Glasgow ( Friday 18th June ), Edinburgh ( Saturday 19th June ), Southampton ( Friday 17th September ), Bath ( Friday 24th September ), Hornchurch ( Friday 1st October ), Birmingham ( Friday 15th October ), Manchester ( Friday 19th November ) and Barnsley ( Friday 26th November ).

Quick sleeper enables Dentists to perform Osteocentral Anaesthesia whereby a small amount of conventional local anaesthetic is placed in the spongy bone in between teeth. Eliminating the need for painful infiltration, block and palatal injections it delivers a profound anaesthesia almost instantaneously; a real Practice Builder, especially when treating children and other potentially nervous patients.

Using Quick sleeper it is possible to anesthetize between 2 and 8 teeth with just one injection without the need for additional palatal or buccal injections – enabling more treatment to be performed per session.

Places are strictly limited so to book your place contact General Medical on 01380 734990, visit www.generalmedical.co.uk or email info@generalmedical.co.uk
May 24-30, 2010

30 Events

United Kingdom Edition

If you’ve recently started out as an associate, the BDA’s ‘Introduction to Being an Associate’ seminar series will be of benefit to you, covering a range of topics with presentations given by renowned and important speakers. The objective of each day will be to answer the many questions you will be facing as a new dentist, from the philosophical to some of the more practical and technical issues.

What to expect

The seminar will cover a range of topics, including contract law and associate agreements covering essential aspects, six key points in associate contracts and negotiations; working in the NHS – rules and regulations covering an introduction to the NHS for non practice owners, understanding your rights and responsibilities, the regulations, statement of financial entitlements and tendering; finding the right job – the pros and cons of corporate bodies and family practices, preparing your CV and covering letter, interview preparation – what are practice owners looking for.

In the afternoon there will be guidance on financial planning for the self employed – basic financial planning, the NHS pension scheme, ceasing NHS work – what will you miss out on; advice for the newly self-employed – what you need to know about tax, registering as self-employed, understanding and calculating the payments you need to make, tax returns and liabilities. In addition, there will be details on identifying opportunities – career planning and investing in yourself and your future, determining where you want to be, selecting the right practice for you. It will be followed by a talk on advice for successful dispute resolution – raising a dispute, considering all the options open to you – conciliation, mediation, arbitration, and making arrangements on termination.

There are also two interactive panel sessions, where delegates will have the chance to ask speakers questions relating to their needs and experiences. The conference meets the educational criteria set by the GDC for verifiable CPD (6 hours 30 minutes in total) and is certified by the British Dental Association.

Seminar dates

The next two courses take place on Friday 25 June 2010 at the British Dental Association in London; and on Friday 17 September 2010 at the Holiday Inn Liverpool City Centre, Liverpool.

What it costs?

Entry to the seminar costs £100 for BDA members, and £130 for non-members. The fee includes refreshments, a buffet lunch and all course documentation.

Further information

For further information on the programme and arrangements for the seminar please contact Rebecca Hancock, Events Executive, British Dental Association, 64 Wimpole Street, London W1G 8YS, or call 020 7563 4590, fax 020 7563 4591, email events@bda.org. A full programme of BDA Events can be seen at www.bda.org/seminars.

Improve your associate skills

The BDA’s ‘Introduction to Being an Associate’ series continues in London and Liverpool

Access your practice data on your iPhone or Blackberry with PEARL

The objective of each day will be to answer the many questions you will be facing as a new dentist

Another breakthrough from PracticeWorks

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KODAK R4 Practice Management Software

PracticeWorks
Good ice-cream
Great lawyers

The Specialist Dental Team at Cohen Cramer Solicitors would like to thank everyone who visited us at our stand at the Birmingham NEC Dentistry Show.

See you again next year with more ice-cream…and legal advice!

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alternatively email dental.team@cohenclramer.co.uk
or visit www.cohenclramer.co.uk/services-to-dentists-services.html

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Your home may be repossessed if you do not keep up repayments on your mortgage. Medics Professional Mortgage Services is a trading style of Global Mortgages Ltd., which is an Appointed Representative of Home of Choice Ltd., which is authorised and regulated by the Financial Services Authority.
Effective relief from the pain of sensitivity

1 in 3 people suffer from dentine hypersensitivity yet over half suffer in silence, without seeking advice from a dental professional\(^1\).

Sensodyne effectively relieves the pain of dentine hypersensitivity with a choice of products to suit your patients’ needs. With continued use Sensodyne Total Care F and Sensodyne Mint toothpaste can provide ongoing and effective pain relief.

**Product Information**

**Sensodyne Total Care F Toothpaste and Sensodyne Mint.** Presentation: Sensodyne Total Care F Toothpaste: Potassium nitrate 5.0% w/w, Sodium fluoride 0.306% w/w. Sensodyne Mint toothpaste: Strontium acetate hemihydrate 8.0% w/w, Sodium fluoride 0.23% w/w. **Uses:** Relief from the pain of dentinal sensitivity, an aid for the prevention of dental caries. **Dosage and administration:** Sensodyne Total Care F Toothpaste: To be used 2-4 times a day, in place of ordinary toothpaste. Sensodyne Mint: Use morning and night. **Contraindications:** Sensitivity to any of the ingredients. **Precautions:** Sensodyne Total Care F Toothpaste: For children under 6, use a pea-sized amount and supervise brushing to minimise swallowing. Sensodyne Mint: Not to be used by children under 7 years, unless recommended by a dentist. **Side effects:** Sensodyne Total Care F Toothpaste: Very rarely, isolated cases of hypersensitivity type reactions such as angioedema; oral and facial swelling have been reported in patients using potassium nitrate containing toothpastes, particularly in patients who are predisposed to hypersensitivity type reactions. Sensodyne Mint: Non-serious allergic reactions rarely. **Legal category:** GSL. **Product licence number:** Sensodyne Total Care F Toothpaste: PL 00036/0103. Sensodyne Mint: PL 00079/0225. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP (excl. VAT):** 45 ml tubes £2.09, 75 ml tubes £3.11, 100 ml pumps £3.65 and Sensodyne Total Care F Toothpaste 100 ml tubes £3.65. **Date of last revision:** January 2010.


Sensodyne and the rings device are registered trade marks of the GlaxoSmithKline group of companies.