Scientists warn dental x-rays increase cancer risk

Dental x-rays can increase the risk of thyroid cancer, according to scientists in a new study

A research team from Brighton and Cambridge and Kuwait studied 515 thyroid cancer patients in Kuwait where the numbers of thyroid cancer are relatively high compared with Britain.

The researchers asked the cancer patients and a similar number of healthy volunteers how many dental x-rays they had had. After factoring in hospital x-rays, they found that men and women who had had up to four dental x-rays were more than twice as likely to have developed the disease than those who had never had any. Between five and nine x-rays and their risk rose more than four-fold.

However, the researchers warned that the results of their study ‘should be treated with caution’ because the data was based on self-reporting by the participants as comprehensive historical dental x-ray records were not available from the clinics. The researchers are now calling for further investigation as currently guidelines state that low-dose radiation exposure through dental radiography is safe.

Dr Anjum Memon, senior lecturer and consultant in public health medicine at Brighton and Sussex Medical School, who led the study, said: ‘The public health and clinical implications of these findings are particularly relevant in the light of increases in the incidence of thyroid cancer in many countries over the past 50 years. It is important that our study is repeated with information from dental records in order to make a more robust case for change.’

Professor Damien Walmsey, Scientific Adviser to the BDA, called it an ‘interesting study’ but said: ‘As the authors acknowledge, this is an area that requires further research.’

‘That work should be based on larger studies of subjects for whom better historical dental x-ray records are available if firmer conclusions are to be drawn from it.’

‘Dentists here consider the necessity of x-raying patients on a case-by-case basis, employing the lowest number of x-rays necessary to achieve a diagnosis.’

The incidence rates of thyroid cancer have doubled from 1.4 per 100,000 in 1975 to 2.9 per 100,000 in 2006 in the UK. The team has linked this to more and more patients having dental x-rays.

However, the researchers say that many other factors can also be causing the increase in thyroid cancer cases. The sensitive diagnostic techniques cannot solely be blamed. To confirm the exact effect of such techniques on cancer, further research is required. The study was published in the medical journal Acta Oncologica.

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Ortho TV Orthodontics charity filmed by BIC in Africa

Vetting & Barring Are you up to speed with the new regulations?

USP ABC It’s time to find your practice’s USP, says Dr Solanki

Milestone A look behind the scenes of UCL Eastman CPD’s latest facilities

News in Brief

Recession prevents check-ups

People have stopped visiting the dentist for regular check-ups due to the recession, according to a new survey. The survey conducted by the British Dental Health Foundation as part of National Smile Month, highlighted a number of reasons as to why people do not have regular check-ups. Half of people in the survey blamed it on money troubles above dental phobias and not having an NHS dentist. Chief executive of the Foundation, Dr Nigel Carter said: ‘This really highlights how the recession has impacted people over the last few years. Members of the public have had to sacrifice good oral healthcare to get by financially, and that is not right. People need to have access to a dentist.’ The survey found that 11 per cent do not have regular check-ups because they do not have an NHS dentist.

Sonicare for Kids

During National Smile Month, £1 for every Sonicare for Kids sold is being donated to the British Dental Health Foundation to support the campaign. This year the BDHF is urging parents to help their children realise the importance of learning a good oral health routine at a young age so they can keep their mouths healthy for life. The Sonicare for toothbrush has been specifically designed to help kids build healthy brushing habits for life. The Smile Month promotion was launched at the BDA Conference in Liverpool on 20 May and as a result of sales Sonicare for Kids during the show a cheque for £217 was presented to Dr Memon, Scientific Adviser to the BDA.

Dental x-rays can increase the risk of thyroid cancer, according to researchers in a new study. Scientists have warned that dental x-rays may have to be reconsidered, as will a greater use of chest X-rays. This is an area that requires further research.

The researchers asked the cancer patients and a similar number of healthy volunteers how many dental x-rays they had had. After factoring in hospital x-rays, they found that men and women who had had up to four dental x-rays were more than twice as likely to have developed the disease than those who had never had any. Between five and nine x-rays and their risk rose more than four-fold.

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Dentist charged with £1m fraud

A dentist has been suspended after she was charged with stealing £1m from the NHS.

Dr Joyce Trail, who has run a dental practice in Handsworth for the last 12 years, has been accused of submitting up to 5,000 bogus patient invoices between 2006 and 2009 and has been suspended from her practice in the West Midlands.

She is charged with one count of obtaining a false money transfer by deception and three counts of fraud. Dr Trail has denied any wrongdoing.

In 2008, she opened the city’s first medical spa next door to her practice, offering everything from Botox to ‘smile makeovers’.

She was suspended following a lengthy investigation by the NHS Counter Fraud Team and West Midlands Police, which led to her arrest.

Events staged for NSM

D ental surgeries, schools and even zoos have been taking part in this year’s National Smile Month.

The campaign, which is run by the British Dental Health Foundation, has the slogan ‘Teeth4Life’, highlighting the importance of looking after teeth and maintaining them for life.

Dr Nigel Carter, chief executive of the Foundation, said: “A good oral healthcare routine can help guard against all sorts of oral and general health conditions from bad breath and decay to gum disease, which has been linked to a number of more serious health conditions such as diabetes, heart disease and strokes.

“By promoting good oral healthcare in a fun and imaginative way we hope to persuade more people of the importance of taking care of their teeth.”

Even zoos have been taking part. Animals at Dudley Zoo receiving check ups as part of National Smile Month included reindeer, tapir, babirusa, alpaca and chimp, lemur, orangutans and crocodiles.

In Leicester, Smile Essential put on a series of events including special treats for children with free giveaways and balloon animals while all adults were invited to enter its fundraising prize draw to win a home teeth whitening package worth £399 for £1.

Patients were also given the opportunity to sample some of the latest oral health products completely free of charge. Outside of the practice, the team hosted events at local schools to help promote the importance of healthy teeth and healthy eating.

Practice principal, Lina Ko-techa said: “We were delighted to get involved in National Smile Month and to give a little bit back to the residents of Leicester. Good oral health is very important and we are always looking for ways to help improve the dental health of our patients.”

In Devon, hygienist Corinne McElligott from the Spicer Road Dental Practice, has been visiting schools with her cuddly puppet, Roo the Kangaroo. She uses Roo to teach children how to look after their teeth.

Ms McElligott organised brushathons at two schools and had 500 children brushing their teeth for two minutes.

She said: “It’s all about getting young children to participate and introduce them to dentistry in a friendly way. The brushathons were a great chance for the children to have fun with brushing while learning some important lessons. Hopefully it will get them talking about their teeth!”

Another original event took place in Manchester, where Tip-ton Training Dental School created a competition on Facebook to find the best smile.

Similarly, a London clinic has been running a competition with a prize of a makeover for the winner’s teeth. Contestants had to send in a picture of their smile to make the judges laugh.

Oldham Dental Care in Hook in Hampshire offered a ‘New for Old’ trade in on your toothbrush.

Patients were asked to take along their old toothbrush to the surgery and pick up a brand new Oral-B CrossAction toothbrush or receive 25 per cent off a new Oral-B Professional Care 550 electric toothbrush. Alongside this they also held a ‘Name the Celebrity Smile Competition’, The surgery is offering a brand new hamper of beauty gifts for the first correct entry to be drawn after the closing date on 16 June.

Meanwhile over in Redditch, YMCA and Sure Start Children’s Centres have been getting involved. Staff have been showing youngsters how to clean their teeth properly and have put on fun activities to emphasise the importance of good oral hygiene.

Anne Parker, children’s support worker at Maple Trees Children’s Centre said: “The children have really enjoyed learning how to use a toothbrush properly as they have practised on a set of large teeth. We have also had a larger range of healthy snacks at break times to introduce the children to more foods which are less harmful to their teeth.”

In Bolton, Cahill Dental Care had a stand at Bolton’s Market Hall offering people free dental advice.

As well as offering the people of Bolton an opportunity to discuss dental procedures such as implants and invisalign, there was also a competition to win a free course of tooth whitening.
Editorial comment

Indecent exposure

There has been a few talking points in dentistry this week with the new research into the risk of thyroid cancer from dental radiographs and the profession being high in the headlines for different reasons.

The research into radiographs, although published with a caveat that more research was needed to fully validate the results, for me opens up the interesting conundrum for dental professionals. The technology used in radiographic equipment has brought down the exposure dose dramatically, and with an increased need for recording a patient’s condition in case of litigation, it’s no wonder that the use of radiographs is on the rise. Then when research such as this surfaces, questions are asked about the use or overuse of radiographs! Does the phrase ‘rock and a hard place’ sound familiar?

Dentistry seems to be being hit by the headlines for different reasons. Has there been some good news too, with lots of positive National Smile Month messages finding their way into local and national press. Nice to see that oral health has a plus side in non-dental media! Now all we need is a link between dentistry and England winning the World Cup this year.

Dental nurse scholarship established

The British Dental Association Education has set up the Ann Felton Scholarship for dental nurses.

The dental nurse who is awarded this prize will be given a free place on the British Dental Association (BDA) Education’s online Oral Health Education (OHE) course and free entry to the exam, worth £755, which leads to the NEBDN Certificate in OHE.

This scholarship has been developed in recognition of the outstanding contribution made by Ann Felton to the dental profession and to careers of dental nurses across the country.

In order to be eligible for this prize, any dental nurse applying needs to explain, using a maximum of 250 words, how they would use the OHE Scholarship to advance their career.

A spokesperson for the BDA said: “Perhaps you would like to gain confidence and develop a greater understanding of a wide range of oral health conditions and diseases. Maybe you aspire to set up a preventive dental unit in your practice. Or perhaps you harbour ambitions to become a practice manager or a leader in the field of oral health education. Take this opportunity to take one step further towards achieving your goals. BDA Education would be delighted to hear from you if you are interested in applying for the Ann Felton Scholarship. We will be looking for a proven commitment to oral health education as well as an indication that you have the potential and the ability to progress in your chosen career.”

To apply, complete the downloadable application form on the BDA website and send it to BDA Education, 64 Wimpole Street, London, W1G 8YS by 50 June 2010.

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Or email: lisa@dentaltribuneuk.com
Orthodontic charity filmed by BBC in Africa

BBC presenter Ben Fogle has been out in Africa following the work of the orthodontic charity Facing Africa.

The television programme Make Me a New Face: Hope for Africa’s Hidden Children was shown on BBC Two.

In 2008, Ben Fogle caught a flesh-eating disease called Leishmaniasis which, if untreated, would have destroyed his face.

In the TV programme, Ben investigates a sickness that’s far worse but virtually unheard of - Noma, which eats away the flesh constantly; and 10-year-old Asnake, whose misshapen mouth makes him dribble constantly; as well as 11-year-old Mestikma, abandoned by her family because of her deformity.

These children join other Noma victims in Addis Ababa for the radical transformative surgery.

Mr Thom was part of the advance team carrying out full medical, dental and social assessments, putting the patients on a high protein feeding regime and a deworming programme as well as clerking, photographing and assessing the degree of loss of jaw movement.

A spokeswoman for the charity said: “It was considered essential to establish a healthy dental environment for surgery and extractions were performed where as necessary as well as plaque removal and oral hygiene.

“Each patient was given their own hygiene pack and tooth brushing was supervised daily. Some had never seen a toothbrush and were used to using, on occasions, a soft twig.”

Two weeks later the surgical team arrived and they took over the operating theatres of one of the main hospitals in Addis Ababa. The surgical team were internationals with surgeons, anaesthetists and nurses from the UK, France, Holland and Norway.

The team carried out more than 50 facial reconstructions.

Unsealed jaws were released, facial defects repaired, tumours removed and cleft palates repaired.

For more information on the work of Facing Africa, visit www.facingafrica.org.

Treating gum disease can help diabetics

Treating serious gum disease in people with diabetes mellitus can help to reduce high blood sugar levels, according to a new study.

The study carried out by an inter-university research team including the UCL Eastman Dental Institute and Peninsula Dental School, looked at previous research into the link between diabetes and serious gum disease.

The results showed that there is a small but potentially highly important benefit to treating periodontal disease in diabetic patients.

However, further research needs to be conducted in order to fully establish the link between the two conditions.

Currently, it is thought that dental inflammation, caused by bacteria infecting the mouth, results in chemical changes that reduce the overall effectiveness of insulin, thus leading to raised blood sugar levels.

Dental treatment to reduce oral inflammation may therefore help to lower blood sugar levels. This means a decrease in the overall risk of contracting serious health complications associated with the condition, including heart disease and eye problems.

Prof Ian Needleman from the UCL Eastman Dental Institute called the research ‘particularly timely’ because ‘periodontal disease now affects at least 40 per cent of the UK population, and for people with diabetes the disease levels will be significantly higher’.

He added: “Furthermore, levels of diabetes in the UK are rising rapidly and with higher prevalence amongst disadvantaged groups, periodontal health is an important priority both for prevention and treatment.

“Whilst the most important aspect of insulin control in diabetes management is the use of drugs and diet, maintaining good dental health is something patients and healthcare professionals should also recognise, particularly because it is so easy to treat.”

The findings, which have been published as part of the international ‘Cochrane Collaboration’, highlight the need for doctors and dentists to work together in the treatment of diabetes.

In a separate case, Mr Anthony Woodward, of West Quay, Bridgewater, Somerset, pleaded guilty at Bridgewater Magistrates Court on 28 May to the offence of holding himself out as being prepared to practise dentistry.

In addition he also pleaded guilty to unlawfully using a specified title, namely that of ‘dental technician’. Mr Woodward was fined £100 for each offence.

£3k for illegal practice

A magistrate’s court has fined a man £3,000 for practising dentistry illegally.

Robin Baldwin was found guilty at King’s Lynn Magistrates Court of practising dentistry illegally.

He was found guilty of being prepared to practice dentistry at Greyfriars Surgery, 5 Tower Place, King’s Lynn, Norfolk.

He was also found guilty of unlawfully using the title of dental surgeon on a business card.

Mr Baldwin was fined £5,000 and ordered to pay £3,195.40 to the General Dental Council (GDC)’s costs.

The GDC has now successfully prosecuted six cases of illegal practice in the last three months.

This includes Neville Forman of Beechwood Barn, North Moor Lane, Lincoln, who pleaded guilty to the offence of holding himself out as being prepared to practise dentistry – in that he was prepared to give treatment in connection with the fitting, inserting and fixing of dentures.

Mr Forman was conditionally discharged for six months and ordered to pay £700 in costs.
System Abutments

Octa Abutment / Conical Abutment / Locator Abutment
The General Election, the formation of a new government and all the speeches and appointments that followed has lately kept the GDPUK forum bubbling away. Colleagues discussed the prospects of the contesting parties, they argued over who they would vote for and why, and when the prospect of a hung Parliament loomed, they talked about who should join to form a government and the effect of the new policies on dentistry.

Early after the election, two major speeches could be extrapolated to make dentists and dentistry feel more positive about the future. Nick Clegg announced new ideas to tear up many of the laws brought in by Labour, and asked for people to tell him which ones should go. The new Home Secretary, Theresa May, spoke to the Police Federation and said that her predecessors had tied the Police up in red tape and undermined their professional responsibility. Now things would be different. She was not going to tell them how to do their job, any more than she would tell a surgeon how to form a government how to perform an operation or an engineer how to build a bridge.

Feelings continue to run very high regarding the imposition of HTM 0105 and people cooperate to protest about it. Groups coalesce to write letters to their MPs, to the new health ministers, to Norman Lamb (formerly Lab-Dem shadow Health Secretary, well briefed and sympathetic towards dentistry, and now chief political adviser to Nick Clegg). If the politicians are to be taken at their word, and the words they use are to be believed (am I naïve?), then there could be a better future for UK dentistry, with less interference from Government-based edicts and agencies.

I would also ask though, does dentistry need a further layer of costly regulation in the form of the Care Quality Commission?

I urge those reading this to write to their MP and Nick Clegg, plus Norman Lamb, and encourage their practice colleagues to do so, as well as LDCs and BDA sections, to mobilise the UK dentistry to remind the new Government what we need from them to change - HTM 0105 and the CQC.

As well as political topics, GDPUK forum writers and readers have been discussing aspects of practice management, ideas from the US of having a large, multi-surgery practice with one dentist “running” from room to room and treating many patients with less downtime. The plight of snooker star Alex Higgins, who lost his teeth following radiotherapy for throat cancer and had friends helping to raise funds for him to have implant based dental restorations was also debated.

One colleague raised the issue of a patient with addiction to Lucozade! What would you do? Another had a patient (who had been previously interested in tooth whitening) appearing with grey teeth. This was not from tetracycline. One writer suggested that she might have had treatment in a beauty salon using chlorine dioxide, which can apparently have this side effect. Treatment options to help this lady were not discussed. Visit www.gdpuk.com.

The GDPUK online community has been dominated by political topics says Tony Jacobs

Tony Jacobs, 52 is a GDP in the suburbs of Manchester, in practice with partner Steve Lazarus at 406 Dental (www.406dental.com). He has had roles in his LDC, local BDA and with the annual conference of LDCs, and is a local dental adviser for Dental Protection. Nowadays, he concentrates on GDPUK, the web group for UK dentists to discuss their profession online, www.gdpuk.com.
People who don’t brush their teeth twice a day are more likely to suffer from heart disease, according to a recent study.

The study published in the British Medical Journal found that people who never or rarely brush their teeth are 70 per cent more likely to suffer from heart disease than those who brush their teeth twice a day. The study looked at the habits of 11,000 adults and found those with poor oral hygiene had a higher risk of getting heart disease, compared with those who brushed twice a day.

The study backs up previous research linking gum disease with heart disease.

It is known that inflammation in the body, including in the mouth and gums, has an important role in the build up of clogged arteries, which can lead to a heart attack.

However, this is the first time that researchers have examined the frequency of teeth brushing to see whether it has an impact on the risk of developing heart disease.

In the study, six out of 10 people said they visited the dentist every six months and seven out 10 reported brushing their teeth twice a day.

During the eight-year study there were 555 ‘cardiovascular events’ such as heart attacks, 170 of which were fatal. Those with poor oral hygiene also tested positive in blood samples for proteins which are suggestive of inflammation.

Study leader Prof Richard Watt, from University College London, said: “Our results confirmed and further strengthened the suggested association between oral hygiene and the risk of cardiovascular disease. Furthermore, inflammatory markers were significantly associated with a very simple measure of poor oral health behaviour.

“Future experimental studies will be needed to confirm whether the observed association between oral health behaviour and cardiovascular disease is in fact causal or merely a risk marker.”

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Speaker: Lester Ellman and Sim Goldblum
Date: 7th July 2010

Webinar 3: Endodontics
Part 1: Dentsply
Speaker: Carol Tall
Date: 5th August 2010
Is your practice manager up with the new vetting and barring regulations?

Asks Seema Sharma

Are you aware that...

• Under the Safeguarding Vulnerable Groups Act 2006, the Independent Safeguarding Authority (ISA) takes decisions on who should be barred from working with children or vulnerable adults?
• Existing lists were replaced, in October 2009 by two new barred lists (one for working with children; for working with vulnerable adults)?
• From October 12th 2009 the NHS came under the scheme?

Do you...

• Follow national safeguarding guidance within your own activities and in your dealings with other organisations?
• Undertake all appropriate employment checks?
• Require CRB checks from all new recruits before they start?
• Ensure that all team members are aware of the local referral procedures via training and induction?

Have you...

• Ensured that all team members know what to do if they suspect abuse or neglect?
• Made local contact names and details available for the team (including temporary staff and locums)?
• Made local referral procedures available for the team (including temporary staff and locums)?

Whilst a dental team does not have to diagnose child abuse or neglect, we are in a position where we may witness signs of child abuse or neglect and we have a responsibility to find out about and follow local procedures for child protection, so we can share concerns appropriately.

Legislative Framework

The Safeguarding Vulnerable Groups Act 2006 provides the legislative framework for the new Vetting and Barring Scheme and envisages the creation of three ISA (Independent Safeguarding Authority) lists – ISA registered individuals, people barred from working with children and those barred (or also barred) from working with vulnerable adults.

Individual responsibility - It is up to an individual to register. An unregistered person has either not registered, or is on an ISA Barred List. Registration will be phased in over five years:
• Year 1 (July 2010) – new workforce entrants, job movers
• Year 2 – those who have never had a Criminal Records Bureau (CRB) check before
• Year 3 – those with CRB checks over three years old
• Year 4 – those with more recent CRB checks
• Year 5 – the remainder of those who have had a CRB closure and those who work in controlled activity

Employer responsibilities - From July 2010, ISA registration status of NEW paid or volunteer applicants must be checked. The service is free and you will be updated on changes to the person’s registration. This does not obviate the requirement for a Criminal Records Bureau (CRB) check.

There will also be a new offence – punishable by a fine – for employers who fail to inform the ISA about an employee posing a threat to children or vulnerable adults. The GDC has a similar obligation.

Regulated activities (clinical team members in direct contact with patients) can only be undertaken by an ISA registered person. It is illegal to engage an unregistered person and can result in imprisonment or a fine of up to £5,000.

Controlled activities are those undertaken by support staff eg receptionists, cleaners. It is still mandatory to check the ISA status of an applicant, but barred people can be engaged provided certain safeguards are in place.

Train your team

Child protection is a key element of the induction programme for new members of staff. All team members are required to undergo documented training to recognise signs of neglect or physical, emotional and sexual abuse, and know how to access and liaise with local protection services.

Within the practice, safeguarding includes listening to vulnerable patients, providing information, and having other relevant policies and procedures in place eg complaints. Although it is uncommon to see patients with signs of child abuse, where it is suspected and there is no satisfactory explanation, the team should be able to act quickly and responsibly.

Your local PCT should be able to provide information on the local protection team and pathway, and possibly even organise training for NHS practices.
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A fitting tribute
Dental Tribune reports from the John McLean Symposium

More than 275 people came together at the Royal Society of Medicine to celebrate the life of John McLean, who passed away in June 2009. In a symposium arranged in his honour by Dr David Winkler, 25 speakers from around the world came together to share stories and research into dental materials.

It was not a sad event, rather a celebratory time. All the speakers were clearly proud of their association with McLean, reverential of his contribution to dentistry but amused by his foibles. A striking fact was that every one of the speakers paid their own travel and accommodation expenses for the event and received no honorarium for speaking.

The delegates were greeted by a filmed obituary by Graham Mount from Adelaide, Australia, who outlined some of the honours conferred on McLean during his lifetime.

Following this was a packed line-up of speakers, each being allotted a 15-minute slot for their presentation. The line-up included:

- Edwina Kidd - Caries and John. Eponymous lectures on caries marking the beginning and end of Edwina’s 55-year friendship with McLean in her talk she looked at how the caries process can be controlled.

- Dr Avijit Banerjee - Modern Caries Management. He talked about the benefits of Minimal Intervention Dentistry - appropriate control measures to prevent new lesions and the operative management of cavitated lesions, minimal caries excavation and restoration.

- Ivar Mjor - Practice-based Dental Research. This was a brief overview of practice-based research related to restorative dentistry, because about two thirds of general dental practice involves diagnosis and prevention of caries, and the restoration of carious defects.

- Alan Wilson - The Early Days with John McLean. Dr Wilson’s principal research interests were the dental silicate cement and other dental cements, the invention and development of the Glass Ionomer, the devising of test methods for dental materials and sustained delivery devices.

- Denis Smith - The Genesis of Adhesives for Enamel and Dentin. He gave an overview of the research and development of a number of pioneeering individuals including McLean over 60 years who contributed to the composite systems of today.

- Oswald Gaser - In Every Cloud there is a Keito/Silver Lining: Developing Dental Ceramics with John McLean. He reported on his personal experience of innovative, inventive and inspiring collaboration with McLean - in the creation of a self-adhesive, monomer-free dental material overcoming drawbacks of the then existing self-adhesive solutions.

- Rainer Guggenberger - Glass Ionomers: Leading the Way to Self-Adhesive Materials. He argued that without glass ionomers - pioneered by McLean and Alan Wilson - self-adhesive composites would never have been developed.

- Dr Raymond L. Bertolotti - The Quest for the Perfect Bond. He showed that judging bonds by shear-bond strength tests on flat, 600 grit ground surfaces could be considered “shear nonsense”.

- Harold Preiskel - Clinical Science Meets Practice: Interface or Interference. He gave a synthesis of McLean’s contribution to clinical dental science viewed through the eyes of an observer whose relationship matured from student to colleague and close friend.

- Dr Richard Simonsen - Composites vs. Care: The Ethics of Esthetic and Restorative Dentistry. In his talk he discussed the recent trend towards creating the perfect ‘smile’ and looked at the ethical responsibility of the profession towards patient treatment.

- Galip Gurel - Interdisciplinary Team Approach for Minimum Invasive Aesthetic Prepless Veneer. He stressed that clinicians must be ethical in patient care ensuring treatment is minimally invasive.

- Ken Malament - Integration of Esthetic Dentistry in Routine and Complex Prosthodontics. His talk gave a look at failure modes and effects in bilayer all-ceramic crown-cement-tooth systems.

- Dr Stefano Gracis - Metal-Ceramics: A standard on the road to extinction? He looked at the advent of new metal-free prostheses, which challenges metal-ceramics, up to now the standard for fabricating fixed prosthesis.

- Dr Carla Marinello - Ceramics in Fixed and Removable Prosthodontics. He showed the step-by-step clinical and technical fabrication of zirconia bar on implants and of a corresponding zirconia complete denture.

- Dr Aris Tripodakis - Evaluation of Two Alternative Approaches in Designing CAD/CAM Frameworks for Fixed Veneered Restorations. This presentation outlined his clinical-laboratory research, evaluating the different approaches in designing CAD/CAM frameworks for fixed partial dentures as to their efficacy in providing adequate support to the veneer porcelain.

- Dr Tidu Mankoo - Anterior Implant Aesthetics: The Key to Success. He outlined the contemporary surgical and prosthetic concepts in the management of implants in the aesthetic zone with a view to achieving optimum long-term aesthetics and stability.

- John Hubbard - A Window of Opportunity - Strength and Beauty. The talk was a personal account of Mr Hubbard’s working relationship with McLean, discussing the lab techniques used during this period to develop Alumina reinforced porcelain, in order to optimise strength and beauty in definitive restorations.

- Andrew Davwood - Digital Fabrication Processes. This discussed the use of computer guided surgery for precise and minimally invasive implant placement and examined some of the factors which may introduce error into the workflow.

- Dr Balwin Marchack - Eight Years of Zirconia: A Clinician’s Retrospective Perspective. The presentation discussed the clinical performance of CAD/CAM zirconia restorations for natural teeth and implants in one private practice over an eight-year period and looked at current trends and future perspectives of this technology.

- Naoki Aiba - Dentscape: Dental Photography for Dentist Laboratory Communication. He presented the three major aesthetic challenges faced by the dental technician when using dental photography - shade matching, midline orientation and incisal edge position.

- Dr Stefan Paul - Tissue Integration of Implants: Biodynamics of External vs. Internal Designs. He explored the latest literature and clinical cases to test the hypothesis if delayed implant placement can still be considered the standard of care in the maxillary anterior zone.

- Nicolas Pietrobon - Team Approach: Biomaterials, Esthetics and Dental Technology. He looked at the rapidly changing face of restorative dentistry in relation to dental laboratories.

- Dr Tidu Mankoo - Complete Dentures: Definitive Considerations at which the John McLean Fellowship Fund was formally launched in 1997. For me this symposium was an excellent event, a fitting tribute to a dental pioneer and I wish the Fellowship Fund every success.
I am delighted to announce that I am up to date with my course work – all lectures so far have been listened to and the critical reading has been printed out and read – well, skimmed anyway!

We have left Unit 1 behind, except for the end of unit assessment which is due in a week’s time – five short answer questions on topics ranging from the characteristics I would seek in a new caries diagnostic device, to how I would choose between a conformative or reorganised approach to the occlusal scheme in a patient requiring multiple posterior restorations replaced. Sounds like a day in the life of a general practitioner...Still, putting my thoughts down in a succinct yet organised manner will require some effort! I haven’t received the results from the first assessment where I really did struggle to answer the questions within the word allocation which makes me slightly nervous...

Unit 1 covered the Foundations of Clinical Practice, leading us into Unit 2 entitled Aesthetic Foundations. This is much more familiar territory for me, having spent the last eight years of my professional career involved in the British Academy of Cosmetic Dentistry. I would classify my learning style as ‘highly impatient’ or ‘cut to the chase’ – I can’t abide waffle, and I was concerned that as I have spent many years learning about smile design, aesthetic evaluation etc, I may become frustrated with having to revisit these areas. All credit goes to Chris Orr – not only was his presentation a work of art (must be a Mac thing) – but he did keep my attention and pulled the information together in a very logical and scientific method. His excellent use of actual cases served as real-life examples to describe smile evaluation, which can often be a tedious subject to teach as it so often turns into a long list covering lip line, embrasures, contact points, connector lengths, golden proportion etc. Included in the lectures was an e-learning unit on photography which was excellent. Even as a regular user of digital photography, I gained some useful insights into how I could further utilise photography on a daily basis.

As I write this, the next thing is our first residential learning course in London. More on hands-on photography – yippee! I have spent years teaching my team how to take excellent photographs (which they do!) so that I don’t have to and now I have to turn up with my camera! What goes around comes around. My team are looking forward to me showing myself up in a subject I

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It’s the service that counts at The Dental Directory

The Dental Directory is the UK’s largest independent full service dental dealer, with an outstanding reputation for excellence. Backed up and supported by a national sales force, and with access to the best dental equipment and sundries available in the market, it’s little surprise that The Dental Directory stands head and shoulders above its competitors.

There are many different professional aspects that have to come together effectively and efficiently in order to maintain the high standards of such a well-respected and successful company. On this basis, it is essential that there is a team of exceptional staff on hand to support each other and, by extension, offer the best all-round service to the customer. This support network is invaluable, as it enables all areas of customer enquiry to be fully assessed and dealt with by the most knowledgeable member of the team.

An integral role and one that is central to The Dental Directory’s high standard of customer service, is that of the Business Consultant, Jackie Kendrick, a Business Consultant for the last five years, explains why,

‘As a Business Consultant for The Dental Directory our primary role is to visit customers, provide support and ensure that all of their equipment and sundries requirements are met. On the whole, I tend to meet with the practice manager or principal dentist and discuss with them the various needs of the practice and suggest ways in which The Dental Directory can assist.’

Jackie also relies on her cohesive team for help and support which she feels enables her to deliver that all-round service to the customer.

‘If I’m unable to provide a sufficient answer or explanation, I can pass the query directly on to a colleague who may have more knowledge or expertise in that area. Thanks to the close-knit nature of my team, there is always somebody that can help and this benefits the customer enormously.’

It is vital in any business to keep your finger on the pulse in terms of new products and developments, as well as having a clear understanding of how to use them safely and effectively. By doing this, you ensure that your customers experience a top quality service that is both knowledgeable and supportive and one that they will remember.

Jackie explains her role in keeping Dental Directory customers up-to-date with all the latest products on the market,

‘If a customer is interested in a particular new product, I can supply them with a sample to try out, and in addition to this arrange for a manufacturers representative to visit and provide a demonstration. I have an excellent working relationship with both customers and manufacturers and because of this, expert advice is always available to my customers. I find that my background in dental nursing also gives me further insight into what it is that the practice requires. This understanding allows me to discuss the various needs of the practice with the practice manager or dentist and then offer informed, experienced advice.’

The support offered to clients by The Dental Directory Business Consultants is exceptional and integral to the company’s ongoing success. Understanding customer expectations is a key factor in providing the appropriate support to customers, and is something that The Dental Directory considers extremely important.

‘When I meet with a new customer, initially I will go in and spend some time discussing their expectations, requirements and answering any questions about my role and how I can assist them. On future visits, I’ll usually install the online buying programme Desktop Directory onto the practice computer and then sit and go through the process of placing orders online and the advantages of doing so. If a customer experiences any difficulties with ordering, understanding a new product or returning a faulty item, then I am their first port of call. By

‘Thanks to the close-knit nature of my team, there is always somebody that can help and this benefits the customer enormously.’
By working so closely with our customers, I find that a strong level of trust is built up very quickly...

working so closely with our customers, I find that a strong level of trust is built up very quickly and this is hugely influential in why The Dental Directory has such an outstanding reputation for customer service.

A serious and continuing issue, and one which often dominates the minds of practitioners, is decontamination. As a result, there is a great need for the Business Consultants at The Dental Directory to be fully up to date in terms of knowledge and product understanding. It’s important for customers to feel that their concerns are being dealt with by knowledgeable professionals offering them the best advice.

‘The biggest area of concern for my customers’ is decontamination and the HTM 01-05 guidelines. At The Dental Directory we can arrange for an equipment representative to visit the practice and draw up a free plan, which illustrates how best the practice can comply with the HTM 01-05 guidelines. The advice is free and without obligation, it’s a fantastic service for customers’.

Every business, large or small, aspires to be the best. All will measure success in different ways, but what unites all businesses is the common goal of customer satisfaction, and, ultimately, loyalty. So, what is the secret to keeping customers happy and always coming back for more? Jackie explains,

‘A really important concept in our approach to customer service is providing help and support to customers, rather than constantly trying to make a sale. We also aren’t paid on commission like other Reps, so we have only the customer’s interests at heart’.

Jackie believes, ‘It’s about going that extra mile and providing a personal service. For example, I always ensure that I help

my new customers unpack their first order so that I’m there if any issues should arise that need resolving. This is a really good way of beginning to build a strong working relationship and developing trust with customers’.

The Business Consultants at The Dental Directory play a really vital role in providing and maintaining top quality customer service. However, they don’t pretend to be Marketing Consultants, IT Specialists, Training Experts or even Merchandising Guru’s. At The Dental Directory they concentrate on being your Business Consultants and doing what they do best - looking after the customer.

Business Consultants like Jackie have contributed to setting the precedent, and as a result, all new and future customers can look forward to seamless, outstanding customer care and support from The Dental Directory.

For more information on how The Dental Directory can help your practice, speak to your Dental Directory Representative or call 0800 535 586 or visit us online at dental-directory.co.uk
Erosion comes to the fore

Dental Tribune reports from a high-class symposium dedicated to enamel erosion in children and adolescents

Tooth wear due to factors such as acid erosion has become one of the hot topics of dentistry in recent years. With the recent appearance of products such as toothpastes, mouthrinses and mousers in the consumer market, the profile of enamel erosion has risen in both the public consciousness and clinical spheres.

The pre-congress symposium of the 10th Congress of the European Academy of Paediatric Dentistry, held jointly with the British Society of Paediatric Dentistry, focused entirely on the issue of tooth surface loss in children and adolescents. The event was well attended for a pre-congress event, with almost 300 people ignoring the pull of beautiful sunshine in the Yorkshire moors and attending.

Sponsored by GSK, the pre-congress symposium was split into four lectures dealing with different topics around tooth wear in children. As the first for paediatric dentistry and chaired by Sven Poulsen and Jack Tsombe, the afternoon started off with a look at the general issues surrounding tooth wear and some of the different products on offer that clinicians can recommend to patients presented by Prof Monty Duggal. Prof Duggal is currently Professor and Head of Paediatric Dentistry at Leeds Dental Institute and spoke about The Science of Erosion and Challenges for Children, discussing the significance of the introduction of consumer products aimed at combating tooth erosion. These products have caused massive interest research-wise about the efficacy of the products and many discussions of the importance of tooth surface loss as a condition. Prof Duggal discussed how it is becoming a significant problem globally and the size of the challenge faced by clinicians both in prevention and management of surface loss.

In terms of research, Prof Duggal detailed a study he has been undertaking looking at a combination of products aimed at treating the condition to see what was more efficacious and in what combinations. Prof Duggal is very clear in his thoughts that the use of a combination of products and advice in a patient-tailored regimen is the most beneficial to patients. From the study, he found that one of the best combinations was a mix of GSK’s Pronamel toothpaste and GC’s Tooth Mousse for helping to manage surface loss.

Next to the stage was Dr Martha Ann Keels. Dr Keels is currently the Division Chief of Paediatric Dentistry at Duke Children’s Hospital, located in North Carolina. Her presentation, Solving the Mystery of Tooth Surface Loss, Role of Non-dietary Factors such as GORD and its Management, was very specific in its look at Gastro-Oesophageal Reflux Disease (GORD or GERD as the US spelling variant) as a major causal factor of tooth surface loss.

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Dr Keels treats the oral damage caused by GORD in children and sees the various levels of tooth wear that it can cause. She detailed some of the risk factors, including eating habits, emotional stress (school,
family issues etc), asthma sufferers and special needs patients. It has been noted that the condition is more prevalent in boys.

Using case studies, Dr Keels highlighted some of the treatment options available for sufferers and explained the indices used to monitor the progress of tooth surface loss. While her preference is dietary change over medication or surgery, the list of treatments available is fairly broad. The 5, 4, 3, 2, 1, almost none lifestyle mantra is used at Duke Hospital:

- 5 – Portions of fruit/veg
- 4 – Glasses of water
- 3 – Structured meals
- 2 – Hours or less of screen time
- 1 – Hour of activity

In addition, trying to treat child stress using easy breathing techniques or relaxing before bedtime is used to help alleviate any condition.

Dr Keels looked at various medications which have been prescribed to help reduce the acid production in the patient’s stomach, including acid reducers and acid blockers. In some patient cases, surgery is necessary in the form of a Nissen Fundoplication.

When managing the dental effects of GORD, Dr Keels described her simplified index which can be utilised by team members to chart the progression of surface loss, be verified by the clinician and then used as a patient and parent visual aid to describe what’s going on.

After a short break for coffee, the delegates were treated to a presentation from Prof David Bartlett, Head of Prosthodontics at Kings College London Dental Institute as well as a consultant in Restorative Dentistry and specialist in Prosthodontics. His presentation focused on, A Risky Situation: Aetiology and Prevention of Dental Erosion. He discussed the different causes of erosion and what actually happens to a tooth as the enamel is eroded, using a series of images from a scanning electron microscope.

Prof Bartlett looked at the need for the dietary advice given to patients, emphasising the need for the advice to not conflict with medical advice for healthy eating. His opinion was that it’s not what is consumed, it is the frequency and how it is consumed. Using photos of tooth wear, he illustrated his points with anecdotes of patients, including one who would take all day to eat an orange segment by segment!

He then discussed the research into tooth erosion he had been involved in over the years and discussed the difficulties that clinical studies have in validating their research. The use of superimposition of impression scans taken at regular intervals gave the researchers reference points to examine the surface loss over a distinct period of time – in this case three years.

Prof Bartlett’s final message to delegates was clear – clinicians can have an effect on preventing tooth erosion with a combination of treatment and advice.

The final speaker of the afternoon caused much excitement with the handing out of 3D glasses for his presentation, Adhesion to Dentine in Primary and Permanent Teeth. Prof Dr Roland Frankenberger is Professor and Chairman of Operative Dentistry at the University of Marburg in Germany and began his presentation with the acknowledgement that restorative therapy in children is not an easy task. Much of his talk centred on the relative merits of the different etch and bonding systems on both primary and permanent dentition.

Prof Frankenberger stated that self etch adhesives are very successful for primary teeth, but that the three step systems were better for permanent teeth. ‘Use more bottles for permanent teeth’ was his mantra. He also used many images to illustrate the bonding strengths under different conditions, some in 3D to fully demonstrate the processes taking place between tooth and adhesive.

This pre-congress symposium was a fascinating look into the topic of tooth wear in children, and raised many discussion points amongst the delegates. As a topic that is becoming more relevant in paediatric dentistry, the four presentations gave a very thorough grounding in what clinicians should be looking for as well as a guiding hand in finding the evidence base needed to do the best for patients.
Growing your practice

Simon Hocken highlights some of the things to avoid if you really want to grow your practice and entice new patients through the surgery doors.

Recently, I chaired a seminar entitled ‘How to grow your practice in challenging times’ for the British Dental Association (BDA). Throughout the seminar, speakers presented their comments and ideas on growing practices. Included were some thought-provoking sessions on a number of different areas including business strategies, practice profile, value added service, motivating and retaining staff, financial management, saving tax and reviewing your prices to maximise your profits. All of these issues are of course vital considerations, and time spent discussing them was both interesting and valuable.

I visit many practices in the course of a year and it is fair to say that most, sadly, are not growing. From my experience while visiting practices or being invited to speak to groups of dentists, it would seem that most principals are presiding over shrinking practices.

At the recent Alpha Omega International Dental Fraternity (and also at BDA HQ in London) I was invited to speak at, a straw poll of the 50 or so dentists in the auditorium took place. The results revealed that around three quarters of the principals saw their practice turnover fall in 2009 compared with 2008. Now, although there has been a recession, which has obviously been taken into account, the straw poll shows inverse results for the practices that we work with; where more that 75 per cent of practice principals saw an increase in their turnover last year.

What is growth?

To me, growth is apparent when a practice has marketing that creates in excess of 50 new clients a month, 560 additional clients a year and therefore 1,020 additional clients every three years.

What is going on?

Although many practices have improved their physical facilities and many have changed or perhaps improved the services they offer, there are still many aspects that remain the same and hinder a practice’s growth. For example, many still occupy the same buildings that they have done for many years, with the same number of surgeries and the same number of clinicians. Adding to this, there are essentially the same number of new patients entering the surgery and the same number of existing patients leaving each month.

It is certainly evident to me that this ‘managed status quo’ is alarmingly common and cannot be seen, in my opinion, as ‘growth’. Some may say that it is at least evolution, but this is not growth when considering it in pure business terms.

Let us return now to the BDA’s ‘How to grow your practice in challenging times’ seminar as previously mentioned. The type of growth that I describe is essentially down to acquiring more new patients every month than the number that leave the practice!

However, what is equally important is having a team that can deliver the following:

• Effective consultations
• Effective treatment plan presentations
• Effective techniques for overcoming objections
• Effective closing strategies; that is, ask for the business

Ultimately, this is what makes a practice grow. Your marketing strategies, as important as they are, bring people to your door or onto the end of your phone line; it is the selling skills and sales systems that really grow practices.

While you consider the issues above, here are 20 sales prevention strategies:

• A website that doesn’t bring in new patients
• Patients who have no idea what you offer
• No sales support materials
• No one to talk to patients other than in the surgery or at the front desk
• No data on your enquirers, how they came, what they want, how they came to your door or onto the end of your phone line, or where more than 75 per cent of practice principals saw an increase in their turnover last year.

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The 10th dimension... the power of ten

Dr Ed Bonner and Adrianne Morris discuss the importance of authenticity in leadership

Life coach Cindy Loughran raises an interesting question? What is authenticity and why is it important to leadership?

Leadership comes from within: it is an ongoing and consistent expression of who we are. Authentic leaders know themselves and their purpose; they use that knowledge as their internal compass. When we align our actions with our sense of purpose, we act authentically, we take a stand, living centred, calm and powerful lives that inspire others to action. We are in control of our feelings and emotions, rather than letting them control us.

Authenticity is about having personal integrity, being genuine, and acting in a way that is true to you and your beliefs, no matter what. It’s about NOT putting up a facade, NOT being aloof or inaccessible. When making decisions or engaged in discussions, ask yourself ‘What does my authentic self tell me to do?’ Even if it is a difficult decision, check in with yourself and ask, ‘How can I make and communicate it in a way that is an expression of my purpose and in integrity with my values?’

As one begins to use newly learned behaviours, one learns to be generous and forgiving with oneself. The leader who can forgive himself/herself can forgive others. Our sense of another’s authenticity has an enormous impact on whether or not we trust them, how comfortable we are with them, and how willing we are to follow them. Authenticity, then, is critical to effective leadership.

Reaching burnout

Some corporate executives are motivated primarily by money, earning six- and seven-figure incomes. Others are motivated by the game, by winning, and besting others who may be competing for limited corporate resources needed to implement their plans. Typically, these executives reach a place where they burn out, or become increasingly dissatisfied by their day-to-day routines. As a result, their teams suffer and are not as productive, or effective, as they could be.

The best leaders are guided by a deeper purpose – to create a product or service, for example, that delights their customers, or leaves a mark on the world in some way that is meaningful to them. When authentic leaders do this, they can sustain success and the seven-figure income, along with a genuine feeling of accomplishment, of having made a significant contribution.

Finding meaning

When we clarify our true purpose, we come to understand what gives meaning to the things we do. Our purpose gives us guidance on how to do things. Our purpose guides how we do what we’ve chosen to do. It is our internal compass.

Of course, living on purpose means that you may not ‘fit’ or be successful or happy in every setting. But that’s OK. You will be successful or happy in every setting. That delights their customers, or leaves a mark on the world in some way that is meaningful to them. When authentic leaders do this, they can sustain success and the seven-figure income, along with a genuine feeling of accomplishment, of having made a significant contribution.

About the author

Adrianne Morris is a highly trained success coach whose aim is to get people from where they are now to where they want to be, in clear measured steps. Ed Bonner has owned many practices, and now consults with and coaches dentists and their staff to achieve their potential. For a free consultation, or a complementary copy of The Power of Ten e-zine, email Adrianne at alplife-coach@yahoocom or Ed on bonner edwin@gmail.com, or visit www.thepoweroften.co.uk.

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- 1 x One Coat 7.0 (5ml) + 50 x Microbrushes
- 1 x SyntaRex (1 Mandrel + 11 Discs)
The importance of the USP

With more and more practices offering a huge variety of treatments, it is vital your practice can offer potential patients something a little bit different. You need to find your practice’s USP, urges Dr Solanki.

A unique selling point (USP) is a marketing concept that defines a product’s competitive advantage, and can often sway a potential patient into choosing one practice over another. A simple, attractive USP is one way to make your practice shine through, and its goal is to create an undeniable reason for the patient to choose you.

No two practices are the same. Even if you have identical equipment, techniques, and even identical chairs in the waiting room, there will be elements that differ between you, and the surgery down the road. The key is to track down what makes your practice different and maintain it—this is your USP. It may be new technology that is not available anywhere else, USP. It may be new technology that is not available anywhere else.

When considering a USP for your practice, it is vital not to alienate existing patients, so make sure you ask your current patients what they find positive about the surgery. Ask customers to sign a visitor book and comment about their experience or even gather customer testimonials. The word-of-mouth approach to marketing is incredibly effective and you will get an excellent insight into what patients find to be the best features, and services, of your practice. After all, if you provide something specific that they find attractive, it stands to reason that other patients may be looking for the same service!

That said, you are marketing with a view to encourage interest from new patients, in the areas that you want to be doing more work in, so you will need to research these markets thoroughly as well. Find out what is important to your target audience. It may be your ability to offer tailored treatment plans for nervous patients, or others it may be the use of the most cutting edge technologies, and for some it may be as simple as being able to enjoy a decent cup of coffee and an up-to-date magazine whilst in the waiting room.

Market yourself well

Once you have decided upon your USP, it is important to market it correctly. You know the client base you are aiming for, so some simple research into how they would search for a practice is needed. Many people choose to utilise the internet when seeking a dentist, so advertising your services on an appropriate website may be the way forward. However, if you are targeting the older generation, publicising your services in the local press may be more profitable.

Promote your USP

Organising events to publicise your USP is a useful tool as well. If you are going to focus on your facial aesthetics options, it may be beneficial to host an event inviting potential patients to the surgery for a glass of champagne and an opportunity to meet the team and ask any questions they may have. You could also follow the event with a free consultation for the attendees. Whilst this may not result in any immediate appointments, potential patients will be aware that it is a service that you offer, and the dentist’s surgery is not an environment merely for fillings and lectures on flossing anymore!

It is important to find out what your competitors are offering. After all, a USP is not unique if it is the same as the practice two doors down. Research what other local surgeries are offering, even pay them a visit and ask any questions they may have to their practices—and then do something completely different. People are expecting a bespoke service from you, a completely original smile; they do not want to achieve it in an identical surgery.

The final key thing to remember is that it is vital to maintain your marketing plan; patients chose to have their procedure carried out at your surgery for a reason after all. Flash-in-the-pan marketing can work in the short term, but in order to sustain any longevity it is important to focus on a USP that is not going to change regularly.

Your patients may be excited to hear that your receptionist made it through to boot camp on The X Factor, but this is not a USP that will withstand the test of time. Patients want to be confident that they will find a familiar and welcoming environment on consultation, treatment, aftercare and even their yearly check-ups. Madonna may be able to reinvent herself every year with impunity, but your USP needs to remain stable.

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Reducing your tax bill

With expert advice, dental professionals can ensure their tax burden is efficiently managed, says Thomas Dickson in part one of this two-part article.

A significant number of dentists earn more than £130,000 a year, or aspire to, which means they fall into the 50 per cent tax bracket, and so need as much information as possible to reduce their tax bills.

In this article we’ll cover Venture Capital Trusts and Enterprise Investment Schemes as ways to save money.

**Venture Capital Trusts**

Venture Capital Trusts (VCTs) are similar to investment trusts and are often used as a way of reducing tax liabilities. They’re listed on the London Stock Exchange, but invest in small, higher-risk trading companies who are not listed on a recognised stock exchange. VCTs employ less than 50 people and have no more than £7 million in assets; they can only receive £2 million in funding per annum.

There are four varieties of trust:

- AIM trusts invest only in companies whose shares are listed on the Alternative Investment Market
- Specialist trusts focus on firms in specific industries, such as the technology sector or the music business
- Private equity trusts take stakes only in unlisted companies
- Generalist VCTs are free to invest in any type of qualifying company

The risk aspect of companies in their early stages of development might not appeal, so a popular alternative is VCTs. These focus on relatively large asset backing and so have potentially less risk.

HM Revenue and Customs has a list of approved VCTs that may entitle you to various tax reliefs, but it is important to remember that their approval is not a guarantee of the safety or success of the investments made. However, despite the risks, none of the VCTs launched since 1995 have gone under, although some launched around 2001 to buy into technology companies haven’t fared so well.

An investor can get income tax relief at the rate of 30 per cent for a year if shares in VCTs subscribed to (up to a maximum of £200,000) be issued to you in the year, giving a maximum rebate of £60,000. It is important to remember that this is a tax rebate. If you sell within five years of buying, you must pay all the tax back. It’s also worth remembering that you are protected from capital gains tax whenever you sell; dividends and distributions are tax-free.

**Enterprise Investment Scheme (EIS)**

Similar to VCTs, investors can gain attractive tax breaks from an EIS, as long as you’re prepared to make a long-term commitment and are aware there is still an element of risk involved. Even though there might be relief from income, capital gains and inheritance tax now, it is worth remembering that tax rules can and do change. There are a number of new schemes that take advantage of the 18 per cent rate of capital gains tax and those which invest in lower-risk companies than the usual EIS schemes.
MG (Dental Material Gesellschaft mbH), from Hamburg in Germany organised an international scientific symposium on micro-invasive caries management. The event took place in Hamburg, April 15-16, 2010. A group of 20 researchers and key opinion leaders from all over the world were invited to take part, share their opinions and discuss further projects.

Presentations about clinical studies and in-vitro projects were given by: PD Dr Hendrik Meyer-Lückel and Dr Sebastian Paris (Kiel, Germany), Dr Marcio Garcia dos Santos (São Paulo, Brazil), Dr David Manton and Dr Joseph Palamara (Melbourne, Australia), Dr Hervé Tassery (Marseille, France), Dr Suchit Poolthong (Bangkok, Thailand), Dr Ferranti Wong (London, UK), Dr Lyndie Foster-Page (Dunedin, New Zealand) and Dr Oksana Denga (Odesa, Ukraine). Based on the current paradigms and scientific knowledge, new developments in caries management on all intervention levels were discussed, with a particular focus on micro-invasive caries management.

Over the last 10 years the caries infiltration approach was developed and researched at the Charité University of Berlin and the University of Kiel by Dr Hendrik Meyer-Lückel and Dr Sebastian Paris. Upon having clinical evidence of the efficacy and reaching clinical applicability of the new technique, a product for daily practice was launched in 2009 in cooperation with DMG, Hamburg, Germany as their industrial partner. Caries infiltration with Icon® (DMG, Hamburg, Germany) is a novel micro-invasive treatment procedure closing the gap between non-invasive and minimally invasive treatment options, aiming to preserve as much healthy tooth structure as possible and thus offering a possibility to treat early non-cavitated lesions without drilling. It is an easy to follow three-step-clinical procedure to treat lesions on proximal and vestibular surfaces in both, the primary and permanent dentition. The basic principle is to seal early caries with a specially designed low viscous resin material that penetrates into the porous structure of the lesion by means of capillary forces using the remaining structures in the lesion as a scaffold. The pore volume of the lesion is made accessible removing the pseudo-intact surface layer using a 15 per cent HCl etching gel (Icon® Etch) for two minutes. After this period, the remaining water in the lesion is removed using 99 per cent ethanol (Icon® Dry). Subsequently, within a three minutes application time, the infiltrating resin (Icon® Infiltrant) penetrates the caries up to several hundred micrometers. The ability to penetrate into the pore system of the lesion is driven by capillary forces and determined by the physical and chemical properties of the infiltrant.
Your perfect space
To celebrate economic recovery, perhaps it’s time to treat yourself and your patients to a brand new dental practice this year, says Chris Davies

As the UK emerges from the recession, the future is starting to look a little brighter. Although there is still a long road ahead, confidence in the markets will start to grow again, jobs will be created rather than lost, and practitioners may begin to consider the future of their businesses, which could include the possibility of spending on practice improvements.

With a boost in consumer confidence, patients will slowly, but surely, start to spend their money again. For some people, this may mean finally paying a visit to the hygienist, while for others, it could mean splashing out on a course of facial aesthetics. No matter what services the practitioner has to offer, they should soon start to hear their telephone ring just that little bit more.

Healthy competition
While this is great news for any practice principal, it also means that competition will start to pick up. All dentists will have to raise their game yet again if they want to stay ahead of their rivals. Whether your practice could simply do with a ‘spring clean’ or a complete renovation, the end of the long, cold recession marks the perfect time to start afresh.

Although the banks are likely to remain cautious as the country’s economic cogs slowly start to turn, lenders will become more willing to offer loans and credit to help with important business ventures, including practice renovations. Nevertheless, the process is still lengthy than it was in years gone by, and banks continue to demand assurances at every step of the way.

However, this should not deter the entrepreneurial practitioner – steps taken now should be viewed as a long-term investment, and if done properly, should last years into the future. It is worth remembering, that by its very nature, any invested money in a business will never produce quick gains. As always, dentists are in this business for the long term. With rigorous planning and realistic goals, there is no reason any dentist shouldn’t be able to make the practice of their dreams a reality. Lenders are aware that dedicated practitioners are able to run functional, and more importantly, profitable businesses that provide quality care. Present your case well and you will reap the rewards.

Generating finance
Securing a substantial loan can be hinged on the strength of a water-tight business plan, so rather than risk disappointment, it might be wise to enlist the help of experts. There are sectors of the dental market dedicated to helping principals secure the necessary funding for practices. By taking advantage of their knowledge and expertise, dentists will undoubtedly save themselves a great deal of worry and stress. Always remember that most lenders will know each other and if you exhaust all your potential borrowing options with a badly presented business plan, it may be very difficult to reestablish a facility with a lender after you have sort professional advice on your borrowing strategy.

Once the practitioner has successfully secured a loan (often with the backing of a very large sum of their own money), everything is at stake. Dentists will have to be sure that the various skilled tradespeople they choose to employ will deliver high standards of service, worthy of the capital, time and effort the principal has put into securing the loan.

Everything at stake
At this stage, it is highly recommended that the practitioner gets the assistance of an experienced design and build company with an excellent knowledge of the dental industry. They will be able to project manage the transformation from start to finish, outsourcing work to the craftsmen they know they can rely upon to work to a pre-set schedule and take into consideration budgetary constraints. This is particularly important for those dentists who are looking to continue treating their existing patients throughout the renovations. A designated design and build company will take the strain off the practitioner, leaving them to do what they do best – treating patients.

Solid reputation
Companies involved in design-and-build project will normally refer clients on to financial experts they know and trust who have a solid, professional reputation. An experienced team can assist practitioners overcome all the potential hurdles of practice renovation, whilst helping them to achieve the thriving, stylish practices that they have always wanted. So, celebrate the green shoots of economic recovery and treat yourself and your patients to a brand new dental practice this year.
Helping busy hands keep healthy

Health and hygiene go hand in hand, according to Richard Musgrave of Schülke, who offers advice on preventing the spread of infection

The most important tool a dental practitioner possesses is his hands. Ultimately, all the technology and equipment in the world are useless if the hands operating it are not in prime condition.

As well as acting as a tool, your hands can also be a lethal weapon, especially when it comes to infection transmission in a surgical environment. The skin on the hands is the body’s first defence against infection from pathogens, as any cuts or lesions on the skin are easy sources of entry for bacteria and viruses, so good hygiene practices are crucial to reducing the risk of infection. Thoroughly washing hands, along with the use of gloves and alcohol rubs are the primary means employed by dental practitioners to maintain effective hand hygiene and prevent the spread of infection, however this can have a detrimental effect on the condition of the skin on the hands and arms.

A fine balance

Skin protection is an occupational hazard for dental practitioners and as special care must be taken to protect others from infection, so professionals are not leaving themselves open to long-term suffering and discomfort. A delicate balance is required to ensure that hands not only remain hygienic, but also that the dental professional does not suffer any ill effects.

Eczema

The skin on the hands is the body’s first defence against infection from pathogens, and it is of the utmost importance with infection control procedures for sterilisation to be maintained, and that instruments and equipment, and that instruments are kept to a minimum and that steps are taken to ensure that the dental professional’s health is not compromised.

Wearing gloves to keep skin free of any pathogens is a necessity in the dental industry, however, for a practitioner suffering from a latex allergy, this can further exacerbate the problem. Many suppliers now also produce latex-free surgical gloves, which can be worn without discomfort while still upholding rigorous infection control policies.

Skin cleansing

Health and hygiene go hand in hand, according to Richard Musgrave of Schülke, who offers advice on preventing the spread of infection.
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Sirona profile
Sirona is a dental technology leader and has served dealers and dentists worldwide for more than 150 years. Their leading global position rests on our commitment to technological innovation, manufacturing excellence and international sales expertise. This, combined with a highly skilled workforce, enables them to deliver and distribute products and services that give their customers the advantages necessary for today’s and tomorrow’s demands.

All Sirona products represent the cutting-edge of modern dental treatment, research and development. An example of this can be seen in our introduction of the inLab system, which instantly made Sirona the leader in CAD/CAM Systems in the laboratory market.

The company was founded in 1997 as a result of a private equity buyout of the former dental division of Siemens AG. In 1998, following the sale of its trading sector, Sirona was restructured to concentrate solely on manufacturing activities.

In June 2006, Schick Technologies, Inc., the US introral radiographic imaging specialist, was successfully taken over as part of a reverse merger. Since then, Sirona Dental Systems, Inc., has been listed on the NASDAQ, the US exchange for technology stocks, and has opened a new chapter in the history of the company. Sirona currently has a staff of around 2,208 employees.

Constantly investing in research and development ensures that they remain an industry leader in dental innovation and quality applications. Their unique expertise in integrated dental systems, dedication and insight is helping to shape the future of dental technology around the world.

Innovative new dealer
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Innovation in the dental world has yet to be defined with a benchmark, our presence is designed to ensure that for those that wish to lead their practice to clinical and commercial excellence – there is a partner prepared for the challenge to facilitate these goals.

Our range of services encompasses full detailed and integrated knowledge of dental surgery and practice design, equipment sales and service, with expert knowledge in treatment centres, dental furniture design including HTM0105 compliance and sterility assurance, digital imaging solutions, hygiene and plant equipment, lasers, CBCT as well as a developing range of table top equipment and handpieces.

Our objective is to service our clients as trusted partners ensuring they have all they require to run their businesses both efficiently and as reliably as possible, both in service, support and product lines. This lies at the very heart of everything we do.

Blueprint Dental are looking forward to offering the Sirona product line to dental market, and are passionate about developing an outstanding Sirona sales and service dealership that will enrich Sirona’s place in the market.
Asking for support

Whether you’re dealing with difficult patients or need specific information, contacting your PCT helps to build a good relationship. Sharon Holmes explains

As you know, we have just completed another contract year with the NHS. The race to complete all our allocated UDAs, or at least to fall within the four per cent of our contractual agreement to avoid clawback, always gets the adrenaline pumping. Due to previous bad experiences, we decided to be proactive and forward thinking. We monitor our UDA performance weekly, but what we usually fail to do is to check that associates are processing claims and payments correctly. This year, however, we ran an audit and discovered that there were some errors. There was nothing too destructive, but it involved a loss of finance and as a result, we now check our schedules monthly. There isn’t much that can be done when it comes to certain claims. The loss of income simply has to be written off as a bad debt, albeit minimal, but a loss is a loss. But because of these situations, we did some research into how claims were being made on the NHS and under what criteria depending on the patient. Some of the errors were down to poor communication between the dentist and patient, as well as the dentist and receptionist.

Some errors were purely due to lack of knowledge and understanding of the NHS contracts, which are full of red tape and don’t read easily.

Emergency patients

Booking emergency patients seems to be an area which causes the most confusion. It is also one of the main types of claims monitored carefully by all PCTs. Unfortunately, the higher your emergency claims, the higher your practice is flagged on their data records. This leads to the PCT keeping a very close eye on you, which, to some of us, is an unfair disadvantage. However, we are all issued with contracts full of clauses, which are our duty and responsibility to read and understand.

Once we had established what the actual causes of the errors were, we did some thorough research, making use of our local PCT, as well as the BDA. We compiled all the information and handed a copy to each member of staff. We then held a training session to discuss each process when making a claim. To facilitate this, we are lucky enough to have an associate who is also a PCT adviser, who led an educational workshop. It was very informative and we all learned from the toolbox discussion.

Complex claims

The first complex claim is one involving taking note of whether a new patient should pay, or whether they are entitled to discount or support if they fall into certain categories, such as if they are on state benefits, are a student over 18 and in full-time study or an expectant mother – mothers are entitled to free NHS care up until the toddler is one year old.

All patients eligible for support should be able to provide evidence to support their situation. Of course on many occasions, patients do not bring in their certificates despite being asked several times. If this happens, we have to indicate this on our administration system, and see the patient, as we are not allowed to turn patients away from receiving NHS treatment.
Patients must sign a PR form, containing all the necessary information, which serves as a receipt to let the PCT know what our patients what their employment status is, and record this information on the computer or on the FP17DC forms. If a patient receives benefits, this also entitles their partner to free NHS dentistry.

Defining an emergency

Defining emergency dental care has been debated regularly with our dentists. Let us make it very clear. Emergency dental care is when a patient calls or walks in on the day to book an appointment because they are in acute pain and discomfort. Patients are entitled to emergency treatment to address severe pain and prevent significant deterioration in or be-ath. Emergency treatment is not restricted to one-day treatment, and if it is required within the next day or two, it can be regarded as a course of urgent treatment.

Patients who have been booked in two weeks prior to a regular exam, but turn up on the day in pain, cannot be processed as emergency treatment. Your team need to be trained in accordance with the patient's needs. As indeed emergency care had to be carried out, but on statistics recorded by our PCTs it can look suspicious as IT forensics has it booked as an exam. Much administration is explainable and it is accepted and validated by the PCT but it is always worth the extra effort to train our staff effectively so that on recording of data our records remain clean.

Treatment expiry

The last issue I will address is treatment expiry and claiming UDAs. If the patient does not return for treatment within the two-month period to have treatment completed then they will incur the NHS fee again. As long as the practice has behaved reasonably with regards to enquiring why the patient failed to complete their treatment and that the practice had been reasonably flexible with understanding the exceptional circumstances.

If the patient returns within the two-month period and requires further band one treatment, we can claim another UDA. Where a course of treatment (other than urgent) has been completed, but within two months of the date of completion a patient needs further treatment from the same contactor that falls within the same or a lower charging band, no patient charge is payable.

The FP17/FP17W continuation box in part six should be crossed so that the UDAs will be credited for the treatment but the patient charge element will not be deducted from the monthly contract value payment. The patient's record should make clear the clinical circumstances requiring a second course of treatment to be provided as well as the original treatment plan.

If the patient requires treatment under a higher band, we can claim the UDAs for that band, however, dentists are advised to be careful because the PCT feel that ideally the patient should have been treated according to the higher band in the first instance. Only in exceptional circumstances should the patient's treatment have to be moved into the higher band. Patients will be charged the full fee for treatment in the higher band and not the difference.

Achieving the best

The obvious is to continually strive to achieve a better understanding of our PCT contracts. You should always contact the PCT when you are not sure of any particular required procedure. I have always found our PCTs to be helpful when going through some difficult issues. The more you ask, the more help you receive, and in doing so, you build a trusting relationship with your PCT.

About the author

Originally from South Africa, Sharon Holmes has worked in the field of dental practice management since 1992. In 2003, she moved to London City Dental Practice where after 18 months, was responsible for managing four practices in the group. The London City Dental Practice is now part of a mini co-operative group called the Dental Arts Studio, of which she has been instrumental in its creation. She holds the position of operations director and manages every aspect of the group along side her principal dentists.

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My involvement with UCL Eastman CPD began in the autumn of 2007 when I was asked to project manage expansion of the existing clinical skills laboratories on the third floor of 125 Gray’s Inn Road.

During these extensive improvements (which saw the installation of additional bench space with new phantom heads as well as a modern compressed air service) the Director of Eastman CPD, Prof Andrew Eder, had mentioned his intention to expand into the fourth floor, occupied at the time by a specialist Department of the Institute of Child Health (also part of UCL).

The expansion and modernisation of the child health facilities at Guildford Street and at Chandler House meant that the fourth floor was soon to become available. This was when I was called in. Having successfully overseen the earlier third floor improvements, Prof Eder kindly invited me back to manage the creation of the new clinical skills facility.

In the beginning...

In June 2008 an initial briefing was scheduled to formulate the plan of action for the project. I was not, however, expecting to be ushered into a seminar room filled with dozens of dentists, all of whom had ideas about what should and shouldn't be included in the new clinical skills facility: I wasn't prepared for such an intense deluge of ideas and questions!

It soon became apparent that a smaller core group was needed. Chaired by either Prof Eder or Dr Chris Louca, its role was to be the decision-making representative group that would act as the intermediary between the dentists and the project managers.

As I am not a clinician, it was important to complete the final architectural and finishing designs based on the consultations with the staff at UCL Eastman CPD, along with the scheme layout plan from the company that would be installing the dental equipment. It was vital to give the staff and graduates the best possible facilities that would allow them to develop their clinical skills.

Before the project could begin, Planning and Building Regulation approval was needed from the local authority. As the rear of the building is adjacent to a residential Mews, there are strict rules governing noise from external plant (the machinery that serves the air-conditioning system). A noise survey had to be submitted to show the minimal impact the new plant equipment...
To minimise disruption, most of the demolition and construction work had to be conducted early in the morning as well as during evenings and weekends. However, for the project to move forward, construction during normal working hours was unavoidable. I have to say the co-operation we received from the UCL Eastman CPD staff on the fifth floor, along with the skills lab nursing staff (led by Anita Graham) on the third floor was fantastic. Everyone was extremely helpful and patient with the building work taking place.

Bringing it together
Despite the limitations imposed on the project by the site, it was completed in a relatively short time, with building work finishing at the end of October 2009. The principal contractor, Russell Cawberry Ltd did a great job in controlling the contract, supported by sub contractors W Portsmouth Ltd (electrical) and EMS Ltd (mechanical). The site team worked harmoniously together and maintained a very good working relationship with the occupants of the building.

Having won the tender, A-Dec arranged, supplied and installed all the dental equipment, such as benches, phantom heads and dental units, with Dentalstyle Ltd supplying the cabinetry.

The finished result is a suite of clinical skills training facilities that boasts a Skills Laboratory with benching to host 18 graduates plus a teacher’s station and a Seminar Room seating 18 people. There are also five clinical surgeries, a sterilisation suite conforming to the latest HTM-01-05 guidelines, a radiography room equipped with a state-of-the-art 3D CT scanner, as well as other auxiliary rooms and areas.

As far as possible, the installation is environmentally friendly, with energy saving automatic lighting and ventilation systems. Wherever possible, sustainable products have been used. I am proud of the fact that not only was the project completed fairly quickly, but also that the finished product is bright, modern and fit for purpose.

On a personal note, the memorable highlight of the project was being able to invite members of the construction team to the official opening, and being presented to HRH The Princess Royal.

I am grateful to Prof Eder, Dr Louca and the UCL Eastman CPD team for the support provided and, now that the project has been completed, can reflect upon the achievements with a great deal of personal satisfaction and pleasure as I consider this project to be a significant milestone in my professional career.
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UCL Eastman Dental Institute's 2010 Dental Cartel Awards

The UCL Eastman Dental Institute, has again teamed up with the independent design consultancy Paradigm Group, to celebrate the achievements of those in the dental profession with the Eastman Dental Institute's 2010 Dental Cartel Awards.

Awards of Excellence

The UCL Eastman Dental Institute offers a challenging part-time modular course. Under the expert supervision of experienced tutors and in collaboration with commercial designers, students are engaged in the use of modern design tools and processes. The course is designed to give practitioners working in clinics and surgeries the skills required to understand and communicate with designers.

Awards of Excellence

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ITI Education Week comes to the Eastman

The Eastman Dental Institute at University College London stands proudly at the forefront of postgraduate education and research in the oral healthcare sciences. As a testament to the establishment's ongoing dedication to raising standards in the provision of dental care, the Eastman has been chosen as one of only seven locations in the world to play host to the prestigious International Team for Implantology (ITI) Education Week, to be held 22-27 November 2010.

ITI is a network that unites professionals from around the world who work in the field of implant dentistry and related tissue regeneration. As a part of the organisation’s aim to enhance implant education worldwide, the ITI Education week offers practitioners the opportunity to advance their knowledge and skills in implant-related treatment.

Prof Nikolaos Donos is the Head and Chair in Periodontology, Director of Research and Team Leader at the Eastman’s Clinical Investigation Centre. He is also the Director of the ITI Scholarship Centre at the UCL Eastman Dental Institute. As well as leading the upcoming course, Professor Donos will also be teaching in several of the workshops. "The aim of the event is to offer delegates the opportunity to gain a real understanding of implantology, from the basics right up to the most advanced levels in a very short period of time at the same time accruing verifiable CPD," says Prof Donos. "The course will involve a number of workshops, clinical case studies and two sessions of live surgery to enable attendees to gain valuable experiences they can apply in their own surgeries. At a very condensed course, spanning just one week, which at the least will make delegates aware of the different clinical options related to implant dentistry and will also serve as a refresher for more experienced clinicians to help extend their knowledge. Practitioners at any stage in their career paths are very welcome to attend."

What makes the ITI Education Week so unique is its intensity, its long, full days and rotating faculty of renowned internal and external speakers both from the Eastman and abroad. “The event will see a combination of clinical academics and experienced practitioners combining forces and sharing their knowledge with delegates,” Prof Donos adds.

The first day of the six day educational session will focus on the principles of bone and soft tissue integration, risk assessment, and smile design and associated treatment considerations. The second day will reveal the benefits of 3D imaging software and its uses in advanced treatment planning, along with a surgical implant workshop. From the third day onwards, delegates will be presented with a case each day for which they will have to plan treatment in advance. This will be complemented by interactive planning sessions and live surgery of an advanced case along with other lectures and workshops on implants. The fourth day will pick up the pace, covering socket preservation, guided bone regeneration, lectures and workshops on provisional restorations in the aesthetic zone. Prof Vercellotti will take to the stage on day five and delegates will be treated to a second session of live surgery. On the sixth day, the week will draw to a close with lectures and workshops on soft tissue and biological complications associated with implants.

The week of learning is the only event of its kind to be held in the UK this year, with similar events planned at dental education centres in Bern, Stuttgart, Melbourne, Hong Kong, Toronto and Boston. Along with lectures and workshops led by some of the world’s leading thinkers in implant dentistry, delegates will enjoy the brand new fourth floor facilities at the Eastman, a number of which were funded by ITI. Says Prof Donos; “It should prove to be a truly interactive experience!”

The ITI – International Team for Implantology – is an independent academic organisation dedicated to advancing knowledge in the field of implant dentistry. The ITI University Programme aims to enhance implant education worldwide by offering coordinated, high quality, commercially independent, Continuing Education in implant dentistry to find the globe.

**ITI Education Week, London.**

Current Treatment Principles and Concepts in Implant Dentistry

**Course details**

This six-day ITI Education Week has been designed for clinicians who wish to acquire further knowledge in basic and advanced treatment techniques in implant dentistry through an evidence-based approach. The course will be delivered through lectures, surgical and prosthodontic hands-on workshops, exposure to live procedures and interactive treatment planning sessions.

**Topics**

- Current principles of bone and soft tissue integration around dental implants
- Patient risk assessment (surgical and prosthodontic aspects)
- Smile design and treatment planning considerations for patients with demanding aesthetic needs
- Advanced treatment planning using radiographs and 3D imaging (lecture and workshops on radiographs and 3D images)
- Prosthodontic principles and loading protocols in implant dentistry
- Basic surgical and prostodontic workshop (tissue level & bone level implants)
- Guided bone regeneration
- Alveolar ridge preservation or immediate implants
- Piezoelectric bone surgery for intra-oral bone grafting and implant site preparation
- Advanced soft tissue management by means of periodontal plastic surgery
- Provisional restoration and final prostheses in the aesthetic zone
- Implants in periodontal and systemically compromised patients
- Management of peri-implantitis and supportive/maintenance therapy
- Case presentations with interactive treatment planning exercises and case discussions

**Date** November 22 – 27, 2010
**Difficulty level** Straightforward, Advanced and Complex
**Language** English
**Course director** Professor Nikos Donos, Head and Chair of Periodontology, UCL Eastman Dental Institute
**Course fee** £2,750 (incl. day-time catering, handouts and course material)
**Discounts** ITI Fellows/Members: 10% Current ITI Scholars: on request
**No. of participants** Max. 20
**CPD hours** 39
**Accommodation** Hotel information will be provided after registration

To register contact:
ITI Team for Implantology
ITI Education International
Peter Merian-Weg 10
CH-4052 Basel, Switzerland
education@centerr.ch
www.itia.org/educationweek
Tel: +41 61 270 83 97
Fax: +41 61 270 83 84

**The ITI University Programme**

The ITI – International Team for Implantology – is an independent academic organisation dedicated to advancing knowledge in the field of implant dentistry. The ITI University Programme aims to enhance implant education worldwide by offering coordinated, high quality, commercially independent, continuing education in implant dentistry to find the globe.

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NEW CORsODYL MINT MOUTHWASH

Product Information: Corsodyl Mint Mouthwash (clear, chlorhexidine digluconate 0.2%), Corsodyl 0.2% Mouthwash (alcohol free) (clear, chlorhexidine digluconate 0.2%) Indications: Plaque inhibition; gingivitis; maintenance of oral hygiene; post periodontal surgery or treatment; aphthous ulceration; oral candida. Dosage & Administration: Adults and children 12 years and over: 10ml rinse for 1 minute twice daily or pre-surgery. Soak dentures for 15 minutes twice daily. Treatment length: gingivitis 1 month; ulcers, oral candida 48 hours after clinical resolution. Children under 12 on healthcare professional advice only. Contraindications: Hypersensitivity to chlorhexidine or excipients. Precautions: Keep out of eyes and ears, do not swallow, separate use from conventional dentifrices (e.g. rinse mouth between applications). In case of soreness, swelling or irritation of the mouth cease use of the product. Side effects: Superficial discolouration of tongue, teeth and tooth-coloured restorations, usually reversible; transient taste disturbances and burning sensation of tongue on initial use; oral desquamation, pallid swelling, irritative skin reactions, extremely rare, generalised allergic reactions, hypersensitivity and anaphylaxis. Legal category: GSL, PL Numbers and RSP excl. VAT: Mint Mouthwash: PL 00079/0312 300ml £3.99, 600ml £7.92 Alcohol-free PL 00079/0058 300ml £4.08. Licence Holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Date of preparation: May 2010.


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