HIV scare for thousands of patients

Thousands of patients in Bristol and Bournemouth have been informed they could be infected with HIV or hepatitis because a dentist failed to sterilise his instruments properly.

The patients affected have been sent letters telling them about the potential risk of blood-borne infections after a dentist was found to have been following poor infection control measures.

NHS South Gloucestershire, NHS Bristol and NHS Bournemouth and Poole have said the risk to patients was very low indeed.

Patients are being asked if they wish to attend a specialist clinic where they can have blood tests for HIV and Hepatitis B and C.

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Conservative dentistry

Is there a glitch in the matrix? Is history repeating itself? How much more turbulence can NHS dentistry take? Just a few questions Neel Kothari ponders in light of the recently revealed Tory party pledges

Tough times ahead?

In my last interview with Mike Penning (Tory health minister) it was clear that he had a good understanding of the problems facing NHS dentistry. But what I really wanted to know was what changes a Tory government plans to make and the rationale behind why they have come to these conclusions? As I seem to remember, when the last set of changes were made there was a distinct lack of transparency between policy makers and dental professionals, as well as any form of trialling to test the effectiveness of changes prior to rolling them out nationwide. So when the Tory party recently unveiled a list of pledges for NHS dentistry this got me questioning, is there a glitch in the matrix? Is history repeating itself? And how much more turbulence can NHS dentistry take?

What they pledge

The Tory plans, which are outlined in a document entitled Transforming NHS dentistry, include commitments to improve access to dental care, scrapping the unit of dental activity, reintroducing formal patient registration, reward preventative care given by dentists as well as enabling dentists to charge a fee for failed attendance and fixed quotas for newly qualified dentists. The document also sees the Conservative pledge to properly pilot any reforms. The white elephant in the room is that the document does not mention exactly how dentists are going to be paid.

While I agree many of the above points will help, as an NHS dentist I have to question the value of pledging to scrap a system before an alternative can be put forward. With an economy in recession and strict limits on public spending any government will find financing reforms difficult, so if there is to be another overhaul of the system, how much will it all cost? And how much of this burden will be passed on to NHS dentists?

The biggest surprise must surely be the introduction of a five-year fixed NHS quota to newly qualified dentists. With Mintel (a leading market research group) predicting downward growth of the cosmetics market at least until 2013, it is clear that the mass exodus of younger dentists to the private sector is no longer a problem for any successive government. But the problem is not that newly qualified NHS dentists choose not to work for the NHS, rather that they feel they cannot provide good quality work under the NHS, they cannot set up their own practices any more under the NHS (therefore having more control with their working practices) and they don’t see a viable secure future within the NHS. Also let us not forget NHS dentists now have little control over how much dentistry they can provide under the NHS, it is now up to PCTs.

“Finding holes within any system is possible if you search long enough but with the new dental contract you don’t have to look hard”

In the run-up to our next general election, all political parties are gearing up for the mother of all fights. Like always, NHS dentistry proves to be an interesting political football with media headlines announcing problems with dentistry resonating true within the fear-fuelled minds of the general public. Finding holes within any system is possible if you search long enough, but with the new dental contract you don’t have to look hard. The old system had many problems, but like a well-built German car, still managed to work after years of heavy mileage. While change and reform are an inevitable part of life, the question we have to ask ourselves is are we better off with the devil we know?

Back in 2006, the transition to the new dental contract probably couldn’t have gone any worse. Rather than a ripple in the pond we ended up with a turbulent rollercoaster and widespread criticism of the new dental contract. Opposition parties and patient organisations have publicly made their disdain for the new dental contract clear, but despite widespread condemnation little has changed since its introduction. With an upcoming general election, the polls tell us (at the time of writing) it is likely we may see a change in government and with this a change in direction for NHS dentistry. While I agree things need to change, I find myself ‘here we go again’ and questioning what exactly do we have in store with another government?

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL’s 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 see the changes brought about through the introduction of the new NHS system. 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 this widely criticised system.
The British Dental Association has called on the Department of Health to focus on quality of care when it looks at the recommendations of Professor Steele’s review of NHS dentistry.

The British Dental Association executive board chair, Dr Susie Sanderson, addressed the 2009 British Dental Conference and Exhibition at Glasgow’s Scottish Exhibition and Conference Centre, and said she was optimistic that the voices of dentists and patients, which seem so often to have been ignored since the new contract, will now have a chance to be heard.

Dr Sanderson welcomed the ‘ambitious, open and consultative nature’ of Professor Steele’s review, and urged the Department of Health to interpret the review’s recommendations ‘in a way that allows the ingrained professionalism that we learn in dental schools, and that is willingly expressed in our everyday practice, not to be abused under the guise of achieving value for the public purse.’

She also praised the Review team’s ‘apparent insistence on independence and determination to deliver a really worthwhile report that properly addresses the very obvious problems in dentistry in England’, but warned that ‘the extent to which the report’s findings are accepted and implemented by government will demonstrate its true commitment to the process.’

Professor Steele has been leading the independent review into NHS dentistry in England.

The review team, which was appointed in December 2008, has been investigating why there are variations in access to dentistry in England and how the NHS can deliver continuous improvements in the quality of care.

Members of the independent review team for NHS Dentistry are Professor Jimmy Steele, chair in Oral Health Services Research at the School of Dental Sciences in Newcastle, Eric Rooney, consultant in Dental Public Health at Cumbria PCT, Janet Clarke, clinical director of Salaried Dental Services, Heart of Birmingham Teaching PCT and Tom Wilson, director of contracts, Milton Keynes PCT.

The results of the study, ‘A Review of NHS Dentistry in England’ will be published this summer.
Thousands of children in Doncaster have received a free oral health care pack in a bid to get them brushing their teeth twice a day. More than 24,000 children aged between four and 11 have been given a free pack, which included a toothbrush, fluoride toothpaste, a reward chart and sticker and a timer to make sure they spend enough time cleaning their teeth.

The project is being funded by NHS Doncaster and is being rolled out in partnership with Doncaster Council.

Tony Baxter, director of public health at NHS Doncaster, said: ‘Oral health in Doncaster continues to give cause for concern with surveys showing that dental decay levels of children in the borough are higher than the national average. Also, those children living in areas of deprivation experience higher dental decay levels than those children living in more affluent areas.’

He added: ‘This public health campaign will reach all Doncaster children from reception classes to year six and encourage them and their parents to develop good dental health practices. Our key message is brush twice daily with a fluoride toothpaste, cut down on how often you have sugary foods and drinks and visit the dentist regularly, as often as he or she recommends.’

A man who was said to have sworn and waved a chair above his head at staff after he was refused emergency dental treatment, has been given a community service order.

Manchester Crown Court heard that when he asked to see a manager, a row broke out and he was thrown out by security and afterwards arrested.

The 58-year-old, admitted a charge of affray at Manchester Crown Court and was given a community service order, with supervision, for 12 months.

Pearson claimed he could not afford private treatment and said that ‘he was driven to the edge’ as every time he went to get NHS treatment he was turned away.

‘When I went to the dental hospital I was having a problem with an infected loose tooth. The infection had spread from one side of my mouth to the other and I had a big abscess over my eye.’

‘I had terrible shooting pains in my gums and blisters on the roof of my mouth - but they wouldn’t treat me.’

‘I got a manager out and she just stood there with her arms folded.’

He claimed it was the fifth time he had been turned down at the dental hospital.

Pearson then asked a friend to help who pulled the tooth out with pliers two days later.

The judge said that the offence had been committed in a temper, partly caused by Pearson suffering from toothache.

A spokesman from Manchester Dental Hospital said: ‘The Dental Casualty Department provides emergency treatment to prevent the patient’s oral health from deteriorating significantly until they can make an appointment with their dentist, but does not provide a routine dental health service. Non emergency patients are referred on to their own dentist.’

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Study to tackle tooth decay in children

A team of researchers is to carry out a £2.87m study looking at the most effective ways of treating tooth decay in children.

Dr Gail Topping, Dr Nicola Innes and Dr Jan Clarkson from the University of Dundee will lead a UK-wide research team working with researchers from universities in Cardiff, Dundee, Glasgow, Leeds, London, Newcastle and Sheffield assessing the benefits of three different methods for treating tooth decay in baby teeth with cavities.

The research, which has been commissioned by the National Institute for Health Research Health Technology Assessment (NIHR HTA) programme, will look at: conventional fillings (numbing with local anaesthetic injections then drilling away decay before placing a filling in the cavity); biological treatment of the decay (sealing the decay into teeth with filling materials or undercrowsns, generally without the need to use injections or dental drills); and using only preventive techniques recommended in national guidance (better toothbrushing, less sugar in the diet, application of high fluoride varnish and fissure sealants) to stop the decay.

They will also ask children what they think of the different types of treatments.

Dental decay is one of the most common childhood diseases, with over 40 per cent of children in the UK already experiencing obvious decay in their primary (baby) teeth by five years of age, and this statistic has remained largely unchanged for the past 20 years.

Only around 12 per cent of obviously decayed baby teeth in five year olds are treated with fillings, while the vast majority are left untreated, and dental extractions remain the most common reason for children in the UK to require out-patient general anaesthetic.

The £2.87 million study will involve children aged three to seven who already have decay in their baby teeth but have no toothache or abscesses.

Participating dentists will be from general dental practices throughout the UK where children, who attend for regular dental care, will be invited to take part.

In addition to the preventive treatment for all children in the trial, they will be randomly assigned to one of the three treatment groups.

The children will be asked to rate on a special scale, any discomfort they felt during each treatment, and asked about what they think of the different ways of treating their teeth.

All children in the trial will be seen by their dentist up to four times per year and checked for any problems which require care.

‘Treatment for decay in baby teeth varies widely across the UK and there is, as yet, no conclusive evidence for the most effective approach to its management,’ said Dr Topping.

‘This trial will enable a clear recommendation to be made regarding the important question of how decayed baby teeth should best be managed—primary dental care,’ she added.

The project is due to start in October.

For more details about this project visit www.hta.ac.uk/1783.
Dental product manufacturer, 3M ESPE, recently held a live demonstration of the organisation’s latest innovative product, the Lava chairside oral scanner, to an audience of laboratory owners. The day-long event, which was attended by the company’s authorised Lava design centres, was a great success, according to a spokes-woman for 3M ESPE.

Jeff Lavers, vice president of 3M ESPE, led the event. He began with a short presentation on the future of digital dentistry and commented on the way in which 3M ESPE was aiming to deliver futuristic impression techniques to the dental profession by introducing advanced digital workflow methods - thus creating stronger working partnerships between dentists and laboratories.

David Claridge, area sales representative for 3M ESPE, followed the talk from Mr Lavers with a discussion about the way in which the digital workflow solution would benefit both lab and dentist and how the Lava chairside oral scanner (COS) product would revolutionise the way impressions are taken within the UK and Ireland.

The afternoon session kicked off with a two-part, live demonstration of the Lava COS from digital trainer, Barry Chidlow, who has extensive technical knowledge of the product, closely accompanied by Dr Rakesh Jivan from Euston Place Dental Practice in Leamington Spa, who carried out the scanning procedure on a phantom head.

In the first instance, Barry explained the wand’s many technical features.

With a total of three sensors, 22 lenses and no less than 192 LEDs, which can take a total of 20 frames per second live video recording whilst capturing a total of two million data points throughout the mouth, 3M ESPE’s resident technical expert was able to illustrate the advanced technology and investment that 3M had carried out in producing the Lava COS.

The second stage of the demonstration was carried out by Dr Rakesh Jivan.

Utilising help from audience members to coat the teeth on the phantom head in a light powder dusting, Dr Jivan went on to demonstrate the wand’s practical use.

He guided it around the mouth of the head, from lower to upper arches, showing live, 3D, real-time on-screen footage of the teeth on a touch screen (similar to a desktop computer) for everyone to view.

In Dr Jivan’s opinion, the Lava COS will make a massive difference to communication between dentist and patient thanks to the instant feedback and touch-screen 3D views.

As the demonstration continued, laboratory owners were asked to wear the 3D glasses that had been supplied to witness the 3D effects of the on-screen image and view at first hand the accuracy of the scan.

According to Steve Nelson, 3M ESPE’s laboratory trainer, laboratories need at least two hours initial training followed by completing approximately 10 practice cases with a further five cases which are processed for restorations in order to check the digital output blends perfectly into the current production process.

For more information, contact 3MESPEUK@mmm.com or visit www.3mespe.co.uk/lavacos or email 3mespeuk@mmm.com.

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Change the way your patients see your practice by equipping your surgery with the Lava chairside oral scanner.

For further information visit www.3mespe.co.uk/go/digital or call 3M ESPE on 0845 602 5094 to speak to a member of the digital team.

*3M friendfile.

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BOS conference explores a decade of change

This year’s British Orthodontic Society’s conference features the keynote Northcroft Lecture, exploring how orthodontics has changed over the past decade.

The conference is being held on 13-15 September in Edinburgh with a pre-conference course on 12 September.

The keynote Northcroft Lecture will be presented by Professor Birte Melsen, who will pose the question ‘How has the spectrum of orthodontics changed over the past decade?’

Professor Melsen is professor and head at the department of Orthodontics at the school of dentistry, University of Aarhus. She also works in private practice in Køge, Germany, where she focuses on adult orthodontics.

In 2000, she received the Knighted of Dannebrog 1st degree.

Professor Melsen has written more than 500 publications in the fields of growth and development on human autopty material, bone biology and clinical studies on implant methodologies.

In recent years, her special interests lie in the fields of skeletal anchorage; virtual imaging, adult orthodontics and stem cells.

She lectures internationally, and particularly in South America where she is actively involved in fundraising for street children.

In her Northcroft Lecture for the BOS Conference, she will explore how three aspects have a significant impact on orthodontics; the distribution of patients, the importance of evidence-based treatment approaches and the future of orthodontics – treatment for grown ups.

The clinical lecture programme will be supplemented by a political session to be addressed by a number of politicians as well as Sue Gregory, the deputy chief dental officer.

There will also be a day aimed at primary care trusts and secondary health authorities on orthodontic commissioning.

This will explore the justification and scope of orthodontics; the background and principles of the PDS contract; orthodontic monitoring and BSA reports; handling practice sales and retirements; referral management; the benefits of local managed clinical networks and dealing with orthodontic tenders and re-commissioning.

For the first time there will also be two day-long programmes for orthodontic nurses and technicians run in parallel to the main conference.

Orthodontists, dentists with a special interest in orthodontics, nurses and technicians can register early to ensure their places by visiting www.bos.org.uk

Tribune correction

Dental Tribune UK would like to apologise to Breathe Business for publishing the incorrect contact details. Breathe Business is a unique leading coaching and consultancy company which specialises in working with dental principals and their teams in order to develop and grow their practices. Founding partner Dr Simon Hocken BDS, ACC, has a wealth of experience as a successful private dentist, practice owner and business coach. The company helps clients recognise developing trends, increase turnover as well as find the perfect balance between their personal and professional lives. Among an innovative portfolio of services, Breathe Business runs a business planning retreat for principals and their partners designed to help them get clear about what they want in both their business and their life.

For more information contact Breathe Business 0845 299 7209 info@nouthernbreath.co.uk

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Above all, The Dental Directory offers next-day service with an impressive 99 percent reliability record, and makes no extra charge for this.

Mike Volk, The Dental Directory’s sales and marketing director: ‘We at The Dental Directory have as our credo a vigorous determination to provide exactly what the dental profession needs: the best prices, the widest range of products, free next-day delivery, and no minimum order level.’

In the UK today there are around 22,000 dentists working in more than 9,400 practices, just under 700 of which are owned by corporates. The Dental Directory is trusted to supply any one of 26,000 dental products to Britain’s front line dentists on a next-day, best-price basis whilst maintaining a 99% reliability record in deliveries.

Today, The Dental Directory employs 256 people full-time across its four UK sites, with its headquarters at its extensive premises in Witham, Essex. The vast Dental Directory team includes personnel in warehousing, distribution, IT, accounting, human resources and purchasing functions.

The Dental Directory prides itself on the customer care that has been a key part of the service since its inception.

All the organisation’s resources, service excellence, dedication, product knowledge, product range and financial reliability are devoted to just one aim: giving customers the best service at the best price.

Trust The Dental Directory

During the month of January 2009, The Dental Directory delivered a total of 3,215,000 individual products to its customers - that’s close to 146,000 individual products a day, covering more than 2,300 deliveries to dental practices around the UK every single day of the week.

The organisation’s ultra-modern, high-tech,
100,000-square foot warehouse facility at Witham is the result of an investment of more than £5 million. The organisation is currently in the process of expanding its order-picking locations by a further 20,000 square feet, with an additional 20,000-square foot facility for bulk storage and dispatch coming on-stream in the next few months. These new facilities represent a further investment by The Dental Directory of more than £2 million.

**A look inside The Dental Directory’s warehousing facilities**

The facilities at Witham are second to none and a true reflection of The Dental Directory’s commitment to the market. Orders taken are automatically transferred to the Warehouse Order Start Department for assembly and despatch. A special volumetrics program ensures that cartons are the perfect size for the contents. The highly sophisticated proprietary automated warehouse pick cycle process incorporates revolutionary digitised armbands to assist personnel. After a thorough packaging inspection, cartons are automatically sealed and labelled. Six Citylink staff are permanently on-site to maximise the efficiency of The Dental Directory / Citylink delivery interface.

The high standard of quality control that The Dental Directory maintains is ISO: 9000-2000 compliant and the company is a dedicated Investor in People. Committed to continual training and development of personnel, at a purely commercial level The Dental Directory is devoted to quality throughout the organisation. This is the focus of the company’s culture, its life-blood, and the reason for being in business.

The dedicated team of experienced buyers use bespoke purchasing management and supplier-profiling programs to ensure inventory levels are maintained to meet customer needs. The extensive inventory, compiled in partnership with leading suppliers, is based on supplier lead times, historical ‘sales out’ data and, above all, customer requirements.

Derek Nicholls, Operations Director at The Dental Directory says, “We constantly monitor our inventory and are able to modify it at short notice. Our approach to inventory, like everything we do, is based around the requirements of the dental professionals who rely on The Dental Directory for all the equipment and materials they need”.

The Dental Directory is an outstanding UK company and family business with its feet firmly grounded. The company continues to develop new, bespoke management systems and works closely with manufacturers and its own suppliers and haulers to ensure that next day despatch and delivery schedules are always maintained.

Dental supply remains a dynamic business sector that requires companies to respond quickly to technological and clinical advances and react to the increasing commercial pressures that have affected dental practices over the last decade (and are certain to continue).

The Dental Directory is as committed today as it has always been to maintaining the ultimate standards of customer care whilst moving ahead with the advances in the industry. The company believes that its outstanding success is founded on its vision and respect for customers and their needs. The Dental Directory knows that its success depends on your success.

For more information speak to your Dental Directory Representative or call 0800 585 586 or visit us online at dental-directory.co.uk.
A matter of principle

From April 6 2009, the new ACAS Code of Practice on Disciplinary and Grievance Procedures was introduced. But what does this mean for employers in dental practices with limited legal expertise or time for discipline and grievance? Sunil Abeyewickreme explains

Under the statutory regulations that came into force on October 1 2004, all employers were required to follow three steps in dealing with dismissal, disciplinary action and grievances in the workplace. In the case of unfair dismissal, if an employer had not followed these steps, an Employment Tribunal would make an automatic finding of unfair dismissal. If for example an employer did not inform the employee of their right to appeal, this could have resulted in a Tribunal making a finding of automatically unfair dismissal even if it can be proven that the employee had committed an act of gross misconduct eg fraud or theft.

Similarly if an employee had not set out a grievance in writing and waited a specified time before commencing a claim in the Employment Tribunal, the claim would not be accepted. If either employer or employee did not comply with these procedures any award could be increased or decreased between 10 per cent and 50 per cent depending on which party was at fault.

Based on principles

One of the most important effects of this change in the law in April is that an employer’s failure to follow the code will not result in a finding of automatic unfair dismissal. The change in law resulted from the fact that the legislation that had only been introduced in 2004 and which was supposed to promote settlement of disputes and a reduction in Tribunal claims, set procedural requirements that were too rigid. This led to an actual increase in claims being brought in the Employment Tribunal. The new ACAS Code is regarded as being more principles-based which allows employers greater flexibility.

In effect, the three-step statutory procedures have been replaced by a 45-point ACAS Code of Practice, which may not require employers to deal with discipline and grievance issues in a fixed way, however, it is the case that if a Tribunal decides that the ACAS code of practice has not been reasonably followed, they can increase (if the employer failed to follow the code) or decrease (if the employee failed to follow the code) any award by up to 25 per cent.

The new ACAS Code states that when employers are dealing with cases of misconduct, differ-
ent people should conduct the investigation and disciplinary hearing if reasonably practicable. It is unlikely that smaller employers would be penalised if the same person conducted both but employers should try to comply with this provision.

**Employment contracts**

It is still a legal requirement that employment contracts must specify any disciplinary rules or refer to documents setting out disciplinary or grievance procedures if not specified within the contract. Should these procedures not be followed, this may lead to a claim of breach of contract. It is therefore still a requirement (as it was under the old regime) to have written disciplinary and grievance procedures. Given the changes in law, employers may take this opportunity to review their policies and procedures, but in real terms the introduction of the new ACAS Code will not require any changes to be made if they complied with the previous statutory procedures. The new ACAS Code recommends all the requirements of the statutory procedures to be followed, except in cases of dismissals for redundancy and non-renewal of fixed term contracts on their expiry where it is expressly stated that the new ACAS Code does not apply. It could be difficult for an employer to change their disciplinary and grievance procedures without the consent of their employees.

**Improvements with the new ACAS Code**

In terms of the way employers and employees handle disputes in the workplace, the new ACAS Code may appear to make no difference. However, the difference will become apparent if a dispute escalates to a claim that is brought in an Employment Tribunal as there will be no automatic decisions on the basis that a procedure has not been followed. Instead Tribunals when considering cases of unfair dismissal will have to consider whether the failure to follow the ACAS Code was unreasonable. The Tribunal has much more discretion available to them in such cases, compared to that available under the old statutory procedures.

An employee will not need to raise a grievance before submitting a claim to an Employment Tribunal, however failure to do so could result in any award being decreased by 25 per cent. Under the statutory procedures, by raising a grievance the time limits for filing a claim would have been extended, as of April 6 2009 this is no longer the case. If an employer had more than one claim, for example, unfair dismissal and a claim of disability discrimination, there could have been two different deadlines for filing claims at the Employment Tribunal. So an employer may have dealt with one claim to later realise that they had to deal with another.

**Under the new rules, proceedings must be brought within three months of the act complained of**

Under the new rules, proceedings must be brought within three months of the act complained of.

**Transitional provisions**

Unfortunately, as is usual for major changes in employment law, there will be a period where transitional provisions apply.

If an employer has disciplined or dismissed an employee, sent an employee a document setting out the employee’s alleged conduct which lead the employer to consider whether the failure to follow the ACAS Code was unreasonable. The Tribunal has much more discretion available to them in such cases, compared to that available under the old statutory procedures.

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template dismissing or taking disciplinary action, or held a disciplinary meeting on or before April 5 2009 the three-step statutory procedure will continue to apply after the April 6 2009.

It is understandable that the compulsory statutory grievance procedure would apply if an employee had raised a grievance in writing to the employer about a complaint that took place in its entirety before April 6 2009.

If an employee complains about an action, which began on or before April 5 2009, it is the case that the compulsory statutory grievance procedure applies. In these circumstances, the written grievance must be submitted to the employer by no later than October 4 2009 if it relates to a claim for equal pay or statutory redundancy pay or certain dismissals in connection with industrial action, or by no later than July 4 2009 if it relates to anything else but breach of contract cases. For breach of contract cases the compulsory statutory procedures apply if the action the employee complains about took place in its entirety before April 6 2009. If however a breach of contract begins on or before April 5 2009 and continues beyond that date it is not clear which regime will apply as the transitional provisions do not refer to such cases.

It will not be unusual to see claims being brought under the compulsory statutory procedures well into 2010. The transitional period will be testing for dental practices that are caught up in disciplinary and grievance issues.

### Conclusion

The introduction of the new ACAS Code seems to have simplified the law to some extent by removing the rigid procedures, which could not be easily followed in complex disputes and could result in unjust decisions. Nevertheless, it is not clear how the Tribunal will deal with the new code when hearing employment claims, as the lack of specific detail and scope for interpretation of what is unreasonable by the Tribunal may lead to employers being found in breach. The repeal of the statutory procedures has left a void, which will only be clarified over the next few years by developing case law.

Employers should take legal advice at an early stage when considering how to deal with a dispute in the workplace.

### About the author

Sunil Abeyewickreme qualified as a barrister and heads the Employment Law Department at the leading dental law firm, Cohen Cramer. Prior to joining the firm in October 2008 he had been a legal adviser to the BDA for four years. He has considerable experience in the field of employment law and has given a number of presentations across the country on various legal subjects relevant to dentistry.
A design for life

Dr Carol Somerville Roberts talks about seeing your vision evolve into a reality when it comes to updating your practice

As I stand in the delightful reception area of Evolve Dentistry, remembering our successful launch on February 20, 2009, I cannot help recalling the journey I took to get here.

As an associate, I attended various courses and seminars, hearing some great ideas but not being in a position to implement them. Over time, I started to feel a vision forming of my ideal practice, which gradually developed and enabled me to update my practice.

In February 2009, I cannot help recalling the excellent team from scratch, starting with a blank sheet of paper and working with an architect, and creating an innovative yet proven toolkits and building firm, having worked with them on previous projects, and once the specification was agreed, the construction went ahead and was completed on time, and within budget.

Working with Breathe Business, and was confident that Simon would provide me with excellent advice and support. The net result was that I got a great deal! Achieving the ‘WOW!’ factor I had in mind required the skills of an architect, and Simon put me in touch with Chris Bateman, who specialised in dental practices. Chris recommended Aspects.

Help came out of the blue. Just four days after making the decision to open my own practice, I attended the British Academy of Cosmetic Dentistry Conference, and found myself at a seminar where Simon Hocken was launching Breathe Business. Having a wealth of contacts whenever I needed them, and his advice ensured that I was kept on track, and emails with Simon kept me on budget.

For me, important when it comes to expanding or selling the practice. My advice to anyone wanting to ‘go it alone’ in dentistry is to use a coach. Simon and his team have coached me throughout the process, and still continue to do so. I would also advise having a contingency fund, to cater for those sudden and unforeseeable expenses.

Right now, I love coming to work here every day. In the bigger picture, I was able to have a second practice should the right location come up, but for now, I am simply enjoying being at Evolve Dentistry.

To contact Breathe Business or Dr Simon Hocken, call 0845 299 7209 or email info@nowbreathe.co.uk.

About the author

Carol Somerville Roberts graduated from Bristol University in 1996. In the following years she worked in Shepton Mallet, Bath and Bristol and most recently as an associate in a private practice in Nailsea for eight years. In 2001, she gained her MDTSE from Edinburgh and in the same year became a selected associate of the Faculty of Homeopathy. She is a full member of the British Academy of Cosmetic Dentists (RACD) and the Society for the Advancement of Anaesthesia in Dentistry (SAAD). In January 2009, she launched Evolve Dentistry, a wholly private practice in Portishead.
Triumph over adversity
Ashish Parmar offers some well-researched advice on surviving tough times in 2009 to prevent your business declining

The world is in economic turmoil at present. If you watch the news, we are constantly being reminded of doom and gloom. Have you wondered how this may affect your dental practice? This article will look at the fundamental concepts that every practice owner needs to really focus on in 2009, not just to survive, but hopefully to thrive in. Remember, a practice cannot just stay where it is. If you do nothing, your business will probably decline. By taking positive action and working hard, the business will grow. Never be scared of change...

The law of attraction
The law of attraction says that you are a living magnet. Any thought you have combined with an emotion, positive or negative, radiates out from you and attracts back into your life the people, circumstances, ideas and opportunities consistent with it.

The law says that if you have a very clear idea in your mind of your desired goal (for example, having a successful private practice), and you can hold that idea in your mind on a continuing basis, you will draw into your life the resources that you need, in order to achieve it. So whatever type of new patients you want to attract, have a positive focus and attitude, and this will happen.

‘With a positive focus and healthy attitude, you’ll easily attract new patients to your practice’

Goal setting
Goal setting is essential for success. Goals must be written with clear deadlines. Only the top three per cent of the most successful business owners have clearly defined written goals. For example, to convert an NHS practice to a private practice may require a one to two-year game plan with clearly defined and manageable monthly goals. This makes the task easy and minimises financial risks in the transition. The entire team needs to understand the journey of change, and support the business in the new vision and direction that the practice will take.

Improving your practice
The first important and practical thing is to have a close look at your practice. To improve it need not cost a lot of money. Dentists spend thousands of pounds on equipment and fancy gadgets, but often fail to understand that patients will NOT really...
In addition, it is advised to implement everything in this article, and then actually increase your fees by 10 per cent. This will have the effect of increasing your profit by 28 per cent if your expenses are held at 65 per cent. In addition, review all expenses and tighten up wherever you can, and certainly avoid any major capital expenses. At present, purchase only important pieces of equipment or technology (for example, a digital SLR camera or a soft-tissue diode laser) – things that have a very good return on investment.

Marketing the practice

Allow a budget of five to eight per cent of the annual turnover for marketing your practice. You should then have a detailed marketing plan for the year, which will actually change as time goes on. This is because you need to monitor your marketing strategies and evaluate what is working and what is not. Some examples of successful and low-cost marketing strategies are:

1. Find time to develop excellent relationships with your clients
2. Offer outstanding customer service at all times
3. Learn how to ask for referrals
4. Devise and send newsletters to your patients (keeping regular contact is very important)
5. Use smile questionnaires with new patients, recalls and hygiene patients
6. Digital photography (one of the most powerful ways of non-pressured selling)
7. Develop a website, and optimise it
8. Networking with local businesses

By clearly defining your vision, you will automatically decide on the type of patients you wish to attract to the practice. One resource for excellent tips and free material on marketing is www.dentalwealthbuilder.com.

Finance plans for patients

If you do not already work with a financing company that offers financing plans for dental patients, then it is vital to immediately set this up. A company such as Medenta (www.medenta.com) can come and train up your treatment co-ordinator, including help with verbal skills. For a larger investment, most patients will want to spread payments over an extended period of time, and if possible enjoy the benefits of an interest-free loan over 12 months.

Team meetings

By having regular monthly team meetings where EVERY-ONE is present will give the team an excellent opportunity to discuss, co-discover and role-play verbal skills. Someone will need to create the agenda, which is approved by the principal, and also take minutes.

The team should also have a daily morning meeting where the treatment co-ordinator has pre-planned everything. This important 15-minute discussion will ensure a smoother day and reduced stress.

Education and training

To make successful change, you will need the following:

1. Excellent clinical skills. Go on postgraduate courses to learn additional skills. Hands-on courses are the best way to learn (for example, smile de-

Money Matters

Bonus system

Having a fair bonus system based on practice turnover and team performance is a great way to appreciate hard work that is done by staff. The system needs to be simple, with clarity in everyone’s mind as to how it works. The bonus should be calculated on an average of three months’ turnover, and paid monthly (if applicable for that period) separate from the monthly pay cheque. It goes without saying that appreciation and compliments are equally important as financial rewards when it comes to motivating team members.

Feeling inspired?

‘Knowledge is power’ and the more you learn, the more you will find out that you do not know. As human beings, we only use about three per cent of our true potential. Imagine what you will become and the practice success you will enjoy if you put your mind to it…

Exceptional customer service

Patients (ie, your customers) are very discerning nowadays. There is no room for complacency. The new patient experience has to be seamless from the minute the initial phone call enquiry comes. The team needs to be trained in adding value to everything that is said and done at work. The language between colleagues needs to be courteous and professional at all times. Many small touches in caring for the patient will add up to the overall experience being positive and totally comfortable. By having satisfied customers will create ‘raving fans’ that will then refer more new patients. In this current economic climate, the need to really look after people is even greater.

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About the author

Ashish B Parmar is partner (with Dr Rahul Doshi) at The Perfect Smile Academy (www.theperfectsmileacademy.com) and The Perfect Smile Studios in Hertford (www.theperfectsmile.co.uk), dedicated to smile design, comprehensive restorative dentistry, implants and laser dentistry. He also lectures nationally and internationally on cosmetic dentistry, occlusion, leadership, marketing and creating the ultimate cosmetic practice. He features in newspapers, magazines, radio and is a regular guest on Extreme Makeover U.K.
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Location, location, location

Ian Stead discusses the importance of a localised service when it comes to choosing a valuer and estate agent if you want to sell up.

The pessimism radiating from the media threatens to force dentists to put their plans on hold. However, with the right assistance, it is still possible for dentists to move forward with what they want to achieve.

Whether dentists are seeking to sell a practice or purchase a new one that better suits their needs, they need to remember the golden rule: to enlist an independent valuer and sales agent that understands the requirements and challenges of modern dentistry.

Every agent will promise an excellent service, but only the best will deliver what the dentist needs: accurate valuation, effective marketing, honest and reliable communication and a great price; or, when it comes to finding a new practice to purchase, presenting the dentist with a selection of quality premises to meet the individual requirements. The best agents hold a large number of UK practices for sale, and provide exclusive access to new practices of the very highest quality.

Not only that, but the leading agents have introduced new regional pricing, which allows them to offer a pricing structure for their services that suits the region. This not only shows real attention to customer service, with a commitment to cost-effective assistance to dentists throughout the country, but also shows an awareness that one of the key factors that can affect value is geographical location.

The worst hit?

Even though the credit crunch is now a worldwide phenomenon, its effects across the UK have not been homogeneous; some areas are suffering more than others. For instance, in January 2009 Nationwide expected the biggest drop in house prices to occur in the West Midlands, and the building society’s chief economist predicted that the worst falls might hit London and the southeast of England, due to employment factors and ‘stretched affordability relative to other regions’.1

Of course, the trend in house prices will not necessarily affect the rise or fall of practice prices (with the market for quality practices remaining reasonably healthy), but it is reasonable to expect some knock-on effects in areas in which unemployment is an issue; the less money patients are making means the less they have to spend, which in turn can lead to deferment of treatment, and even a drop in patient numbers. Gaps in the appointment book are never good for business.

Clearly, the ability to offer a region-specific service will set the leading agents apart. Those agents who have one single pricing structure for the whole of the UK may well struggle to meet the needs of dentists looking to buy or sell, depending on where they are living.  


About the author

Ian Stead

After graduating from Imperial College London, in 1980, with a degree in Zoology, Ian Stead joined Rentokil PLC Pest Control Division under a graduate recruitment scheme and soon progressed to sales manager of its West London branch. In 1993, Ian established an independent pest control company in London, which was sold in 2004. As the son of a dentist, Ian possessed some empathy with dentists and dentistry. It was with this understanding and his excellent knowledge of running a successful business that Ian joined Frank Taylor & Associates in April 2006 as managing director. To contact Frank Taylor & Associates, call 08456 123434, email team@ft-associates.com or visit www.ft-associates.com.

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The problem with canals

Jonathan Murgraff discusses a topic of conversation he often has with referring dentists – how to get down the canal

As in all problems we confront, a clear methodical approach is necessary to resolve them and to put matters into a clear perspective. The ‘Where, why and how’ approach helps to defragment the problem and will help you arrive at a reason for the blockage and feasibility of treatment success and outcome. But where is the blockage?

A mandatory pre-operative peri-apical radiograph is best practice, showing several millimetres beyond the apex and above the crown reveals the whole root canal system. Does the whole canal in question appear patent or sclerosed? Or is it only the coronal middle or apical third appear sclerosed?

If the whole canal is sclerosed, are the adjacent root canals patent? If all the teeth appear sclerosed, the radiograph generally is to light and underexposed or underdeveloped. If only this canal is sclerosed, it may well be calcified, but very often overlap of anatomical structures such as the zygomatic buttress will obscure the patent canal (See Figures 1 and 2). In addition, incorrect placement of the radiograph without an appropriate holder for a paralleling technique may result in parts of the image being out of focus, or obscured.

Does the resistance to the canal correspond to the position of the radio-opacity. If this is the case, what is the cause and nature of the calcification, its position and how far does it extend? Calcifications are primary, secondary or tertiary irregular and rapid as a result of caries, trauma, or cracks in the tooth. Calcifications often develop in the root canal via a process inflammation, bleeding in the pulp and a resultant nidus of calcification.

The calcification may be complete or incomplete. Very often, the calcification may be incomplete although the radiograph may not reveal any canal patency and a 06 file may be gently passed through a fine central canal in this area and then widened. Suffice it to say, high magnification with an operating microscope or loops is necessary along with copious lubricant and irrigation.

Risk of damage

Complete calcification is harder to negotiate and runs higher risk of damage to the tooth substance especially as the root canal space is three dimensional.
and the calcification may be at a curved portion of the canal. Various anatomical guide lines, aids and instruments are necessary for this task.

The straighter and more coronal section of the root canal is obviously easier to negotiate than an apical curved section. (See Figures 3 and 4.)

Again an excellent light source and magnification are essential for an appropriate field of vision. In addition, trans-illumination placed on the buccal cervical surface of the tooth can reveal the orifice of the canal. Dye preparations exist that can stain organic components of the root canal and act as a visual aid. The central sclerosed canal very often has a much darker brownish appearance and the outer root a whiter hue. Various instruments exist to remove the sclerosed dentine and among these are the rotary instruments, for example, goose-neck burs and ultrasonic smooth and diamond tips.

Perform with caution

Great care should be taken to effectively stay in the centre of the root and not to excavate or burrow too quickly without reassessing the field by removing the dentine dust and if necessary taking a radiograph to make sure you are on course. Any detection of bleeding should be tested using an apex locator to see if this is pulpal tissue or perforation of the root. Immediate ringing of the apex locator is not a good sign and with radiographic confirmation, the prognosis is reduced if perforation has occurred. MTA repair or surgical intervention can be considered but extraction may be an option at this stage and the patient has a right to know this situation. If the tooth is going to support a bridge, implant may be a preferable option. Certainly, the issues must be discussed with the patient before the procedure as well and to know the risks and outcomes.

As soon as canal resistance occurs beyond a curve an operating microscope can’t be used to see round a curve and tactile filing with pre bent tips of files becomes the only intra canal option. See Figures 5 and 6.

Great care must be taken with non-cutting tips to avoid perforation. However, apical perfora-
tions have better outcomes than coronal perforations especially pulpal floor perforations as there is less risk of oral fluids acting as a nutrient source to any root canal infection.

If the canal appears patent, there are various reasons why the file may not go to length. The classic case in point is simple dentinal mud. Copious irrigation and patency filing help to keep the guide path clear and patent. Creating a false canal, ledging or zipping the canal will result not only in damage to tooth substance but the file will not go down the natural canal path but rather towards a falsely created path way.

The best way of avoiding false pathways is to coronally flare the canals which reduces the curvature and flexing of the file and will allow free movement apically of the file. Avoiding cutting tip files will result in less gouging and ledging of the canal and then subsequent larger files being caught on the ledge making the canal subsequently less negotiable. Although rotary Nickel Titanium files has made endodontics faster in the hands of the practitioner, the metal file has an inherent elastic memory, and as a result it is constantly trying to straighten. In curved canals with acute angles (apical and coronal) and especially using larger files before a guide path has been created, ledging can result and subsequent files may not be able to pass. (See Figures 7, 8, 9 and 10.)

Finally and rarely, a relatively mild curvature seen on the radiograph may seem difficult to negotiate for example the MB canal in an upper six tooth. On examining the file, a lot of unwinding and work hardening has occurred. This may well be the result of the canal not just bending in a mesial-distal plane but acutely at the same point in a buccal-palatal direction i.e. in three dimensions placing great strain on the file. Again coronal flaring, straight-line access and copious irrigation and lubricant are essential.

If there is any doubt in any situation referral to an experienced colleague with a recognised postgraduate training is always in everyone’s best interest.

About the author

Jonathan Murgraf BDS LDS RCS MSc (Endodontics) qualified from Kings College London and also completed a two-year masters degree in endodontics at GRT Institute. Jonathan has been running an endo practice for 10 years and has also lectured and demonstrated on postgraduate endodontic courses. Jonathan has a practice limited to endodontics in both the West End of London and in Hendon, north-west London. If you would like to refer patients for endodontic therapy, you can contact the practice on 020 7486 3090 or 07974 344842.
The benefits of VPS

VPS – a versatile and clinically highly satisfactory medium for implant-assisted overdentures and three-dimensional clinical modelling: Abstracted by Dr Justin Stewart

The most usual way of treating patients with one or more posterior teeth missing in some or all of their jaw has for some time been to furnish the patient with either complete maxillary or mandibular dentures.

Unfortunately, while most patients express satisfaction with their maxillary complete dentures, in practice mandibular complete dentures tend to produce more problems than maxillary ones, and many patients express dissatisfaction, indicating that there was now overwhelming evidence that overdentures founded on implants deserve to become the first choice of treatment for the edentulous mandible.1

The implant-supported restorations must be as accurate as possible to bring patients maximum satisfaction. A vital part of ensuring accuracy is to make impressions of the oral structures and implant, this need arises early in the prosthodontic treatment.

Without accurate and precise impression procedures and cast-forming processes, making accurate restorations is nearly impossible. Moreover, to date there has been only limited research in this area of treatment, and the available research is unfortunately limited by inadequate measurement technology, conceptually limited protocols, and mixed results. Getting accurate impressions from the outset is especially important if the dental practitioner is to have the maximum chance of a successful outcome.

A vital task

Vinyl polysiloxane (VPS) impression materials are well suited for this vital task of obtaining an accurate registration of denture-bearing tissue and peripheral anatomy and for the accurate three-dimensional recording of dental implant positions and individual implant trajectories. Among the key elements of the VPS implant overdenture impression technique are:

- overdenture attachment selection: a minimal number of implants (typically 2-4) may be used to support, stabilise and retain overdentures.
- tray selection and adaptation: this primarily involves examining the dimensions of the dental arch, selecting the appropriate stock impression tray, and making tray adaptations to existing anatomical contours.

‘Without accurate and precise impression procedures and cast-forming processes, making accurate restorations is nearly impossible’

Replacing missing dentition

The dentures need to be designed to replace the missing dentition and also associated supporting structures. Inaccurate denture tooth positioning and/or volume may result in compromised phonetics, inefficient tongue posture and function,12,13 and hyperactive gagging.14

In practice, VPS performs well as an external impression material and also as a three-dimensional disclosing material that allows denture tooth positioning and/or volume to be achieved.15

In many cases, a better alternative to mandibular complete dentures is the use of endosseous dental implants that benefit from the advantages implants offer to assist in the support, stability and retention of removable prostheses. The availability of the implant option here is yet another example of how implant therapy has revolutionised the dental profession and the procedures dentists accomplish on a daily basis.

The preferred treatment

In practice, implant-assisted overdentures are generally the preferred treatment when a patient is missing several teeth adjacent to one another and seeks a solution that offers maximum comfort, convenience and functionality. Usually the only cases where this solution would not be recommended would be if there were surgical or other clinical concerns, or if there were a question of affordability; implant-assisted overdentures being more expensive than mandibular complete dentures.

After conducting a thorough, evidence-based review of existing information, a recent symposium at McGill’s University found that the restoration of the edentulous mandible with conventional dentures was no longer the most appropriate first-choice prosthodontic treatment, and that there was now overwhelming evidence that overdentures founded on implants deserve to become the first choice of treatment for the edentulous mandible.1

The implant-supported restorations must be as accurate as possible to bring patients maximum satisfaction. A vital part of ensuring accuracy is to make impressions of the oral structures and implant, this need arises early in the prosthodontic treatment.

Without accurate and precise impression procedures and cast-forming processes, making accurate restorations is nearly impossible. Moreover, to date there has been only limited research in this area of treatment, and the available research is unfortunately limited by inadequate measurement technology, conceptually limited protocols, and mixed results. Getting accurate impressions from the outset is especially important if the dental practitioner is to have the maximum chance of a successful outcome.

A vital task

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- tray stops: to make the best impression of the area under treatment, it is usually necessary to place the impression tray in the patient’s mouth several times. Tray stops allow consistent and repeatable tray placements to be achieved.
- border molding: this is accomplished by dispensing a ‘rope’ of medium-viscosity VPS along the peripheral tray borders.
- making the definitive impression: before making this, it is particularly important to examine the soft-tissue conditions across the denture-bearing tissue of the mandible, while keeping in mind the location of primary denture-bearing areas. It is also important, when making the impression, to use VPS of different levels of viscosity to correspond with relative tissue conditions. For example, low-viscosity VPS should be used around ridge areas that have firmly attached tissue, and extra-low viscosity employed in areas of flabby or mobile tissue. Low-viscosity VPS should also be used around the implant attachment impression coping.
- the breadth of the viscosities it offers: the convenience of the working times that apply to it: the use of the delivery system: VPS’s sequential layering ability: its elasticity, its tear strength, its acceptable level of hydrophilicity: its bioocompatibility: its reasonable taste and smell.

The use of VPS, and the successfully tried and tested methods of using in the applications described here, mean that its use can be successfully incorporated into any dental practice that involves the management of patients with removable prostheses.

Communication issues

In one particular case, a new patient came to a dental practice having worn his complete new dentures for three weeks. He enjoyed reasonable function with his new prostheses, but he complained of a small but annoying raising of his mandibular denture when he was talking. The patient reported that this lifting of the mandibular denture also took place during chewing and had led to an accumulation of food debris under the denture. An examination of the patient revealed a clinically acceptable level of occlusion and no denture-associated soft-tissue ulcerations.

Further examination, however, revealed the over-extension of the lingual flanges into the retromolarphosphoid spaces, and that this was a possible etiologic factor. To investigate the matter further, diagnostic external impressions were made of the lingual flanges of the mandibular denture. The disclosing materials used for this procedure were low-viscosity and extra-low-viscosity VPS impression materials.

It is also important to be aware of the use of VPS as a three-dimensional disclosing material.
Managing team change

When someone leaves your team, or a new person starts, it can be an unsettling time if you don’t know how to deal with the change. BDPMA chairman Amelia Bray offers some advice.

Change is never easy for some people.

I recall one week in practice, several years ago now when two members of staff both handed in their notice. This may not be a major incident in your team, but when it represents 40 per cent of your workforce, as it did for us, it was a huge upheaval.

Looking back though, it was actually the catalyst for a massive review of our entire business ethos and became the start of a much more focused system for recruitment.

The right team

Hiring quality team members is one of the most important and challenging aspects of our business. Having the right people doing the right job is essential but it doesn’t happen on its own. You have to generate interest in your practice and motivate potential applicants to want to be a part of your vision. You have to ensure that your methods of interviewing and hiring comply with all personnel changes should be carefully documented so that a new employee can almost step into the shoes of the previous incumbent. Written job descriptions also mean that one person can’t hold all the details in their head. I know I have been guilty of practice manager. She consisted her boss (now husband) to convert a barn in the middle of an apple orchard in the Tamar Valley, and at this point assumed the role of practice manager.

Write it down

Training must be an established process within your practice and begins even before you have hired the successful candidate. We send a job description and a person specification to all applicants. A job description is a key tool in running any business; the employer has to know what they are expected to do, and how they are expected to do it. Each role within your organisation should have a complete written job description, so personnel changes should be seamless – everything should be carefully documented so that a new employee can almost step into the shoes of the previous incumbent. Written job descriptions also mean that one person can’t hold all the details in their head. I know I have been guilty of that on occasion, but the thought that the practice might grind to a halt in my absence outpowered the feeling that I was indispensable! Now everything is written down in a procedures manual.

Establish training protocols

Once you have made sure that the job description is clear, you need to decide the tasks that are the most important and those that are secondary. What needs to be done first and what has to be done even if nothing else gets done? Then you need to plan the order that you will undertake training, you can’t read ancient Greek until you know the alphabet! Having a structured route through the training process will save time and confusion.

Next, decide who is going to provide the training. It probably won’t be the same person for each aspect of the job and it makes sense to involve the whole team. But, and this is a big but, it is essential that everyone involved in the provision of training is working to the same structure. If one person tackles the call system in one way, and someone else goes about it another way, then the net result will be complete confusion. This is a good opportunity to ensure that your procedures are standardised.

Training decisions are probably best made by discussion among team members who will feel involved in the process and as such will be more willing participants.

Set realistic goals

Finally you will need to make sure that your training process has timesframes. How quickly do you want your new employee to be able to do their job on their own? Set realistic goals, they won’t be able to do everything within the first week, but continuing the training for months on end could be hugely demoralising. It can be sensible to break down the training into manageable sections, then review each phase on completion and remember that the timesframes can be flexible. If someone is struggling with learning the complexity of the computer system then give them extra time, don’t rush them or cut corners. Likewise, if they take to steps. Set realistic goals.

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This year’s Clinical Innovation Conference had an ‘unmissable international line up of speakers’ giving a unique insight into aesthetic and restorative dentistry.

The conference was a joint venture between platinum sponsor Smile-on and Alpha Omega – London Chapter.

The implantology pioneer and chairperson of the London Chapter, Dr Edwin Scher, acted as chairman on the first day of the conference.

Moderating and introducing the speakers, Dr Scher organised a programme of lectures, most notable of which was The Annenberg Lecture.

Presented by Professor Nitzan Bichacho and Dr Devorah Schwartz-Arad, the topic of the lecture was: ‘Success Factors in Dental Implantation: A multi-disciplinary approach between the surgeon and the prosthodontist’.

The forward thinking approach and new perspective on current issues offered dental professionals relevant and cutting edge information that directly influenced their working environment.

Emphasis was placed on the optimal integration between soft and hard tissue during implantation, held as a prerequisite for successful treatment.

The Annenberg Lecture enabled dental professionals to understand the importance of treatment planning as a joint exercise between team players and the importance of communicating the prosthodontist’s requirements to the surgeon to prepare the implant site for optimal aesthetic results.

Delegates were presented with a clear and balanced insight into multi-disciplinary restorative and augmentation methods, assisting with the coordination of resources and enhancing the level of multi-disciplinary communication.

The implementation of techniques, and an indication of the positive and negative aspects of immediate implantation were also investigated.

The preservation of alveolar bone dimensions and tissue architecture, vital to the procedure’s success, was shown to be clearly beneficial.

Dr Fauzia Ansari of the South Croydon Medical Centre in Croydon, who attended the lecture, called it ‘first class’. He said: ‘I was very much surprised and impressed with the Annenberg lecture at the 2009 CIC.

I have attended many educational events and have often found that a course of this calibre is normally quite expensive.

In the current climate, the costs of courses can very much impact on attendance levels and also the quality of the content and suggestions within the lecture.

There really was a relaxed feel to the Clinical Innovation Conference this year that was apparent in the delegates and also the lecturers.’

He added: ‘The Annenberg speakers explored relevant topics that I could take away and apply to my working day immediately.

I very much appreciated that all subjects were covered including inclusion, aesthetic, milling and materials, whitening, veneers, preps and also treatment difficulties.

Highlighting case complications and exploring what can go wrong during treatment can be largely overlooked when we could be learning from these experiences.

I found the resuscitation information to also be excellent. The speakers gave me a clear perspective into what exactly to be aware of through the means of audio sounds that represented several cases including an asthmatic patient and a patient that is beginning to choke.

The hands on features were especially insightful offering well-rounded visual examinations and very good instruction.’

The Clinical Innovation Conference and Annenberg Lecture is now in its sixth year.

Marketing manager Laura McKenzie said: ‘Delegates agreed both content and speakers delivering the Annenberg lecture were excellent. Dr Schwartz-Arad is internationally recognised for her special expertise in bone grafting and dental implantology and also specialises in oral and maxillofacial surgery and Professor Bichacho is an expert in prosthodontics and an internationally published lecturer.

Smile-on coordinated an edifying, enjoyable weekend. An endeavour taken with Alpha Omega, this year’s Clinical Innovation Conference had an unmissable international line up of speakers that gave all who attended a unique insight into aesthetic and restorative dentistry.’

For more information on the Alpha Omega Dental Association’s Annenberg Lecture please visit www.smile-on.co.uk
Guest comment
The future of professionalism

Back in 1956, the General Dental Council (GDC) was created to protect patients from unscrupulous people who were looking to cash in on dentists’ reputations for professionalism. More than five decades on, all dentists, dental nurses, dental technicians, dental hygienists, dental therapists, clinical dental technicians and orthodontic therapists who provide dental care in the UK must be registered with us.

Modern technology progresses at an ever increasing speed and can leave us behind if we don’t keep up-to-date. Changes in social opinion have traditionally moved more slowly. But these are shifting too.

We now live in a much less deferential society. Our relationships with everyone from our employers, to our MPs, doctors and dentists are much less formal.

The huge influence of the mass media has played a key role in this. The way it now openly challenges institutions, business leaders and politicians has revealed their flaws and fallibilities like never before.

But this transparency can undermine respect. Or at the very least reveal a new willingness by patients and colleagues to ask questions and make demands of us.

This change in attitudes can make it difficult to maintain a reputation for being a professional. As society changes, we inevitably have to change with it.

Certainly, in my years as GDC President, the concept of professionalism has been a constant feature. But what is meant by the word professional in practical terms – how does it benefit patients?

For those working in the dental profession, there are some easily identifiable measurements. To work within the field of dentistry in the UK, you must register with us. You must prove you are trained, qualified and of good character. And then go on to complete your continuing professional development to stay on the register. Those standards are our way of ensuring the profession maintains a solid and reliable reputation.

But what about first impressions? A dress code for staff, for example – is simple and instantly visible to patients. And good manners cost nothing. Being open and honest about charges and promoting your own complaints service are two other ways of treating your patients with trust and respect. What are the consequences of ignoring these? Research* carried out for the GDC found instead of complaining, most patients will simply leave your practice and find a new dentist – or avoid going to any dentist for as long as possible.

So how is the GDC working to continue to meet the standards expected of dental professionals in the future?

One way is revalidation – a hot topic for discussion in dentistry. We’re currently running feasibility pilots, aiming to explore how it can become a reality. Many dentists are worried it’s going to be another burden on them. But we believe it’s a key part of helping patients have confidence in whoever’s treating them. Not only proving they’re up to standard when they first register, but showing they can remain up to standard over the course of their working lives.

*Prepared by ERS Research – Stakeholder opinion of the GDC – June 2008

Hew Mathewson, GDC President

IDT launches its NEW Low Cost Online service

SimPlant Reformatting
From £40

Upload an i-CAT Vision, DICOM CT or CBCT dataset to www.ctscan.co.uk

Book and pay online and have the results returned to you in SimPlant View format (or SimPlant Planner for £10 more) electronically within 3 working days.

Enjoy all of the great services you have experienced from IDT in the past but now at a more cost effective price.

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✓ NEW Planning Service Available

To log in or register, go to www.ctscan.co.uk

Contact IDT today if you need any help with this online service bookings@ctscan.co.uk or call +44 (0)20 8600 3540
Benefits of CT scanning
Dr Avik Dandapat discusses the need for training in dental CT scanning

Dental CT scanning is becoming rapidly the gold standard in pre-diagnosis used in implantology. The technology gives the operating surgeon a huge amount of useful data to use. But with this technology comes both responsibility to prescribe the scans correctly using specific clinical criteria and the ability to interpret the images and relate this important to the surgical field.

At present there is little training available specifically in interpretation of the scan data and how to manipulate the data to gain the most out of a scan image which is probably why many implant dentists are still resorting to traditional 2D images and surgical guess work. The CT scans tend to be taken by those dentists doing larger implant cases but the planning can benefit even the single implant case when there is a clinical doubt.

In order to promote the use of the 3D information which also allows dentists to plan efficiently, the dimensions of the implant to be placed and the proximity to sensitive structures such as the sinus floor or inferior dental nerve one must gain an understanding of how the technology of CBCT works and how the computer lays the information on screen.

So the specific areas we have to look at training in are:

Before surgery
1. Prescribing a CT scan (when, why and how).  
2. Referral Criteria.  
3. Risk Versus Benefit analysis for a CT scan.  
4. The exposure levels for the numerous machines available.  
5. Hospital medical CT Vs In practice CBCT exposure.  

Interpretation
1. How Simplant works.  
2. What the graphic designer does to produce the 3D image.  
3. How this can be manipulated and used effectively.  
4. How distance can be accurately calculated on a CT scan.  
5. Slice angle analysis.  
6. When to refer a scan for radiological assessment by a radiologist.  
7. The use of radiopaque markers to orientate the Implant surgeon.  
8. Understanding of good data and bad data from a scan.

Surgery
1. Bring the whole thing together for accurate surgery.  
2. The use of stents – materialise 3D stereolithographic stents.  
3. Pros and cons of the use of these.

What it all means
Hence as dentists we must provide sufficient information to the patient to give us the best chance of success in our implant plans. CBCT is here to stay and is a technology dentists consider placing implants should think about as an integral part of the treatment process.

Training centre opens
Digital imaging company Vatech & E-woo recently opened its new training facility in Feltham, Middlesex. A new initiative, the imaging centre’s facilities are available to dental professionals and their teams. Its purpose is to help the profession better understand dental digital radiography, its potential and its capabilities.

The company which manufactures products such as the E-woo PaX-Reve 3D is also offering CT user training courses for the dental team. Upcoming course dates for 2009 are June 26, July 31, August 28, September 25, October 50 and November 27.

How can one size fit all?
We have always believed that the digital imaging requirements of dentists vary from practice to practice. So we offer a range of options and systems to meet the needs of every one, be it general or specialist. Be it large, medium or small. Our competitors take a different approach, preferring the single solution route.

Only you can decide who has it right. But a few facts may help you make that decision.

Unlike others, we design, manufacture and develop our software entirely in house. Our painstaking attention to detail is reflected not only in the quality of our products, but in the support, after sales care and training we provide (we even have our own training centre). In short we control every aspect of manufacture and distribution, leaving nothing to chance.

So there you have it. If you are thinking of investing in dental imaging equipment do you want choice or no choice? The choice is yours.

For further details, advice on the most suitable solution for your requirements or to arrange a demonstration:
Tel 0208 831 1660 or e-mail: info@e-wootech.co.uk

Dr Avik Dandapat

Dr Avik Dandapat is a holder of the Diploma in Implant Dentistry from the Royal College of Surgeons, London. This qualification has been attained by less than 100 dentists worldwide and is regarded as the “gold standard” in implant training in the UK. To contact him, call 0118 954 9927, email team@dentalimplantcentre.com or visit www.dentalimplantcentre.com

The dream is reality…
PaX-Reve 3D

- 3 in 1 system: true panoramic + one shot ceph + CBCT (free FOV)
- The smallest voxel size provides very high image definition
- Pulsed scan type x-ray giving extremely low dosage

Caring insight
Vatech
E-WOO Technology
E-WOO Technology UK Ltd, Axiom House, The Centre, Feltham, Middlesex TW13 4AU. www.e-wootech.co.uk

April 18 954 9927, email team@den-
talimplantcentre.com or visit

Benefit

Dentalimplantcentre.com

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PaX-Reve 3D

- 3 in 1 system: true panoramic + one shot ceph + CBCT (free FOV)
- The smallest voxel size provides very high image definition
- Pulsed scan type x-ray giving extremely low dosage
Scientific seal of approval for the implant planning and implementation of the GALILEOS system

Sirona is the only manufacturer worldwide which offers an integrated concept consisting of 3D imaging as well as computer-aided implant planning and implementation. In combination the GALAXIS 3D X-ray software the GALILEOS System requires only one scan in order to visualise the entire cranial volume.

The remarkable Videocam from Castellini perfectly illuminates the operating area with LED flash technology and has the ideal capacity for clinical observation.

Easily facilitated by the wealth of software available in the Videsir System, images captured are suitable for a variety of applications and can help patients better understand diagnosis and treatment options.

The Soft-Touch command allows crisp images to be captured using a dental foot control, without the use of a flash. These images boast outstanding clarity and sharpness and can be simply transferred to a PC via USB 2.0.

Interbuccal exams are simplified by the Videocam's miniaturised head and Macro function. This outstanding feature allows the Videocam to translate even the smallest details and create high-resolution, natural-colored images that are accurate and precise.

Castellini pride itself on producing the highest quality technology so you can provide your patients with the highest quality care.

For further information about the comprehensive range of Castellini products call 0870 756 0219 or visit www.castellini.com.

The OPMI Pico: the best microscope at the best price

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The OPMI Pico is an excellent addition to any practice. Truly versatile, this established microscope benefits a wide range of specialist and general dental procedures, and is available from Nuview at an affordable price.

Developed by world-renowned experts at Carl Zeiss exclusively for dental use, the OPMI Pico is an excellent addition to any practice. Truly versatile, this established microscope benefits a wide range of specialist and general dental procedures, and is available from Nuview at an affordable price.

The OPMI Pico lets you examine the very finest details and the integrated light source means that you can see hard-to-reach regions in conditions approaching daylight.

Form follows function and all settings are easily changed without interrupting procedures. With the addition of the MORA Interface (Mechanical Optical Rotating Assembly), the OPMI Pico becomes even more mobile, and features include quick switching between site overview and detailed view, with one-hand repositioning.

The OPMI Pico is supported by a friendly and prompt after-care service from Nuview, to ensure that you get the most from this high quality technology.

For more information please call Nuview on 01445 759659, email info@nuview-ltd.com or visit www.voroscopex.co.uk.

Digital Dental

The NEW PaX Primo

A new concept for panoramic digital imaging.

Digital Dental, the UK’s leading independent digital imaging company, are UK Distributors for the PaX Primo the ideal entry level digital panoramic unit from Vatech & E Woo, the world’s no.1 Digital Dental Radiography & CT manufacturer.

Simple and compact, the PaX Primo Intelligent features Vatech’s AMPT technology enabling Practitioners to obtain perfect image quality regardless of the patient’s position and size of the dental arch. It captures a series of images and automatically combines them into the optimum diagnostic view.

In addition to the standard panoramic and TMJ modes the PaX Primo Intelligent also has Bitewing, Horizontal/Vertical segments and Cross Sectional modes. All of these functions and the superb image quality make this the prime choice for your next panoramic system.

Digital Dental can also supply Vatech & E Woo’s complete range of CT and Panoramic Units.

For further information call Digital Dental on 0800 027 8555, email sales@digitaldental.co.uk or visit www.digitaldental.co.uk.

Clark Dental

Schick Technologies is world-renowned for its range of high quality digital imaging equipment, and dental practices throughout the UK are benefiting from its outstanding portfolio.

Dr Shan Perera of Connaught House Dental Practice, Watford, brought Schick Technologies into his practice. “Schick Technologies has a long reputation of robust equipment and is seen as the cutting edge,” he says. “Also, it was the only company that could convert our OPG to iPan.” This has enabled the
in 1 system (Pan and CBCT) or 5 in 1 (Pan, one shot Ceph and CBCT).

The X-Ray generator reduces radiation dose by up to 60% compared to a continuous dose.

The 3D software provides crisp 3D construction, enhancing diagnosis.

Compatible with surgical guidance software such as Simplant and Procera, the PaX-Reve 3D also comes with CD publishing for referral business and a Direct DICOM printer module.

For further information on the PaX-Reve 3D or other E-WOO products within the range, please contact The Dental Directory FREE on 0800 585 585 or visit www.dental-directory.co.uk.

Must-Have Technology at Must-Have Prices

Keeping ahead with the continuing advances in dentistry is more affordable than ever thanks to Evident's offering of excellent quality dental imaging products at unbeatable prices.

The ASPD is dedicated to providing the most up to date information and guidance to the dental professional in need of assistance. Relevant to the recent budget release ASPD members can provide help with pensions, insurance, accreditation, sales and valuing and much more. Success in the current climate and in light of the most recent budget is possible; gaining the best information is the key.

ASPD's website is constructed to provide a forum for dental professionals looking for a comprehensive guide on what to contact for information. There are up to date articles, and a list of member's contact details for reference.

For more information on the ASPD please call 0800 4586773 or visit www.aspd.co.uk.

Bleaching solutions

With Vita’s unique bleached shade guide you can monitor your bleaching process in a realistic and logical manner (special offer price £52.60) and to cure any cervical sensitivity INSTANTLY and for up to 9 months, use Hurriseal® Dentin Desensitizer 5ml (special offer price £30.28) without gluteraldehyde!

Velopex Zephyr 150 Surgery Air Supply

We are delighted to introduce the Velopex Zephyr 150 Surgery Air Supply. This is the first Compressor designed specifically to be sited within the Dental Surgery – rather than outside in a shed! The neat compact lines and white powder coat finish make this powerful compressor an easy addition to a Dental Surgery, either mounted on a Velopex trolley or sited within cabinetry. The low noise signature of this oil free twin head design, make it suitable for all occasions. When mounted on the Velopex Trolley (which can also house the Velopex Aquecat Quattro as well as the Velopex Colour Diode Laser) the Velopex Zephyr can provide all of the compressed air requirement of the surgery.

The Velopex Zephyr 150 Surgery Air Supply is available (until end of July 09) with the Velopex Aquecat Quattro and trolley for £2,995.00 + VAT, a saving of over £1,240 (+VAT) from list price.

Mark Chapman
Director Sales & Marketing
Mobile: 07734 044477
E-mail: mark@velopex.com

Win-win dental plan solutions

A solution that offers the best of both worlds may at first appear to be too good to be true. However, with Mark Sutton’s highly successful Patient Refer- ral Plan, there is no catch. This innovative system has arrived from the US where Munroe Sutton has been helping dentists grow their profitability for 50 years. Indeed, over 69,000 dentists and 7 million US patients have chosen the Munroe Sutton dental plan.

It is an elegantly simple solution to boosting patient bases and increasing profitability, while offering great prices to patients. The uptake of a wide variety of attractive dental plan packages by individuals and employer groups of every size results in a pooling of potential patients, while dental practices join the Dental Network for access to this valuable resource.

Munroe Sutton offers effective marketing at no cost to the practitioner via an array of direct, innovative strategies with proven benefits for both practitioners and patients.

For more information please call 020 7887 6848 or visit www.munroesutton.co.uk/dentist.
Dentomycin: The Adjunctive Treatment That Reduces Key Pathogens In Periodontitis

Dentomycin provides clinicians with an effective antimicrobial and anti-inflammatory adjunctive, effective at any point during the treatment of chronic adult periodontitis including the earliest stage. Combined with scaling and root planing, Dentomycin can reduce pocket depths by up to 42% in just 12 weeks.

Dentomycin is proven to attack the bacteria prevalent in periodontal disease. After 5 or 4 applications (with 14 days between each one), this cost-effective product significantly reduces the key pathogens and is also effective in areas that are hard to reach using instruments, with the flexible, pre-filled applicator allowing you to access and apply the gel directly to the pocket base.

Easy to use and cost-effective, Dentomycin is simply an essential product.

For more information please call John Jesshop of Blackwell Supplies on 020 7224 1457 or fax 020 7224 1604.

How to Talk Money with Confidence

Software of Excellence’s Thrive in 2008 seminar series continues into June, as the world leaders in practice management and marketing solutions, team up with “thought leaders” Ashley Lather, to help you learn more about getting the most from your Practice Management system; inform, market, and sell to your patients.

As one of the dental industry’s finest motivational speakers, Ashley is the ideal person to guide you through some proven techniques so that you can feel confident and comfortable when talking money and achieving the right prices for your services.

The seminars, which include a complimentary buffet, will be worth 4 hours of verifiable CPD and will run from 6:00pm to 8:00pm at the following venues throughout June. Places cost £60 (incl.VAT) per person or £119 (incl.VAT) for two people.

- 08 June Glasgow
- 10 June Belfast
- 13 June Manchester
- 16 June Bristol
- 22 June Dublin
- 24 June London

Places are limited so to avoid disappointment reserve your place today by calling 0845 545 5767.

NobelActive™

The innovative dental implant NobelActive™ has been especially designed for high initial stability in soft bone and extraction sockets. NobelActive™ was launched after the successful completion of pre-launch activity involving experienced users worldwide over an eight-month period.

Dentists in the present climate, Kentmed have decided to offer composite cement and it can be used under all restoratives, for extended fissure sealing and treating small lesions. Because of its proven attributes, Ionoseal is also a convincing material in the newly introduced NDT® syringe. As a one-component material, Ionoseal is immediately ready to use and can be quickly as well as hygienically applied. VOCO has lowered the viscosity through an additional improvement in the formula. The material can thus be placed in the prepared cavity even better and poorly accessible areas can be wetted more easily.

Manufacturer: VOCO GmbH, PO Box 767, 27457 Cuxhaven, Germany, www.voco.com

For more information please contact Tim McCarthy, UK sales manager, Tel: +44 (0) 1895 452 921, Email: tmc McCarthy@voco.com

Natural excellence with Eco Dental

Oraldent is pleased to present its Eco Dental range, a clinical range of natural products with a high efficacy rate.

Benefits of employing Eco Dental include:
- Naturally sourced active ingredients such as Beech Creosote, Soapwort and Pine – natural antiseptics, analgesics, disinfectants
- Proven clinical results – high levels of patient and dental satisfaction
- Kind to instruments and patients – designed for maximum comfort
- Environmentally friendly – many products are water soluble with no harsh chemicals

The ingredients sourced by Oraldent for use in Eco Dental products have always been traditionally used within the dental field, but have been given a modern twist to provide the optimum treatment results. Dentists can depend on the natural antiseptic and analgesic qualities of ingredients such as pineus sylvestris (pine) and beech creosote without resorting to synthesised treatments that may elicit allergic reactions.

For free samples please email enquiries@oraldent.co.uk. For more information please call 01480 862000, email enquiries@oraldent.co.uk or visit www.oraldent.co.uk.

UK manufacturers offer excellent value

In the present climate, Kentmed have decided to offer their customers even greater discounts on a range of products. Buying materials from European suppliers is very expensive, so this is an excellent time to approach UK manufacturers like Kentmed for the range of surgery materials you require.

Kemdent products are valued around the world. Kentmed prides itself on the manufacture of quality innovative materials.

Please contact Helen or Jackie at Kemdent to ask about the range of Kemdent special offers that are available. Special offers are available on Diamond Rapid Set GIC capsules and Diamond Carve and 90 GIC plus the Kemdent range of Cross Infection Control products, InstrumentSafe, PracticeSafe spray and wipes and ChairSafe Alcohol free foam.

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Supporting Dental Excellence!

KaVo would like to congratulate the Casterbridge Dental Studio in Dorset in winning the award for Dental Laboratory of The Year at the 2009 Dental awards.

The Casterbridge Dental Studio fought off fierce competition from several outstanding UK Laboratories to be bestowed this prestigious award. The team demonstrated to the judging panel a superior commitment to quality and standards, outstanding teamwork, ethics and training and an edge that sets them apart from other laboratories.

Casterbridge is the second UK laboratory with KaVo’s Evercast/CAD/CAM technology to win this award in recent years. The innovative Evercast offers clinicians an intelligent software module for excellent workflow featuring with features including:
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A life-changing experience

If you like adventure, volunteering with Dental Project Peru gives you the chance to explore the world while using your talents to make a difference. Roisin Tohill explains

In August 2006, I spent two weeks with Dental Project Peru (DPP) in the Apurimac Mountains. I never predicted what a life-changing experience it would be for me and I can't wait to go back.

We saw an amazing part of the country that few tourists have ever seen. This small charity is making a huge difference in an area where there is little other dental care. It is truly lifesaving work, and extremely rewarding. Some patients who have endured years of pain will walk for hours or even days to get treatment.

Rampant decay

The Apurimac is one of the poorest areas of Peru. Some villages had no electricity or running water, yet they had Coca Cola! The introduction of a Western diet with no dental education has lead to rampant decay which went largely untreated until DPP started a few years ago.

Much of the treatment was extractions, although we did manage to save quite a few teeth. Each year as the charity returns, the number of extractions decreases and fillings increase – a tribute to the sustainable improvement in dental health and awareness.

The trip was rewarding and fun although not always easy. As long as you are prepared to rough it a bit and you have a sense of humour you will survive. We had comfy beds most nights and even found some toilets and cold showers.

Each day started with a fun interactive dental education talk. The children were screened and those requiring treatment were seen straightaway – quite a challenge if a couple of hundred turned up at once! The adults were then treated. Having only limited Spanish, I certainly got to practice my non-verbal communication skills.

Making a difference

Sometimes we had free time to play with the children and get a glimpse into the fascinating way of life. They were a kind and simple people and it was a privilege to know you were making such a difference to their lives.

Peru is a fascinating country and the trips include sightseeing around Cusco and the Sacred Valley of the Incas. The scenery is spectacular and it is a country immersed in culture and history.

Preventative care

The charity is planning to expand in 2009, requiring dentists, nurses, hygienists and therapists. DPP will now provide much more preventive care, including fluoride application, toothpaste provision and dental education. This is an exciting development, but will require even more volunteers than before!

If you or a friend may be interested, please visit www.dentalprojectperu.org or email info@dentalprojectperu.org.

The trips run between July and October.

About the author

Roisin Tohill qualified in Dentistry from Queen’s University, Belfast in 2003 and I am presently a final year Orthodontic Specialist Registrar in Edinburgh. I was in Peru in August 2006 and I am returning October to December 2009.

The Clearstep System

The Clearstep System is a fully comprehensive, invisible orthodontic system, able to treat patients as young as 7.

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