Piercing damage
Every fourth person with a piercing in the tongue or lips revealed symptoms such as gum bleeding claims a new study. The 400 patients surveyed aged 20 years on average showed that 15.9 per cent of them had broken teeth or other dental complications. Dental professionals are warned of the increasing number of patients with oral piercings, and to provide appropriate guidance to patients regarding the health risks.

Poor parenting
Parents are failing to help their young children look after their teeth according to the National Dental Survey 2008. It found that more than 20 per cent of under five-year-olds are being left to brush unsupervised. A quarter of parents believe that children do not need to brush twice a day, 25 per cent think there is no need for them to avoid fizzy drinks, while 67 per cent believe that brushing for just one minute is recommended.

Child neglect
Dentists and dental care professionals are well placed to identify possible abuse or neglect of children or vulnerable adults - and have a responsibility to raise their concerns if they do, said the General Dental Council (GDC). All registrants should know who to contact for advice if they have concerns about potential abuse or neglect, says the GDC in a new statement on child protection.

Perio link
Rheumatoid arthritis is the latest condition where there appears to be a link with periodontal disease says new research. But the findings reveal that poor oral hygiene alone did not account for the association between the two conditions, suggesting that other factors may also play a role. For example, if patients, the arthritis may affect manual dexterity, which can make daily routines difficult.

Long wait
Young people in Norfolk are waiting up to four years for orthodontic appointments, despite more than 40 per cent being jumped into the region’s NHS dental services. But only a fifth of it will be spent on tackling the shortage of orthodontists. This figure was slammed by the Liberal Democrat shadow health secretary and North Norfolk MP Norman Lamb, who described the waiting times as ‘unacceptable’.

LDCs call for revolution freedom
Dr Eddie Crouch received rousing cheers at the Conference of local dental committees (LDCs) following his speech on the state of NHS dentistry. He said: ‘The whole new contracting arrangement was about securing state control over NHS dentistry - control of where and how NHS dentistry is delivered and how much public money is spent on it. But he added: ‘The level of control that was introduced affects all of us who still work within the empire you desire.’

Dr Crouch thanked all the BDA for assisting his court case and managing all future conferences to provide better care for their patients.’

The theme of Evolution, not Revolution, was reflected at the conference the day after. Talks of working with the Doll and accepting that the contract is here to stay were top of the list.

More people than ever before came forward to say that the new arrangements could work - despite serious misgivings.

The set tone was amplified by Lester Ellman, chair of the General Dental Practice Committee (GDPC). He said: ‘We need change - not a knee-jerk, panic-stricken, untied change, but evidence-based, tried and tested change. We need evolution, not revolution.’ (See page two for more on this speech).

Meanwhile, the conference agenda committee is to take over and manage all future conference events. This includes the responsibility that ‘conference resolutions will be considered expeditiously by the GDPC or other appropriate bodies.’

The unprecedented move, means the committee can now liaise directly with the Doll and its ministers, instead of relying on the GDPC.

Conference elected Jerry Asquith to chair the conference in 2009, and Richard Emms the following year.
BDDS thrilled with launch success

The British Dental Bleaching Society (BDDS) was delighted with the response that greeted its official launch. The interest in tooth bleaching was high, and the launch success was greeted with enthusiasm such as the classification of tooth whitening kits as cosmetic products and visits from traders standards officers to dental practices.

In addition, it is concentrating on the General Dental Council’s (GDC) statement that only registered dentists should be providing the service, as well as ensuring misleading information circulated about chlorine dioxide.

The end may be in sight for one long-running dispute over bleaching. At a meeting in Brussels on June 8, the European Union (EU) Commission took another step towards a coherent policy on tooth whitening.

There was no change in its stance that materials used should be considered ‘cosmetic’ products, but a decision was made that they should only be used by, or under the direction of, a dentist to bring the EU into line with the GDC.

The significant step forward joined the decision to allow dentists to use up to 6 per cent hydrogen peroxide. There was some debate over whether tooth whitening products were ‘sold’ to the patient or, as the UK argued, part of the treatment.

In some EU countries dentists are not allowed to sell products to patients. However, the latest proposals have been sent to member states with replies required by the end of June.

For further information, on the society, contact, L.green-well@btconnect.com or anna.watson@btconnect.com.

Contract damage ‘must be unravelled’

The Department of Health (DoH) must undo the damage done by the new dental contract, while dentists need to seize the opportunities that will emerge from the chaos, delegates heard today at the annual Local Dental Committees’ conference in London.

Addressing the conference, the Chair of the British Dental Association’s (BDA) General Dental Practice Committee, Dr Lester Eﬄman said:

‘The Department must work with the profession, not against it. Dentists need stability to grow their practices which the contract does not provide.

‘We need change – not a knee-jerk, panic-stricken, untried change but evidence-based, tried and tested change. We need evolution, not revolution.’

He also renewed the BDA’s call for dentists to be permitted to transfer their NHS contracts to new owners, thus maintaining the goodwill value of practices and allowing long-term business stability.

Dr Eﬄman also urged the DoH to sort out poor performing primary care trusts. He advised dentists to be alert to opportunities which could arise from the additional funds the government has invested in NHS dentistry.

The additional money will allow more innovative PCTs to commission services without UDA output being the sole criterion.

‘We, as the profession, need to be looking for ways to assist our PCTs to use this money wisely, to explore new contracting opportunities to advantage, for ourselves and our patients.’

Dr Eﬄman urged conference to accept the important role that LDCs have in engaging with PCTs and patients to develop robust local commissioning structures and in sharing good practice.

Four dentists receive honours

Deputy chief dental officer (CDO) Tony Jenner, who will be retiring later this year was appointed CBE. He has been responsible for several Department of Health (DoH) initiatives including, last year, the Prevention Toolkit. He was originally seconded to the Department from Chester where he was a consultant in dental public health. He has been deputy CDO for two years.

Also made a CBE is Surgeon Commodore (D) Graham Morrison who recently retired as Director Naval Dental Services.

An MBE goes to Kieran Fallon a general dental practitioner in Glasgow for services to NHS dentistry and community in Scotland. Kieran has been a prominent member of the British Dental Association (BDA) serving on its representative body and general dental practice committee in Scotland, among many other roles.

Also made an MBE is Matthew Gill a general dental practitioner in South Shields for services to NHS dentistry. He is elected member of the BDA’s general dental practice committee.

Essential registration looms closer

Dentists and nurses and dental technicians who haven’t yet registered with the GDC, should do so now, the GDC urged today.

In a move to strengthen patient protection, registration with the GDC is now compulsory for all members of the dental team. Dental nurses and dental technicians must ensure they are registered by 50 July 2008.

The GDC will be accepting completed application forms right up to the last moment, but are urging those eligible for registration to apply before then.

‘We have put huge effort into ensuring that no-one misses out on their opportunity to register,’ said GDC President Hew Mathewson.

‘The so-called transitional arrangements recognise that many dental nurses and dental technicians are experienced and confident thanks to doing their jobs well over a long time. But we cannot hold the door open for ever.

We have registered literally thousands of dental nurses and dental technicians over the last few months. It would be a terrible shame if there were any who were eligible to apply on the basis of experience, but failed to do so. If you’re eligible and you haven’t applied yet, I urge you to do so now.’

From 51 July 2008, you won’t be able to register with the GDC as a dental nurse or dental technician unless you have a current recognised qualification.

Current registrants need to take action too. Make sure your team colleagues are registered. If you work with unregistered colleagues after the 30 July deadline, you could be putting your own registration at risk.

For registration application packs and more information, please go to www.gdc-uk.org/PotentialRegistrant, call us on 0845 500 7794 (UK local rate) or email GDGregistration@gdc-uk.org. The registration fee is £96 and will cover dental nurses and dental technicians up to July 2008.

For further information, on the society, contact, L.green-well@btconnect.com or anna.watson@btconnect.com.

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Chairing a Conference of one’s peers is an opportunity that only a few receive. It gives you an opportunity to speak unopposed to a listening audience at the pre-Conference Dinner and to have the chance for all to hear your views, on topics of your choosing.

I wrote, rewrote and then again redrafted the speech many times and when you deliver it, you hope that some of what you have said has made your audience think, and when a large number stand up to applaud, it does exhilarate. You hope your words spark action, based on what happened the following day at LDC Conference; I may have a long wait.

I have become a figure of resistance, slightly untrue, in that I have only opposed unfairness within the contract, rather than the underlying principles of local commissioning. Resistance is fading fast based on how few at Conference now wish for a radical review of the contract.

Lester Ellman approaching the end of his tenure as Chair of GDPC and addressing his last LDC Conference in that position, spoke of evolution, and no doubt all his hard efforts have taken its toll. Few thought his actions of breaking dialogue with the Department of Health (DoH) at the time he did, was wrong. Many have used hindsight to criticise. I am pretty sure no one else could have tried harder, but his lack of success has frustrated us all.

The coming months will be most interesting to see who takes on this poisoned chalice, with two potential candidates speaking at Conference in the shape of John Mooney and John Milne. John Milne will be known for his work with the Key Stakeholders Group and Darzi Review, and John Mooney is popular amongst the GDPC members.

Richard Grant’s motion on no confidence in the minister received unanimous support, but few in the media took up the story from the press release.

There are tales of the 1992 Conference where debates were almost riot like, but that fire seems to have gone from the belly. This Conference was sparked on rare occasions, once by a motion from Northampton LDC about the failings of nGDS to provide even a core service. The delegates split equally in the vote, perhaps indicating the real division that now exists between those who hate and those that tolerate the new contract.

I had appealed for controversial motions but few came forward, and any Conference is affected but what debate can be had. The years of huge numbers of motions have passed, and few passed this time will ever persuade political decisions. It takes a good or long memory to remember when a motion has done that.

In contrast though to a lack of enthusiasm for a position on GDPC which went to Clive Harris unopposed, positions within the LDC Conference were fought, with Jerry Asquith and Richard Emms given the mantle to take the Conference on.

I had accepted an offer from the CDO to lead a delegation for meetings, two of which have now occurred. Dialogue is always good and this was a decision made by Conference to continue, that I was pleased to see.

With the power of local commissioning and LDC influence, Conference has a real future but delegates need to remember this – for they are the lifeblood and can nurture or destroy that.

Eddie Crouch, LDC secretary for Birmingham
Heavy investment for the West

Health bosses say they are investing heavily in West dental services and that NHS dentistry is not in crisis.

Fewer people saw an NHS dentist in December 2007 than in March 2006, before new dental contracts were introduced.

Seven out of the West's nine primary care trusts expect a decline in the number of NHS dental patients.

Gloucestershire PCT said the biggest drop, with 17,571 fewer patients, but a spokesman said yesterday: 'The PCT recognises NHS dentistry is a key priority for local people and we will be investing significant extra funds this year.'

'This includes working with a number of practices to expand their work for the NHS and opening new dental centres in the Cotswolds, the Forest of Dean and Tewkesbury.'

Dentists join NHS Choices

The health service’s year-old website is to encompass dentists, pharmacists and social care.

NHS Choices will extend its pages of service providers to include dentists and pharmacists, as well as beyond healthcare to social care, according to its head of strategic development Bob Gann.

Almost 3,000 GP practices are editing and have taken control of their own pages on NHS Choices, he told Dental Tribune.

'Almost 3,000 GP practices have taken control of their own pages.'

Gann said that NHS Choices, which opened on 11 June last year, has successfully introduced TripAdvisor-style comments on hospitals – to which the hospitals have a right of reply – and blogs on certain conditions.

Street check-ups for the disabled

A dentist called yesterday for planning officers to live 'in the real world' after a 90-year-old woman was forced to have her teeth checked in the street.

Mary Hedges was unable to get into her dental practice because a disabled ramp or a handrail cannot be installed to help people up the three steps outside the Grade II-listed building.

Instead, her dentist checked her teeth on the pavement outside Grade II-listed buildings.

'Three steps off the road but Dr Diu thought this could be addressed with a handrail.'

He said the practice had been advised it could not place anything on the front of the building that would change the appearance.

Dr Diu said the practice looked into putting a ramp for the front steps as well as a stairlift, but neither was allowed.

He added: 'We have two ground-floor surgeries in place so that patients who struggle with stairs can see in.

'Unfortunately, patients still do need to get up the front three steps.'

The lady who had a simple examination outside was elderly and very upset, so, though far from ideal, my team elected to accommodate her request.

He added: 'Conservation officers need to live a little more in the real world.'

New practice for Stockbridge

Stockbridge residents no longer have to travel miles to see a dentist, with the opening of a new practice in the village.

The opening party saw over 100 guests enjoy champagne and canapés to celebrate the River Dental and Cosmetic Clinic opening.

The new clinic in Clarendon Terrace offers appointments for simple check-ups, emergency toothache relief and hygiene, through to state of the art cosmetic treatments.

One of the owners Dr Alistair Gallacher, who also co-owns another dental clinic in Oldstock, Salisbury, is thrilled Stockbridge now has the opportunity of a local dental clinic.

More NHS dentistry for Bristol

More people are seeing NHS dentists in Bristol, according to the new statistics released last week. Figures show that 10,420 more patients were seen in the city during the past two years than in 2004 to 2006.

But two Bristol dentists have told Dental Tribune there are still problems with the new system and some patients still have to be turned away.

The new figures from the show South Gloucestershire Primary Care Trust dentists have seen 7,545 more patients. But NHS dentists in Bath and North East Somerset PCT and North Somerset PCT saw 12,085 and 5,751 less patients, respectively.

Bristol PCT plans to improve its services with new practices in Fishponds, Southmead and Hartcliffe to open by the end of the year, and emergency contracts added to surgeries in central Bristol.

It is also launching its helpline service next month so people who need a dentist can find out where they can be treated in an emergency or for routine appointments.

Mike Frain, who runs five practices in the Bristol area, said: 'There are still issues to be dealt with.'

'What is really gratifying on dentists is that from practice to practice there are disparities in the amount they get paid because of the way UDAs are calculated.

'Some practices also use up their allowed number of UDAs before the end of the year so have to turn patients away.'

Dr Martin Sasada, who runs the Bristol Dental Anaesthetic Clinic in Clifton, said: ‘When the new contract was introduced, we were given funding that was about 20 per cent less than in previous years.

‘As a result, we are obviously able to treat fewer NHS patients. We turn NHS patients away every day.’
MULTI-FUNCTION
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NHS review for Bath area

A study is being launched to find out how easy it is for people in the Bath area to be treated by a dentist on the NHS. The review comes as national figures show the number of people able to access NHS dental services has fallen by 800,000 in the past two years.

A council panel will look at whether local residents have fair and equal access to NHS dental services, and at the range and availability of services and treatments.

It comes after Bath and North East Somerset Primary Care Trust (PCT), which funds the NHS locally, announced an extra £1 million for dental services.

Cllr Adrian Inker, chairman of the cross-party panel, said: ‘As a local authority with social services responsibilities, Bath and North East Somerset Council also has the power to scrutinise health services. We want to hear from people’s experiences accessing NHS dental services.’

Mike Bowden, PCT associate director for commissioning, said: ‘The PCT welcomes this review.

“Our investment of £1 million into NHS dental provision is already achieving an increase in services, with more people now able to access a dentist.

“The review will not look at quality of services, unless it impacts directly on accessibility, or private dentists.

Bath MP Don Foster said he was not surprised at the figures showing the number of people using NHS dental services had fallen from 28.1 million to 27.5 million since a system was introduced in 2008 which aimed to increase access and simplify charges.

Mr Foster’s own research last year found only one city dentist taking on new patients. ‘The dentists I spoke to, and those that returned my survey, were all of the agreement that Labour’s reforms had failed. A number said they would never be interested in returning to NHS work,’ he said.

Chief dental officer Barry Cockcroft told the Government had invested an extra £120 million this year to boost services and open more practices.

The panel wants comments by Friday, July 11, either via www.bathnes.gov.uk/~scrutiny, the email address scrutiny@bathnes.gov.uk or by post to Overview and Scrutiny, Guildhall, Bath, BA1 5AW.

Mouth cancer risks for patients

The vast majority of people in a Cardiff survey said dentists had never checked them for mouth cancer.

The UK’s leading dental charity said Cardiff dental patients fear they are being put at risk of mouth cancer. Seventy-nine per cent said their dentist had never checked them for the condition and 87 per cent said that their dentist has never even spoken to them about it.

The National Mouth Cancer Survey questioned 500 adults across 10 UK cities in April. It was conducted by the British Dental Health Foundation (BDHF) and Medica.

According to the Foundation, an independent public advice charity, mouth cancer is the most deadly oral condition, killing one person every five hours in the UK. The number of new cases is also increasing every year.

Dentists are expected to check for mouth cancer during routine appointments but the National Mouth Cancer Survey, conducted jointly by the Foundation and Medica for National Smile Month, reveals that patients believe firmly that this is not the case.

Dr Nigel Carter, chief executive of the Foundation, commented: ‘This is a big surprise and will be a major concern for both the public and the profession.

‘Mouth cancer is a very serious condition. It kills more than cervical cancer and testicular cancer combined and yet a staggering one in four people in Cardiff have never even heard of it.

‘The problem here appears to be twofold. Firstly not enough dentists are carrying out the checks and secondly those that do carry them out are failing to communicate this with their patients — missing a perfect opportunity to educate them on the dangers of mouth cancer.’

A health trust in Northamptonshire has pledged to open up 55,000 extra dentist places across the county this year, after more than two-thirds of surgeries stopped registering new NHS patients.

Northamptonshire Teaching Primary Care Trust (PCT), which oversees dental services, has said an assessment is under way to find out where the county needs more dentists.

According to the NHS directory of surgeries, around 70 per cent are not accepting new NHS patients, with some only accepting charge-exempt patients or children under 18.

A spokesman for the PCT said: ‘We recognise there is a need for more NHS dentists in Northamptonshire and continue to work to increase capacity. Since the new contracts came into effect in April 2008, the PCT has invested additional capacity in five new dental practices in the county with a combined capacity for 45,000 additional NHS patients in the system.’

‘During 2008-2009 the PCT will invest in services to enable an additional 55,000 patients to access primary care dental services.

‘We are currently in the process of carrying out an Oral Health Needs Assessment for the county, to decide where further capacity will be needed in the future. It is anticipated that the needs assessment will be complete by the end of the summer.’

There are currently only seven dental surgeries accepting new fee-paying patients in Northampton, and just 15 across the county.

Sumbha Patel, practice manager at Abington Dental Practice in Billing Road, said: ‘The NHS is just not working at all because on the one hand, they are needing us to give people a good service but on the other hand, they don’t want us to do certain things.

‘I think you’d find most of them are not accepting new patients but what can you do? Patients are frightened of the new charges.’

There are three Dental Access Centres in the county, in Corby, Daventry and Northampton, for anyone who needs an urgent appointment.

The PCT will invest in services enabling 55,000 patients to access dental services.

The Government has invested an extra £120 million this year to boost services and open more practices.

The NHS is just not working at all because on the one hand, they are needing us to give people a good service but on the other hand, they don’t want us to do certain things. 

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First port of call for quality, clean, dry, oil and infection free compressed air, using state-of-the-art equipment providing exceptional value and complete peace of mind. Does your practice’s compressed air meet with the new, compulsory, legal quality standards? call Dentalair on Freephone 0800 542 7575 or visit www.dentalair.co.uk. Compressed air provision that exceeds all expectations. First port of call for quality, clean, dry, oil and infection free compressed air, using state-of-the-art equipment providing exceptional value and complete peace of mind. Does your practice’s compressed air meet with the new, compulsory, legal quality standards? call Dentalair on Freephone 0800 542 7575 or visit www.dentalair.co.uk. Compressed air provision that exceeds all expectations.
A retired dentist is hoping to save lives by passing on his expertise to nurses in Tanzania.

Stuart Cripps, 62, from Winter Hill, Cookham, will be flying to Mwanza in the East African country in November to teach basic dentistry skills which are severely lacking in the region.

To fund the trip Mr Cripps and daughter Louise, 25, a junior doctor were tested to their peak.

They took on the gruelling Three Peaks Challenge – a climb of nearly 3,500 metres up Britain’s highest mountains over three days.

Although daughter Louise had previously climbed Mount Kilimanjaro, Mr Cripps said it was a new experience for him.

He said: ‘I’ve done a bit of walking but nothing as hard as this. Going up the mountains was easy it was coming down that was hard, they’re so steep.’

‘But it went really well. We had dry weather and it was fine on top of the mountains. It was very beautiful, you could see spectacular views for 360 degrees.’

‘We managed it in good time and it was a fantastic experience. We did it in a total of about 20 hours spread over three days.’

Starting off at Fort William the pair travelled from Ben Nevis to Scafell Pike and finally onto Snowdon.

Mr Cripps said: ‘It was certainly an action packed few days and it was great fun – it exceeded expectations.’

‘The sight of us getting out of the car at the end wasn’t pretty. We were quite exhausted.’

The pair have exceeded their fund-raising target. Aiming to collect £4,000, they have achieved a total of £5,000 so far.

Mr Cripps, who retired two months ago after 30 years working at a practice in Beaconsfield, said dentistry skills were desperately needed in Africa.

‘At the moment they have got no dentistry experience. If you get big swellings, the sort of stuff you don’t see here, or a large infection then you could die.

‘There could be cases where people lose their lives because of a problem like this so it’s very serious.

‘It’s an important cause because it’s giving aid to something that’s going to be sustainable and I’m glad to pass on my knowledge. It’s just something I wanted to do when I finished.’

Mr Cripps will be accompanied on the trip by six other dentists for a fortnight.

U.K. charity Bridge2Aid, which specialise in providing dental and community development programmes, have organised it.

To donate to the cause go to www.justgiving.com/stuart-cripps

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www.sunstargum.co.uk
A senior member of the Northern Ireland branch of the British Dental Association has told the Western Health and social services council of his concerns for the future of dentistry in the north-west.

Mr Barry McGonigle made his comments at the monthly meeting of the Council. He said he held deep concerns for the industry and not least about the proposed process that could see services contracted out.

Warning that committed community-based dental provision would not come from ‘birds of passage’ style provision, he said one of the biggest stumbling blocks to increasing the number of dental practices was the prohibitive start-up costs – estimated at more than £100,000.

He added that for students who had just qualified after five years or more of study there were no grants or financial handouts available to alleviate financial pressures.

‘Getting started is an 18-month to two-year process,’ he said.

Mr McGonigle said practices now simply could not take on any more patients because they did not have the capacity to do so.

A key issue of the problems facing the industry, he said, was that provision had to come from qualified personnel and stressed was not a matter of ‘dentists just looking for more money’.

‘Getting started is an 18-month to two-year process’

Dismissing the tendering option as a short-term answer, he said the prevailing situation was not fair to the public. It was giving dentistry a bad name, he said.

Calling for imaginative solutions to the problems, Mr McGonigle contended these would not have to cost vast sums of money, and he went on to ask the Council members to allow him to give a presentation at their next meeting in September.

Mr McGonigle gave assurances that special needs and child cases in need of urgent treatment would be seen as priorities, but stressed that every time a person was admitted as an emergency case it put additional pressure on the patient treatment lists.

Mr McGonigle also highlighted that, from August 1, all dental nurses have to be registered. Dental nurses are practice trained, he said, and if ‘flying squads’ or contract dentists advertised for nurses locally it would remove skilled staff from existing practices.

Earlier in the meeting the chief officer, Maggie Reilly, outlined the results of the mystery telephone survey, which showed that between April and May this year, service had deteriorated to the extent that adults, and in some instances children, are not being registered with dentists. She said she had received assurances from chief executive Elaine Way that all would be turned to improve the current situation.
Raising your game

Any busy dentist knows that keeping up with change and getting on top of your business, requires time, of which there isn’t much spare. Simon Hocken offers some time-saving tips

I

when ask our dental clients if they have ever consid-
ered whether the ‘game’ they are playing (professionally and personally) is ‘big enough’ for them. Evidence that it might not be can often be seen by the look of weary resignation in their eyes and the frustration in their voice as they describe in graphic terms the choices that make up their professional and personal lives. Their frustration and resignation at playing too small a game can also come from lack of business and financial success in a job or living at home or in their community.

Are you ready to raise your game?

When I coach clients to envis-
age, ‘raising their game’, be it to-
wards better clinical skills, more business success or more per-
sonal fulfilment, their eyes light up with ambition, and at last, I am working with an excited and en-
ergised dentist.

Time for change

Dentistry, dental practice and the ‘business of dentistry’ is changing fast. Rapid change al-
ways creates many opportunities and the good news for ‘game rais-
ers’ is that your time has come.

What’s more, the public’s per-
ception of dentistry and dentists is changing too. No longer do they see dentistry as being about pain relief, restoring teeth and prevention. Thanks to the me-
dia’s (and our) obsession with looking good and makeovers, some of our clients are beginning to regard dentistry as a, ‘look good feel good’ service sitting comfortably alongside many other health and beauty services.

There are many opportuni-
ties for early-adopters and a lot of our work at Breathe Business in 2008 is around creating new business models for our clients. Some of them are finding oppor-
tunities by questioning the status quo. For example:

For many years, dentists who work together in the same prac-
tice (as expense sharing partners or associates) have behaved like market stall holders, sharing the cost and benefits of a covered market, while running micro-
businesses which effectively compete with each other for pa-
tients (and sharing any profit gen-
erated by their hygienists). This business model has always been ineffective and is no longer finan-
cially successful for the practice owners or robust enough to com-
pete with corporate dentistry.

Free up your time

Some of our clients are becom-
ing interested in the possibility of leveraging their time and businesses. It is stressful to be the main or even the only fee earner in your business. Going on holiday or even on courses can feel like a rare luxury. Building a business where you are one of several fee earners eases this situation and frees up time for business development and leadership. Changing your role and leaving the fee-earning to your team, so you can concentrate on building your business is an-
other path for the dental entrepre-
neur. Here are just three exam-
ple of clients who are creating op-
portunities for themselves by rais-
ing their game:

1. The dentist who owns a practice (as expense sharing partners or associates) has hired his replacement. He has given up his fee-earning, to concentrate on opening a second practice in a nearby city centre. He intends this practice to become a fran-
chise model so that the success-
ful business can be replicated across the area. We are helping him get the business model and the business plan right, before we help him look for finance and start recruiting his new manage-
ment team.

These dental entrepreneurs are all playing a bigger game and they will all need strategies and tactics to help them succeed.

Ten steps to freedom

1. Limit the time you spend car-
rying out clinical dentistry (to a maximum of 28 hours per week) and put a boundary around it.
2. Get up an hour earlier. Give yourself time in every day to think bigger than just the doing and the delivery of clinical dentistry.
3. Take steps to maintain your confidence and self-belief. Avoid people who want to trash your ideas.
4. Think about and audit your unique skills and abilities.
5. Decide what other resources you will need (time, people, money).
6. Find the right people with the right knowledge and skills to help you.
7. Create enough investment/ investors.
8. Set a time scale(s) for raising your game and do what it takes to stick it.
9. Make sure that every week you take some action to progress your game.

In my experience as a dentist and as from coaching a lot of den-
tists, not having sufficient time to stop and make the changes gets in the way of playing a bigger game. Some dentists believe that they sell their time and therefore they spend far too much time carrying out dentistry and not enough time thinking, focusing, planning and implementing. Then, paraadox-
ically, because they are by nature, perfectionists, they become scared to take action because they are obsessed with getting it right.

Once you’re free

1. You may decide to play a big-
ger game by expanding your clinical skills to meet the new market place in dentistry.
2. You may decide to play a bigger game by leading your busi-
ness and getting it working ef-
fectively and expanding it.
3. You may decide to play a bigger game by changing your business.

Whatever you decide, now is the time for you to get off the dental hamster wheel and play a bigger game.
Improving your profitability

In the second instalment of her two-part feature, Lina Craven highlights how the specific responsibilities of a treatment co-ordinator can augment the success of your practice.

The co-ordinator's value

The basis for a successful introduction of the treatment co-ordinator’s (TC) role is a well-thought-out job description. The right person, given the correct blend of responsibilities, will help the practice to reap huge rewards in terms of eradicating inefficiencies surrounding the new patient process (NPP), and increasing case acceptance ratios and patient satisfaction. Every enquiry and each new patient is an opportunity that should be fully harnessed and the introduction of a TC is the ideal solution.

There are no hard and fast rules; the role of your TC should fit in with your practice’s culture and aspirations for patient care. The only guarantee is, however, you choose to implement the role you will derive benefits as indicated by one very satisfied orthodontist who comments:

‘I am absolutely convinced now about the role of the treatment co-ordinator. My acceptance rate has significantly increased and I know that patients love it. It gives them a real sense of being important.’ Dr Chris Lowe, Specialist Orthodontists, UK.

Typical TC responsibilities

In an ideal world your TC’s role should encompass all of the responsibilities listed below, however, depending upon the structure of your practice, your approach and the level of competence of your TC, you may wish to just pick and choose specific job competences.

Managing communication

The TC deals with new-patient phone calls and associated correspondence. We have one chance to make a great first impression so a focused, thoughtful and dedicated approach is recommended. A good TC will ensure that your practice communication has the correct tone and content to appeal to potential new patients and that the appropriate level of responsiveness is achieved to create a favourable first impression.

Greeting new patients

It is not unheard of for dentists to greet their own patients and while we applaud the gesture, it doesn’t enhance the new patient process if our aim is to achieve better rapport, enhanced patient communication and an efficient patient flow. New patients are often nervous during their first visit so being greeted by a friendly, familiar and non-clinical face can help to put them at ease.

Building rapport

The TC should invite the patient to the new-patient room, offer refreshments and assist in the completion of any forms and documentation. I suggest that practices include the medical history form in their welcome pack as nine out of ten new patients will bring it to their appointment already completed, and it is then just a matter of the TC and patient reviewing it to...
confirm that it is correct. The TC should also run through a new-patient questionnaire asking for any relevant information that helps to build trust and to inform the dentist, thereby saving valuable clinical time.

Assisting with the new patient exam
Although a nurse is usually present the roles serve different purposes. The TC listens for key points allowing for a top-notch case presentation later.

Explaining treatment options
There is a huge misunderstanding about the TC’s involvement in this part of the process. The dentist must explain to the patient his or her diagnosis; is the patient a candidate for this type of treatment? is this the correct patient for the practice? as well as answer any clinical questions the patient may have. However, the dentist empowers the TC to further explain available options, to show before and after photos, to use digital imaging, props etc., in order to clarify the proposed treatment/s and ease patients’ concerns and/or misunderstanding.

Explaining financials, office policies and informed consent
The TC would prepare contracts ready for the patient to take with them along with their ‘walk out pack’ at the end of their initial visit. Ideally the patient should leave with the contract signed and appointments for treatment agreed. The TC must review with the patient the practice informed consent for treatment and all other relevant practice policies. For more information on patient consent, please read Principles of Patient Consent., General Dental Council Standards guidance www.gdc-uk.org (under publications).

Producing walk-out packs
A professionally produced pack seals the experience in the patient’s mind. Its contribution to the success of the process should not be overlooked and it is the responsibility of the TC, in conjunction with the dentist, to ensure it includes everything the patient may require to make an informed decision.

What does the patient leave with? Does it represent the true value of the practice? Is there a written report explaining treatment diagnosis and treatment options? If you are using imaging, and I suggest that you do, include the patient’s photo, images and treatment options. Make sure you include any additional literature pertaining to the treatment offered.

Following up
Many patients are lost in the system simply due to a lack of follow-up. Patients may not make their mind up at the initial visit but it doesn’t mean they never will. A great TC will empathise with a patient’s needs and wants, and will know what sort of follow-up is required; a consistent and established approach to patient follow-up must be put in place.

Contacting patients after appointment
Although the preference would be for the dentist to undertake this task – it sets you apart from the pack – if this is not an option then the TC or the nurse should take on the responsibility.

A winning role
I said it before and it still stands true. Augmenting your team with a treatment co-ordinator can reap tremendous rewards for you, the team and your patients. A treatment co-ordinator’s tailored and personal approach to care, follow-up, and communication with patients, fosters trust and increases patient satisfaction and retention. Visit www.orthodontic-management.com for details or call 01844 275527

Lina Craven
is the founder and director of Dynamic Perceptions Ltd. Over the past 25 years, Lina Craven has assisted dental practices to realise their vision of success through the achievement of a customer-focused culture that focuses on delivering an exceptional patient journey. Lina’s qualifications and experience as an orthodontic therapist, treatment co-ordinator (TC) and practice manager in the US have given her a unique insight into the day-to-day practical problems faced by dental practices. She combines her hands-on knowledge with years of consultative experience to assist UK and European practices to achieve something special.
Difficult patients are difficult not because they’re a medical mystery, but because they challenge our psychic defenses, stretch our tolerance and patience, or demand much more of our time than we can give. But it is possible to care for these challenging patients—if you know how.

Have compassion
One of the most concrete ways of demonstrating compassion is listening carefully and with full attention and interrupting only when the conversation loses focus. Sometimes, discreetly touching the patient on the shoulder or hand can comfort many an anxious or difficult person, but this applies only to patients that you know well. It lets the patient know that you’re concerned. Keep in mind that patients having pain can be very difficult. They can provoke negative feelings of frustration and anger among clinicians and damage the doctor-patient relationship.

Focus on the big picture
Some patients can not accept their lack of control with guiding their own treatment and try to regain management by refusing to comply with treatment demands such as wearing appliances, elastics, or even taking x-rays etc. This is when you have to be patient enough to repeat your explanation of the necessity of your treatment protocol. Doing so may win cooperation.

If the patient continues to refuse, then you have to decide whether the individual is of sound mind and understands the risk of refusing treatment. If the answer is yes, then document the refusal and move on. If the answer is No, then the situation is more complicated and it’s advisable to carefully weigh the long-term risk and benefit to the patient of changing the treatment plan. If time allows, involve family members and colleagues in making this decision.

‘Difficult patients demand significant time and psychic energy from the dentist.’

Set limits
Along these lines, no patient has the right to insult you for any reason. If you are the target of an insult, transfer their care over to another dentist as soon as possible (after giving adequate notice to the patient).

Difficult patients demand significant time and psychic energy from the dentist. But if you know yourself, know your patient, focus on the big picture, always set limits and be compassionate, maybe your next difficult patient won’t be so difficult.
Empathise, empathise, empathise

Try and remember that most patients are in a predicament. The fact that one’s health is not 100 percent is enough to make anyone cranky. Simply recognizing and understanding your patients’ concerns can significantly improve the situation. Keep in mind that the health-care facility might be intimidating and scary to an already vulnerable patient. Ask open-ended questions, such as “What would make you feel better?” in an effort to identify the patient’s real problem. Maybe they’re embarrassed of their condition, are nervous about dental costs, or were treated poorly elsewhere.

‘When dealing with difficult patients, the dentist need not feel alone.’

Reach out and discuss your feelings

It is commonly believed that most doctors are “islands” and are generally reluctant to ask for help. Yet, even the most skilled and competent of dentists will at times feel great distress following an interaction with a difficult patient. After engaging in the preceding steps, it is suggested that the dentist ask himself or herself, “How do I now feel about this patient and his/her behaviors?” It is also important for the dentist to identify how they will care for themselves the next time a patient elicits these types of feelings. Discussing these feelings and the difficulty of the experience with a trusted colleague or friend can be of great assistance since a wealth of research attests to the beneficial effects of social support. When dealing with difficult patients, the dentist need not feel alone. If you think however, that you haven’t had difficult patients yet just wait...it only means that you haven’t been in practice long enough.

Refusal or discontinue treatment

Refusal or discontinuation of treatment becomes an option when a patient, who has been informed about the dentist’s policies and requirements prior to the incident, breaches these requirements. The patient is either refused treatment at the time, or the treatment is discontinued. If a patient continues to be violent or non-compliant, the dentist may formally advise treatment will no longer be provided. It should be remembered that neither discontinuation of treatment, or patient discharge are everyday approaches; they are measures of last resort, and are only recommended where a range of other strategies have been implemented, documented, and have been shown to be unsuccessful.

When difficult escalates to dangerous

Health-care professionals today work in a world where violence is all too common. Workers often describe hospitals and health-care facilities in war-like terms and metaphors. ‘Time to go to battle’, ‘it’s a jungle out there’, or ‘I was getting flak’ might be commonly heard phrases. Perhaps these military-like terms are frequently used because the health-care profession is highly prone to violent situations. In fact, hospital workers suffer non-fatal assaults at more than four times the rate of private sector workers. There is always a chance that a patient’s or family member’s anger could escalate to violence. That’s why it’s critical that you and your staff are aware of the warning signs and are prepared for the possibility of violence in the workplace.

Looking back and reflecting on my own years of clinical practice, my heart told me that patients were inherently good. My experience however often provided evidence to the contrary and taught me to practice defensively.

About the author

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Hiring and firing new and old staff

Many of us can’t wait for Sir Alan Sugar to utter those famous and deadly words on The Apprentice. Never has ‘you're fired!’ sounded so good. However, it might be something of a pantomime when we see it on TV, but in reality, losing an employee can cause serious problems, particularly in dentistry where specialised expertise is a prerequisite.

With the level of unemployment on the rise, recruitment is once more becoming an issue. A recent article in the Guardian, based on official data from the Office for National Statistics, reported that the number of benefit claimants increased to 208,500, a rise of 7,200 in April 2008 – the biggest since April 2006. With so many people unemployed, you might think that replacing a team member will be easy. But you could get a nasty shock.

Any other choice?

In an ideal world, you would never be given a reason to sack any of your employees. Unfortunately, we do not live in an ideal world. Sometimes there is simply no other option. In dentistry, you need to be absolutely certain that you can rely on your team. Their competence and attitude is crucial, not just to meet the high expectations of patients to let you compete in the modern industry, but also to ensure that procedures and treatments are carried out safely and competently.

In many jobs, errors can cause minor setbacks. In dentistry, they can potentially have lifelong consequences for patients. Consider what might happen if one of your team fails to abide by infection-control protocols; now, think about the problems that can occur if a team member takes a lackadaisical approach to diagnosis, and consequently fails to achieve satisfactory results or worse, the treatment has a detrimental effect on the patient’s health that takes a great deal of time on the clinician’s part and discomfort on the patient’s part to put right.

Finding a replacement

If one of your staff gives you no other choice but to dismiss them, you’ll need to replace them as soon as possible. The grim truth is that you simply cannot continue to offer a first-class service to all of your patients without a full complement of staff. Let’s say for instance you have to dismiss one of your dental nurses. How much longer will a procedure take with one less pair of hands, and how will patient comfort suffer as a result?

Recruitment is a demanding process, and requires a great deal of time. First of all, you need to advertise the position, to reach out to any skilled professionals who might be looking for a new challenge. Now, your first instinct might be to send the ad to every major dentistry publication, and to the local press as well.

This might well lead to the crème de la crème responding to your advertisement. However, it just might as easily lead to hundreds upon hundreds of CVs arriving for candidates simply not suited to the role. As often happens with job advertisements, people put themselves forward even if they do not meet all the criteria, on the off-chance that you might consider them.

Time-consuming business

The trouble with this approach to recruitment is that you simply cannot predict how successful a yield of candidates it will produce. You get no guarantee of success. Another drawback is that you will have to sort through all those CVs yourself, or delegate the task to one of your team. They have enough to do; your receptionists will not be very happy if they have to check references and respond to applications on top of their usual duties. Patient care may well suffer, and you can’t afford for that to happen.

You could always take the applications home with you after a busy day at the practice, and spend all of your free time reading them, couldn’t you? No, thought not! How on earth are you going to be fresh in the morning, ready to meet the challenges of a new day and treat a new wave of patients if you haven’t had a moment’s rest or recreation? So what can you do to make recruitment as stress-free, as streamlined and expedient – and as reliable – as possible?

Stress-free solution

By contacting a recruitment agency, you can sidestep the whole process, and let dedicated experts find you the new blood you need. Obviously it is best to opt for an agency that specialises in dental recruitment so they understand the unique requirements of the industry. Their candidates will have undergone comprehensive interviews to ascertain their skills, education and experience, and also their ambition and attitude. This means that you will be presented with only those candidates who fit perfectly into the role for which they are required, dramatically reducing the necessary probationary period.

When selecting a dental recruitment agency, you need to be sure that you will get a top quality service. A leading agency like Browns Locumlink not only carries out extensive vetting of candidates, it also operates on a ‘no placement, no fee’ basis – so its clients have nothing to lose! Compare this to the cost of advertising in publications, and the lack of a guarantee of success.

Another benefit of recruiting through an agency is that you can develop strong links with your specialist. Browns Locumlink also supplies emergency locum staff for its clients, so that in the case of short term, unforeseen absences, the business does not suffer; with access to dentists, hygienists, dental nurses and receptionists, all just a phone call away, you will always feel secure, particularly when there are nasty bugs going around!

Building a rapport

The best advice is to start developing a relationship with a leading agency now, and should you ever need to play the role of Sir Alan (although hopefully you’ll be a little more tactful and sensitive) you will just need to pick up the phone to replace the dismissed team member. You won’t need to fear sickness, either long term or short term, or expert staff resigning in search of new challenges. With a hotline to a leading dental recruitment agency, you will be able to consistently offer a high standard of treatment to your patients and be confident that, come hell or high water, this standard will never slip. For more information, contact Browns Locumlink on 020 8927 0972, or email info@brownslocumlink.com.

About the author

Jeremy Reuben, 15, is director of Browns Dental Employment Agency (BDEA), trading as Browns Locumlink, a leading nationwide dental recruitment business, placing dentists, hygienists and dental nurses in work throughout the UK. He’s a qualified pharmacist and has been a member of the Royal Pharmaceutical Society since 1985 and lives in Finchley, North London, with his partner Louise, his five children and a four-legged friend called Slinky.

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The role of the dental therapist was first introduced in the UK by the NHS in 1948 to meet the shortages in dental personnel. The training was based upon a model of dental education developed in New Zealand, where nurses were trained to undertake routine clinical tasks. The first therapy training programme in the UK took place at the New Cross Hospital in London, where students completed a two-year intensive diploma course. It continued to train 60 students a year until it closed in 1985.

Following the rules
All dental therapists must work and comply with The Dentist Act 1878 and the Dental Auxiliary Act 1984 (updated 2002) following the Nuffield report 1993 which recommended a significant expansion in the members of the team proposing the introduction of a new range of personnel, some with direct clinical duties, not only the dentist, that are now known collectively as dental care professionals.

Dental therapists can work in all sectors of dentistry, where as before they were only permitted to practice in the NHS, Hospital and Community Dental Services. For this reason until 2002, training numbers were relatively small. However, due to the legislation changes, as well as education framework, some training programmes have progressed from a professional diploma to academic degree level provision which is why this is now a sought-after career pathway. It is also no longer possible to study for the single therapy qualification, instead a dual qualification of dental hygienist must also be achieved. In 2005, there were approximately 663 dental therapists on the General Dental Council roll for the dental therapist in the UK.

Getting ready to work
After qualifying, therapists must ensure they are registered with the GDC and also have appropriate indemnity insurance from a recognised organisation. Currently, therapists are also required to work from the written prescription of a registered dental practitioner. This prescription can now be valid for a period of up to three years providing there has been a recall set at the end of the period and that the prescription is detailed enough to ensure adequate medico-legal cover. Under the current remit they are permitted to carry out the following duties:

- Intra oral and extra oral examination
- Scaling and polishing
- Take dental radiographs
- Dental Photography
- Undertake direct placement restorations using all materials except pre-cast materials and excluding the use of pins
- Record indices and monitor disease
- Apply material to teeth such as fissure sealant and medicaments such as duraphat
- Provide dental health education to individuals or groups

There are so many reasons to utilise a dental therapist in your practice. Hayley Hutton, Jay Padayachy and David Bloom of Senova Dental Studios outline what they are and how it will help your business.

Support your profits

Fig. 1: Before full mouth disinfection
Fig. 2: Two weeks post FMD, healing
Fig. 3: Tooth opened, decay present
Fig. 4: Decay removed, sectional matrix present
Fig. 5: Finished, polished restoration
Fig. 6
Fig. 7

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Extended duties
A dental therapist will be able to carry out these duties, once they’ve completed appropriate training.

• Pulp therapy treatment of deciduous teeth
• Administration of inferior dental nerve block analgesia
• Treat patient under conscious sedation provided the dentist remains in the surgery throughout the treatment
• Placement of pre-formed crowns on deciduous teeth
• Emergency temporary replacement of crowns and restorations
• Take impressions.

Dental therapist are not permitted to formerly diagnose disease, but they are trained on key primary and secondary factors as well as clinical appearances, signs and symptoms which they can then bring to the general dental practitioners’ attention. Studies, such as, Allred 1977 and Jones 1981 showed that dental therapists work to the same standards as a general dentists and Seward 1978 suggested that dental therapists were as good as general dentists in quality of care proved by radiographs taken to reveal good quality restorations.

A holistic approach
Over the last few years dentistry has changed and we are now aiming to offer patients a complete understanding of their dental disease and the probability of its progression and the effects on the system and their overall health. In practice, we can identify the factors that cause and contribute to disease and look for signs before the symptoms occur. This can be considered a proactive approach to maintaining optimum health. We can in turn take time to educate our patients on the aetiology, factors and management strategies of diseases, their treatment options and wherever possible, taking a preventative and non surgical approach. A dental therapist or any clinician with developed communication skills can assist a patient in making informed health choices for themselves and their families.

The savvy patient
Today in dentistry, patients are becoming increasingly aware of cosmetics and complex treatments such as implants. An understanding of smile design criteria, functional aesthetics and advanced restorative techniques can assist any clinician working in practice. We can in turn offer these services with confidence and support to our patients, to
ensure adequate home and aftercare longevity. In turn, we have a satisfied patient.

With the above in mind, we can now begin to understand the value to the team especially the referring general dental practitioner. From a periodontal point of view, therapists can perform all non-surgical treatments (Figures 1 and 2), and from a dentition point of view, all treatments on deciduous teeth and the basic restorations (Figures 5, 4, 5) in permanent teeth, leaving a dental practitioner free to spend more time on complex dental care. It is then sensible to suggest that as the dentist has more time to do more advanced work, the revenue of the practice would automatically increase. Patients are contented and dental teams satisfied and rewarded appropriately.

Focus on paediatric dentistry

During the hygiene/therapy course and curriculum there is a lot of focus on paediatric dentistry and behavioural-management techniques. These, if used accurately, can help lower stress levels to both the patient and the dentist. Another area that the therapy course concentrates on more than the dentistry degree is dealing with the many group of special needs patients that live in our society including characteristics of the special need, what problems or condition they may be susceptible to, as well as management and treatment needs including a knowledge of side effects of medications they may be prescribed that may manifest in the patient’s mouth.

In my role at Senova Dental Studios, I am able to fully utilise my remit as a qualified dental therapist. I am continuing my professional development in all areas, in particular the importance of secondary prevention by a thorough understanding of occlusion and its role in dental disease (Figures 6, 7, 8) aesthetics and complex restorative care. (Figures 9, 10, 11, 12, 15).

A great asset

In summary, a dental therapist would be a great asset to any dental team whether it is NHS, private or a large corporate as...
The support system for the dentist and specialist alike and if they’re involved in co-diagnosis with the dentist in front of the patient, it offers a second opinion, which can build value into treatment plans and encourage the patient to be more enthusiastic regarding treatment and oral hygiene regimes at home. The final and most important factor is that all patients will receive a higher level of care and all clinicians know that they have together provided the best for the patients.

**Dr Bloom**

is graduate of the Newcastle-upon-Tyne Dental School, and has been a principle at Senova Dental Studios since 1990 focusing on comprehensive restorative and cosmetic dentistry. A full member of the British Academy of Cosmetic Dentistry, David is also the President. He is a member of The British Society of Occlusal Studies, The British Society of Restorative Dentistry, The British Dental Association and is a sustaining member of The American Academy of Cosmetic Dentistry (AACD). He is also a fellow of the International Academy of Dental Facial Aesthetics. He is also a clinical director of COOP&R8 seminars and instructs and lectures on all aspects of cosmetic dentistry in the UK and the US.

**Dr Padayachy**

is graduate of the Newcastle-upon-Tyne Dental School, and has been a principle at Senova Dental Studios since 1998 focusing on comprehensive restorative and cosmetic dentistry. A full member of the British Academy of Cosmetic Dentistry and is on the board of directors. He is a member of The British Society for Occlusal Studies, The British Society of Restorative Dentistry, The Pankey Association, The British Society of Periodontology and the American Academy of Cosmetic Dentistry of which he is a sustaining member. Also, he is a Director of COOP&R8 seminars and lectures on all aspects of cosmetic dentistry in the UK.

**Hayley Hutton**

first began her dentistry career eight years ago as a dental receptionist and has now gained a dual qualification in both dental hygiene and dental therapy. Hayley graduated in 2008 from Queen Mary, University of London and devotes her time to Senova Dental Studios where under the guidance of an excellent team is looking forward to what the future holds.

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**Making Connections Worldwide**

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If you have employed an associate for a year or two, chances are they probably want an increase in the percentage of compensation you have been paying. If you want to maintain a fair profit margin for your associates’ efforts, consider offering them a bonus.

An increasing number of practices are structuring associate bonus programs based on the concept of breakeven analysis. Breakeven analysis determines the total costs of having an associate measured against revenue, and ultimately desired profitability. No matter the size of your practice, the breakeven point will reflect the annual revenue an associate must generate so that a specified profit margin can be maintained.

Armed with this knowledge, you can set bonus percentages that will enable you to preserve your profit, yet fairly reward extraordinary performance. To determine your break-even point, make an estimate of the associate’s annual production and collections. Subtract the associate’s direct and variable expenses, such as laboratory and dental supplies, as well as fixed costs such as staff salaries and fringe benefits.

After you determine the direct costs for your associate and project a 30 to 33 per cent profit margin, the annual revenue figure needed to reach that goal will be your breakeven point. When calculated properly, breakeven analysis offers a baseline which ensures an associate’s additional compensation is based on the “gravy” rather than the meat and potatoes of practice production.

Most associate bonus programs are calculated on a quarterly basis. Associates receive their usual compensation plus a percentage of the difference over the baseline breakeven point. Practices just beginning bonus programs typically start at 10 to 15 per cent of the differential over the breakeven baseline, and can offer annual bonus increases of two to three per cent until reaching a threshold of 25 per cent.

Now you still may be wondering how you can afford to pay the associate a regular percentage of compensation plus 10 to 25 per cent in bonuses and still make a profit. Rest assured the math works as long as you calculate the breakeven point correctly. That’s because the costs associated with increasing an associate’s compensation through a bonus program should only be based on the associate’s regular compensation plus their variable expenses. The other fixed costs, such as salaries, are kept constant and are part of the breakeven point calculation. If you opted to increase the associate’s overall base compensation percentage, you are increasing compensation from the first dollar they generate. This approach will eventually erode your associate’s profit margins.

Bonus programs are not for everyone, of course, but for long-term, loyal associates, they can be major motivators for achievement and success. In this scenario, both owner and associate win.

Creating a bonus program for your associate

Tom Snyder

Thomas L. Snyder, DMD, MBA, is a noted lecturer and author. He is managing partner of The Snyder Group, LLC, a transition and financial management consulting services firm located in Marlton, N.J. Snyder has helped plan and value their practices, and designed associate and partner relationships. He can be reached by e-mail at tsnyder@snydergroup.net.
Could the health of my mouth affect my general health? New findings which support something that dental professionals have suspected for a long time: infections in the mouth can cause problems elsewhere in the body. What problems could my dental health cause?

Problems which may be caused or made worse by poor dental health include: heart disease, strokes, diabetes, premature and low-birth-weight babies, respiratory (lung) disease.

How can the health of my mouth affect my heart? In people who have gum disease, bacteria from the mouth can get into the bloodstream. It can then affect the heart by sticking to fatty deposits in the blood vessels of the heart. This can make clots more likely to form. Blood clots can reduce normal blood flow, so that the heart does not get all the nutrients and oxygen it needs. If the blood flow is badly affected this could lead to a heart attack. People with gum disease are almost twice as likely to have coronary artery disease than those without gum disease.

What is the link between gum disease and strokes? Several studies have looked at the connection between mouth infection and strokes. They have found that people diagnosed with a stroke are more likely to have gum disease than people who have not had one.

How could diabetes affect my dental health? People with diabetes are more likely to have gum disease than people without it. This is probably because diabetics are more likely to get infections in general. People who do not know they have diabetes, or whose diabetes is not under control, are especially at risk. If you do have diabetes it is important that any gum disease is diagnosed, because it can increase your blood sugar. This would put you at risk of diabetic complications. Also, if you are diabetic, you may find that you heal more slowly. If you have a problem with your gums, or have problems after visits to your dentist, discuss this with your dentist before dental treatment. New research has also shown that you are more likely to develop diabetes if you have gum disease.

Brushing for health

The British Dental Health Foundation rolls out a campaign to educate the public on how oral health and systemic conditions are inextricably linked. The questionnaire below was produced to support National Smile Month.
Could gum disease affect my unborn baby?

Pregnant women who have gum disease may be seven times more likely to have a baby that is premature and with a low birth weight. It seems that gum disease raises the levels of the biological fluids that bring on labour. Research also suggests that women whose gum disease gets worse during pregnancy have an even higher risk of having a premature baby.

How could bacteria in the mouth affect my lungs?

Bacterial chest infections are thought to be caused by breathing in fine droplets from the throat and mouth into the lungs. This can cause infections, such as pneumonia, or could worsen an existing condition. People with gum disease have higher levels of bacteria in their mouths and may therefore be more likely to get chest infections.

What are the tell-tale signs?

Visit your dentist or hygienist if you have any of the symptoms of gum disease, which can include: inflammation of the gums, causing them to be red, swollen and to bleed easily, especially when brushing, an unpleasant taste in your mouth, bad breath, loose teeth, regular mouth infections.

Do I need to tell my dentist about any changes to my general health?

Always tell your dentist about any changes to your general health. It is especially important to tell them if you are pregnant or have heart disease, diabetes, respiratory disease or have ever had a stroke. You also need to tell them about any medicines you are taking as these can affect both your treatment and the health of your mouth.

Does gum disease run in families?

Although there is some evidence that gum disease runs in families, the main cause is the plaque, which forms on the surface of your teeth. To prevent gum disease, you need to make sure you remove all the plaque from your teeth every day.

How can I help to stop my gum disease getting worse?

If you have gum disease, your dentist or hygienist will usually give you your teeth a thorough clean to remove any scale or tartar. This may take a number of sessions with the dentist or hygienist. They will also show you how to effectively remove the soft plaque yourself, by cleaning all the surfaces of your teeth thoroughly at home. Plaque is a sticky film of bacteria which forms on the teeth and gums every day. (See our leaflet ‘Tell me about Gum Disease’.) Gum disease is never cured. But as long as you keep up the home care you have been taught you can slow down its progress and even stop it altogether. You must make sure you remove plaque every day, and go for regular check ups with the dentist and hygienist, as often as they recommend.

Can exercise help to prevent gum disease?

A recent study has shown that people who stay fit and healthy are 40 per cent less likely to develop tooth-threatening gum infections, that could lead to gum disease. It was also found that not exercising, not keeping to a normal body weight and unhealthy eating habits made a person much more likely to get advanced gum disease. If you are serious about your health – and your teeth – you will need to exercise, eat a healthy balanced diet and keep to a normal body weight.

Can smoking affect my teeth and gums?

Smoking can make gum disease much worse. People who smoke are more likely to produce bacterial plaque that leads to gum disease. The gums are affected because smoking means you have less oxygen in your bloodstream, so the infected gums do not heal. Smoking can also lead to tooth staining, more teeth lost because of gum disease, bad breath, and in more severe cases mouth cancer. (See our leaflet ‘Tell me about smoking and oral health’.)

Remember, your mouth and your body talk – so look after them both!

Sources


Published research

Below are some of the most recent studies linking oral health and overall body health:


Comprehensive oral care solutions for every stage of childhood

Toothpastes and toothbrushes specially designed for kids
strong evidence that treating gum disease can reduce the risk of a heart attack or stroke. Participants had blood tests before and after treatment of gum disease to check for blood clots and signs of inflammation. The study found that inflammation in the mouth has a measurable effect in the bloodstream and therefore the rest of the body, as once the gum infection was eradicated the risk of heart attacks and future blood clots was reduced.* Taylor, Tofler et al; Journal of Dental Research, January 2006, p74-78.

Gums – diabetes
The Department of Periodontology at the University of Copenhagen (Denmark) found a link between gum disease and diabetes. Pre-diabetes is a condition in which blood sugar levels are higher than normal, but not high enough to be classified as full-blown diabetes type-2. Prior to the study, people with diabetes had already been shown to have a higher risk of gum disease but it now appears that the relationship works both ways – with severe gum disease causing blood sugar levels to rise.

Study Author, Dr Carla Pontes Andersen, said: ‘The gum inflammation seen in periodontitis can allow bacteria and inflammatory substances from the dental structures to enter the bloodstream. These processes seem to affect blood sugar control.’* Pontes Anderson , Flybjerj et al; Journal of Periodontology, July 2007, p1264-1275.

Gums – strokes
Scientists at the University of California have found that gum disease may contribute to clogged carotid arteries (arteries that carry blood to the brain) leading to an increased risk of a stroke. The results of the study, which used x-rays to measure the level of gum disease in people with blocked carotid arteries compared with people with unblocked carotid arteries, were presented at a meeting of the International Association for Dental Research, in Australia. They found that blocked carotid arteries were much more common in people who had gum disease, providing yet further proof of the systemic links between the mouth and the rest of the body.* Chung, Friedlander et al of the University of California-Los Angeles at the 84th General Session and Exhibition of the International Association for Dental Research – June 2006.

National Smile Month Survey 2007 statistics
- The smile is the first thing people notice when they meet someone new.
- More than one in three people brush for less than a minute.
- People admit to using hammers, paper clips, shoe laces, drill bits and glass to remove food from between their teeth.
- One in four people think that using an electric toothbrush is ‘lazy’.
- One in five people can’t remember when they last changed their toothbrush.
- One in three people think that fluoride is either a dumb gimmick or a marketing gimmick.
- Less than one in two people would tell their friend if they had bad breath.
- Two out of three people would be happy to share their toothbrush with their partner, child, friend or favourite celebrity.
- One in four people have never heard of mouth cancer.
- One in three people believe that spicy foods, kissing and hot drinks are common causes of mouth cancer.
- One in three people only brush their teeth once-a-day or less.

The British Dental Health Foundation is an independent charity that along with its global arm, the International Dental Health Foundation, is dedicated to improving the oral health of the public by providing free and impartial dental advice, by running educational campaigns like National Smile Month and by informing and influencing the public, profession and government on issues such as mouth cancer awareness and water fluoridation. Members of the public can contact the Dental Helpline for free and impartial expert advice on 0845 005 1188 Monday to Friday.

The questionnaire supports National Smile Month

Gums – strokes
The PERICAR clinical trial was a collaboration between Sydney Dental Hospital and Royal North Shore Hospital (both in Australia) and Norway’s University of Oslo. It found strong evidence that treating gum disease can reduce the risk of a heart attack or stroke. Participants had blood tests before and after treatment of gum disease to check for blood clots and signs of inflammation. The study found that inflammation in the mouth has a measurable effect in the bloodstream and therefore the rest of the body, as once the gum infection was eradicated the risk of heart attacks and future blood clots was reduced.* Taylor, Tofler et al; Journal of Dental Research, January 2006, p74-78.

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The “F” word

There’s no need to fear the financial side of your business any longer - you just need the confidence as business planner Andy McDougall explains

For most of us, the financial aspects of our jobs fill us with dread. We think of finance as that specialist subject that accountants do; it’s all numbers. Then there’s all that technical jargon to get our heads around: accounts, depreciation, cash flow and forecasting, for example, it might as well be a foreign language as far as most of us are concerned! But it doesn’t have to be that way and if you were to dip your toe into the proverbial waters of finance, you might actually discover that every other aspect of managing your practice becomes a lot clearer and easier to achieve.

Common sense finance

If the truth be known, I have always found that once a level of confidence is reached with regard to finance, the foundations of business fall into place. Once armed with the correct understanding, it transforms the way we go about almost everything we do at work. Firstly we need a good grasp of what the terms mean; to have them explained in a common sense and practical way so that suddenly the mist clears and confidence is boosted. Then we must move on to understanding how all of these seemingly different terms and techniques fit together – a holistic approach.

Having gained the skill and confidence to produce a set of numbers, we then move on to the next level which is using the numbers to measure performance. At this stage we start to understand the concepts of budgeting and forecasting, and variances. Finally we are ready to begin interpreting the numbers and to understanding what they are telling us about our businesses. This is where it really starts to get interesting.

Managing by numbers

Once we start to interpret numbers, we’ve transformed our skills from processing transactions, such as invoices to managing by numbers. Such a transition in approach effectively takes us from a position akin to a look-keeper to that of a manager. In this new world we begin to realise that our budget is actually part of something much bigger called a business plan – in fact it is the financial element of the business plan. This plan should attempt to analyse literally every aspect of your business and it will eventually represent each of those aspects in financial terms – a budget.

The objectives you set across every business function as part of your business-planning process must have a financial value. That’s right. Every aspect of the business must be accounted for – sales, marketing, people, purchasing, stock levels, your pricing policy, the cost of everything that goes on in the practice – literally. The idea is to use the business plan to make all your numbers take on paper, rather than making them in reality. You then use your budget and the objectives to steer your business through the year, taking note of whether your actual performance deviates from the plan and then taking the necessary corrective action to pull the result back on track. For instance, it could mean running additional promotional activity when sales are down against budget or looking for ways to reduce your overheads when times get tougher.

Measurement is key

To achieve the result you determined in your budget, you will need to constantly measure performance and produce management accounts on a monthly basis – as opposed to the statutory accounts you receive annually from your accountant. By doing this you will develop the skill to explain exactly what is going on in the business from the monthly financial results (management accounts) and you will feel in control. Suddenly you will find you are running the business rather than it running you. At various times throughout the year, ideally quarterly, you will re-assess your year-end target – a process known as forecasting. So, in effect you are continually predicting what you are steering the year-end result to be.

Of course you will understand the difference between cash and profit and you will be able to spot months in advance when your numbers are down against budget or look for ways to reduce your overheads when times get tougher.

Your skills will now be such that you are able to model all these things and develop the strategies you will need to put in place to pursue your vision. You will be able to see the financial impact and ensure you keep your business on track. You have advanced from manager to strategist.

So there you have it, a good overview of the dreaded ‘F’ word on a journey through Finance. I will be delivering five compelling and not-to-be-missed seminars across the country in conjunction with the BDPMA from September to October. Further details can be found on the BDPMA’s website www.bdpma.org.uk or email info@bdpma.org.uk to request a PDF or hardcopy brochure.

About the author

Andy McDougall has over 25 years experience of business planning and brings to the dental community a wide range of commercial and competitive business experience. Andy now delivers business-planning services to help members of the dental community to respond to the dynamics of an increasingly commercial and competitive environment. A passionate exponent of his art, Andy is straight-talking and results-driven. He helps businesses to reach the next level and turn around poor performance.

To contact him, email info@sponton-businessplanning.co.uk or call 07710 982559.
Keeping up with the training?

Access to professional training is sparse for DCPs, which in the long run, might lead to illegal working practices, says Richard Daniels of the DLA.

Less than three months remain until the deadline for statutory registration for dental care professionals. Once registered, it means that dental nurses, dental technicians and clinical dental technicians will be able to perform dentistry and develop their skills to offer further services to complement those of the dentist. Despite this, there are very poor provisions to enable members of the dental team to offer a more professional service. With just 11 centres in the UK providing dental technology training, huge numbers of dental care professionals are missing out on furthering their training because the centres are too far for them to travel.

There are just 11 dental technology centres in the UK and, incredibly, none in Northern Ireland. Dental care professionals in Ireland have to travel to Telford College in Edinburgh. Similarly, those in the south west have to send trainees to either Bristol or London.

To make matters worse, now that the UK has finally legalised the clinical dental technician profession, there’s no UK course for people to access, so how can we be expected to encourage people to further themselves professionally and legally if there is no course available that will verify their skills?

A cash injection

The Government recently announced a considerable investment into the dentists’ VT scheme. I applaud any additional money invested into the industry, however, I really feel that the Government needs to take responsibility for its actions now that dental care professionals are required to register with the GDC. Registration is about protecting the patient and not about making a good story for the media. It should be about the growth of professional standards in UK dentistry, which is where the investment is needed.

Currently leading the way in terms of investment for dental technicians, Scotland successfully developed the VT scheme last year for students completing their training. This has resulted in the retention rate in newly qualified students that the rest of the UK can currently only dream about. With such small numbers of dental technicians compared to dentists, why is it so impossible to provide finance for a dental technician VT scheme? At the same time, why can’t funds be made available for a VT scheme for the entire dental team.

If the Government truly believes in the dental team, we have now reached the stage where they need to put the money up. If they don’t, I believe we are going to find ourselves in a position where we will see numerous people working outside the law— not because they want to, but because there isn’t enough access to training or enough financial support. Eventually, if we end up with a combination of registered and non-registered dental care professionals throughout the UK and you are discovered to be working unregistered, who is going to face action, the GDC or you? The Government is aware that they are putting dental technicians in such a position, so the question is why aren’t they doing anything about it?

DT
The Power and Speed of Digital Imaging
Exclusively from Paterson

The basis for your digital experience begins with Vision DX and the Preva DC x-ray system ensuring the very best possible combination for precise diagnostic digital images. With 90 pre-programmed techniques this combination has been developed specifically to make imaging easier and more efficient. Independently adjustable kV, mA and time, and simple icon-driven controls means that Preva is the most flexible, easy-to-use x-ray available today. Partner your Vision DX with a Preva x-ray for an unmatched synergy of technology and efficiency.

Being completely portable, simply move your Vision DX system between surgeries as needed, or place an acquisition module beside each chair and simply move your sensor. The Vision DX system weighs less than 230 grams and the ‘Easy-Connect’ feature makes changing the sensor both quick and easy.

VisionDX can be installed as a simple direct-to-PC system or as part of a more complex network environment. This imaging system provides the tools you need to review, diagnose and communicate.

Exceptional images, exceptional value only with Vision DX from Paterson Health Group – call now on 01594 855007.

New Virtual CADDite Registration

Fast, strong and scannable Ivoclar Vivadent’s Virtual CADDite is an innovative bite registration material optimised to meet the needs of today’s dental professionals.

It’s an added curend silicone developed specifically to record the occlusal bite for indirect restorations. It reduces the need for additional detail reproduction and superior dimensional stability. Non-slumping, its inherent thixotropicity ensures precise recording of the antagonist situation even if edentulous gaps are present.

With an introral setting time of just 45 seconds the risk of distortion or inaccuracy due to the patient’s jaw movements is substantially reduced. However, it still provides sufficient working time for full arch bite records to be taken.

Finally, in response to the needs of CAD/CAM users, Virtual CADDite has a reflective surface, which delivers excellent results when capturing images with intraoral scanning devices. This allows dentists to incorporate antagonist data directly in the restoration design.

For further information contact your local Ivoclar Vivadent Representative, visit www.ivoclar-vivadent.com or telephone 0116 2847880.

Must-Have Technology at Must-Have Prices

Why pay twice the price for an intraoral camera when you can pay much less and achieve the same results with the easy to use, lightweight Cammy. Capturing a clear image of your patient’s mouth, the advanced Cammy™ instantly enables the patient to see exactly what you see. In addition, its distinctive mini-head design enables you to access even the hardest to reach areas, helping identify cracks and find root canals. Capturing images of your patients’ mouth has never been easier with Cammy’s® quick focus and instant image. Connect directly to your computer via a USB port, these images can be easily stored, retrieved and transmitted.

The easy to use, affordable digital dental radiography system Digirex® uses state-of-the-art CCD technology to provide you with high definition imaging for perfect x-rays, enabling faster diagnosis and eliminating the cost of chemicals and film. Simply connect Digirex® to your computer via a USB port and you can immediately begin to store, retrieve and transmit images electronically and even adjust or magnify images for optimum viewing.

When the latest technology makes a difference
Free Call Vivadent on 0500 521141 for a demonstration or visit Evident’s website at www.evident.co.uk.

Alternatively, do away with the need for wires altogether. With the CDR Wireless, you can benefit from unparalleled flexibility. The CDR Wireless employs radio frequency transmission to send images of excellent quality and sharpness to the PC or laptop, requiring up to 80% less radiation that traditional X-ray.

Available from Schick Technologies, this state of the art equipment enables true 21st century treatment and is supported by Clark Dental’s factory trained and fully certified engineers who are available 7 days a week, for world beating customer care and peace of mind.

For more information on cutting edge equipment solutions for your practice, call Schick Technologies on 01268 735151 or email sales@schicktech.co.uk.

The NEW Uni-3D CT Imaging for the general practice from Digital Dental

The innovative Uni-3D is a combined panoramic and CT system, with the option of a one shot Ceph. If you are not a purely implant practice it can be hard to justify spending a six figure sum on a dedicated CT system. The Uni-5D has been designed for the multi-disciplinary practice which carries out implants and dentistry. Offering much greater flexibility, the compact Uni-3D automatically switches between the panoramic and ECT sensor and can replace your existing OPG.

The optimum size of the cross-sectional image enables you to check the maxillary teeth and sinus and the mandibular teeth and canal, each with one image. There is also a TMJ mode. Fast scan times, auto-positioning, optional Scout modes and fast reconstruction times are just some of the optimum choice. The EZ3D software is also perfect for implant planning with 3D cross sectional images and implant simulation.

For further information call Digital Dental on 0800 927 8595, email sales@digidental.co.uk or visit www.digidental.co.uk.

Ignite Your Passion with Sirona CEREC!

With dental technology constantly evolving, now is the time to log on to Sirona CEREC’s brand new website – www.sirona.aacdsolutions.co.uk. Sirona CEREC is dedicated to ensuring customer satisfaction from before the moment of purchase. As such Sirona prioritise training, as they realise how crucial it is to be kept up to date with the very latest techniques.

With a free online training facility, www.sironaacademsolutions.co.uk allows you to move beyond visualise how beautiful restorations can be created in the comfort of your own surgery. Get to know the system quickly and learn how to match CEREC to your patients. See actual cases in your home or at the practice; from the most simple procedures to more advanced cases. You will be amazed at the final results time and time again.

CEREC from vision to reality

For further information please log on to www.sironaacademsolutions.co.uk or call Sirona Dental Systems on 0845 071 5040 e-mail info@sironadenaldental.co.uk

XIOS intraoral sensors

Built for patient comfort and superior image quality, they feature a slim design with rounded edges for enhanced patient comfort; cable attachments are located on the back of the unit, where they are protected and require the least amount of space, and featuring Sensor Ca-1ble Strain Relief to reduce connection failure due to cable strain; and thin, disposable, self adhesive holders which are smaller than the sensor itself.

XIOS sensors utilise the latest technology to produce ex-
cellent image quality. These include Active Pixel Sensor technology offering the perfect combination of low noise with optimized high resolution images; automatic image pre-processing for perfect images every time; a high-speed USB 2.0 interface for instantaneous data transfer; data encryption and easy image import and export.

Supplied in two sizes, plug and play XIOS sensors are easy to install and operate on different PCs throughout the practice, and with the XIOS USB module they are easily transported between surgeries for even greater flexibility. They have a 5 year manufacturer's warranty.

For further information telephone Minerva Dental on 029 20 412800.

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With over 10 years experience, they appreciate every Practice is different and has individual requirements. Therefore they offer a range of high quality digital systems, enabling their clients to integrate the most appropriate digital tools into their Practices. Not restricted to one or two manufactures, they believe they supply the best products on the market, products that can integrate with any Practice Management Software to deliver seamless integration and paperless Practices.

Their technically trained advisors demonstrate, install and train their clients on the selected equipment; ensuring they get exactly what they were promised. They can demonstrate everything at one visit and at times to suit the Practice, including "live" demonstrations not mock ups on dummy systems. They then install the equipment and provide comprehensive free hardware and software training.

For further information telephone Digital Dental on 0800 027 8395, email sales@digitaldentalex.co.uk or visit www.digitaledental.co.uk.

**Surgery Design**

Takara Belmont, the UK’s number one supplier of dental treatment centres, encourages a consultative approach to surgery design. Belmont works with the dentist and the dental dealer to ensure that the right equipment with the right specification is selected for the practice. Belmont is seen at the forefront of dentistry equipment for over 40 years and combines cutting edge technology with contemporary design.

The range includes the Cieria II, a low-tall dental chair with fibre optic electric endodontic facility and digital display, the space-saving SP-Clex with the unique Belmont "fold-up leg" that offers easy access for patients of any age from the front or either side of the chair, the flexible user-friendly Voyager dental system and the Photo-X II, a multifunction DC X-ray machine.

Takara Belmont has two dental showrooms to demonstrate treatment centres and allow dentists to "road test" and put the equipment through its paces. Located in London (020 7515 0555) and Manchester (0161 745 9992) these two facilities are the ideal venue to view the entire range of Belmont products.

For further information call Takara Belmont on 020 7515 0555 or email dental@takara.co.uk.

**Integrated Digital Imaging**

When choosing advanced technology for your practice you want to be certain that you’ve made the right choice in terms of price and performance as well as being confident that your practice technology seamlessly integrates to maximise practice efficiency.

With this in mind, Software of Excellence has developed their ENACT software to provide complete imaging solutions that best meet your clinical needs. Perfectly integrating with a wide range of leading digital imaging suppliers, Software of Excellence provides a wide choice of digital imaging technologies to aid diagnosis and disease detection.

Putting digital technology into practice is made easy with Software of Excellence’s EMAMINE PRO, an integrated imaging software suite that can manage all your digital imaging requirements, regardless of the camera or x-ray system you’re currently using.

If you want a surgical scrub that doesn’t smell but performs as well as the leading brands but at a fraction of the cost call (0800 0158516), fax (01575 500 581) or order electronically via the Internet (www.dental-directory.co.uk).

**Top caries experts gather in Glasgow**

Four of the world’s most renowned experts on caries were brought together in Glasgow recently for a special P&G Professional Oral Health Symposium. The meeting was precipitated by the launch of the Department of Health’s ‘Evidence-Based Toolkit for Prevention’ last year which assessed the current available evidence-based research on prevention including the positive benefits to patients of using a power toothbrush with an oscillating-rotating toothbrush.

The UK’s Professor Edwina Kidd was joined by three colleagues from Scandinavia; Professor Ingegard Mejlare from Sweden and Drs Bent Nyned and Vibeke Baelum from Aarhus, Denmark to provide the 170 delegates with a full day’s overview entitled ‘Caries – The Disease and Its Management’.

The combined knowledge of the speakers enabled a balanced approach to the subject so that preventative aspects such as plaque removal, fissure sealants and fluoride usage were set in context with the need for excellent radiography, clinical ability in minimal cavity preparation together with management of advanced lesions.
The total new income solution for GDPs is open to both new and existing customers. For more information, contact Dentists’ Provident on 020 7222 2511 or write to Dentists’ Provident, 22 Citygate, Baytree Street, Westminster, London SW1P 9HN, www.dentists-provident.co.uk.

Early start

A British Dental Health Foundation survey of 13,000 people found 20% of children under the age of five are left to brush their teeth unsupervised. A quarter of parents erroneously believed children do not need to brush twice a day, and 67% thought brushing for one minute was sufficient for a child.

During televised reports of the survey Dr Nigel Carter, the BDHF’s Chief Executive “These results really are very worrying and help explain why around half of children under the age of five currently have nothing to brush with in the UK. Teaching children good dental habits is vital. Not only has research shown that people who learn good habits as children are far more likely to carry them into adulthood, but taking bad habits into adulthood will cause gum disease.”

Children’s first steps

Sunstar could not agree more. It has introduced a GUM range of children’s brushes which start with a parents brush, designed for parents and carers of children aged 0-24 months. The brush has a long, slim handle to allow an adult to reach the child’s mouth, and as the brush head is rubber edged and the bristles extra gentle, it will tenderly care for a baby’s gums and newly erupting teeth.

Sunstar also concurs with the British Dental Health Foundation that teaching children how to brush their teeth can not be started too young. They agree that twice-daily brushing with a pea sized amount of fluoride paste should begin as soon as the baby teeth begin to erupt and will need to be car- ried out at least supervised by an adult until the child is around six. Indeed they feel that parents have a vital role to play in encouraging their children to adopt good oral health habits from a young age and ensure that the brushing is both regular and effective, so recommend that they and their children brush at the same time.

The GUM children’s range of brushes is available from good pharmacies or via The Dental Shop. Please visit www.dental-shop.co.uk/v910 or call 01677 424 446. For images and details of all the children’s brushes and more information about Sunstar visit www.sunstar gum.co.uk.

VY10 Widens Its Range

Many practitioners will now familiar with VY10, the exciting

supplying compressors to more than 150 countries, and a complete understanding of the latest regulations. The CERC System is constantly evolving and progressing as the most innovative chairside restoration system in the market place today. CERC restorations (inlays, onlays, partial crowns, crowns and veneers) are completed in a single visit eliminating the need for conventional impressions and laboratory services. The ceramics used in CERC enable the production of restorations that are the closest yet to natural tooth substance allowing you, the dentist, to meet all requirements fully in terms of aesthetics, fracture strength, abra-
dation characteristics and function.

Sirona – the dentist’s choice for CERC

The take the plunge and Sirona Dental Systems on 0845 071 5040 for details of a live demonstration close to you.

Long Term Comfort and Protection for Sensitive Teeth

Cosmetic dentistry is becoming more popular, and many people are beginning to see how a nice smile can improve their quality of life. Sensitive teeth affect a large number of people, dissuading them from visiting the dentist and putting them off the idea of cosmetic treatments.

With the SensitiveHome Therapy System, available from Blackwell Supplies, you can give your patients rapid and continuous relief. Actively reducing opalescent dentine tubules, SensitiveHome prevents exposure of the pulp nerve to painful stimulation.

Allowing patients to effectively treat themselves in their own home, the system consists of 2 tubes of dentine paste. Each tube has a unique action. The Shield Builder is used twice a day for the first 2 weeks and the Shield Saver is used weekly to maintain the shield, and can be used more often if required.

Benefits of the Home Therapy System include giving patients the peace of mind to visit the dentist for cosmetic dental treatments including whitening. A long-term protection from sensitive teeth, greatly improving the patient’s comfort. Cost-effectiveness, ease of use and positive results make this yet another valuable addition to the extensive Blackwell Supplies range.
**Bambach – fact not fiction**

With a plethora of saddle seats flooding the market it is even more important to look at the merits of each stool. Firstly, the Bambach Saddle Seat is the only seat endorsed by the Australian Physiotherapy Association and for good reason. It has been designed and has been proven in numerous studies, lately by Messrs A Gandavadi, J.R.E. Ram, and F.J.T. Burke of The University of Birmingham in a paper published in November 24th is published in November 24th.

**Bambach’s unique design allows the spine and pelvis to work together creating perfect balance and mobility, as a direct consequence good posture is improved and remains cleaner.**

**Is your Electronic Data Backed Up?**

PracticeWorks offers the best solution to data storage and backup, as part of its comprehensive solution to data storage and back sessions without feeling the consequence good posture is improved and remains cleaner.

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**Upgrade to the healthier side of whitening**

Beverly Hills Formula premiu...
Since the beginning of April, Schottlander, along with the DLA and GDC, has been holding a number of drop-in registration days throughout the country. At these events, entire laboratories or individual technicians are able to drop in and register before the July 30 deadline. After that date it will not be possible to work as a dental technician unless registered with the GDC, and anyone not registered will have to close their business.

Future drop-in days include June 27 in Hertfordshire (drop in any time between 4pm – 7pm), July 3 in Cardiff, July 9 in Glasgow and July 10 in Edinburgh.

Although it is not imperative to book a slot to register, it would be helpful to let us know if you will be coming so that we can ensure we have enough staff covering the event. All you have to do is call Schottlander on 0800 970 0079 and tell us which event you will be attending.

Schottlander’s deputy UK sales manager, Carolyn Ansell, said today: ‘With the new regulations coming in, it is vitally important for all dental technicians to register in good time.’

Since Schottlander, the DLA and the GDC started promoting these events to help raise awareness of the impending deadline, over 1,000 more dental technicians have registered.
Clark Dental requires as part of their expansion an experienced dental equipment sales person to cover London and the South East.

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John Clark, Managing Director
Clark Dental Ltd
6 Victory Close
Fulmer Way, Wickford
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To place recruitment or Courses/Seminar ads please contact:

Joseph Aspis on 020 7400 8969 or email joe@dentaltribuneuk.com

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40% of adults across the world suffer from gum disease
(Source: BBC News - Health)

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