The General Dental Council has issued advice to dental professionals, after the World Health Organisation declared a global flu pandemic following an emergency meeting.

The UK’s Health Departments have also issued detailed advice and guidelines.

The World Health Organisation (WHO) director general, Dr Margaret Chan said: ‘We have evidence to suggest we are seeing the first pandemic of the 21st century. However, she added: ‘Moving to pandemic phase six does not imply we will see increased in deaths or serious cases.’

A pandemic is declared on geographical terms as the virus spreads.

The swine flu (H1N1) virus first emerged in Mexico in April and has since spread to 74 countries.

Official reports say there have been nearly 30,000 cases globally and 141 deaths, with figures rising daily.

There have been more than 1,500 cases in the UK and Britain recently saw its first death from the virus, after a 58-year-old mother who had given birth prematurely, died in Glasgow. She was said to have underlying health problems.

The Government has been stockpiling antivirals such as Tamiflu and has ordered vaccine, some doses of which could be available by October.

There is some concern that the virus may mutate and become more virulent during the colder months of winter.

In a statement, the General Dental Council (GDC) said: ‘You may be asked to provide treatment at specialist centres, to continue providing treatment to non-symptomatic patients in your practice and/or to take part in other forms of healthcare delivery.

As a healthcare professional, you should act ethically in this difficult situation. GDC guidance emphasises your professional duty to put patients’ interests first, taking account of your health and safety commitments to your teams.

If you are asked to do something which is outside your normal area of practice, you need to be sure that you are competent to do it and check that you are covered by indemnity.

However, it also warned: ‘As health professionals, you should not let your own state of health put patients at risk. If you become unwell you should follow appropriate advice including any local measures which may be in place.’

The Department of Health (DH) has also issued its own guidance and has advised dental professionals that all patients should be screened for symptoms of flu before attending. This practice by telephone and again on arrival at the practice.

Treatment of infected patients should be limited to pain relief and should avoid aerosol-generating procedures where possible and infected patients should be segregated from well patients.

Where infected and well patients are both in the same practice, a separation by space and/or time is essential.

Good general hygiene measures are of prime importance in containing the infection.

The DH also warns that in England and Wales, dentists may fail to deliver their contracted number of Units of Dental Activity.

The guidance recommends that contractual payments continue with no penalties if providers have done everything within their powers to comply.
Global network links dentists

A n ‘innovative global net- work, aiming to shine den- tists of Indian origin from all over the world, was launched at the British Dental Association confer- ence.

Dentalghar, which means the ‘home of dentistry’, was created by the visionary Professor Raman Bedi who joined forces with the market leader in healthcare education Smile-on and Henry Schein Min- erva to bring Dentalghar to life.

Professor Bedi was the Chief Dental Officer of England from 1 Octo- ber 2002 to 1 October 2005.

Dentalghar aims to link thousands of den- tists who share com- mon values.

All members are able to con- tribute to polls, surveys and articles and professionals will have 24 hour access to new perspectives, fasci- nating insights and the chance to discuss their experiences and re- ceive advice.

Professor Raman Bedi, who- hopes that Dentalghar will become ‘a major force in the industry’ said: ‘In dentistry, proportionately speaking, we have more worldwide den- tists of BIPS (Bangladeshi, Indian, Pakistani, Sri Lankan) origin than our medical colleagues, and so this factor gave rise to the momentum for starting Dentalghar. Dentalghar is not only an arena to meet and dis- cuss issues, but also to create oppor- tunities whereby many of us outside India can think about how we can give something back to our country of origin.’

A spokeswoman for Smile-on said: ‘Delegates agreed the benefits of the programme were impressive, offering a flexible educational up- date for established nurses and the best curriculum, by leading experts with real life scenarios, preparation advice for examination and registra- tion and all the tools to make a fulfilling and successful career for training dental nurses.’

For more information on DNNET II, call 020 7400 8989 or email info@smile-on.com.

‘Take risks’ urges entrepreneur

M illionaire and entre- preneur Charon Gill advised dentists to ‘throw caution to the wind’ at this year’s British Dental Association conference.

The guest speaker admitted that ‘going to see a dentist is scary enough, but opening my mouth to £1,000 dentists is traumatic!’

He added: ‘Are entrepreneurs born or bred? I don’t know, but all I wanted was to be successful to make my grandfather proud of me.

‘I needed £6,000 to start my own business so I went to the Bank of Scotland – they gave me £5,000, but I needed £3,000 more, I got it – it’s important the deal was done. My advice is to do the deal first and you’ll find the money later – it’s out there somewhere.

If you want success you have to throw caution to the wind one day, and never be shy – talk about your business because if you don’t, no one else will.’

When asked how to ‘mitigate the risks’ in the recession, Gill said: ‘Now is a challenging time with the credit crunch, but every situation creates opportunity. If you’re not sure about it do a business plan so you know what you want to do – it’s like a road map. Evaluate it on a weekly basis and make sure you stay on the right track.’

Paralylympian offers inspiration

F our times Paralympian and medallist Marc Woods gave dental professionals the ‘insight to achieve beyond their ex- pectations’ at the conference held by the British Dental Association.

As a gold sponsor of the British Dental Association conference, the dental manufacturer, Philips, hosted a seminar by the Para- lympic Marc Woods.

Diagnosed with cancer at 17, Mr Wood had his leg amputated. He became an international swimming champion and has represented Great Britain in five Paralympic Games.

He now works as a leadership coach and motivational speaker.

During the seminar he talked about the importance of taking personal responsibility and how everyone in the team (from prin- ciple to the cleaner) has a part to play.

He also emphasised the importance of involving each person in the practice and developing smaller and broader teams.

Mr Woods’ seminar was pre- ceded by a Philips-hosted seminar and interactive quiz by Mike Lewis, professor of oral medicine entitled ‘The mouth is the window of the body. What can you see?’

This looked at the important role, dental professionals can play in the early diagnosis of systemic disease, and how this can impact on patient outcomes.

Philips also launched its first ever Sonicare for Kids at the conference – a toothbrush aimed at children aged four to 10 years of age.

The new brush is based on the core SONICare technology but incorporates a number of innov- ative new elements.

A spokeswoman for Philips said: ‘Validating studies con- ducted amongst children aged between four and 10 years of age, found that Sonicare for Kids removes more plaque than a chil- dren’s manual toothbrush, and this was found to be up to 75 per cent more in hard-to-reach areas.

Thanks to the in-built timer and quadpacer with its musical tones indicator, the children tri- alling the brush also used it to found that Sonicare for Kids rem- to make their teeth how to brush effectively.

With Sonicare for Kids, par- ents can provide their children with a fun way to start achieving exceptional results now and as they develop, providing effective brushing habits for a lifetime of good oral care.’

International Imprint
GDPUK round-up

Tony Jacobs shares the most recent snippets of conversation from his ever-growing GDPUK online community

GDPUK members have been busy turning their attention to a clinical topic: one colleague was auditing his radiographs and wanted to define the term 'coned off' when examining a film. Other colleagues joined in, commenting on the criteria for examining radiographs written for general radiography. They talked about what happens when examining a leg, suggesting that it is difficult to miss the limb with the beam, whereas taking a periapical to show all of a lower third molar in a gagging patient with a large tongue is another matter. Perhaps the guidelines and requirements for an audit should be rewritten for dentistry and not based on other parts of the body that are easier to access?

Professor Jimmy Steele’s around-the-country road-show has been followed in some detail on GDPUK. GDPUK members have been present at each meeting and have written personal reports of the events. The general gist of each meeting is the same, but the nuances and what is said are different each time. Attendance overall seemed to be quite low, considering the great malcontent, and this being a well advertised way to have one’s say to someone writing a major report. There was some criticism of the location and timings of the meetings, but most dentists remain busy working to reach those UDA targets.

How the forthcoming Steele report may be read and used by the politicians was talked about. The report might or might not be published around the time of the LDC conference in mid June. If the report wishes to keep UDAs, this will be a vindication for the politicians. If the report advises scrapping the system, this will be delayed until after the next election.

Some original research caught the interest of GDPUK posters when it was reported that the most common name for a dentist in the USA is Dennis – the headline reading ‘Dennis the Dentist’.

The newspaper reporting this story found it to be hilarious, but this did not raise a laugh here in Britain, probably due to the fact that we pronounce every letter in the word ‘dentist’.

And on a final note, the forum saw a topic titled: Yorkshire dentist injecting patients with Ecstasy… it’s called Eee bah gum.

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About the author

Tony Jacobs, 52 is a GDP in the suburbs of Manchester, in practice with partner Steve Lazarus at 406Dental (www.406dental.com). He has had roles in his LDC, local BDA and with the annual conference of LDCs, and is a local dental adviser for Dental Protection. Nowadays, he concentrates on GDPUK, the web group for UK dentists to discuss their profession online. www.gdpuk.com. Tony founded this group in 1997 which now has around 7,000 unique visitors per month, who make 55,000 visits and generate more than 200,000 pages on the site per month. Tony is sure GDPUK.com is the liveliest and most topical UK dental website.
Focus must shift when treating children

A clinical lecturer from Dundee Dental School has challenged the traditional way of managing dental caries through prevention and described a new way of looking at children’s dentistry, in a presentation to the British Dental Association conference and exhibition.

Dr Nicola Innes said the focus when it comes to treating children, needs to shift from invasive treatment of the deciduous teeth to limiting experiences that could lead to dental-induced anxiety in the future. Too often intervention in childhood, she said, can result in the development of poor attitudes to dentistry in adulthood.

To mitigate against this, Dr Innes argued that the dental profession should aim to allow children to reach adulthood with an intact dentition, free from caries and restorations with the individual having the motivation and skills to care for their own oral health with a positive attitude to dental care.

She described this approach as rational and evidence-based. Managing caries in deciduous molars should therefore aim to minimise the risk of pain and sepsis, Dr Innes said, and instead of using a drill or extract approach, preformed stainless steel crowns could be used. She described what was involved in the so-called “Hall” technique, details of which can be found at: www.scottishdental.org/?o=1404

Managing the primary dentition in this radical way needs to take parents, the child and the dental team on board. The three-pronged approach to affect change for the dental team involves changing attitudes and priorities, maximising prevention as well as biological caries management.

Commenting on the views expressed, Andrew Lamb, BDA Scotland Director said: ‘This was a fascinating presentation and will challenge the preconceptions and attitudes of those who heard it.’

Vintage posters promote oral health

The British Dental Association has unveiled a series of vintage posters and postcards promoting oral health at its conference in Glasgow.

The posters and postcards feature designs produced by the Ministry of Health between the 1930s and 1960s.

A spokeswoman for the British Dental Association (BDA) said: ‘This exclusive series, uses a combination of eye-catching vintage illustrations and photographs to emphasise the value of good oral health and nutrition in a fun and novel way.’

Divided into two groups, the first set of images combines vibrant, iconic graphics to add impact to taglines such as ‘Teeth matter!’ and ‘First teeth are important’. The second group is made up of a collection of photos depicting a variety of domestic vignettes in black and white, which highlight dental health tips and link healthy teeth to good looks and better living.

The 12 images in the series were selected from the BDA museum archives and are available either individually or as a set. Prices range from £5 for a set of 12 postcards, to £195 for a full set of 12 posters. Framing options are also available.

Talking is key to success

Communicating with patients is essential for the wellbeing of dental practices. Speaking to a patient who has had root canal treatment, Dr Sheila Scott advised delegates at the British Dental Association conference and exhibition.

Ms Scott’s entertaining presentation concentrated on good communication with patients, recognising it as one of the most important activities in dental practice.

‘The power of patient questionnaires should not be underestimated,’ she said. ‘They can be really powerful when used to find out what patients want from the practice and their dentists. Too often they are used only to find out what patients think about the practice.’

Ms Scott who runs a consultancy service for dental practices described the types of questions that can elicit useful information and get patients to reveal more about what they want from their dentist.

From a recent survey of 1,745 patients, she identified the following attributes as the most important issues for patients: trusting a dentist (96%); ensuring healthy teeth and gums (77%); being seen quickly/emergency care (77%); sterilisation/patient protection (76%); general cleanliness/hygiene; skills of the dentist.

If the above are in place, the least important factors are: convenient appointment times; cost; skills of the hygienist, treatments for appearance; being seen on time.

The dental health examination is vital for the patient – and is the main reason for attending a practice in the first place. However, this activity is often viewed by the dentist as the most boring or least interesting.

Sheila Scott urges dentists to make more of the examination and to involve the patient at every stage – using language that the patient understands, helping them to assume responsibility for their health more easily.

She also pointed out the importance of discussing the cost of treatment early. Patients, she said, only get worried about how much it costs when they don’t know. Once they have been advised of the cost, they can concentrate on what the treatment involves.

Denplan gets a makeover

Dental payment plan specialist, Denplan, unveiled its new, refreshed brand at this year’s British Dental Association conference.

The Denplan apple that has become so familiar among the profession and patients alike remains, but there is now a new strapline – ‘at the heart of dental care’.

Denplan hopes that the new look and feel will be clearer and easier to understand and has been designed to work harder for practices.

Commenting at the launch, Sarah Bradbury, Denplan marketing communications and brand manager said: ‘The Denplan brand has come to symbolise ethical, professional and quality dental care.

Patients recognise and expect these values of Denplan practices. The Denplan portfolio of business services has expanded greatly over the years offering far more than payment plans and our new strapline clearly demonstrates the value-added services we offer.

As a platinum sponsor of this year’s British Dental Association (BDA) conference and exhibition in Glasgow, Denplan chose the conference as the platform to introduce the updated look.

Along with the refreshed brand, visitors to the Denplan stand were also refreshed with a choice of ice creams in celebration of the launch.

Managing director, Steve Gates, added: ‘Denplan has been at the heart of dental care for over 22 years and our brand identity now clearly reflects this.

As an organisation, we understand the need to be innovative and to continually review how we are portrayed to the outside world. I see this as a wholly positive exercise for Denplan, our member practices and their patients.’

The dental health examination is vital for the patient – and is the main reason for attending a practice in the first place. However, this activity is often viewed by the dentist as the most boring or least interesting.

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Dental Protection launches DPLXtra

The professional indemnity organisation, Dental Protection Limited, has launched a new practice programme at the British Dental Association conference in Glasgow.

The DPLXtra programme is designed to encourage good practice, and a team approach to risk management.

Practices of any size can join the DPLXtra programme by paying an annual registration fee which reduces in cost according to the number of Dental Protection members in the practice.

Benefits of the programme include reduced subscriptions for individual Dental Protection Limited (DPL) dentists, hygienists and other dental care professionals working in the practice, and free DPL indemnity for all dental nurses or dental technicians working within the practice – not only for negligence claims, but also for General Dental Council investigations and other professional challenges.

There is also automatic indemnity for all reception, management and administrative staff employed in the practice, in respect of professional matters including data protection.

Practices will also receive a practice-management resource created by Dental Protection in conjunction with Crowe Consulting.

The free subscription to this web-based service provides updated guidance for the practice team on the various employment, legal and regulatory matters affecting them.

Kevin Lewis, dental director at DPL said: ‘The enormous response to DPLXtra and to Dental Protection’s greater presence in Scotland was overwhelming. The enthusiasm displayed at the BDA conference directly after the official opening of Dental Protection’s new offices in Edinburgh, left me wondering why we haven’t had a permanent base in Scotland earlier.’

Hugh Harvie, head of Dental Services Scotland, said ‘DPLXtra offers terrific value – especially when you take into account the many additional benefits available to the practice team.

He added: ‘The web-based management tool alone will make it popular with practice owners and managers throughout the UK.’
Taxpayer foots £15m emergency bill

More than 22,000 people in Britain were admitted to hospital for emergency dental treatment last year, according to the NHS Information Centre.

The statistics, obtained by the Conservatives from the NHS Information Centre, show a total of 22,058 people had to be admitted to hospital for emergency dental treatment in 2007/08 – an increase of one per cent on the previous year.

Another 1,101 people were admitted to hospital after being referred by their GP – a rise of five per cent on the previous year.

The data also revealed that in some parts of England, people were more likely to be admitted for emergency dental treatment than in others.

Those residing in Liverpool were 14 times more likely to do so than those on the Isle of Wight.

The Conservatives estimate the cost of emergency admissions to the NHS is around £15 million a year.

Shadow health secretary Andrew Lansley called the figures ‘further evidence of Labour’s appalling failure on NHS dentistry’.

He added: ‘For years now, many people have been simply unable to see an NHS dentist and almost a million more have lost access to their dentist since Labour’s new contract was introduced in 2006.’

However, Health Minister Ann Keen said: ‘While we want to see emergency admissions kept to a minimum, these figures should be put into perspective.

Data shows an increase of just 257 (one per cent) admitted to hospital, compared with the 56 million courses of treatment that dentists delivered over the previous year.’

Recession hits dentists

The number of dentists seeking financial help has risen as the credit crunch takes hold, according to the British Dental Association’s Benevolent Fund.

Last year, the Fund saw a 50 per cent increase in applications for financial assistance over the previous year, and this rise continued in the first three months of 2009.

More than half of regular beneficiaries live on means-tested benefits, and following a particularly cold winter that required the provision of extra fuel grants, the Fund is appealing for extra donations.

The Fund’s expenditure exceeded income by £44,000 last year, and all indications are that the number of applications will keep on rising.

The Fund, which is wholly dependent on contributions, provides grants to help supplement incomes, cover basic expenses and even replace vital household goods including beds and cookers.

For more information or to donate to the Benevolent Fund, call Sally Atkinson on 020 7486 4994 or email dentistshelp@btconnect.com.

GDC welcomes law change

The General Dental Council has welcomed a change in the law that allows dentists to request an emergency supply of a prescription-only medicine.

The issue arose after a practising dentist was asked by a patient for a prescription of antibiotics from their local pharmacist over the telephone.

The dentist was told by the pharmacist that they were not allowed to issue a prescription via a telephone request from a dentist under any circumstances.

After being alerted to the incident, the General Dental Council (GDC) contacted the Royal Pharmaceutical Society of Great Britain (RPSGB) which said it understood dentists have never been legally able to request an emergency supply of medicine.

UK registered dentists were excluded from an amendment made to the relevant legislation in November 2008 (Medicines for Human Use (Prescribing EEA Practitioners) Regulations 2008), allowing practitioners in many other EU countries to do this.

Calling BRONJ patients

A two-year national study on patients with avascular necrosis of the jaws is to be carried out by the Faculty of General Dental Practice (UK) in partnership with the British Association of Oral and Maxillofacial Surgeons.

The UK-wide new patient registration study for patients with avascular necrosis of the jaws, including bisphosphonate-related osteonecrosis (BRONJ), is relevant to all who diagnose and treat patients with avascular necrosis of the jaws/BRONJ.

The study will look at patients referred to oral and maxillofacial departments and dental hospitals in England, Wales, Scotland and Northern Ireland during the period from 1 June 2009 until 31 May 2011.

The clinical leads for the study are Professor Simon Rogers for British Association of Oral and Maxillofacial Surgeons (BAOMS) and Dr Nicolaus Palmer for the Faculty of General Dental Practice (FGDP UK).

The project is web-based and data will be recorded via the following link and all documents, including the protocol, patient consent and patient information forms, can be viewed and downloaded from: https://web.rcseng.ac.uk/bjn-research-project/

All those who would like to participate in the study, please contact the BRONJ Project Manager, Amrita Narain on 020 7869 8756 or email bronj@rcseng.ac.uk.
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Dental team tackles fear factor

A dentist in Sunderland has been offering children special visits to reduce the fear factor and help break down the barriers that stop many from visiting the dentist.

As part of National Smile Month and to celebrate the surgery’s 25th anniversary, David Vaughan Dental Care opened its doors to two Sunderland schools with the aim of improving the children’s oral health.

The visits, which were organised by Sunderland Extended Services and David Vaughan Dental Care, gave the children from Millfield Community Nursery and Diamond Hall Infants the opportunity to learn about caring for their teeth in a fun and positive way.

After arriving at the dental practice in Pallion, the children were able to meet the surgery’s team, including its dentist, hygienist, dental nurse and reception team.

A special role-play session with the dental nurse explained what happens during a visit to the dentist and showed the children what each member of the surgery’s team does.

David Vaughan, the practice’s dentist then showed the children how to care for their teeth properly, including how long to brush for, how much toothpaste to use and when to visit the dentist.

The surgery’s hygienist talked to the children about how different foods can affect teeth, which are the best to eat and when to avoid certain foods.

Councillor Pat Smith, cabinet member for Children’s Services within Sunderland City Council, said: ‘Many people who are frightened to visit the dentist can trace their phobias back to perhaps an unpleasant experience as a child.’

Through trips like these, it allows the children to become more familiar with the process involved with visiting the dentist in a relaxed and informal environment. By walking the children through a visit to the dentist and getting the children involved in fun role-plays, helps to make it easier when it comes to future appointments, while also showing them the dentist isn’t a scary experience.’

Sheryn Vaughan, practice manager at David Vaughan Dental Care, hopes to organise other visits with Sunderland Extended Services so more children can benefit.

She said: ‘Good oral health is extremely important to your overall health whatever your age and regular visits to the dentist are an essential part of this process. We decided to help host these visits as part of National Smile Month so the children could come into the surgery and have fun and hopefully will be more comfortable when their next appointment comes around.’

Following the trip, each child received a special oral health goody bag, which included a suitable toothbrush, toothpaste, a two-minute timer, a tooth brushing chart and dental-care literature for parents as well as a special certificate.

To help support the trips, Pauline Wright, oral health promoter for South of Tyne & Wear Teaching Primary Care Trust, will also visit each of the schools to further promote the importance of dental care and healthy eating.
Green light case presentation: Get a yes every time!

Introduction
Every practice can tap into the power of what I call Green Light Case Presentation. Persuading patients to say ‘yes’ to recommended treatment is perhaps the greatest challenge faced by dentists. You can explain, discuss and inform all you want, but if you don’t motivate, you won’t be successful, especially when presenting cosmetic and elective treatment.

Good case presentation skills require understanding the patient’s point of view while articulating your own treatment philosophy. Without the willingness to take this empathetic view, it is nearly impossible to positively affect patients’ views of treatment within their unique frame of reference. Customising information to meet each specific patient’s viewpoint is the foundation of the finest case presentations.

True to their dental school training, dentists tend to focus more on the dispassionate technical and clinical features of cases. Patients, on the other hand, are far more concerned with lifestyle benefits. Therein lies the problem. When a presentation is heavily geared toward clinical aspects of treatment, patients will often lose interest. So don’t get detoured by the technical details – stay focused on the patient benefits and let Green Light Case Presentation work for you!

Green light essentials
Based on more than 25 years’ experience consulting to the dental industry, Levin Group has found that practices observing the following guidelines experience superior levels of case acceptance:

1. Educate the patient. Patients should be educated about all of the practice’s services, preferably during a hygiene visit. Typically viewed as nothing more than ‘cleaning’ by patients, the hygiene visit needs to be perceived as far more than that.

2. Emphasise benefits. Patients will always want to know what the procedure will do for them. Remember that saying ‘yes’ to treatment is largely an emotional decision, particularly in elective treatment cases.

3. Be prepared for questions and objections. If patients are going to agree to spend time and money on services you recommend, they will understandably want to know more about certain aspects of treatment. Questions and objections should be anticipated, calmly answered and thoroughly explained. Many patients will share similar questions. Be sure to have well-prepared answers.

4. Use targeted support materials. Educational materials, such as brochures, should be available to reinforce services discussed with the dental hygienist and/or the doctor. Along with being educational, this material should be developed with the target audience in mind.

5. Present financial options. Many cases are lost during the discussion of fees and payment methods. Offices that understand how to guide patients through several financial options have a much higher case acceptance rate than others. Levin Group recommends these options: 10 per cent reduction for full payment, half at the beginning and half before completion, credit cards and third-party financing.

6. Always follow up. Any patient who has been presented a case and does not schedule for treatment should receive a follow-up phone call from the front desk staff the next morning. Many patients are extremely interested in having treatment and just need a slight additional prompt. By having a front desk staff member call, you have a much greater opportunity of the patient following through on a decision to have treatment.

The Goal: trust
All of the preceding guidelines must serve one goal — gaining the trust of the patient. Without trust, getting the green light from patients is unlikely. Many dentists believe that all their patients have high levels of trust for the doctor and practice. Unfortunately, that confidence is conditional. Patients may find it easy to be confident in the restoration of a broken or decayed tooth, but that confidence does not necessarily extend to a larger case or elective treatment.

Keep in mind that patients have a specific vision of dentists. Many patients think of dentists as taking care of basic dental needs, not realising doctors are fully capable of providing larger or more comprehensive treatment as well. Since elective procedures still constitute only a small percentage of practice production, patients still view dentistry mainly as a need-based activity. Consequently, dentists must develop different styles of case presentation depending on the type of case being presented.

One recommendation is to schedule consultations during specific times of the day. Levin Group teaches scheduling as a system where consultations are placed in the mid-afternoon after most of the high-level treatment has already been completed for the day. This allows the doctor to focus completely on the patient in an atmosphere relaxed enough to spend the necessary time to present the case, answer questions and work through objections.

Summary
Green Light Case Presentation can help you get the case acceptance results you need to take your practice to the next level. Turn on the green light and transform your practice today!

Dr Roger P Levin is founder and chief executive officer of Levin Group, Inc., a leading dental practice management consulting firm that provides a comprehensive suite of lifetime services to its clients and partners. Since 1985, Levin Group has embraced one single mission — to improve the lives of dentists. For more than 20 years, Levin Group has helped thousands of general dentists and specialists increase their satisfaction with practicing dentistry. Levin Group may be reached at (888) 973-0000 and customerservice@levingroup.com.

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4. Staff biographies: Highlight the doctors’ and staff’s educational and professional backgrounds.
5. Welcome letter: Patients will appreciate a letter welcoming them to the practice.

— Roger P. Levin, DDS

About the author
Dr Roger P Levin is founder and chief executive officer of Levin Group, Inc., a leading dental practice management consulting firm that provides a comprehensive suite of lifetime services to its clients and partners. Since 1985, Levin Group has embraced one single mission — to improve the lives of dentists. For more than 20 years, Levin Group has helped thousands of general dentists and specialists increase their satisfaction with practicing dentistry. Levin Group may be reached at (888) 973-0000 and customerservice@levingroup.com.

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Dancing with your patient

Part one: patients – or customers?

should the people who attend our dental practices be considered simply as patients, or are they, like everyone else who uses any other business, customers as well? The answer to this question is fundamental to your chances of long-term survival as a dentist in practice.

Setting the standards

I am sitting in the lounge of a hotel in South Africa writing this article. It is 6:15am, the time when my mind is clear and there are no disturbances. Then the hotel manager walks in. At 6:15am I come up to him and greet him by name (there are 200 people staying at the hotel). He asks me what I am doing awake so early, and after a brief explanation, I ask the same of him. He replies: ‘If things don’t start right, they don’t go right. My job is to see they start right – and then when my deputy arrives at 8am, I hand over and go out for a round of golf.’ The boss sets the standards, and everyone else delivers – this is why I come back here every year.

Setting aside for the moment the current recession, think of your high-street bank and consider what happens when you go at lunchtime to deposit your weekly takings. Think of the 10 to 20 minutes you stand in line, watching and listening as a cashier sits counting a mountain of coins from someone else’s deposit or phoning head office to deal with a customer’s query or, more likely, complaint. Then think of your feelings when just a few short months ago you picked up your Sunday newspaper and read that the bank had made billions of pounds in profit that quarter. Then think about the huge bonuses being earned by banking executives. Then think how you felt when you read that the same bank was pleading for government bale-out money. Until a few years ago the notion of patient service wasn’t even a twin-

There is only one boss.
The customer. And he can fire everybody in the company, from the chairman down, simply by spending his money somewhere else.

Sam Walton, founder of Wal-Mart

There was no doubt in my mind, and I am sure there is no doubt in his, that every dollar generated by the bank is generated by the customer, and that the customer is worth more than all the shareholders combined.

Keeping patients happy while waiting in your waiting room.

Suggestions ranged from providing daily newspapers and current magazines to playpens for kids to serving coffee and doughnuts. Then I put my hand up and asked: ‘Wouldn’t it be better not to keep them waiting at all?’ Two hundred pairs of eyes burned me for even considering such a ridiculous concept. The question went unanswered. It still does. Yet there is an answer, and the answer is: ‘Think beyond the excellency of what you do.’

Join the Dental Revolution!

About the author

Ed Bonner

Ed Bonner has owned many practices, and now consults with and coaches dentists and their staff to achieve their potential. Adrianne Morris is a highly-trained success coach whose aim is to get people from where they are now to where they want to be in clear measured steps. For an expanded version of this article, or to subscribe to The Power of 10 e-zine, contact Ed Bonner at bonner.edwin@gmail.com or phone 07766 601558. If you would like to discuss anything about this article, feel free to phone or drop an email to Ed or Adrianne (alplifecoach@yahoo.com).
Are your profits receding?
Simon Hocken of Breathe Business offers some tips to fireproof your practice in tough financial times

The gypsy's crystal ball is fractured, and no one is prepared to forecast the economic future, as famous names in finance tumble almost daily from their once impregnable City fortresses. Those of us charged with taking care of our own businesses must take what steps we can to survive, and hopefully prosper, as the threat of recession comes closer.

Breathe Business has learned a trick or two about responding to the challenge of hard times, and the experience of our own client practices has proved the benefits of implementing 10 practical, affordable strategies to maximise revenue and keep the practice flag flying.

1. Be confident and in-spire your team. People still have teeth (or not!), and most will still have jobs and a wage packet whatever happens. And they’ll still care about their appearance. The work will always be out there—just be sure that your share comes to your practice. Be relentlessly positive.

2. Add worthwhile value to every treatment you offer. When money is tight, everybody wants to negotiate a deal. Suggestions from our own clients include “Whitening for Lovers,” (buy one, get one free), “Free Whitening for Life,” (or a designated number of treatments over a specific time); offer patients incentives to introduce a friend—a free iPod, perhaps, or an electric toothbrush and free replacement heads for life as a reward for joining a membership scheme or committing to a major course of treatment. Your own imagination will furnish suggestions appropriate for your own clientele. Be confident and inspire your team.

3. Membership schemes retain patients’ loyalty and ensure the practice a steady income. Some practices have even found it beneficial to become members-only. Without the incentive of a standing order, when cash is short, it’s tempting to forgo a check-up or a hygiene appointment, and membership also exploits a natural disinclination to change a familiar system.

4. ‘All the money that you need for the rest of your career is in the pockets of the patients that you know and the people that they can introduce you to,’ says my coach, Don Sullivan. Reactivating lapsed patients and dormant treatment plans is far more cost effective than pursuing new ones. Make them an offer they can’t refuse, and invite them to bring a friend.

5. Research patients’ experience, their “journey” through their treatment at your practice. Always impress them with the welcome and the overall quality of their care and surroundings. This will set you apart from the competition and ensure your practice is talked about and recommended.

6. Create a niche and then diversify. Focus the care you offer on the needs of your patient demographic, and then add complementary services which will also appeal for example, some of our more progressive cosmetic client practices have introduced other aesthetic services such as laser skin resurfacing, laser hair removal or facial aesthetic treatments including skin peels, even life coaching and hypnotherapy for smoking cessation and weight loss.

7. Make your services affordable. Interest-free or interest-bearing credit is easy to arrange through providers such as Medenta. Offer discounts to clients who pay in advance. Train a dedicated staff member to discuss the payment options with the patients in private; this allows your own relationship with the patient to concentrate on purely clinical matters, saves you time, and is more likely to result in agreement.

8. An attractive, professionally designed and frequently updated website is still a relative rarity for dental practices, but patients are increasingly using the net to locate the services they require. Be sure that yours is search-engine optimised to achieve prominence when surfers tap in their desired treatment.

9. Be flexible. Do your patients really need to see a senior implant clinician when all they require is a filling? If an experienced associate can deliver the treatment for £75 instead of £120, this is more cost effective for both the patient and the practice.

10. Finally, incentivise your team. Encourage them to sell their practice and its services wherever they go. Create a bonus scheme, with rewards for new memberships or when new patients book their first consultation.

We don’t yet know whether the keen wind of recession will rise to become a gale, or just how damaging the impact of the financial sector turmoil will be on the wider economy. We do know that now is the time for responsible practice principals to put in place whatever measures they can to protect their own businesses.
Practice Management

Raising your practice profile

Want to attract new patients or get your practice achievements in the news? Denplan shows you how to gain positive media coverage.

In the current financial climate, retaining your private patients and attracting new ones has never been tougher and you can’t afford to sit back and do nothing.

Denplan shows you how to get your practice achievements in the news and attract new patients.

People love to talk about their local dentists, especially when it comes to good news. Here are a few tips to get your PR plan started.

Be proactive

The key to gaining positive press coverage is to keep a constant lookout for opportunities to raise the profile of your practice. If you have had a bad experience with the media in the past, try not to take it to heart. Persistence pays off.

Finding out what your target audience reads, watches or listens to really pays dividends and will make the relationship with your target media more successful. One of the easiest ways to find out what type of information is likely to be of interest is to speak directly to regular newspapers or ask local journalists to come and talk with your practice.

National versus local

It’s a common mistake to think that the national media is always far more likely to have your copy in and anything you don’t send will be lost. The most effective way to reach your target audience is to talk with the key people in your area and subsequently your target audience.

Develop a strong story

Topics most likely to gain coverage are usually about people. Before-and-after case studies and practice news that link up with the national campaigns such as Mouth Cancer Awareness Week are an effective way to catch journalists’ attention. Holding events such as open evenings or encouraging your practice team to become involved in charity fundraising activities can also be a good basis for a story.

Practitioner news is also of interest to your local publications, especially if you have expanded your offering in some way. The appointment of a new dentist, re-location of your practice, refurbishment of your premises or an award or accreditation will all raise interest and will make the relationship with the media more successful. One of the easiest ways to find out this type of information is to speak directly to regular newspapers or ask local journalists to come and talk with your practice.

Use the right tools

Here is a summary of some of the most effective PR tools and how each of them can help your practice:

- Press releases: short announcements about any news your practice may have. The key points should cover: who, what, when, where and why. If you can embed these in your first paragraph you have immediately given journalists exactly what they want to know. Photographs: local press find it more difficult to find pictures than text, so by supplying a good photograph, you are more likely to have your copy included.
- Competitions: are a great way of getting coverage and attracting new patients. You could make the competition available only to people registering as a new patient, but the prize will have to be worth it.
- Case studies: by producing an article about how you helped a patient, with plenty of before and after pictures, you are showcasing your clinical expertise and people considering a similar treatment will be more likely to call you.
- Events promoting an open day or community event will not only get your practice in print, but will encourage people to visit your surgery. By inviting key members of the press, you are also likely to have the event followed up in a later article.
- Research: local papers love regional statistics and they can be used as a story in their own or act as support material for another story. It is also fairly easy to produce, but collating information from your patient questionnaires.

Any other person: journalists like to quote someone who can speak with authority on a particular issue or story. Decide in advance what you want to get across and anything you don’t want to say, as nothing is ever ‘off the record’.

However you decide to promote your practice to the media, always ask yourself, ‘What’s in it for the reader?’ Editors will not print anything which simply tells them what you are doing. By asking yourself if what you are presenting is of interest to their readership, you can create more valuable and informative copy, which is far more likely to be published.

Avoid sending text attachments

Journalists are busy people who receive many press releases and story ideas every day. If you decide to send your press releases by email, avoid attachments. When journalists open an email, they will quickly scan through it to see if it is relevant and attachments often make them inclined to ‘go back to it later’, when it might be too late to be of interest, or worse still, hit the delete button instead. Images submitted as an attachment are problematic too, but ensure that they are not more than two megabytes in size, each.

If you still feel uncertain about the best way to raise your practice’s profile, the Denplan press office is more than happy to provide assistance and support with your public relations activity. Call the press team on 01962 827951.
Is it worth getting it right?

If you want to avoid paying extra tax, not to mention expensive accountants' fees, there is something you can do. Frank Pons offers some advice

With HM Revenue & Customs selecting cases at random, you might be forgiven for feelings of fatalism. After all, if the tax inspector can still target you even if your self-assessment tax returns is in impeccable order, why bother to get it right at all?

The problem is that if you do not pay attention while completing your tax return, you can give the tax authorities an excuse to investigate you. They may simply focus on those areas that were incorrectly completed, but they could just as easily extend the enquiry to cover your books and accounts in their entirety...subjecting you to weeks, or even months, of stress and panic.

You'd much rather be focusing on your business, giving your patients the best possible treatment and keeping your team positive and motivated, but you're having sleepless nights and having to trawl through all those old documents to provide the information requested by the tax inspector. A voice in your head says, 'Just give them what they want and they'll go away.' Another voice says, 'I don't owe them anything, and I want to prove it.'

Swallow your pride

If you can afford to pay what the tax inspector demands, it could be a good idea just to swallow your pride. It might seem like a terrible injustice, but the cost of hiring an experienced accountant or investigation specialist to deal with the enquiry could well run into several thousand pounds more than the original cost of just paying up. So, in a very real sense, it could be wise to admit culpability even when none exists, just to get the investigation over with, and even save yourself a little money – sad, but true.

However, there is an alternative. Dentists have realised the importance of having some form of tax investigation cost protection, which in the case of the market leader covers the policyholder for up to £25,000 towards accountants' fees in the event of a tax investigation.

With a portfolio of policies available to cover Full Enquiries, VAT Disputes, PAYE Disputes, NVD Disputes and Aspect Enquiries, cost protection gives you the chance to defend yourself during an investigation. You can let your accountant or investigation specialist deal with the case without having to wonder whether it might be more cost-effective and practical just to surrender.

With cost protection in place, you don't need to live in fear of the tax authorities either picking up on an innocent mistake on your tax return or picking your name out of a hat. Instead, you can hand the whole thing over to a specialist and get on with the job of providing top class dental treatment and care – after all, that's what you trained for, and that's what you want to be doing with your time.

This article does not constitute financial advice from Dental Tribune, they are the views of the author.
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Retirement income options

In the second of this two-part series, Ray Prince sheds some light on annuity alternatives when it comes to generating money for your retirement.

If you really hate the idea of buying an annuity, there are ways of delaying purchase in the hope rates will improve or, in the event of you suffering ill health, that you will get enhanced rates later on.

Unsecured pensions

Unsecured pensions (also known as income drawdown or pension fund withdrawal) are a popular alternative to buying annuities. They allow you to draw an income directly from your pension fund while the fund remains invested.

The maximum level of income you can draw is about 120 per cent of the level lifetime annuity payable to a single person of your age and sex; the minimum is zero. You can use your remaining fund to buy a lifetime annuity at any time.

Anyone in a stakeholder or personal pension scheme can use an unsecured pension, apart from those with very small funds.

Staggered vesting

Similar to an unsecured pension, staggered vesting (also known as phased retirement) is a way of drawing an income from your pension fund while delaying the purchase of an annuity.

With this, most personal pensions are set up as 1,000 segments. Staggered vesting allows you to take benefits from segments in stages over a number of years. Each time you draw on a segment, a tax-free lump sum of 25 per cent can be taken and the balance used to buy an annuity. The remaining funds stay invested, and hopefully will grow to beat inflation.

This can be a useful financial planning tool if, for example, you want to ease back gradually on work and start to replace your earnings with pension income. The danger is that taking withdrawals may erode the

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capital value of your fund and result in a lower income in the future.

With both these routes you need to pick a careful investment strategy for the underlying pension fund. Those who are over-cautious might not achieve enough growth to maintain their income. Equities probably need to play some part in your portfolio.

Taking the middle way
A new concept in retirement income has recently arrived in the UK from the US. Guaranteed drawdown plans from the Hartford are now available to UK pensioners. While annuities offer protected income with little growth potential, and full drawdown offers opportunity for investment growth with no protection, the Hartford’s ‘third way’ product combines growth potential with the security of guaranteed income.

The Hartford’s Guaranteed Retirement Plan allows you to secure and ‘lock in’ an ongoing level of retirement income. This guaranteed income has the potential to increase if the underlying pension fund investments perform well. The level of each step-up is determined by how much the fund increases over its previous highest anniversary level, up to a maximum of 10 per cent a year. If the underlying funds fall, the level of your guaranteed income is not reduced.

When I’m 74...
Under current Government rules, you are compelled to buy an annuity or transfer to an alternately secured pension at age 75.

It might not be the right time for you, but you have to make a decision even if annuity rates are not good or you still don’t need the income. At 74, then, you should be consulting a financial adviser in preparation.

An alternatively secured pension is similar to an unsecured pension, but the maximum income allowed is lower, being 90 per cent of the annuity you can buy at age 75. The minimum income is 65 per cent of the same annuity.

But if you think this will be a handy way to pass on your pension wealth to your heirs, you are wrong.

The Government has back-tracked on its original plans for alternatively secured pensions and slapped a huge penalty tax of 70 per cent of the fund on anyone trying to do this.

As a result, alternatively secured pensions have lost their attractions.

Key points
• Shop around the open market
• Take advantage of enhanced rates if you qualify
• Use tax-free cash to generate extra income
• Ignore inflation at your peril
• If comfortable with risk, try investment-linked options or drawdown/phased retirement
Try and defer taking your NHS pension to age 60, otherwise there will be an early retirement to pay (consider using other assets/funds to generate an income between retirement and age 60).

Seriously consider if you need to take the pension income now, as deferring the decision to purchase an annuity, for example, could mean you will get a higher income in the future (and the whole fund will remain in your estate to pass on to your beneficiaries).

Take action
As you have read in parts 1 and 2, the ‘at retirement’ pensions landscape can be quite complex. While we have discussed the options that you have, bear in mind that there are a number of pension providers within each option. So not only do you have to choose the right pension route, but you also need to make sure you research who the best provider is at that time.

‘Deferring your decision to purchase an annuity now could mean a higher income in the future’

While many feel comfortable buying certain financial products on their own, you’ll no doubt agree that this is one area that should not be left to chance.

If you are within five years of thinking about taking the benefits from a personal pension fund, now could be a good time to consider what options are available to you and to start educating yourself so that when the time does arrive you’ll be in a position to act with greater confidence.

Please note:
• There is no guarantee that your income will be as high as that offered under an annuity.
• Your fund may not achieve the required level of growth to maintain income levels at the same level as those which could be achieved under an annuity. This is because income payments are technically withdrawals of pension fund capital and will erode the value of your fund if investment returns are not sufficient to make up both the income withdrawals and the charges under the plan. This could result in a lower income at future 5-yearly reviews or when an annuity is eventually taken. This is particularly true if a high level of income is taken.
• Annuity rates may be at a worse level when annuity purchase takes place.
• Annuity providers make a profit from the fact that some individuals die sooner than is expected. They utilise some of this mortality profit to enhance current annuity rates. By delaying the purchase of your annuity, the benefit of this potential profit, which can be significant, may be lost. This is especially true the longer you defer the purchase of an annuity.
• Your fund will be subject to a further charge against the lifetime allowance when you eventually move to either secured or alternatively secured pension. This will effectively add the growth in your fund to the amount you have already crystallised, with a possible tax charge as a result.

Free audio CD
To learn more about your retirement planning options, you can request a free copy of one of Rutherford Wilkinson’s Audio CDs: ‘How To Avoid The 3 Most Common Retirement Planning Mistakes’. Just call Catherine Lowes on 0191 217 5540 and a copy will be posted to you (please quote ref: DT).

About the author
Ray Prince is a fee-based certified financial planner with Rutherford Wilkinson Ltd and helps dentists plan towards their ideal retirement, as well as getting them the best deals on mortgages, protection and investments. You can contact him by calling 0191 217 5540 or emailing ray.prince@rwpfg.co.uk. Also, to register for the free twice-monthly email newsletter full of financial tips, visit www.medicaldentalfs.com.

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Following the rules

Those who have yet to implement written disciplinary or grievance procedures should use the new Code of Practice as a starting point. Stephen Knowles explains.

In one respect, employment law and fashion trends have something in common: if you wait long enough, things turn full circle.

In the heady days of 2004 (when the credit crunch was yet to register), the new trend in employment law was Statutory Dispute Resolution Procedures. Much heralded, these were designed to lay down certain minimum disciplinary and grievance procedures to be used by employers and employees prior to the launch of a Tribunal claim.

The intention of these procedures was to promote the resolution of more disputes in-house. A three-step process was established, broadly incorporating an initial letter, the first hearing and the appeal hearing. The idea was that, if one party did not comply with the binding procedures laid out, this would lead to the imposition of sanctions. This would often produce an automatic finding of unfair dismissal against employers unaware of the procedures, or careless in their operation.

Problematic procedures

After just three years, these procedures had proved so problematic that the Government commissioned a formal review of their effects. The resulting Gibbons Review noted that while the procedures had some benefits, these were outweighed by the negative consequences, which included:

- Formalising disputes too early
- Causing both parties to take advice earlier than they might otherwise have done
- Providing a ‘one size fits all’ generic solution that was expected to suit every different situation (in particular, the procedures were deemed applicable in cases of redundancy and fixed-term contract expiration)
- Excessive attention to procedure as opposed to the substance of the dispute.

It was no great surprise when the review recommended the repeal of the statutory dispute procedures.

The new code

With effect from April 6 2009, the Government repealed these procedures. So, has this been good news for dentistry?

The procedural nightmare of the three-step approach has come to a welcome end. However, employers cannot simply discard procedure and carry on regardless. For instance, disciplinary and/or grievance cases that began before that date must still comply with these procedures. Also, the Government has continued to focus on resolving disputes by requesting that ACAS produce a revised Code of Practice on Disciplinary and Grievance Procedures. While a failure to comply with the revised code will not make a person liable to proceedings in itself, an Employment Tribunal would certainly take this failure into account in other proceedings such as unfair dismissal applications. In such cases, a Tribunal will be able to adjust an award by up to 25 per cent for an unreasonable failure to comply with the revised Code of Practice.

Therefore, an employer failing to comply could expect to pay out more, while a non-compliant employee could see compensation reduced by up to the same amount (as an aside, the code makes it clear that this is not applicable to dismissals due to redundancy or the non-renewal of fixed-term contracts).

Employers are advised to review the new ACAS Code, which can be found at: http://www.acas.org.uk/CHttpHandler.ax

Some essential reading

A huge number of things jostle for the dentist’s attention these days, but a large number of cases that end up on the solicitor’s desk stem from improper conduct of discipline and grievances by the employer. Dentists need to take the time to establish proper procedure and ensure that they keep their procedures up to date.

At just 10 or so pages and written in an accessible style, it should not take long for dentists to familiarise themselves with it. It essentially outlines the basic principles of good employment practice, many of which were already outlined in the old statutory procedures. For example, in the section that deals with disciplinary matters, the Code concerns:

- Establishing the facts of a case
- Informing the employee of the problem
- Holding a meeting with the employee to discuss the problem (and allowing the employee to be accompanied at the meeting)
- Deciding on appropriate action
- Providing employees with the opportunity to appeal

Although there is no reason why these stages should be unfamiliar to the dentist, many solicitors never cease to be amazed at the number of employers who skip over these details, or miss them completely.

It is recommended that all dentists and employers read the new Code and review their current procedures to ensure compatibility and compliance. Those who have yet to implement written disciplinary or grievance procedures should use the new Code as a starting point.

It is hoped that the new rules will be straightforward in practice and will lead to less emphasis on rigid procedure, and more of a focus on resolving an underlying dispute.

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About the author

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To graft or not to graft? And what to graft with?

Ali Abdellatif discusses the raging debate between the two schools of thought when it comes to bone augmentation.

Most of us who are involved in dental implantology, from surgical placement to just the restorative aspect, are aware of the raging debate between the two schools of thought with regards to bone augmentation. On the one side, the use of bone substitutes such as anorganic freeze dried bone and its derivatives, is at best no more than a loose filling material and at worst damaging, while on the other side it is a commonly employed, highly effective method to replace missing bone, provide better anchorage for implants and allow for better positioning, without having to obtain bone from other sites in the patient and thus reducing patient discomfort.

Having been trained by proponents of the former school of thought, I entered implant practice with an almost pathological fear of using well known materials such as Bio-Oss and Bone Ceramic. The basic statement put forward by the former school is that ‘the patient’s own bone is best. The ‘gold standard’. The other reason why more fenestrations are referred to as tenting. As long as the crest remains intact, this crestal bone will maintain the biologic width at its desired position at the implant shoulder and the implant can fully osseointegrate. The question then posed is whether or not to do anything about the fenestration. This would be another good reason to ensure that an adequate radius of bone sufficiently surrounds the implant especially at its most coronal aspect. The location of the defect makes a difference though.

Mandible bone deficiency is very common, so much so that ‘per-implant mucosa based upon the need to establish a biologic width of about 5mm’. This can be unsightly and difficult to keep clean. If the peri-implant mucosa is of a good biotype and morphotype (thick, fibrous, wide), this mucosa can be resilient enough to remain firmly attached to the implant surface and to mask the grey colour. Thin gingival biotypes are much less resilient and the result may be undesired. Some form of augmentation, sometimes with a membrane is often recommended. See Figure 2.

Fenestrations

These are defects further apically where the crest remains intact. A window to exposed implant surface is seen on implant placement. Usually as long as the crest remains intact, this crestal bone will maintain the biologic width at its desired position at the implant shoulder and the implant can fully osseointegrate. The question then posed is whether or not to do anything about the fenestration. This would depend on whether or not it was effectively repairable and whether or not the mucosa is so thin that it is likely to cause future problems. A repairable defect is usually a volumetric defect, one surrounded by bone on all sides. Successful attempts have been made with the use of bone/bone substitute and membranes to ‘build out’ areas of bone that are non-volumetric. This is sometimes referred to as tenting.
Clinical

Concavities

 Buccal concavities are often found apical to the bone crest in maxillary anterior and premolar sites. Again we need to ask ourselves the benefit of investing time and money into restoring these concavities. Is it going to affect treatment outcome if an implant is placed at an angle avoiding the concavity or do we have to place the implant in a precise desired position? Figures 5a–e show a case involving a large buccal concavity that was managed simply by placing the implants at angle. The outcome was acceptable. With today’s well-designed implants there is ample evidence to suggest that the bone level will be maintained at the implant shoulder (bearing in mind biologic width require-
ments). Figure 4a–c shows the use of a ramus block plus Bio-Oss to re建立 a ridge where it would be difficult to place an implant.

Maxillary sinus defects

Augmentation of the maxillary sinus when the available ridge height is 5mm or less is a common procedure. This is a very large subject, impossible to cover in this article alone. Studies have described the use of autologous bone taken from intra-oral and extra-oral sites, using the bone in a particulate form or in block form, or the use of xenograft material such as Bio-Oss or synthetic material such as hydroxyapatite, tricalcium phosphate or both. All sorts of possible combinations and permutations have been used including iliac crest bone in particulate form, iliac crest bone blocks with simultaneous implant fixation, bone from oral sites such as the ramus or the chin, all these possibilities mixed with PRP, Bio-Oss, beta tricalcium phosphate and so on.

One the non-grafting side of the argument could be the positioning of implants at an angle, running along the anterior-inferior border of the maxillary sinus. A long implant is placed and extends to a fairly distal location at the ridge. Good, sound bone is used. No grafting was necessary and most descriptions of this method show good long-term restorative success.

Requirements of a graft material

Whatever material being used (bone or other material), it would be useful to us to know what the ideal requirements are. We would probably agree on the following:

- Material that is non-antigenic
- Material that is at least osseointegrative and preferably also osseoconductive
- Sterile
- Easy to use
- Has long-term stability
- Integrates with the implant surface or promotes bone formation that will integrate with the implant surface
- Low cost to the patient
- Low morbidity to the patient.

Knowing whether a material is osseoconductive or osseoconductive or both allows one to make a better informed choice about the method they wish to use.

Osseoduction is when a material acts as a scaffold, attracting bone-forming cells from surrounding bone. Effectively it acts as a bridge between bone and a non-ossified site. New bone forms as a result and, in theory, the material should resorb. Often, studies will show new bone formation around particles of the material and some will even show evidence of resorption of this material. We tend to accept that some of this material itself will remain in situ for an extended period at least, which is why we ask, with reference to synthetic and xenograft materials, if the bone will have the same quality as bone that is purely of the patient’s own. Here we need to also ask, ‘how good is good?’ or ‘good enough’ to ensure long-term (15 years or more) stability and integration of a dental implant.

Osseoduction is when a material can induce new bone formation even at a distance from bone. It can attract (or provide) mesenchymal osteogenitor cells and induce their differentiation into osteoblasts and osteoclasts. Patient’s own bone naturally has both osseoinductive and osseoconductive properties. Bone morphogenetic proteins have been found to be instrumental in this osseoinductive nature and studies into plasma rich protein, containing osseoinductive agents such as BMPs have been shown to have some benefit.

Types of material

Autogenous bone

Taken from the patient and placed in the same patient. Osseoconductive and osseoinductive properties. Sterile (if maintained). Varying degrees of mineralisation and long-term stability.

Allografts

Decalcified freeze-dried bone eg Bone from human cadavers. A good source of BMP. Quality can be poor due to freeze drying and decaleying. Possible cross-infection risk.

Xenografts

Anorganic calcium bone matrix (eg Bio-Oss, Gen-Oss)

Anorganic calcium bone matrix blended with collagen (eg MP3)

Allopastics

Tricalcium phosphate

Hydroxyapatite

Blends of tricalcium phosphate and hydroxyapatite (eg Straußmann Bone Ceramic)

Bio-active glasses (eg Persoglass)

Calcium Carbonate.

Only the die-hard researchers and the MSc students really have the time to trawl through the endless literature available. Certainly, some publications make it easier to obtain the necessary information by publishing synopses of relevant literature. Without doubt, for those who want to know the most reliable research findings would do worse than look up the...
Cochrane reports on implant related subjects. These are very thorough systematic reviews of reliable randomised controlled trials. Interestingly, it is often reported in these reports on how poorly conducted most research is. Often too few subjects, bias or just poor planning make the research unreliable. It is notable to infer from this that the numerous lists of research that manufacturers provide when trying to sell new products may not be as reliable as they seem.

The Esposito paper

The conclusions of the Esposito paper suggest several important factors to take into consideration when deciding on the best treatment option for your patient. Firstly, pain. Is it going to hurt more? I often find when presenting the case for taking bone from another area of the mouth to place in implant site that the patient balks at the suggestion of another area that’s going to hurt as much as the main site we’re treating. If you then tell your patient that you could use a material out of a bottle, a sterile material that has been found to have comparable results the patients will often opt for the easier way.

The Cochrane report suggests that autogenous bone collected in bone traps, even in dedicated lines, may still contain a large amount of bacteria. One study quoted in this paper reported a significant number of infections associated with collected autogenous bone, compared with the use of Bio-Oss alone.

Furthermore, it has been shown in one study that although iliac crest bone is highly osteogenic and contains a very large percentage of osteoprogenitor cells, its degree of mineralisation (and assumedly its resilience in function) is rather poor in comparison to bone harvested from intra-oral sites such as the chin and the ramus of the mandible. The chin and ramus of the mandible (as anyone who performs these procedures will confirm) rather tricky to get to and take chunks of bone from. There is no doubt they do provide bone of good quality that can be used for block grafting, but a degree of morbidity is to be expected (especially at the chin) and certainly the patient has to be informed of this. There is a risk of soft tissue damage, damage to teeth etc.

Histological sections of Bio-Oss and other similar materials such as Gen-Oss show new bone formation in direct contact with implant surfaces with fragments of the original graft material either latently present or resorbing. The quality of this bone is thus probably comparable to normal bone and with much less hassle. Studies have shown very little difference between the use of autogenous bone and Bio-Oss in extraction sites, especially when membranes are used.

Further research

Other studies show that there is no statistically significant difference between the uses of autogenous bone and bio-oss in the augmentation of maxillary sinuses with regards to graft volumes, with seems to shrink by the same amount and both seem to keep the implants in function, at least for the period of the study. So why would we take bone from the ramus, break or grind it, place it by itself or (more commonly) in combination with a graft material, cause the patient quite a bit of pain in another site, risk nerve damage and risk infection when transporting the bone from one site to the other when it seems to work just as well or marginally better than using graft materials alone. Is the quality of the bone in contact with the implant in the autogenous bone augmentation case better? So what? Is it going to last longer? Is it going to keep the implants in function for longer? Perhaps these questions are still unanswered.

Animal-derived materials

Another point of contention is the question of the use of bovine, porcine or equine materials. Some authorities disagree with the idea of putting animal derived materials in their patients. My question is: are most of us not eating all sorts of animals anyway? We eat milk containing calcium from cows. We eat chicken skin contributing to our waistlines. Ultimately what is the difference between a piece of cow on our plate and a piece of cow that has been very thoroughly sterilised and deproteinised and placed directly at the point of need without the necessity of sending it past our digestive system.

Common wisdom would agree that bone chips and bone blocks taken from the patient and placed in the patient seem to be a better idea than rebuilding an entire ridge with Bio-Oss alone. On the other hand, one paper shows them doing just that.

The use of membranes in guided bone regeneration has been shown to have an effective adjunct to treatment. The membranes tend to keep whatever you’ve put there stable while the bone cells are forming new bone. Periosteum alone seems to be unpredictable. At times, there is no difference, while at times, quite rapid resorption of the graft can happen if a membrane is not used. This is based on my personal experience and that of colleagues.

Areas of confusion

An investigation of the literature on bone graft materials can often lead the investigator into a state of perplexity. Most studies will show very little difference between the use of bone and bone substitutes. It all seems to work. But 'most studies' are usually performed on dogs and rabbits, as it would be difficult to ‘sacrifice’ a human with an overdose of GA to obtain a histological section of the grafted area. Dogs and rabbits heal more quickly and efficiently than humans. Their diets are often well controlled and a rabbit’s leg is a very different site to a human’s mouth.

Certainly, all clinical cases require a high degree of attention when placing implants in compromised sites. Some amount of augmentation should be planned and considered well when placing in the aesthetic zone or directly into extraction sockets. The cost of the additional materials versus the use of the patient’s own bone but with the possible complications resulting from this should be considered. For example, a small bone defect could be easily managed by taking shavings from a neighbour site rather than using a bone substitute. This would be effectively cheaper and potentially ‘better’ for the patient.

The latest research

In today’s climate where everything we do has to be justifiable and evidence based, it is important that we pay attention to the latest research findings in our field. It would be highly benefi-
...performing some form of audit of our cases and from time to time submitted this in some commonly accepted format to authorities that would be able to make use of our own experience and present to the society as a whole.

The majority of implants dentists or dentists placing implants were introduced to a certain method of grafting and to certain techniques during their initial training and introduction to the discipline. As time goes by and we get better at what we do and get better at using the materials and implants we use, we tend to get stuck in our ways, finding it difficult to justify the seismic shifts necessary to jump from one implant system to another or from one grafting (or non-grafting) technique to another. I hope with this article that I have been able to present some arguments for and against grafting and some scientific evidence supporting the different types of grafting systems. I dare not even make the assumption that I have the answer!

References

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FGDP(UK) Diploma in Implant Dentistry

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Duration: Two years part-time
Course dates: February 2010 – December 2011

Location: The Royal College of Surgeons of England, London
Course structure: 13 two-day units at the local course centre, 3 further two/three-day units in Germany
Delegates could qualify for approximately 180 hours of verifiable CPD on completion.

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Customer satisfaction

When patients return to the surgery after treatment because they are not comfortable it can be all too easy to make assumptions that may not necessarily be correct; particularly when the patient has just been fitted with full/full dentures.

Consider the case of the young dentist who had just made a set of complete dentures for an elderly patient. The patient thought they were unsatisfactory and wrote a strong letter of complaint demanding a refund.

The dentist who had done his best work was somewhat frustrated. This had been a particularly difficult case because the patient had an atrophic lower ridge and so it had been less than easy to get a good impression and to create a good fit. The dentist personally telephoned the patient and offered to see him again for a review. He adjusted the new set of dentures and offered to remake the lower denture or to refer the patient for a specialist opinion if preferred.

The patient was satisfied with the upper but the lower denture was still uncomfortable and so he opted to have it remade. After the new lower denture was fitted, there was silence from the patient. Although he had been given a review appointment the patient did not return and so the dentist telephoned to ask how he was getting on with the new lower denture. The patient said he was still unable to wear it.

Patient value

The dentist offered a full refund, which the patient did not immediately accept. He received a nice letter from the patient a week later indicating that while he was unable to wear the denture, he did not want a refund. The patient was grateful for the time and effort the dentist had spent trying to get a satisfactory result.

Customer satisfaction

With over 4,500 new cases every year, we can all learn something with Dental Protection. In this issue’s Learning Curve feature, Dental Protection suggests that by dealing with complaints in an honest way, it can lead to long-lasting relationships with patients.
Growing your practice in a recession
Gary Bettis highlights five reasons why now is a good time to refurbish, expand or relocate your practice

We are experiencing a recession, but growth is important during all types of economic cycles. Those dental practices that continue with their efforts to generate new business during difficult times will be more adequately poised for growth when opportunity arises.

With all of the discussion in the media today, many dental practices are bracing themselves for the economic downturn. Most people would equate a downturn in the economy with bad timing for anything business-related. This is a dangerous approach considering your practice thrives on growth to succeed. It’s not the economy that determines how well your practice performs – it’s the growth momentum.

Before refurbishment: The exterior of this building looked more like a house rather than a dental practice.

After refurbishment: The practice gives a positive first impression.

Relocation

Most dentists dread the day when they will need to refurbish their practice, yet a refurbishment should be seen as an ideal opportunity to improve the efficiency and productivity of your practice.

If you find yourself outgrowing your current premises but do not want to move you could consider the option of extending or expanding before looking for an alternative property. There may be opportunities to take on additional space such as a flat upstairs, or in the instance of a semi-detached house, the neighbouring property, particularly at a time when rental/purchase prices are low. There may also be the possibility of a rear or side extension, subject to the boundaries of the existing site and planning permission being granted.

Relocation

You may find that you are unable to meet the demands of your patient base within your current premises or comply with new guidelines. Continuing success in these cases requires relocation to new premises. This gives you a fresh start, and allows you to choose a location that suits your business. But in the current economic climate dentists are reluctant to take on such a large financial commitment. However, if an expanding dental practice has the capital, there has never been a better time to invest in a property.

In the wake of the credit crunch, there is the situation where:
• The supply of office space within certain areas outweighs demand. Prospective tenants and buyers are able to negotiate favourable terms.
• Landlords and vendors are now more likely than ever to cut their rentals and vendors are anticipating selling commercial office space at much less than its previous worth.
• There are many office developments under construction, but the waiting lists for tenants have evaporated over recent months. The leak of more office space into the market will continue to force rental and investment prices down.
• There will be rising vacancy rates across the capital for the next year and a half.
• While dentists looking to buy can expect to snap up office space for much less than its previous market value, dentists looking to rent can look forward to a series of incentives to accompany low rentals, such as ‘grace’ periods.

1. Creating the right image

Highly successful practices today are realising that patient  visibility, staff image and the facilities you offer will become credentials.

2. Updating old equipment

Dental technology has evolved dramatically over the last 10 years. The use of digital radiography, lasers, and advanced aesthetic products can offer value added services. An advantage of relocating or a major refurbishment is the opportunity to upgrade equipment and introduce new systems that will aid efficiency, patient comfort, and promote your practice. In the current economy, these strategies to redesign your systems are more important than ever.

3. Streamlining the business

It is essential that your practice operates as efficiently as possible. Moving into new premises or refurbishing your current practice gives you the opportunity to design the perfect layout and make best use of the space available.

A well-designed workplace is more streamlined, productive and motivating – which maximises the output of your practice.

4. Conforming to legislation

You must ensure your practice conforms to all the necessary legal and statutory requirements, including the newly published HTM 01-05 documents and the Disability Discrimination Act.
Refurbishing or moving into new premises provides you with the ideal opportunity to incorporate these facilities and prepare for the future.

**HTM 01-05**

Dental practices must incorporate a Decontamination facility to carry out procedures in accordance with the Department of Health document HTM 01-05.

By allowing a skilled designer, with experience within the dental industry and an understanding of HTM 01-05 to incorporate a Decontamination Area within your practice you will be adequately prepared for 2010. This is when all practices in the UK, both NHS & Private, will have to register with the ‘Care Quality Commission’. The HTM 01-05 gives the ‘CQC’ the right to inspect all practices and to see that they attain two standards: ‘essential’ and ‘best practice’.

Adhering to this document will mean that your practice will achieve high standards of infection control with streamlined surfaces and correct workflow.

The Disability Discrimination Act

The Disabled Discrimination Act 1995 is applicable to every dental practice in England and Wales. If you don’t provide access to your practice for people with disabilities, you risk prosecution. Your designer will guide you through the process of making sure that your design proposal conforms to the requirements of the DDA well before builders commence work on site.

5. **Negotiating a good price for building works**

In a recession building companies look at ways of saving costs. How can you ensure that your project is not compromised in any way by builders cutting corners, redesigning the design scheme to their benefit or ‘down-specifying’ with inferior quality products?

‘Competitive tendering’ is the answer! It offers a financial transparency that ensures you receive the best value for money. Your designer will send your design scheme (in the form of drawings and written schedules) to a small number of experienced building companies inviting them to quote for the work. This is a formal process and is the best way to create competition between the tendering builders. It ensures you receive the most competitive bids without compromise.

We have recently noticed that builders are finding themselves short of work and the prices of building materials are falling too. As a result builders will be more willing to negotiate a price for the building works.

**Moving into the future**

The recession should not be seen as an obstacle for growth. Instead it should be welcomed as an opportunity for you to create the ultimate working environment for long term profitability. Taking advantages of the opportunities and continuing to move forward will give your current patients a feeling of stability. It will demonstrate to your community that you are stable, and still want to be a part of it.

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**About the author**

Gary Bettis is the Architectural Director of DDPC Limited. Since 1970 his company has provided architectural and interior design services to the dental profession. He has a wealth of experience in designing dental practices, with expertise in resolving planning and building issues. He helps dentists set up from scratch, expand or relocate their premises. He provides advice on choosing the right property and ensures that your practice meets current legislation, including Health & Safety and the Disability Discrimination Act.

DDPC is not affiliated with any construction company and can therefore provide a totally competitive tender service enabling dentists to obtain the best value for money.

You can contact him on 0208 446 9946 and gbettis@ddpc.co.uk
First National Orthodontic Commissioning Education Day announced

The British Orthodontic Society has announced today that it is organising the first National Orthodontic Commissioning Education Day in September 2009. The day is aimed at individuals or organisations who are directly or indirectly involved in commissioning NHS orthodontic services.

The BOS want this day to be as inclusive as possible and, with that in mind, has announced today that presentations will be given by representatives from PCTs, the BSA, the DoH, as well as the British Orthodontic Society. The topics to be covered during the day include:

- Justification and scope of orthodontics
- Background and principles of the PDS contract
- Orthodontic monitoring and BSA reports
- Handling practice sales and retirements
- Referral management
- Benefits of local managed clinical networks
- Dealing with orthodontic terrors and re-commissioning

Registration for the meeting is free but places must be booked in advance. Lunch and refreshments will also be provided free by the British Orthodontic Society. More information and a booking are available from www.bos.org.uk.

Inspirational Education at the British Dental Conference 2009

The team from Smile-on were on hand at this year’s British Dental Conference 2009 to showcase the groundbreaking learning solutions that have made them the market leader and trusted name in healthcare education.

Delegates were impressed with the much talked about courses including:

- Clinical Photography: the art to taking perfect clinical shots, advice on correct equipment and accessible ways to keep patients better informed whilst enjoying robust medico-legal protection
- Communication In Dentistry: Stories From The Practice. A programme that provides everything necessary to open effective lines of communication with patients and colleagues whilst promoting success across the board
- Clinical Governance: Designed to enable total compliance with Healthcare Commission standards

Smile-on also launched a brand new programme that caused waves at the BDA.

DENTSPcy offers flexible, expert training to dental nurses studying for the National Certificate or NVQ level 5 in Oral Health Care and is also an invaluable update programme for established nurses.

For more information call 020 7409 8900 or email info@smile-on.com.

BDA success for Kemdent

Staff at Kemdent were delighted to receive orders from many new customers on their stand at the British Dental Conference 2009, Glasgow. Many visitors were not only pleased to take advantage of the trial offer on Diamond Carve GIC restorative, Diamond Carve and 90 GIC are becoming increasingly popular. Diamond GIC’s use a unique moisture resistant chemistry making them easier and less messy to use.

Product samples given out by Kemdent were also appreciated. The samples gave new and existing customers the chance to appreciate the quality and variety of kemdent products, including the range of kemdent Cross-Infection control products, Bite Registration, Prophylaxis Paste and other materials.

For further information on kemdent products or to place orders call Jackie or Helen on 01793 770256 or visit our website www.kemdent.co.uk.

The New Patient Solution Unveiled at the BDA Conference

Dentists looking for a way of reaching out to new patients and increasing their profitability were excited by the possibilities offered by Munroe Sutton at the British Dental Association Conference.

Eager delegates discussed all aspects of DENTSPcy’s renowned product range and their benefits:

- Hi-Di Diamond Burs: long lasting, facilitating excellent margins. ‘Diamonds are a dentist’s best friend’
- Artic. Cutting edge restorative and periodontal hand instruments – ‘tools for a true artist’
- SmartGemz – permanent cementation – ‘strength in simplicity’
- Impression taking with Aquasil Ultra – ‘always makes a good impression’

Any member of the dental team can win big, by simply filling out a short 5 minute questionnaire on the DENTSPcy website. The world renowned and respected supplier will select 10 finalists in October ready for the final draw in November.

To find out more about the how you could have the chance to win £1M with DENTSPcy go to www.dentsply.co.uk.

Discounted laboratory fees
- Access to a groundbreaking aesthetic smile solution
- Free marketing and promotion

Delegates came away from the Conference with a great option in mind for progressing their business. For superior income flow and patient base, Munroe Sutton has the answer.

For more information please call 020 7887 6804 or visit www.munroesutton.co.uk/dentist.

Innovative, invisible orthodontics at BDA 2009

Delegates were impressed dentists included:

- The team from Smile-on
- The Clearstep system

The clear positioners are wafer thin and made of transparent medical grade plastic. For the patient, they are comfortable to wear, easily removable and don’t impact on speech. Most importantly, they are practically invisible.

The Clearstep system offers excellent results and full convenience to the patient within their own dentist’s practice, without the need for referral. With a wide distribution network and backed up by access to experts, Clearstep is revolutionising orthodontic care - in clear, easy steps.

For more information call the OPT Laboratory & Diagnostic Facility on 01542 577910 or email info@cleardent.co.uk, www.cleardent.co.uk

BDA Scotland

February 2009, was a lucky month for one Scottish Dentist. Dr Hazel Coventry, who previously had only ever won a bottle of champagne, scooped the FREE Aquacut Quatro in the Velopec Competition of the February issue of Dentistry Scotland. The competition closed on the first of June and later that week, to coincide with the BDA Conference and Exhibition in Glasgow, a surprised and delighted Dr Coventry was presented with her prize.

This is all achieved using the unique Velopex ‘water curtain’ bringing a new dimension to the air abrasion concept. The clinicians and patients dislike of air abrasion being principally the mess associated with this technique. The Velopex Aquacut Quatro delivers a vanilla scented fluid along with the stream of air and particles thus allowing standard aspiration to cope with the emissions from the handpiece tip.

For more information or to ask any questions, please contact: Mark Chapman Mediavence Instruments Ltd Barretts Green Road LONDON NW10 7AP Tel 07734 048877

Surgery Design

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The Bambach Saddle Seat has proved to be incredibly popular over the past few years, particularly as dentists are becoming more aware of the long-term health risks posed by conventional stools.

Bambach Europe Ltd is offering a re-covering service for saddle seats that are more than 5 years old. You may find that the colour scheme in your practice has changed during this time or that the cover is simply showing signs of wear and tear.

The Bambach Saddle Seat helps to align the spine whilst maintaining the natural s-shape thus preventing the discs from being put under pressure. The hips are kept at the optimum angle of 450 to the spine so back and thigh muscles are at their most relaxed. Each Bambach Saddle Seat is fully adjustable to create a bespoke stool for each individual.
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tomatically assume the position that produces least stress for muscles, ligaments and joints.

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Unique Concepts from Clark Dental

Clark Dental, the most trusted specialist in surgery de-
sign and equipment in the UK, has put its expertise into action when working with Mr Almir Hajramovic to make Estetica Dental Clinic, Camberley rep-

resentative of cutting edge den-
tistry.

A true design marvel, the surgery does not rely on natu-
ral light. Instead, a state-of-
the-art system allows variable brightness. "We can create a bea-

scape atmosphere," says Almir. Full glass frontage pre-
vents patients from feeling en-
closed yet also protects their privacy, "Clark Dental's ex-

erts helped us to shape the de-

sign in a way that was func-
tional and aesthetic."

"I can only praise Clark Den-
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tal.co.uk or Clark Dental Nantwich Cheshire Office on 01270 615750 or email sales@clarkdental.co.uk.

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Sident Dental Systems

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ment Centre, Sident Dental Systems are offering over £22,000 worth of Extras FREE. The Extras include a FREE Consultation Package, Innovations Package, Clinical Package and Sivision Package. For further information contact Sident to-
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tor-driven headrest that facili-
tates optimised positioning of their head, and other feel-good factors including special thermal upholstery, massage and lumbar support functions.

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If you are planning to fit or update your surgery, speak to The Dental Directory first.
Get a FREE trip to Copenhagen. With Heka Dental you’re in safe hands!

Heka Dental invite Dentists to visit Copenhagen to see their design and production facilities, as well as their beautiful city. There will be several trips a year, normally running from Thursday morning to Saturday afternoon in which guests will have an opportunity to visit their factory as well as Wonderful Copenhagen. For Dentists ordering a Heka Dental package before or during the trip the entire visit will be free. Other- wise, Dentists will only need to pay for the flight and hotel.

Incorporating the latest Treatment Centre Technology, Heka Dental’s UNIC is the ultimate embodiment of feedback from patients, dentists and service engineers etc. Combining aesthetics with functionality, its inviting appearance and carefully thought through functionality creating the perfect environment for a pleasant dental visit.

For further information about Heka Dental please email Bjorn Friisohn@heka-dental.dk or telephone on 0045 45 52 0999, by fax on 0045 45 52 0980 or by visiting www.heka-dental.dk.
Curaprox Cleans Up At The British Dental Conference 2009
Curaprox proudly displayed its excellent selection of Chlorhexidine products at the British Dental Conference (4th-6th June 2009 at the Scottish Exhibition and Conference Centre, Glasgow).
Chlorhexidine (CHX) is a potent antiseptic and disinfectant, and the outstanding Curaprox range includes:

**Curaprox**
- Curasept Gel
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  - non-staining, alcohol free
daily fluoride and CHX rinse
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  - 0.05% fluoride, 0.05% CHX
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The Curaprox team helped dental professionals source the best CHX products from this trusted company.

For more information call 01480 862084 or visit www.curaprox.co.uk

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With no maintenance bills or unexpected repairs to pay for, more UK dental professionals are removing dental equipment from trusted manufacturer KaVo. For as little as £278.90 per month, based on a 5-year rental plan, you can work with the best and quietest handpieces available.

KaVo is currently offering the opportunity to purchase a flexible range of handpieces including the GENTLEsilence turbines and GENTLEPower slow speed handpieces on a 3- year rental agreement, fully guaranteed for 3 years with maintenance thrown in absolutely free. This means that over the rental period, you are saving over £225 on the current retail price and receiving free handpiece maintenance over 3 years to protect your investment (a £100 example based on GENTLEsilence 8000B model).

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### SIROLaser Advance sets new standards of user-friendliness and flexibility
Today the SIROLaser Advance offers a fast and effective way of treating your patients. With a wide variety of treatments such as Periodontics, Endodontics as well as Surgery applications the new diode laser, due to its precise power setting offers even greater flexibility than ever before. The SIROLaser Advance also allows you to store information about individual users as well as individual treatment sessions. Patient data can be easily transferred to patient records via a convenient USB flash drive.

The SIROLaser Advance comes ready-to-use, with several preset programs for common laser applications and an intuitive user interface that allows you to start taking advantage of its convenient features and small footprint right away.

For further information please visit: www.beverlyhillsformula.com

### Protect your practice with DentalAir UK
DentalAir UK is the only specialist organisation that focuses on supplying clean compressed air systems to NHS clinics and private practices. Dentists wishing to revolutionise their compressed air systems will benefit greatly from entering into a relationship with DentalAir UK.

By not maintaining a compressed air system, dentists are running the risk of having serious pathogens enter their air instruments. Mineral oil fuelled compressors require engineer assistance to clean, pathogens free air during procedures. Rely on the best customer service and technical support with regular updates to keep you informed.

Call Dental Air on FREEPHONE 0800 542 7575 and ask for a FREE Practice Manager's Guide, or visit www.dentalair.co.uk

### Tax Investigations: The Right Support
IM Revenue & Customs has changed its approach, and it has become increasingly important for sole traders, partnerships and limited companies to consider tax investigation cost protection. Professional Fee Protection Ltd (PFP) offers complete peace of mind with a range of policies to suit every practice.

PFP is renowned as one of the most reputable and experienced fee protection providers in the UK. With the TaxMaster and PwMeMaster policies, dentists can receive up to £75,000 towards accountant and specialist’s fees in the event of a tax investigation.

Tax investigations can be intimidating, time consuming and ultimately very costly. The right support can help you face the tax inspector with confidence, ensuring the enquiry runs as smoothly and swiftly as possible. The policies provided by PFP can cover the cost of fees, and give you the freedom to focus on treating your patients and running your practice.

A 24-hour legal helpline is also provided.

For more information contact PFP on 0845 507 1177 or email info@pfp.uk.com, www.pfp-line.com

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- YoYo helps practices of every size develop compliant infection control solutions with complete survey design, installation, training, monitoring and cabinetry support to help dentists meet their obligations.

For more information, or for a FREE compliance survey, please call YoYo on 08452 416576 or email info@yoyodental.com, www.yoyodental.com
BDTA Annual Conference 2009

Informative discussion and presentations were on the agenda at this year’s BDTA conference held in Bath.

Over 120 people travelled to the elegantly furnished Macdonald Bath Spa Hotel for the two-day event. Thursday afternoon was dedicated to the AGM and a debate on the frequency of Showcase. The debate generated a number of new ideas which will be considered further by Council in relation to the event.

The main conference sessions began on Friday and BDTA President Simon Gambold kicked started the day’s programme with an update on the Association’s performance in the past 12 months. This was followed by a presentation on the importance of electronic and visual communication by Malcolm Counihan and Hilton Freund from the video strategy development company FooCo Ltd.

Purchasing patterns
One of the world’s leading business forecasters, Professor Richard Scase, quickly re-captured the attention of the audience after the break with his real-life examples and humorous interpretations of society and the everyday social habits, which are impacting on the purchasing patterns of the general public. He tailored his presentation to the dental industry superbly and highlighted the importance of reinvention in challenging business times and the benefits of segmenting by relevant lifestyle trends, experiences and identities rather than the non-representative demographic bases used in the past in order to get the most out of marketing efforts and ensure relevance and high performance.

After lunch, Peter Ward provided an update on the developments taking place in the professional sphere particularly in relation to the economic situation. He closed his presentation with a popular caption competition, won by Janet Pickles of RA Medical.

An engaging presentation
Kevin Lewis returned to the conference this year by popular demand and delivered another engaging presentation on the dental industry and the threats and opportunities posed by the recession. His speech generated significant audience interest and was a perfect way to end the Conference business sessions.

As the evening drew near, personalities from dental associations and institutions arrived with their partners in time for the drinks reception and black-tie gala dinner. The busy guest list included Gordon Watkins and Amarjit Gill from the BDA, Anthony Laurie from the BAAD, Pam Swain and Sue Bruckel from the BADN, Marina Harris and Sally Simpson from the BSDHT, Edward Bannatyne from the GDC, David Bowden from the BOS, Christopher Allen from the CDTA, Chris Potts from the BDHF, Anoop Maini from BACD, Mike Hughes from the ASPD, Chief Dental Officer Paul Langmaid and more.

Inspiring support
Before dinner was served, Bridge2Aid’s Ian Wilson gave a short presentation explaining how the money raised at the 2008 BDTA Annual Conference in Ireland had helped expand their projects in Tanzania. Ian’s inspiring presentation evoked more support from the audience, resulting in donations of over £1,000 on the night.

If you missed the BDTA Annual Conference in Bath, come along to the Midwinter Meeting on Thursday December 10, 2009. More information available soon.

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