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DENTAL TRIBUNE

The World’s Dental Newspaper

Published in London

News in Brief

DCP ARF
The General Dental Council (GDC) is reminding all dental care professionals to miss the 31 July deadline to pay their annual retention fee (ARF) to remain on the register. All dental care professionals must be registered with the GDC to work in the UK. The fee is $680 for dentists, dental nurses, dental technicians, dental therapists, dental hygienists, clinical dental technicians and orthodontic therapists. It’s important to remember that if they don’t pay, they will be putting their registration at risk. The GDC will not be able to accept any payments received after 31 July.

Military healthcare awards
The Welsh Assembly Government is asking people to nominate individuals or teams who provide care and support to service personnel for the Military and Civilian Health Partnership Awards (MCHA). The UK-wide awards celebrate the partnership between Britain’s military and health care workers, and are open to civilian health staff and military medics working within the Defence Medical Services, the NHS, and private or voluntary sectors. They honour the people, projects and partnerships that provide support to the armed forces in serving personnel (including Reserves), their families and dependants, and the veterans. The Defence Medical Services, the Ministry of Defence and the NHS are all involved in the awards.

Ministerial portfolios finalised
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The Conservative and Liberal Democrat coalition government have revealed their full agreement in a document entitled The Coalition: Our Programme for Government. The 50-page document summarises government policy aims across all departments, including the NHS.

Earl Howe takes on role as minister for dentistry
Ministerial portfolios finalised; Earl Howe takes on dentistry with exception of fluoridation; new government releases coalition plans

Frederick Howe has been appointed as the new minister for dentistry by the coalition government.

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It says The government believes that the NHS is an important expression of our national values. We are committed to an NHS that is free at the point of use and available to everyone based on need, not the ability to pay.

We want to free NHS staff from political micromanagement, increase democratic participation in the NHS and make the NHS more accountable to the patients that it serves. That way we will drive up standards, support professional responsibility, deliver better value for money and create a healthier nation.

In terms of dentistry it states that: We will introduce a new dentistry contract that will focus on achieving good dental health and increasing access to NHS dentistry, with additional focus on the oral health of schoolchildren.
Dentist wins fight for PCT payment

A Merseyside dentist is to receive more than £500,000 following his victory in court against his PCT.

David Tomkins, a dental practitioner from Prescot House Dental Practice in Prescot, Merseyside, took Knowsley Primary Care Trust to the High Court for non-payment of money earned under his NHS contract since April 2006.

In the third such case to be taken to the High Court, the claim centred on two aspects; one was over the earnings value of a new associate who started in the base-line period for the new contract in 2005, the other was over an additional contract given to the practice following closure of a nearby practice with a NHS contract.

In his Judgement, Mr Justice Hickinbottom, who presided over the case, stated: “On the evidence - which, in substance, was uncon- tentious - on 28 March 2006, the Trust and Mr Tomkins came to a legally binding and effective agreement, agreeing all terms except those that were dependent upon the said Mr Tomkins’ own contractual arrangements for the baseline period used in the calculation of the annual contract value under the transitional provisions I have de- scribed. They agreed a mecha- nism for determining that issue, ultimately by reference to the Appeal Unit. That reference was duly made, and the issue deter- mined. That determination was binding upon the Trust. Of cou- rse, one has sympathy with a pub- lic body such as the Trust, who are required to work within tight financial constraints. However, despite the best efforts of their legal team, the Trust has been unable to persuade me that it has any ground for failing to comply with its contractual obligations to Mr Tomkins. It agreed to pay him £100,000 additional con- tract value in respect of the Cross Lane Practice work. That was a contractual term agreed between them. In failing to pay him, the Trust is in breach of contract.”

Commenting on the result, David said: “It would be very pleased with the verdict. It is what was expected since the trial ended. The campaign for justice has followed a long and sometimes tortuous path with many stops along the way. It has had a negative effect on my health and there have been several dark moments but my resolve was never diminished. I never doubted that I would triumph in my victory as the damages are only the fees that should have been paid under the terms of the NHS contract.

“It is also a victory for com- mon sense and justice. The way that the PCT abused its executive power has been patently exposed for all to see. They refused all re- quests to make good the contract and the decision makers refused to see me in person. Due to their arrogant attitude the dispute inevitably drifted to court. Their intention was to destroy the NHS and the decision authority’s decision was as ludicrous as it was indefensible. They should hang their heads in shame at this unprofessional and disgraceful behaviour.

“I should mention at this point all the support I have had from friends, local dentists and those further afield whose words of encouragement have been a com- fort to me. I would like to thank all my hard working and dedicated surgery staff that made it possible to achieve all targets while being a dentist short. They never lost faith in the NHS provid- ing good quality care for all our patients. Their support was invaluable at critical times, my partner Uzamah Zein through his extra late nights and week-end surgeries without certain knowledge of reward was cru- cial to all the patients receiving their treatment.

He added: “Finally to my wife Gillian whose implacable support throughout the campaign was crucial both financially and emotionally. It was her moral compass that guided me dur- ing times of doubt and crisis through to eventual justice and the landmark victory.

“I hope that other dentists who have had arbitrarily unfair treatment under the 2006 con- tract will be empowered by this verdict to seek legal advice and receive the justice they deserve.”

A spokesperson for the PCT commented: “NHS Knowsley followed the regulations and guidance during the negotiation of the new General Dental Serv- ices Contracts and felt this had been performed in an appropri- ate manner. Having discussed this with Mr Tomkins the Trust tried via mediation to negoti- ate a settlement. Unfortunately this case, after much delay, had to be determined by a judge in the High Court. NHS Knowsley is satisfied it acted in good faith and will abide by the judgment of the Court.”

The full judgement of the case can be read at http://www. bailii.org/ew/cases/EWHC/ QB/2010/1194.html.

Rise in number of clinical academics in dental schools

There has been a rise in the number of clini- cal academics in British dental schools, according to the Dental Schools Council.

The data published by the Council revealed a two per cent increase during the 2008-09 ac- ademic year.

This takes the total to 478 Full Time Equivalents (FTE), the highest number since 2000.

The Council especially wel- comed the 12 per cent (15 FTE) increase in the number of lec- turers between 2008 and 2009, and the evidence that younger clinical academics are being drawn from a more diverse pop- ulation in terms of gender, age and ethnicity.

On the downside, there has been a 21 per cent decline (101 FTE) in the number of research-active clinical acad- emics - professors, senior lec- turers and lecturers - in the same time period.

Women continue to be under represented at senior clinical academic grades, with just 10 of the 17 dental schools employing a female professor.

Fifty-five per cent of clini- cal academics are aged over 46, compared with 51 per cent in 2004.

The Dental Schools Coun- cil is concerned that the recent increase in lecturers alone may be insufficient to replace the expertise and leadership in clinical academia lost throu- gh retirement.

It also claims that the small staffing levels in many dental specialties renders them espe- cially vulnerable to change.

Prof William P Saunders, chair of the Dental Schools Council, said: “Dentistry is unique amongst the health professions, with fund- ing from both Higher Education Funding Councils and the NHS, and teaching of dental students as a primary role of Higher Educa- tion Institutions.

“Clinical academic dentistry is one of the most stimulating and rewarding careers involving pa- tient care, education and innova- tive research.”

He added: “We are delighted by the recent increase in staffing levels in UK dental schools.

“However, we do anticipate the added pressures to the pub- lic purse over the coming years, and, as a community of dental schools, we look to closely to protect and support the qual- ity of teaching and research, as well as the contributions of clini- cal academics to the NHS and of clinicians to academia.”

This is the eighth data update to be published by the Dental Schools Council since 2000.

Smile-on celebrates its 10th anniversary

Smile-on treated dental professionals attending this year’s British Dental Association Conference to a drinks reception to celebrate its 10th anniversary.

For the last ten years, the dental training and resources provider has continued to help den- tal professionals meet their CPD obligations, providing courses that are flexible, involving and inspirational.

At the event, Smile-on representatives talked to delegates interested in the MSc in Restora- tive and Aesthetic Dentistry, run in conjunction with the University of Manchester, CORE CPD - the latest learning platform that looks after all your core subject needs and DENTEL II, which is designed to help dental nurses studying for the National Certificate or the NVQ level 3 in Oral Health Care Dental Nursing, but also serves as a great refresher course for more experienced nurses.

A spokeswman said: “The company’s key values are to provide a quality service, imaginative, creative and potential have helped evolve...
Editorial comment
Something to smile about?

Well, anyone who reads my missives at all will know how rubbish I am at predicting things! Last time I confidently predicted that Paul Burstow would be the minister responsible for dentistry, and no sooner had the ink dried on the pages, then Earl Howe was named minister! Of course, there had had to be a modification to this responsibility, with Ann Milton being tasked with fluoridation issues. DT hopes to speak to Earl Howe soon and find out his views on the issues facing dentistry, so watch this space.

As I write this, dentists up and down the country will be digesting the article in this morning’s Times, claiming that a rising number of dentists in the UK are more interested in extraction and artificial restoration than using techniques such as endodontics to save natural dentition. Shame on that reporter, I hear you cry, but the claims are being made by fellow clinician and endodontist Dr Julian Webber. According to the article, Dr Webber states that “Good old-fashioned dentistry standards seem to be disappearing, with some dentists removing teeth that could be root treated and rebuilt. Preserving a tooth is technical and demanding. The alternatives, such as putting in an implant, can also be tricky, but some dentists prefer them because they are more lucrative.”

If you get the chance, read the article (http://www.timesonline.co.uk/tol/life_and_style/health/article7141227.ece) and let me know your thoughts on it.

DT

Business
benefits

Thousands of dental businesses could benefit from many of the measures in the coalition agreement between the Conservative and Liberal Democrat parties, according to the Forum of Private Business.

The Forum believes moves to cut red tape, impose ‘sunset clauses’ on regulations and review employment law will all be welcomed by small to medium-sized dental enterprises (SMEs).

Forum head of policy, Matthew Goodman said: “I’m sure this document will come as a breath of fresh air to many small business owners. In many ways, it reads like a ‘wish list’ of things the Forum has been demanding for several years.

We’ve also encouraged by the coalition’s pledge to evaluate the fairness of employment legislation, and its impact on Britain’s competitiveness. Many small business owners believe employment law is grossly skewed in favour of the employee – the need for a more fair and balanced approach is something the Forum has repeatedly highlighted.”

However, he added, “The challenge now is for the Government to translate these intentions into real, practical changes to the business environment, without simply creating more state bureaucracy and unnecessary compliance costs at a time when many small businesses are still struggling.”

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

Master of Science 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 education provider and the University of Manchester, one of the top twenty-five universities in the world, have had the privilege 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 whom 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.

Call Smile-on to find out more:
tel: 020 7400 6989 | email: info@smile-on.com
web: www.smile-on.com/msc
New strategy is required for dental research

A research summit for oral and dental researchers has called for changes in the way dental research is carried out.

Delegates from institutions across the United Kingdom highlighted a number of steps that must be taken to build on current successes, including closer collaboration with other researchers such as chemists and materials scientists, better engagement with funding bodies and the public, and refocusing research activity on quality rather than quantity.

The research summit, which was organised by Prof Paul Speight, president of the British Society for Oral and Dental Research (BSODR), was held at Sheffield University.

It attracted 60 leading figures from dental research across the United Kingdom including representatives of every United Kingdom dental school, the Faculty of General Dental Practice, the Cochrane Oral Health Group and the Department of Health.

The speakers were Prof Stephen Holgate from the Medical Research Council, Prof David Williams, president of the International Association of Dental Research, Prof Mike Curtis, immediate past president of BSODR, and Prof Jimmy Steele from Newcastle University.

The event was sponsored by the British Dental Association (BDA), BSODR and the National Institute for Health Research.

A full strategy with detailed proposals for next steps will now be developed by the BSODR.

GDC seeking Fitness to Practise panel members

The General Dental Council (GDC) is looking for fifty new Fitness to Practise panel members.

The GDC is hoping to attract applications from dentists, dental care professionals and lay people.

Fitness to Practise panel members play a vital role in the GDC’s work to protect patients.

The GDC has the power to take action by either removing or restricting a dental professional’s registration if they fall short of the high standards expected.

The panel members will sit in public hearings and can consider cases where a registrant’s fitness to practise may be impaired due to their health, conduct or performance, as well as applications for restoration to the registers and appeals against registration decisions. Most hearings take place in London.

The recruitment process is being led by the GDC’s Appointments Committee.

Chair Bronwen Curtis called it an ‘exciting opportunity’ and said: “We want to give people as much time as possible to think about whether this is the right role for them. All applicants will be considered on their individual skills and experience. We especially hope to hear from dental care professionals who traditionally have been less likely to apply for this kind of role with the GDC.”

The Fitness to Practise Committee is currently made up of 75 panel members: 58 dentists, 22 lay people and 15 Dental Care Professionals (DCPs). It is a part-time role, with members sitting for around 20 days a year. They are paid £355 a day and are reimbursed their expenses.

Interest can be registered by emailing secretary@gdc-uk.org. Information will also be published on www.gdc-uk.org once the recruitment period officially opens in June.

Celebrities with dental phobia

TV presenter Kelly Osbourne has revealed her dental phobia on her Twitter page.

The daughter of Ozzy and Sharon Osbourne tweeted: “I have to go get my filling today and the fear is really really kicking in. I need to get over this fear of the dentist but I can’t!”

Kelly is not alone in her phobia, as other celebrities such as Robert De Niro are known to be frightened of the dentist chair.

A recent survey conducted by the British Dental Health Foundation discovered that one in four people do not visit a dentist due to dental phobia.

Chief Executive of the Foundation, Dr Nigel Carter, said: “Dentists recognise that many patients have this phobia, and therefore try to cater to that person’s needs. Our aim is to make regular dental check-ups an acceptable part of everyday life for everyone.”

Tooth Fairy boosts oral health message

In case you haven’t heard, the Tooth Fairy has had a Hollywood makeover! Denplan is delighted to be a promotional partner of the latest children’s blockbuster starring Dwayne Johnson (formerly known as The Rock) and Julie Andrews. The movie launched in cinemas on 28 May and you can see a preview at www.toothfairyinmotion.co.uk.

“With the emphasis on real value of good dental care, as well as creating opportunities for practice teams to promote their products and services by driving patients directly into their practices,” added Sarah.

At a regional level, this consumer campaign also provides Denplan members with an exclusive opportunity to promote their practices and their Tooth Fairy events in the local press. The media love an excuse to feature Hollywood news and celebrity imagery, making any release relating to the movie extremely appealing.

“To ensure our member dentists and their teams get the most from this campaign, we’ve prepared a host of themed materials exclusively for Denplan members. These include our Tooth Fairy Movie PR Toolkit, complete with dual branded posters, stickers and activity sheets plus sample press releases. By participating, our members can highlight to patients the added value of being associated with their practice as well as educating younger patients and their parents on the benefits of looking after their teeth.”

Posters advertising the new film

As a national consumer facing brand with a network of around 6,000 member dentists treating approximately 1.8 million patients, Twentieth Century Fox recognised the benefit of Denplan being a promotional partner to the movie,” said Sarah Bradbury, Denplan’s Marketing Communications and Brand Manager.

“Our nationwide campaign has been designed to support the launch of the movie and to highlight the benefits of good oral health for children in a fun and engaging way, as well as supporting dentists and private dentistry and the Denplan brand.”

Family competitions in association with Twentieth Century Fox are currently featuring across key regional press. Prizes include a weekend break for four with tickets to see an Elite Ice Hockey League game plus family movie tickets, private movie screenings and movie-themed goodie bags.

“We’ve also teamed up with Philips and Colgate to create free and valuable dental kits as reader offers that will appear in selected regional press nationwide. The aim is to raise awareness of good oral healthcare, as well as creating opportunities for practice teams to promote their products and services by driving patients directly into their practices,” added Sarah.

Tooth Fairy events are being promoted across key regional press. Prizes selected regional press nationwide. Prizes include a weekend break for four with tickets to see an Elite Ice Hockey League game plus family movie tickets, private movie screenings and movie-themed goodie bags.

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B.A. Ultimate Hygiene Range

B.A. Ultimate Hygiene Range includes a wide range of products or all your needs: Complete stand alone unit with water supply, autoclavable treatment centers including handpieces and a range of tips covering scaling, periodontic and endodontic applications.

Ultimate Autoclavable Treatment Centre

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<tr>
<td>BAC150E</td>
<td>Autoclavable Treatment Centre with BA/EMS type handpiece</td>
<td>£229</td>
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<td>BAC150S</td>
<td>Autoclavable Treatment Centre with SATELEC type handpiece</td>
<td>£159</td>
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<tr>
<td>BACS122</td>
<td>Tip Changer for scaling &amp; Perio tips</td>
<td>£7.99</td>
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Ultimate Piezo Unit

With three functions and adjustable power and water supply, this stand alone unit includes the following: 2 x water bottles (USGmL and 400mL), 2 x Endo Head (BA151E), 2 x Tip changer (BCS122), 2 x Endo wrench.

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<tr>
<td>BAC100</td>
<td>Complete BA unit with 2 Autoclavable Treatment Centres</td>
<td>£699</td>
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B.A. Ultimate Tips

B.A. Ultimate Hygiene Range includes a wide range of tips suitable for BA Autoclavable Treatment Centre as well as most scalers on the market (BA/EMS/Satelec/NSK/Sirona).

- **E Range:** for BA International and EMS type handpieces.
- **S Range:** for Satelec and NSK type handpieces.
- **A Range:** for Sirona type handpieces.

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<td>BAC155</td>
<td>Endo pack including 3 tips: 95° tip for posterior root canal, 120° for anterior root canal &amp; special tip for lateral condensation</td>
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Learn about the biomimetic approach

Dr Pascal Magne will be making his only appearance in the UK in June and will be discussing biomimetic restorations in the posterior dentition.

He will be lecturing at the Great Hall, BMA House in Tavistock Square, London on 10 June and will be defining the biomimetic principle in restorative dentistry, discussing direct composite resin restorations - myths and facts, semi-direct and CAD/CAM techniques - immediate dentin sealing and step by step adhesive delivery procedures.

Apart from their cosmetic advantage, the new posterior ‘tooth-coloured’ adhesive restorative techniques offer many other benefits such as tissue conservation and natural strengthening of remaining tooth substance.

These emerging concepts, which are following the so-called ‘biomimetic approach’, provide the ability to restore not only the aesthetic but also the biomechanical and structural integrity of teeth.

Dr Magne’s presentation will show that dental composites and ceramics constitute striking elements of this nascent approach to tooth restoration.

Indications for bonded restorations in the posterior dentition will be presented, including the biomimetic approach to severe loss of coronal substance and nonvital teeth.

The event costs £395 and this includes attendance at selected or all lectures and demonstrations, conference documents, refreshments and lunch.

For more details or to book your place, email Catherine.domanski@positivecomm.com.

Report on dentofacial appearance wins Schottlander prize

Darshani Anandanesan, a dentist from London, is the winner of this year’s Bristol University Open Learning for Dentists (BUOLD) Schottlander prize. The prize is awarded to the student completing the BUOLD Prosthetic Course, whose case study has been given the highest mark by tutors.

Ms Anandanesan’s winning case study concerned a 34-year-old patient who had all her teeth extracted, and who was then unhappy with the complete dentures provided for her in the Philippines.

In constructing new dentures for the patient, Miss Anandanesan took account of both the patient’s dentofacial appearance, and the functional design of the denture. In this way she produced a set of dentures with which the patient was extremely happy. An examination was also made by Ms Anandanesan of the body of literature on dentofacial appearance and its effect on self-image and emotional wellbeing.
A busy year ahead

124th BDA President Amarjit Gill speaks to Dental Tribune about his role and the coming 12 months

The BDA Conference and Exhibition saw the handover of the BDA Presidency from John Drummond to Amarjit Gill.

Amarjit qualified in 1981 from the Royal Dental Hospital, London. He had been a partner in an associate in eight different practices, he became a principal in 1985, designing and building his own practice as part of a medical centre. In 1992 he became a Partner, relocating to a newly designed practice in the Wollaton area of Nottingham where he practises today.

Amarjit has significant experience of representing the dental profession. Locally, he has served as Chair of the BDA’s East Midlands Branch and the Nottingham Independent Practitioner Group, and as the development team leader of his Local Dental Committee. On the national stage he has chaired the BDA’s Private Practice and Equality and Diversity committees and served as Deputy Chair of the organisation’s Executive Board. He is also an invited member of the International Academy for Dental Facial Aesthetics.

‘Absolutely fantastic!’ Speaking to Dental Tribune about the Conference and the year ahead, Amarjit’s enthusiasm for promoting the best in dentistry shines through. “Taking over as BDA President at the Conference in Liverpool has been absolutely fantastic. I’ve really enjoyed the conference for me it has had everything but time for me to attend all of the lectures and presentations I would have liked to! Of course with having become President at the event I have had a lot of meeting and greeting to do, thank yous to make and loads of presentations to attend. For me this has all been great and I’ve had a fabulous time at the conference, but the reasons I and I’ve had a fabulous time at the conference, but the reasons I have had to do, thank yous to make and loads of presentations to attend. For me this has all been great and I’ve had a fabulous time at the conference, but the reasons I have had to do, thank yous to make and loads of presentations to attend. For me this has all been great and I’ve had a fabulous time at the conference, but the reasons I have had to do, thank yous to make and loads of presentations to attend.

Impact on oral health As well as being involved with the BDA and practising in Nottingham, Amarjit is involved in other entrepreneurial activities, including acting as the spokesman for Dental Xpress (the mobile dental unit currently deployed in the Leicestershire area) and more recently as Clinical Dental Director for Philips Oral Healthcare. ‘What really impressed me was that Philips want to make an impact on the nation’s oral health and as our knowledge about the links between oral and systemic health grow, so the company has the potential to impact on the nation’s overall health too.’

Amarjit clearly relishes the wider challenges that participat-ing in more than just life in the practice brings. “Being involved in an association such as the BDA lets you develop parts of yourself that you just can’t working as a general dental practitioner. It allows you to get out of your comfort zone.”

‘He who rejects change is the architect of decay. The only human institution which rejects progress is the cemetery’

‘Being involved in an association such as the BDA lets you develop parts of yourself that you just can’t working as a general dental practitioner. It allows you to get out of your comfort zone’

The Presidency is the highest honour the Association can bestow and I am honoured to be chosen to take on this role. I want to thank the East Midlands Branch, for nominating me and for the support I have had from colleagues in Nottinghamshire and across the profession. If I had to be a single out any one local colleague it’d be Dr Ralph Davies. He pushed me into local BDA involvement and even collected me from home, to ensure my attendance. Today that seems a world away from this position of honour as BDA President.

I believe that change will be a constant during the next decade. Harold Wilson said, “He who rejects change is the architect of decay. The only human institution which rejects progress is the cemetery.” The challenge for the Association and the profession for the next ten years is to respond effectively to these changes. The next 10 years, however, do offer a real opportunity to shape the delivery of dentistry in the UK if and only if we positively embrace change and stop creating reasons why there is no need to do so.

We are training more dentists than ever before, but we will need to look at opportunities for career advancement and Continuing Professional Development. Now that Dental Care Professionals are registered, how do they fit into the delivery of care by the whole dental team? A recent BDJ article found that patients attending a dental therapist had significantly higher levels of satisfaction compared to those who attended a dentist. The authors were from the Dental School in this very city. We in the UK have been the true nihilists of this change and where we have gone the rest of the world will surely follow.

Let me say that whilst we have a right to expect the BDA to help change things for the better, it does not absolve us of our responsibilities. The world famous Indian sage, Mahatma Gandhi, encapsulated this with “Be the change you want to see in the world.”

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Event focuses on legal issues of new contract

Chris Baker of Corona Design & Communication reports on a very informative day at the Lowry Hotel in Manchester...

Delegates took the chance to network at the event.

Time was when most dentists would only require the services of a solicitor when they either bought or sold a practice. Times they are a-changing! The law firm Pannone recently organised an excellent conference which discussed the way that the new dental contracts have had a significant impact on practitioners and the legal issues that can arise.

Dr Colin Hancock, Chairman of Denticare – kicked the day off with a discussion on 2 really big issues, Clawback and Goodwill. He began with a Samuel Goldwyn quote, “A verbal contract is not worth the paper it is written on”. This was to be a theme of the whole day – if you don’t record it, it didn’t happen. On the issue of clawback his message was clear: challenge the underperformance demand and detail the issues that were out of your (the practitioner) control and not the responsibility of care of a child up to the age 18 or care of an adult spouse, cohabitee or relative of a practitioner – aged 18 or over.

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Tomorrows’ Practice Manager – Dentistry is changing, are you?

Asks Seema Sharma

T

his is the first in a series of articles on dental practice management in the changing clinical and commercial environment dentistry operates in today.

So you’ve done the rotas, checked the lab work is in, booked a temp because the nurse in Room 1 called in sick again (third time this month? Roll on her next appraisal!). The dentist in Room 2 is stressing because his 9am patient is in the chair and he has no idea how to switch the PC on let alone find the BPE probe – that’s because the hygienist was in yesterday and they all seem to end up in her room…, you had to send his nurse down to sort out the stock that has just arrived, otherwise she would have found them by now.

The phones are ringing off the hook – that’s good, phones bring in revenue you think fleetingly, and you’ve got two big treatment plans that you are hoping will go ahead soon, thanks to the fantastic presentations you made to the patients last week. You make a mental note to call them today and just as you settle down to work out how much of the treatment you could pocket if you’re happy with… but each day to day twisting and turning that goes on in practice management, no two days are the same, but a little less fire-fighting, experience is a good tutor – that makes you an “industry expert”. However, unless you’ve had formal management training, experience is good but it can be hit and miss and therefore expensive in terms of the mistakes that can be made.

“Core CPD” may be good enough for nurses, but a practice manager (a practice owner for that matter) needs more of the right training to keep pace with the changing world of dentistry. Email the author at seema.sharma@dentabyte.co.uk for a job description for the practice manager of the future, then set about developing your practice manager skills so that you are tomorrow’s practice manager. There is plenty of time and as your knowledge will translate into experience, you can’t work any harder, but you can certainly work smarter.

“Could you research websites for updates on practice management?” Seema Sharma, practice manager, suggests. Today she runs three practices, including one which is one of 30 national Steele Pilots. Seema established Dentabyte Ltd to provide affordable “real-world” practice management programmes to help practice managers and practice owners keep pace with the changing clinical and commercial environment facing them today.

Visit www.Dentabyte.co.uk to register for updates on practice management or email Seema at seema.sharma@dentabyte.co.uk to find out more.

No two days are the same, but a little less fire-fighting and a little more time to plan would be a godsend… a little more money would not go amiss either!”

Develop yourself

Every hour of your working day is taken. You can’t work any harder, but you can certainly work smarter. You understand dentistry, you’ve risen through the ranks in the practice and you have learnt on the job – that makes you an “industry expert”. However, unless you’ve had formal management training, experience is a good tutor but it can be hit and miss and therefore expensive in terms of the mistakes that can be made.

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operation unless such a construction appears very clearly in the terms of the Act, or arises by necessary and distinct implication.¹

Nicola Marchant, a partner at Pannone LLP, informed us of the huge importance of having partnership agreements (illustrated by pictures of Ashley and Cheryl Cole!). Without a formal agreement, practitioners can find themselves bound by the 1890 Partnership Act which is very rigid in its guidelines. She then went on to look at what needs to be considered when drawing one up such as:

• Defining entitlements/obligations
• Performance issues
• Expenses
• Profit
• Holiday, sick leave, locum provision

A good agreement won’t prevent disputes but it does mean that there is a clear process to follow, should one arise! Nicola then spoke about other business structures and how these can be utilised to avoid disrupting a PCT contract (which many PCTs view as between an individual and a ‘personal contract’). For instance, it is perfectly possible to leave a PCT contract in a partnership or name and then set up a company that will deal with any private work carried out by the practice. Hopefully in time, this can then take over the contract.

Roger Matthews, Chief Dental Officer of Denplan presentation was entitled, “Parallel Paths or Collision Course?” Roger made the point that the public and private sectors should work together for the sake of patients but that this isn’t necessarily happening. It is human nature that everyone acts in their own self interest. He went on to illustrate how since 2006, NHS dentistry has seen inconsistencies of both care and contract enforcement across the UK. One very telling set of figures showed that since the 1st April 2006, the NHS is seeing 129,000 more adults and 111,000 fewer children. This means a net increase of 18,000 patients by 30th September 2009 at an investment of an extra £1.2 billion.² He was concerned that PCTs are deciding to enforce guidelines when they like and that this is bad news for the small practice.

Finally, Eddie Crouch guided the audience through the Steele pilots and what these could lead to in the way of a potential new contract. The Steele Review principally identified in current provisions:

• Poor communication and lack of information
• PCTs experience of rushed and poorly supported implementation
• The profession’s frustration with the new contract
• Need for new contractual arrangements to support
• The delivery of new pathways of care
• Better IT infrastructure

The Review’s principal recommendations were:

• Clearer incentives for improving health, access and quality
• Incentives passed to performers ie. not just practice owners
• An annual per person registration payment to dentists
• Quality of service to be recognised in the reward system

The pioneer Steele pilots commenced last month, with a further rollout likely to be in 2011. Eddie has been a member of the Contracts Group within the Steele implementation board looking at producing a list of contract options with a view to the new system being complete around April 2015.

Ample question and answer sessions were provided throughout the day for those needing more clarification or to elaborate on matters further. Legal issues can sometimes be a little dry but I would like to commend Pannone and all of the speakers on making the entire day interesting, engaging and relevant. I look forward to more in the future.

References
¹ Interpretation of Statutes (12th edition, 1969, Sweet & Maxwell)
² Source: ICNHS June 7-13, 2010 10 Feature United Kingdom Edition
Pulling together to reach your goals

Lil Niddrie discusses how improving your coaching skills can help to increase both business performance and team motivation at your practice

Life coaching and business coaching have increased steadily in popularity over the last decade, but for many smaller businesses, such as dental practices, professional business coaching is simply too costly. However, by understanding the basic principles you can not only help your business, but also help yourself and other members of your team achieve their goals.

Coaching can play an important part in improving your team’s performance and motivation. By setting goals and supporting your colleagues as they work to achieve them, your practice will move forward and function much better. The idea is that ultimately, team members can learn to support each other, as they can all make the most of their individual skills.

If you have ever wondered how to really fulfill your potential, not just at work, but in all areas of your life, then coaching could be the answer. You may even be a natural coach already. Do you often find yourself listening to other people’s problems and giving advice? Or do you enjoy training others in new knowledge and skills? You may be implementing coaching principles in your day-to-day life without even realizing it.

Even if the thought of coaching and teamwork makes your blood run cold, the tips below can help you learn how to improve your skills and make them an integral part of your practice’s development.

Steps to success
A useful place to start is by looking at how happy you are with the different areas of your life, such as work, finance, career, relationships and so on.

The next step is to identify your values. These can be values such as honesty and caring or they can be work specific, for example, teamwork and attention to detail. Once you are aware of people’s values, you have the key to their motivation. Recognising different values within your practice can also give you an insight into any potential conflict. For example, one person’s strongest value might be patient care while another’s is the financial stability of the practice. Knowing this can help you assess whether practice decisions are based on a fair balance of the two.

Once you have identified values, the next step is to set goals. If you are helping one of your team to set their goals, ask simple, open, purposeful questions such as: ‘What do you want to achieve?’ and ‘How do you plan to achieve this?’ It is also important to make sure that their values are well matched to their goals. For example, if someone has put “socialising with friends” as a value in their personal life, but they spend so much time working that they never see their friends, then they are going to struggle to achieve their goal.

Skills and limitations
The main obstacles to achieving goals are the limits of our skills and resources and the limitations of our minds. The issue of skills and resources can often be addressed by appropriate training or by asking for advice and support.

Some companies offer tailor-made training days, which are specific to your practice’s needs and can even incorporate a module focused on the Principles of Coaching. Some of these courses can also count towards verifiable Continuing Professional Development (CPD) when undertaken in accordance with GDC requirements. This type of event provides an ideal opportunity for staff in similar roles to meet and learn together, and will benefit both your employees and your practice.

Limitations of the mind can be a little bit trickier! The challenge is to break out of unhelpful habits and negative thinking and believe that change is possible. Instead of righting things off because they are too much effort or you think they will be too difficult to achieve, why not give things a try before you make your mind up. You might just surprise yourself and the sense of fulfilment when you reach your goals is worth the time and effort.

Never give up
All goals should be accompanied by a practical and realistic timeframe, and progress needs to be monitored. Set backs are inevitable, but it is important to see these as temporary. Take inspiration from inventor Thomas Edison who, when asked if he was discouraged after failing 10,000 times in his attempt to create the light bulb, replied: ‘Failed 10,000 times? I didn’t fail 10,000 times! I simply learned 10,000 ways not to make a light bulb.’

So why not give coaching a go? Learning how to identify your own and your teams’ values and goals will not only improve communication and productivity at your practice, but will also give you a clear idea of where your practice is heading and the best ways of achieving your ambitions.

About the author
Lil Niddrie joined Denplan in 1993 and has worked in many areas of the company to support dental practices, and now her knowledge and experience is combined to deliver a wide range of training resources. Lil is a qualified practitioner of hypnotherapy, Emotional Freedom Technique and Neuro-Linguistic Programming. She has a specialist interest in advanced communication skills and personal development.

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Planning a referral event

Holding a well-planned referral evening is a perfect way to introduce your team and your services to other dentists in your local area, says Dr Dattani who offers some advice.

When referring patients on to another practice, any professional practitioner has to be sure that the high standards which they provide their patients will be maintained and that the whole process will be seamless and as uneventful as possible. This is especially important if the patient in question has built up a relationship with their regular dentist, as they may be unwilling to receive treatment from an unfamiliar clinician they do not know or trust.

With this in mind, it is the responsibility of dentists on the receiving end of the referral to reassure the practitioner that their patients will always be in safe hands and returned to the surgery ready for any further treatment they may require. Referral dentists need to find a way of proving to fellow practitioners their ability and dedication to excellent patient care, rather than simply relying on word of mouth or costly advertising campaigns.

Offering reassurance

Holding a well-organised referral evening is an excellent way of conveying this message in person to potential referring dentists. Not only does it give you the opportunity to showcase your skills, it also highlights your dedication to fostering relationships between fellow practitioners. By meeting potential referring dentists in person, solid foundations will be laid onto which good working relationships may be built.

In order to arrange a successful referral evening, clinicians will need to plan the event down to the last detail. A poorly arranged or half-hearted attempt will reflect badly on your professional abilities and will only serve to drive practitioners away rather than recommend your services to their precious patients. Of course, time will have to be set aside to delegate roles to other members of staff and keep them well informed, as you will be relying greatly on their assistance too. Nevertheless, the more effort the team can put in before the event, the greater the rewards will be afterwards. Even if just one impressed GDF sends their patients on to you for treatment as a result of the evening, all of the planning and preparation will have been worth it!

Giving something back

No dentist will want to waste an evening of their free time without feeling that they (and by extension, their patients) will gain something from it. Although some practitioners may feel that their surgery may be actively seeking a dentist for patient referrals, chances are most clinicians will already have systems in place to deal with cases that lie outside of their own abilities. So, referral practices looking to cast their net a little wider will need to provide an incentive for clinicians to attend their event.

One possibility is to offer practitioners an educational evening that counts towards their verifiable CPD hours. And why limit the evening to dentists alone? Consider inviting dental nurses along to the event and offer them training too. After all, dental nurses play an important role in the team, so keeping them up to date with new techniques and procedures will make communication during procedures much clearer.

Building relationships

All referral practitioners should aim to work as an extension of their referral patients’ practice. In order for this to happen, excellent communication between practitioner, patient and referral dentist is key. If the referring dentist has an understanding of the kind of treatments you provide, they will be armed with the necessary information to inform their patients of their options and to describe the outcomes they should expect. For example, an implantologist holding a referral evening could organise a session outlining their work with implants, and then go on to talk about impression taking and fitting the completed restoration. Many referring dentists will want to take control of one or perhaps more of these stages, but by involving the GDP in various stages of treatment, all parties involved will be reading from the same page and will benefit from mutual understanding.

Demonstrating your skills

Of course, no amount of refreshments and well-presented slideshows will be able to convince attendees of your practical skill set as a clinician. A great way to showcase your abilities is to enlist the help of a real patient (with their permission of course) and to perform a live demonstration. This certainly requires some nerve, but it will prove to dentists that you are confident in your abilities and will do wonders for your credibility as a professional. Even in a worst case scenario if something does go wrong during the demonstration, by keeping a clear head and following the usual procedure, delegates will leave with the knowledge that you know how to overcome tricky situations – further cementing your reliability.

Involving the whole team

Another aspect to consider during a referral evening is that of any outside help you may require when treating referred patients. If, for example, you specialise in aesthetic dentistry and enlist the services of a laboratory for your prosthetics, invite a technician along to the evening to guide practitioners an educational evening into their options and to describe the services of your laboratory and is principal dentist and owner of the Kent Implant Studio. For more information or to obtain a referral pack please call 01622 671 265, or visit www.kentimplantstudio.com.

About the author

Dr Shushil Dattani qualified from the Royal London Hospital in 2000, completed a two-year programme and membership to the Faculty of General Dental Practice at the Royal College of Surgeons, then became accredited with a Diploma in Implant Dentistry at the Royal College of Surgeons of England. He is a member of the Academy of Cosmetic Dentists, the American Academy of Cosmetic Dentists, regularly trains and attends courses around the world and is principal dentist and owner of the Kent Implant Studio. For more information or to obtain a referral pack please call 01622 671 283, or visit www.kentimplantstudio.com.

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DENTAL TRIBUNE United Kingdom Edition - June 7-15, 2010
Learning to lead

The way you treat people will have a great effect on your management skills, says Jane Armitage

I was first asked to write an article on leadership when I was taking my practice managers' qualification, and at the time I thought: 'Why?' I remember learning the unit, and out of everything I was taught, one thing that has stuck in my mind.

How you treat people can have a major impact on your life and your ability to lead. What the course did teach me was to define this management style, which is so important when you find yourself in a leadership position.

Leadership is an achievement, gained from hard work and dedication. Leaders are developed, each individual leader will have their own views on leading a team, each leading in a different manner. Each style of leadership will have an effect on team morale and your business. So which type of leader are you?

**Autocratic**

The first aspect that seems to go wrong in dental practices is the flow of information. Some individuals give the impression that they are working for MI5 rather than running and leading a dental practice. Information is given to staff on a ‘need to know basis’ only. No feedback is given, no praise for good work; however this type of leadership is quick to blame.

Autocratic leadership creates a vacuum. Not only do staff become confused about their duties because they may lack vital data, but a feeling of insecurity could occur because they fear that something negative is happening. The vacuum is filled in two ways. Staff invent their own methods to ensure completion of tasks, or they may prioritise the wrong things out of ignorance. Staff may behave in an aggressive manner with dislike for their leader. Leading a team in this way will encourage staff to be demotivated and uninterested.

**Democratic**

Leading in this way will produce the best results. The democratic leader will include the team, staff will be motivated as the leader will recognise their achievements and praise accordingly. It never hurts to say a simple thank-you at the end of a session.

This approach will enable the leader to produce feedback without receiving any form of resentment. Staff will have a huge amount of information and often by listening to their ideas, contribute to the smooth running of the practice. Involvement is an important aspect in motivating and developing staff. Staff turnover will be reduced as individuals feel respected and valued. This all provides a better working environment.

**Non-interventionist**

This type of leader would have no relationship with staff. They would lead in an aggressive manner, but actually achieve very little. Staff morale would be low. No help would be openly offered unless a request was made. No feedback would be given. Leading a team in this manner would have an impact on the practice as staff would be demoralised, no motivation and the workmanship would be poor.

The best solution

Democracy is hard work, to lead in this style means finding a suitable pathway that is agreed by the majority. Good management is a blend of democratic, autocratic and non interventionist leadership.

About the author

Jane Armitage is currently a practice manager for Thompson & Thomas, and holds a Vocational Assessors award. She is also a BDA Good Practice Assessor, BDA Good Practice Regional Consultant, and has a BDA Certificate of Merit for services to the profession. She has her own company, JA Team Training, offering a practice management consultancy service.
Income Protection – Keeping it specific

Jon Drysdale says double check what is covered in your income protection policy...

Dentistry is widely acknowledged within the profession as a physically and mentally demanding career. Perhaps for this reason taking out an income protection policy is often high priority for dentists.

Claims - Based on recent claims statistics, insuring your income in the event that ill-health prevents you from practicing dentistry may be a wise decision. Leading income protection provider Dentists’ Provident paid claims totaling £3.2 million in 2009 with an average of 151 claims per month. Musculoskeletal claims rank the highest with psychiatric disorders following a close second. One of PFM’s clients felt strongly enough to endorse the benefits of income protection:

“I took an income protection policy out, I slipped a disc in my neck and was unable to perform my dental duties and so had to claim unexpectedly. The insurer paid the claim for the full period I was off from work, eventually (approximately seven months on) when I planned my return to work they were very flexible and aided in a phased return to work.”

Male dentist aged 26, North West.

Age demographics - The largest group claimants are female and aged between 36 and 45, with the highest proportion of male claimants between age 46 and 55. This ‘age demographic’ points to the benefits of taking out a policy early in your career. This argument is further strengthened when you accept that monthly premiums tend to be age-related.

Cover levels - Many dentists sign up to a policy on qualification, or even as a final year dental student. Whilst this is advisable, the level of cover can soon be outstripped by earnings. Dentists who have not reviewed their cover since this time are unlikely to be adequately insured. With claims limited to 60 per cent of income (with no tax payable) it is recommended that dentists take out the maximum level of cover available.

Policy options - An independent financial adviser will advise you on the most suitable policy options, guiding you through decisions on ‘deferred’ periods, index-linked cover and guaranteed/reviewable premiums. Occupation specific cover is strongly advised given the relatively minor ailments that could prevent you from practicing dentistry.

Advice options - A specialist dental independent financial adviser will be able to select the most appropriate policy from a number of suitable insurers. A common misconception is that premiums will be cheaper if you go direct to the insurer. In the case of Dentists’ Provident and the other occupation specific insurers this is not the case. However please check that your adviser is independent and is suitably experienced in advising dentists before taking their advice.

About the author

Jon Drysdale BA (Hons) Cert PFS is a qualified independent financial adviser and director of Practice Financial Management Ltd (PFM). PFM offers independent financial advice for dentists in England Scotland and Wales. For further information contact Jon Drysdale at PFM on 01904 670820, jon.drysdale@pfmdental.co.uk or visit www.pfmdental.co.uk

Jon Drysdale says double check what is covered in your income protection policy...

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About the author

Jon Drysdale BA (Hons) Cert PFS is a qualified independent financial adviser and director of Practice Financial Management Ltd (PFM). PFM offers independent financial advice for dentists in England Scotland and Wales. For further information contact Jon Drysdale at PFM on 01904 670820, jon.drysdale@pfmdental.co.uk or visit www.pfmdental.co.uk
Incorporating change

Michael Lansdell explains how your tax affairs will change if you decide to incorporate your practice

A lot of the confusion and ill-informed comment surrounding the issue of incorporation is centred on the question of tax – how much you may have to pay to incorporate and whether your overall tax liability will be higher or lower after your practice becomes a limited company.

In this article, which sometimes refers to matters already considered in previous articles, analyses in more detail the differences between your liabilities as a sole trader or partnership and your practice’s liabilities as a company after incorporation.

Types of tax

There are four principal categories of tax to consider when comparing the fiscal liabilities of a sole trader to those of a limited company. Practice partners, although they may be legal entities, are not subject to tax; for tax purposes each partner is effectively a sole trader, whose tax liabilities are assessed via his or her personal tax return according to their share of the practice’s profits.

The taxes we need to consider are:

- Income Tax (and National Insurance)
- Corporation Tax
- Capital Gains Tax
- Inheritance Tax

Our figures will assume that the dentist(s) has no other taxable income, and are based on the Inland Revenue’s tax tables for 2009/2010. We’ll look first at the situation of the sole trader, the dentist who is running their practice as a self-employed person with their own business.

A sole trader pays Income Tax and National Insurance (NI) on all of the business’s profit, which is seen as his/her income in any given year, whether or not the profits are withdrawn from the business. The rate of taxation varies according to the amount of profit, with no tax or NI paid on roughly the first £5,000, a total of 28 per cent being paid on roughly the next £37,000 and about 41 per cent thereafter, so the threshold for the top band of 41 per cent is £43,000.

Sole traders do not pay corporation tax

If the sole trader sells their practice via a limited company in which he/she has an interest, or to any one else, Capital Gains Tax is payable on the profit on the sale. The rate of Capital Gains Tax is 10 per cent on the first £1,000,000 per taxpayer, per lifetime, and 18 per cent thereafter.

A dental practice owned by a sole trader qualifies for Business Property Relief, and no Inheritance Tax is payable on the value of the practice on death.

Limited companies pay Corporation Tax instead of Income Tax on any profits or capital gains. Provided the dentist controls only a limited company, the rate of Corporation Tax is 21 per cent on the first £300,000, 28.75 per cent on the next £1,200,000 and 28 per cent on profits above £1,500,000.

With a few exceptions (for example, private motor vehicle expenses), the company’s profit subject to tax is calculated in the same way as for a sole trader. A salary paid to the dentist as a company director or as an employee is a tax-deductible expense.

Dividends, being the distribution of after-tax profits to the shareholder(s), are not tax deductible.

Any salary drawn from the limited company by the dentist as a director is subject to personal Income Tax and NI as described above, except that the middle band rate (between about £6,000 and about £57,000) is 15 per cent. If the dentist is paid more than £5,175pa by way of salary, the company also has to pay NI, at 12.8 per cent on the excess.

Dividends paid to the dentist as a shareholder may be subject to Income Tax but not to NI. If the dentist’s total income including dividends is less than £45,875, the dividend tax rate is zero per cent. If total income exceeds this figure, excess dividends above this level are taxed at 25 per cent. Any salary paid to the dentist would therefore reduce the amount of dividend, which qualified for the zero per cent rate of tax.

Tax liabilities

• Dentists should not forget that, although the practice may be the company’s sole asset, the company and the individual are separate entities, and any Capital Gain that results from the company ultimately selling the practice or any part of it to a third party will be included in the company’s profits and liable to Corporation Tax. However, it is usually more beneficial for the individual to ultimately sell their shares in a limited company to a third party, as the gain here will be taxed at the personal Capital Gains Tax rate of 10 per cent or 18 per cent, rather than the higher Corporation Tax rates.

The shares in a ‘close company’, such as a family owned dental practice, qualify for Business Property Relief, and no Inheritance Tax is payable on the death of an active shareholder.

Many dentists operating as sole traders will have broadly similar financial circumstances, but there will always be factors peculiar to individual situations. Although incorporation very often brings significant benefits, it is not a ‘one size fits all’ solution and expert advice should always be sought before any decision is taken.

To receive hard copies of earlier articles in our series, please email your name and address to rae@lansdellrose.co.uk.

About the author

Michael Lansdell was brought up in South Africa, receiving his honours degree there in 1991. He completed his training with international accounting firm Deloitte in 1994, and went on to become a founding partner at Lansdell & Rose Chartered Accountants (SA) a year later. Based in Kensington, London, Lansdell & Rose deal only on a long-term retained basis, exclusively with owner-managed clients, generally dentists and doctors, and specialising in the incorporation of dental practices.

As a client-focused team, they look for sustainable long-term solutions for their clients that maximise profits, minimise tax and build wealth. For more information, visit www.lansdellrose.co.uk or call 020 7376 9333.

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Sedation: management of risk

Dental sedation is a safe and effective method of anxiety control for patients undergoing dental treatment but you need to have the proper procedures in place, says Dental Protection

Sedation can be provided by using drugs in several ways such as oral, inhalation or intravenous delivery, although each has its own merits and risks. Sedation is considered to lie within the skill of a general practitioner who has received appropriate postgraduate training.

Nervous patients
Some patients find it difficult and distressing to accept even the most routine of dental procedures when fully conscious and aware. Other patients, who will normally have no difficulty in accepting routine procedures, might feel the need for sedation when undertaking more complex or lengthy procedures. Certain surgical procedures, complex prosthodontics or endodontics might fall into this category.

Sedation has been linked in the past to dental anaesthesia. However, the move in most countries is away from the provision of general anaesthesia for most primary dental care procedures and, where it is deemed appropriate to provide it, to do so in specialist centres staffed by experienced medically qualified specialist anaesthetists with appropriate postgraduate training, and supported by experienced nursing and recovery teams who have received specific training in the field of dental sedation.

Many drugs used in sedation have the potential to induce anaesthesia. It is therefore important that dentists practising sedation should ensure that the drugs and techniques used carry a margin of safety sufficient to render the loss of consciousness highly unlikely. There are very strict requirements relating to the provision of general anaesthesia in many countries and dentists have had difficulties in the past when a patient undergoing sedation has lapsed into inadvertent anaesthesia. In general, a dentist should be able to maintain verbal contact with a sedated patient at all times.

One precaution which has been adopted in many countries, is the stipulation that only a single sedative drug should be used,
thereby avoiding the possibility of a potentiation (exaggerated) effect that could occur when more than one drug is used. With this in mind, the need for an up to date written medical history, with all current medications recorded, is essential in order to avoid any interaction with, or potentiation of the patient’s normal medication.

In most jurisdictions, dentists who provide sedation are required to undertake postgraduate training and to maintain a contemporary level of knowledge. Regular refresher courses in cardio-pulmonary resuscitation techniques should involve all members of the dental team, and training of the whole dental team under simulated conditions, in preparation for a possible real emergency, is an excellent risk management strategy. A log should ideally be kept of all such training for each member of the team.

**Consent**

Practitioners should take adequate steps to ensure appropriate consent for the sedation procedure itself, in addition to the treatment to be provided. Problems have arisen where patients have had additional treatment carried out under sedation without their prior knowledge and agreement.

The more accurate the diagnosis and the fuller the discussions prior to treatment, the less potential there is for additional treatment to become immediately necessary while the patient is still sedated; consequently, the less likely the patient will be to complain about a lack of consent.

In some parts of the world, the decision to provide additional treatment in such situations may not be accepted as appropriate, even if taken with the best interests of the patient in mind.

Patients have the right of autonomy, which they do not forego simply because they happen to be sedated when their treatment is carried out. Such a situation is more easily accepted in an emergency or where a patient would quite clearly be worse off, if left in pain for example. It is not always possible to establish the precise treatment plan in advance of the patient being sedated. Because of this, a full discussion should take place with the patient, indicating that this might be the case and the patient’s views should be sought in advance – particularly in respect of any treatment options that they specifically wish to avoid.

The obvious difficulty in obtaining a valid consent from a sedated patient, makes it a sensible precaution (and a formal requirement in some countries) that the patient’s consent to both the sedation itself, and to the specific treatment to be carried out under sedation, is confirmed in writing in advance of the procedure.

**Side effects**

Clinicians sometimes overlook the mood modification that occurs when sedative drugs are used in dentistry. The pharmacological effect leaves the patient with a state of mind that is not entirely normal. Although the patient can still respond to their environment, and to the commands of others following the administration of conscious sedation, the higher level neurological functions are markedly altered.

Most sedative drugs cause a loss of inhibition and some are hallucinogenic. That is the nature of their action. The scientific literature contains no authoritative evidence, including randomised control trials, to establish the frequency of sexual fantasies. Such evidence that does exist suggests that about one in two hundred patients may experience erotic dreams. The benzodiazepines are the drugs most commonly implicated in this phenomenon, but they are by no means the only ones.

The dento-legal risk that results from the above is self-evident; allegations of sexual impropriety can have devastating consequences for a healthcare professional, and the media interest is always very high. There have been many such cases around the world which have been associated with dental treatment provided under sedation.

Whilst sexual hallucination can be disturbing, it is not a common side effect. A balanced judgement has to be made for...
each patient as to whether or not this possibility has the po-
sential to be significant, and if so, whether it is prudent to treat
the patient under sedation, or indeed at all.

It is particularly useful to provide the patient with an in-
formation sheet. Not only should this explain what to do and what
not to do before and after con-
scious sedation, but it should also explain the nature of the
procedure and the processes involved, as well as the benefits
and risks. A further section of the text can explore frequently
asked questions.

This is also a good opportu-
nity to explain that the effects of
conscious sedation are similar to
the effects of alcohol. Following
from this it is useful and entirely
appropriate to explain to the pa-
tient that they may dream, that
some dreams can be vivid and
intense, and that very occasion-
ally, the dreams can be of a sex-
ual nature.

Chaperonage
The presence of an appropri-
ate third party goes a long
way to protect the practitioner
from allegations of indecent
assault. Whenever this sort of
procedure is being carried out
there should be a strict rule that
no practitioner is ever left alone
with the patient:
• Not even for a short time
• Not during administration of
  the sedative drug
• Not during the patient dis-
  charge following recovery
• Not at any time in between

There should be no deviation
from this rule and only careful
staff training can ensure that this
is the case on every occasion.

For example, once the seda-
tive has been administered it is
inappropriate for the chaper-
oning dental nurse to leave the
surgery to move out of sight of
the patient and dentist within
the surgery. This applies even for
the briefest period of time and
for any reason that might cause
the nurse to be temporarily out
of view (retrieving instruments
or materials and any other duties
away from the chair). Systems
need to be developed such that if
the situation should arise that ex-
tra equipment and materials are
required from a site beyond the
immediate surgery, then a third
person should be summoned to
obtain these.

Drugs must be used with
care and consideration. There is
evidence to suggest that higher
doses of sedative drugs tend to
increase the incidence of sexual
hallucination. Frequent use of
high dose sedative regimes is
likely to increase the risk of al-
leged sexual assault.

Recovery
Once the operative procedure
has been completed, the patient
will on most occasions still dis-
play a residual level of sedation
and will need time for further
recovery before discharge or
transfer to nursing care. Again
the patient must be fully chap-
eroned throughout this stage.
The dental nurse/assistant must
not leave the dentist alone with
the patient at any time. When
moving the patient to dedicated
recovery facilities, the patient
should be transferred either by
trolley or should be able to walk
themselves with the minimum of
supervision. It is inappropriate
for the patient to require support
from both the dentist and the
dental nurse in the transfer proc-
cess. Not only is the patient inade-
quately recovered to be trans-
ferred by this method, but this
method of transfer produces an
unacceptable level of close body
contact, which has the potential
to be misinterpreted.

Once in the recovery area,
the patient should be moni-
tored and accompanied by a re-
sponsible adult at all times. The
patient should not be left alone
with the dentist just ‘pop-
ing in’ to monitor the patient.
The recovery period is one of the
most frequently cited times of an
alleged sexual assault, and a pa-
tient should be continuously and
closely monitored by an appro-
priately trained person, taking ac-
count of any chaperonage issues.

Supervision
A patient who has been sedated,
even after allowing sufficient
time in a supervised recovery
environment under the care of
suitably trained and experienced
personnel, should be accompa-
nied from the practice by a re-
sponsible adult.

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'Under no circumstances should such patients be allowed to drive a motor vehicle, or operate any machinery or appliances unsupervised for an extended period (of several hours at least) after the administration of the sedation.'

Under no circumstances should such patients be allowed to drive a motor vehicle, or operate any machinery or appliances unsupervised for an extended period (of several hours at least) after the administration of the sedation.

Such arrangements should be agreed with the patient in advance of the sedation appointment, supplemented by written preoperative instructions to this effect.

It is certainly unwise to proceed with any treatment under sedation, unless and until the relevant accompanying person is physically on the practice premises and intending to remain so. Situations have arisen in the past when such accompanying adults have never materialised at all, leaving the practice team in the invidious position of having to arrange for the same transit of the patient to their home, as well as for their subsequent supervision.

The record

The clinical records should include an up-to-date medical history, any referral correspondence, details of the consent process, and any pre-operative and post-operative instructions given to the patient. A carefully completed record of the sedation procedure itself is not only an essential component of good patient care, but it can prove invaluable in defending any allegations of improper conduct. Along with patient identification details, there should be a note of the patient’s weight and their risk grouping - as defined by the American Society of Anaesthesiologists, for example. The identity of every member of the operating team should be clearly stated in the notes, as should any drugs that were used (together with a record of their batch numbers).

It is important not only to record how much drug has been given but also when it was given and how quickly. This information can be used to justify the dose of drug used in a particular patient. Whilst sedative drugs are given in dosages loosely based on body weight, conscious sedation drugs used in dentistry are often titrated to the patient’s individual needs. The clinical notes should also contain an indication of the quality of sedation, the level of sedation and patient’s response to the procedure. Any subjective signs such as restlessness or a distinct change in the patient’s demeanour should also be noted, particularly where the loss of inhibition is marked.

The records should include the name of the person into whose care the patient is entrusted on leaving the dental surgery premises.

Supporting staff

In the past, it was not unusual for a single dentist to act as both operator and sedationist/anaesthetist. It is now widely accepted that such a practise does not allow an appropriate degree of focus and attention, to allow each of the two roles to be carried out to a necessary high standard of care. In some countries, and particularly where it is commonplace for health commissions to operate in rural or remote settings, inhalation sedation techniques such as relative analgesia (nitrous oxide/oxygen) are still considered appropriate for use by a single operator.

In all cases, however, sedation procedures become safer and more predictable when the dentist is assisted by nursing staff who have received specific training in dental sedation and in recovery procedures.

Amnesia

Many of the drugs used for dental sedation have the potential to create an amnesic effect. Although this is often a significant advantage, it can also create a threefold problem. The patient may not remember discussions or explanations given to them during the treatment. The patient may recall some events or conversations that occurred during the treatment, but not others. The fact that they can sometimes recall certain events very clearly, can leave the patient to believe that other events did not take place at all – even when they clearly did.

The patient may not remember any postoperative instructions given to them at the time of treatment. For this reason, it is important to provide both preoperative and postoperative instructions in written form. Where appropriate, these instructions should be reinforced verbally with the accompanying person whose role it is to supervise the patient on their return home from the surgery.

Giving patients advice sheets on sedation should help allay any concerns the patients may have.

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Further training is a must when considering offering facial aesthetics at your practice

Dr Bob Khanna

Practice makes perfect

Dentists are by far the easiest healthcare professionals to train in the area of facial aesthetics, but as with all medical procedures, further training and education in the field is a must, insists Dr Bob Khanna.

One of the fundamental concepts in dental undergraduate training is being able to understand the anatomy of the face, head and neck – a skill that is directly transferable to the facial aesthetics industry. Understanding the muscles of facial expression and the distribution of nerves and blood vessels, and being able to relate this to treatments is key to being able to correctly deliver treatment, and carry out procedures in a reproducible, effective and painless manner.

Improving skills

As with all new skills, confidence in this field is only acquired with practice. These are not skills that can be learnt from a textbook, and hands-on experience is the best way to learn. My training ethos is “tell-show-do”, and in the courses that I run, I encourage students to first learn the basics of a procedure, before watching me carry out a series of live procedures they can interact with, and ask questions about. I then encourage them to get as hands-on as possible as soon as they feel ready.

There is no substitution to hands-on training, but it is vital it is supervised by an experienced professional. As well as ensuring that potential patients are first likely to have an initial conversation with the reception team before talking with the practitioner, and some patients prefer to air any concerns they have with them. If the whole team are able to answer questions confidently, and allay fears, the patient is likely to feel more comfortable and relaxed about the procedure, and indeed the whole experience.

Confidence and competence

The most important thing to consider before getting started in the facial aesthetics industry, however, is the enthusiasm required to be able to offer the best treatment. Although all treatments are entered into voluntarily, remember that the patient is putting their face in the hands of the practitioner, and therefore requires that person to be completely confident and competent, in order to ensure that they walk out of the surgery with a smile.

‘There is no substitution to hands-on training, but it is vital it is supervised by an experienced professional’

Making progress

Advances in medical science are helping to keep moving the facial aesthetic industry forward, with new products, techniques and methods becoming available all the time, therefore, once qualified it is important not to become complacent. It is vital to maintain an active interest in the industry, and ensure that all practitioners attend regular refresher courses. It is crucial to keep on top of the ever-changing trends within this fast-paced industry, as well as being confident with new, updated techniques.

As well as ensuring that medical employees are kept updated, it is essential to also make sure that all practice staff are well versed in the aesthetic procedures and fully understand the options available. Many potential patients are first likely to

‘There is no substitution to hands-on training, but it is vital it is supervised by an experienced professional’

Confidence and competence

The most important thing to consider before getting started in the facial aesthetics industry, however, is the enthusiasm required to be able to offer the best treatment. Although all treatments are entered into voluntarily, remember that the patient is putting their face in the hands of the practitioner, and therefore requires that person to be completely confident and competent, in order to ensure that they walk out of the surgery with a smile.

About the author

Dr Bob Khanna is widely regarded as one of the world’s leading exemplars of dentistry and facial aesthetics. President and founder of non-profit organisation The International Academy for Advanced Facial Aesthetics (IAAFA), Dr Khanna heads the only UK organisation to combine medical and dental professionals. He is the appointed clinical tutor in facial aesthetics at the Royal College of Surgeons and has trained thousands of dentists and doctors through the Dr Bob Khanna Training Institute.

Dental Tribune United Kingdom Edition - June 7-13, 2010
Image is everything

Armed with intra-oral pictures, diagnosticians are able to draw up treatment plans. The dentist can then decide with the patient, which plan is the most suitable. Andrew McCane explains.

Assessing malocclusions
With the skilful use of cheek retractors and mirrors (warmed in hot water first to reduce condensation), you can capture excellent intra-oral images. These are vital to accurately assess the severity of malocclusions. In order to achieve the right lighting of the area, the diagnostic team recommends the use of a ring-flash. The mirror is used to achieve high-quality diagnostic images of the lower occlusal and upper arch regions, while the cheek retractors are ideal to enable great images of the anterior, left and right buccal regions.

Armed with these images, diagnosticians are able to draw up treatment plans. The dentist and patient can then decide which plan is the most suitable, and move forward to create a healthy and aesthetically pleasing smile.

FGDP(UK) guidance books – the gold standard

Standards in Dentistry
The bestselling Standards in Dentistry is an ambitious package, bringing together all previous guidelines in oral healthcare, including guidance from the FGDP(UK), BDA, GDC, ISO, and the Department of Health, among others. The innovative format combines a printed manual with an online publication, allowing for frequent updates.

Clinical Examination and Record-Keeping
Now in its second edition, Clinical Examination and Record-Keeping has been updated in line with the latest guidance, and now covers electronic records and data protection, with updated guidance on patient consent and mental health. The book also includes example scenarios, and template forms for use in practice.

Selection Criteria for Dental Radiography
Selection Criteria for Dental Radiography continues to be one of the leading texts on radiographic investigation, including clinical indications for a range of patients, along with advice on IR(ME)R2000 and good practice dos and don’ts, to help practitioners to form a sound basis for clinical decisions.

Also available from the FGDP(UK):

• Adult Antimicrobial Prescribing in Primary Dental Care for General Dental Practitioners
• Guidance for the Management of Natural Rubber Latex Allergy in Dental Patients
• Guidance for the Management of Natural Rubber Latex Allergy in Dental Healthcare Workers
• Selection Criteria for Dental Radiography

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Piloting through uncertainty

Neel Kothari questions what piloting actually involves and what changes the Department of Health is hoping to assess and implement

The current buzzword within NHS dentistry is piloting. Back in 2006, a lack of adequate piloting led to a flood of criticism for the turbulent installation of an untried and untested system. Despite reassurances from the Department of Health (DH) that the new system was fine and working, there has been a constant call for change from both within and outside our profession. It seems that while the previous system had been around for a few decades, this current one looks destined to be around for only a few years.

While scavenging through the dental press, I find that many different groups and organisations have praised the DH’s new-found enthusiasm for piloting, but nowhere can I find details of actually what this piloting involves and what changes the DH is hoping to assess and implement.

The Steele review provided a broad range of recommendations based on evidence gathered to help implement real change, but with Government coffers in deficit, it’s still not clear just how likely we are to actually implement change.

Wider options

The first wave of pilots is looking individual aspects of the Steele recommendations. The next wave will aim to trial a wider range of options to cover more areas of the Steele review, including increasing access to NHS dentists, introducing patient registration, measuring quality as well as quantity of treatment, and encouraging dentists to carry out more preventative work. As yet, we do not know whether the new Government will pilot just individual facets of a proposed ‘new’ new contract, or is willing to pilot the full working model before taking it nationwide; if so, when they envisage to realistically do so, is also in question.

Look at the conclusions set by the review, I was glad to see recommendations for improving ‘quality’ as well as addressing issues with access. But the real debate on how we manage to make this work in practice still needs to be addressed. Despite the debate, the DH has so far provided no concrete model as to how this can be achieved.

Whenever I have friends round for dinner I always try and buy the very best ingredients to cook with, but that doesn’t mean I always get the right result. If it’s a particularly important meal, I try and cook something that’s worked before. Sometimes when you’ve cooked a dish once, you realise what works and what doesn’t, regardless of how many times you’ve checked to see you have the right ingredients.

Although I am not surprised at this pay freeze, one has to question the efficacy of piloting changes that may never have the finances or political will to see the light of day. In my opinion, I do hope that some good can be learnt from the current batch of pilots, but when it comes to implementation, let us hope that next time, the Government carries the profession along with it and ultimately treats working professionals as professionals.

About the author

Neel Kothari qualified as a dental from Bristol University Dental School in 2003 and currently works in Cardiff as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL Eastman Dental Institute and regularly attends postgraduate courses to keep up-to-date with current best practice. Immediately post graduation, he was able to work in the older NHS system and saw the changes brought about through the new system of NHS care. Like many other dentists, he has concerns for what the future holds within the NHS and as an NHS dentist, appreciates some of the difficulties in providing dental healthcare within the widely critcised system.
Making a difference

In the age of being ‘green’, it’s important that you are seen to be operating an environmentally friendly practice, says Glenys Bridges

When it comes to projecting your image to patients, in view of the serious environmental issues that face humanity, it’s important that your practice can demonstrate green credentials. Here are some measures based on saving energy and on reducing, re-using and recycling waste that you could embrace to make a difference.

**Turn lights off** whenever – and wherever – they aren’t needed. The Carbon Trust website offers stickers and posters to remind people to ‘switch it off’.

**Adjust the thermostat.** The recommended temperature in offices is 19 to 20°C, so by turning the heating down by just 1°C you can reduce your energy use by around 10 per cent. Around 30 per cent of the energy used in the UK is wasted.

**Turn off all electrical equipment** when not in use. Printers, photocopiers and computers etc, should be turned off when they are not being used, especially at the end of the day. Even when left on standby, appliances use energy. A PC monitor left on overnight can waste enough electricity to laser print more than 500 pages.

**Don’t throw away paper.** Avoid using more paper than you need and re-use paper that you no longer need. Here are some ideas to help:

- Re-use paper that has already been printed on one side in your printers/fax machines
- Don’t print out anything unless absolutely necessary
- Re-use envelopes
- Turn scrap paper into notepads
- Photocopy/print double-sided

Paper that goes to landfill instead of being re-used or recycled causes greenhouse gases that contribute to climate change.

**Organise a book swap/sale** Not only will you be encouraging your colleagues and patients to use an environmentally friendly way of finding a home for all those books they have been meaning to get rid of for ages – it’s also a great way to learn and discover new interests. If everyone in the world was as wasteful as we are in the UK, we would need eight worlds.

The average person in the UK throws out their body weight in waste every three months.

**Reuse ink cartridges and mobile phones**. You can send your used ink and toner cartridges and mobile phones to Actionaid, one of the UK’s largest international development organisations. Better still, start a collection in your workplace – Actionaid will collect for free. An estimated 90 million mobile phones are lying in drawers and cupboards around the UK.

Recycling is all about ‘closing the loop’ – not just recycling things you don’t need, but also buying back products made from recycled materials. There are now lots of recycled products available for the workplace, from pens and mouse mats to note pads and printer/toner cartridges. There is a range of recycled products available from the Ethical One Stop Shop website. Recycling and buying recycled products reduces carbon dioxide emissions compared with other ways of getting rid of waste. It also saves resources as the material is used to make a new product as well as the energy and water used during the manufacturing process.

**About the author**

Glenys Bridges is managing director of the Dental Resource Company, and has provided training for dental teams since 1992. For more information, visit www.dental-resource.com or call 0121 241 6693
**Castellini – Quality and Reliability Guaranteed**

Boasting a unique design and manufactured to the highest standard of precision, Castellini Goldspeed instruments become indispensable after the first use.

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- Optimal ergonomic design
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Syrinx™ are designed for conventional endodontic instruments. Supplied in Kit 1 and Kit 2 types presentations they are manufactured from high-grade stainless steel which maintains both flexibility and strength. The K-Type feature an innovative non-cutting top tip; it is the first choice for preparing canal and necks.

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Ergonomically designed with soft-grip handle, Flashech™ handpieces fit perfectly in your hand. With a wide gap at the working end and a narrow centre, the dimpled design helps stop hand fatigue and provides the greatest user control for precise and gentle procedures.

The range includes a selection of scalers, curettes and handpieces, including a number of instruments also available with shorter tips - allowing for finer access.

Flashech™ tips are replaceable, so should one break or be overly sharpened, they can be easily replaced. Simply, the handles can be bought separately, allowing you to fully colour-code your surgery.

For a limited time DENTSPLY is offering a promotion on Flashech® handpieces; buy 5 and get 1 free (copy invoice to DENTSPLY, please see web site for address).

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UnoDent is the high quality, great value range of dental equipment and products is always and expanding always and expanding its product range to comply with HTM 01-05 guidelines. The UnoDent range is no exception to this and has some great alternatives to traditional branded equipment.

For example, the new UnoDent Extraction Fixtures are removable joint fixtures that can be taken apart for easy cleaning, meeting all decontamination procedures. Designed at just £24.00 each, they are stainless steel and available in three versions for upper and lower roots (DFO515, upper and lower central (DFO519) up and lower bicuspids (DFO521). With greater emphasis on sterilisation and decontamination than ever before there has never been a better time to switch to UnoDent single-use instruments. The UnoDent single-use instruments are available in a wide variety of types and with prices starting from as little as £2.40 per pack, these instruments offer a very cost-effective single-use solution.

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Congratulations to everyone who took part and here’s to next year’s event, to
future dentists given the full treatment.

Dr Bhurde’s series of talks supported by Philips and for the BDA are
designed to give future dentists an overview and awareness about the
commercial realities of dentistry and the importance of practice retaining
as a way of offering the best possible service to patients, ensuring that
they sustain their patients’ trust at all times. The speaker showed that practicing
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As dental professionals we are all aware that every journey is
smarter, the creator of innovative endodontic systems, is delighted to reveal its new
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About SMART SEAL: SMART SEAL, the new radio-opaque material has been
developed following feedback from practitioners who said they found smartseal
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The new Mitto Range is a fine example of Tavom’s innovative design of
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practitioners offer discounts, both corporate and individual, great incentives
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Dr Gill has developed a thriving private practice in Nottingham which offers
cosmetic procedures as well as focusing on and advocating preventive
dentistry. He also works as a business consultant advising on the launch of
new products and ensuring their sustainability. Another of his roles is
Non-Executive Director of DentalXpress, the UK’s first social enterprise to
provide financial advice to dental practices and dental professionals.

It has been announced today that Dr Amarjit Gill, BDS MFGDP,
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provide financial advice to dental practices and dental professionals.
High-quality magnification and smartly designed optics. Dental professionals have come to expect quality from Genus. With high-quality magnification, dental professionals can observe the finest details of soft and hard tissues with ease. Genus' latest version of the Visor provides the wearer with a 30-degree field of view with a 4x magnification. The Visor features a built-in LED light that is adjustable and positioned to illuminate the field of view. The Visor's frame is lightweight and easy to use, making it ideal for extended periods of use.

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Dentists looking for the very best in implant prosthodontics and care should look no further than Kent Implant Studio. Located in Ashtead, Kent, the practice is proud to offer a full range of implant-related services, including immediate and delayed loading implants, sinus lift procedures, and ridge augmentation.

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Interproximal brushing is an important part of daily oral hygiene routines. With its superior strength and flexibility, the NobelActive Interproximal Brush is designed to access hard-to-reach areas between the teeth. Featuring a robust, flat-tipped brush head, the NobelActive Interproximal Brush is ideal for removing plaque and food debris, promoting optimal oral health.

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PracticeWorks is the only practice management software platform that provides a complete solution for all practice needs. It offers fully integrated and intuitive modules for appointment scheduling, patient records, insurance claims, and financial management. With PracticeWorks, dental practices can streamline their operations, improve patient satisfaction, and stay compliant with regulatory requirements.

Genus takes ideas and turns them into reality

If you have a vision for your perfect practice, Genus can make it a reality. The design and build programme from Genus develops the dentist’s vision into a state of the art, striking interior, inspiring confidence in both patients and staff.

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Reference: ¹ Data on file, P&G.
Get ‘Up To Date’ with P&G

Enjoy a complimentary dinner while gaining two verifiable hours of CPD at P&G Oral Health’s latest seminar sessions

P&G Oral Health (Oral-B) has launched its new ‘Up To Date’ scientific exchange seminars and are inviting dental professionals to attend a complimentary CPD accredited evening event at one of three locations: London (Royal College of Physicians, 10 June), Manchester (Cranage Hall, 24 June) and Bristol (the Aztec Hotel, 29 June).

The guest speakers are Prof Trevor Burke and Dr Julian Satterthwaite, while the evening will be hosted by Dr Stephen Hancocks. Prof Burke’s lecture is provocatively entitled ‘Does Size Matter?, while Dr Satterthwaite will be exploring ‘The Management of Failing Dentitions’.

Food for thought Prof Burke discusses how the successful long-term restoration of teeth is dependent on many factors and demonstrates how minimally invasive treatments have been shown to present fewer adverse pulpal events than techniques which require heavier preparations. His talk will look at the incidence of failure of restorations and suggests a minimally invasive method of treating anterior tooth wear. He will also explore whether minimally invasive crowns and bridges are possible and will examine ways to prevent cusp fracture (and how to treat it) as well as presenting a philosophy for minimally-invasive planning of treatment.

Dr Satterthwaite will address a common issue faced by dentists today; having to maintain dentitions that have been extensively restored either through the cumulative effect of multiple interventions or the provision of advanced dentistry. Those patients who manage to avoid the restorative cycle may suffer with ‘failing teeth’ due to tooth wear. His talk will provide helpful tools and tips for management, restoration and prevention of such cases.

CPD and dinner As well as two verifiable hours of CPD, every delegate is invited to enjoy a complimentary meal at the beginning of the evening. Registration and buffet is from 6pm with the first lecture starting at 7pm. The evening will finish at 9.30.

Spaces at these events are limited and are allocated on a first come, first served basis. If you would like to attend, please email the following information to the event organiser Michelle Hurd (michelle@ab-communications.com) – your name and position held within the practice, your postal address (home or practice), a contact telephone number, confirmation of which of the three events you want to attend and the name(s) and position(s) of any other colleagues who would also like to come. You will receive a confirmation by email within five working days. If you don’t, please call 020 8399 5079 or 07920 178178, as your email might not have been received.

If you’re considering converting to private practice but are unsure about how to proceed, come and join Practice Plan and our special guest, Chris Barrow for a two hour evening seminar dedicated to giving you practical and simple advice on how to make a seamless and successful conversion.

Practice Plan has helped hundreds of NHS practices across the UK to successfully convert to private practice and we’ll have experts on hand to answer all your questions and support you in any way we can.

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Tuesday 22nd June   6.00 pm : Manchester
Tuesday 29th June   6.00 pm : Windsor

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Special Guest:

Chris Barrow

If you’ve never heard Chris Barrow speak... then you’re in for a treat. If you have, then you know you can expect the kind of straight talking, no-nonsense practical advice that has helped countless dental practices to succeed and grow.

As an added bonus, the event will deliver 2 hours CPD!

“The whole process is made easy for you with Practice Plan” Gayna Horridge
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illumination 25,000 lux, titanium finish,
ceramic bearings, tactile spray, non-return
valve, compatible with Select® Multiflex®,
2 year guarantee

Autoclaves

25 years of safe sterilization

The SteriClave® range is the result of 25 years of experience in the sterilization field. In 2008, Cominox obtained the IMQ UNI 13060 mark on its sterilizers as the first and only Italian company.

SteriClave 6 S
with integrated printer,
5l capacity,
thermodynamic vacuum

£2,300
RRP £2,750

SteriClave 6 B
with integrated printer,
5l capacity, vacuum pump,
fast 10 min cycle - for implantology

£3,820
RRP £4,550

SteriClave 18 S
with integrated printer,
18l capacity,
thermodynamic vacuum

£2,640
RRP £3,150

SteriClave 18 B
with integrated printer,
18l capacity, vacuum pump

£3,990
RRP £4,750

SteriClave 24 B
with integrated printer,
24l capacity, vacuum pump

£4,690
RRP £5,600

Discom
water distiller

£220
RRP £264

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