Southampton resident fights fluoridation

A judicial review has been lodged by a woman in Southampton against the decision to add fluoride to tap water in Southampton and parts of Hampshire.

Leigh Day & Co solicitors revealed that it has begun the legal challenge on behalf of Geraldine Milner against South Central Strategic Health Authority (SCSHA). A statement from Leigh Day & Co said: ’Ms Milner is opposed to the proposals to fluoridate the water supply on account of the continuing uncertainties with regard to the long term health risks associated with fluoridation, as well as concerns with regard to the possible adverse environmental effects. She also considers that more targeted and less intrusive measures should be used to deal with problems of tooth decay in the Southampton area.’

The legal challenge argues that the SCSHA failed to have regard to the government’s policy that mass fluoridation of drinking water should only go ahead in any particular area if a majority of the local people are in favour of it.

Leigh Day & Co claim in part of the Water Bill that became the Water Act in 2003, Lord Warner, the Junior Health Minister, stated in Parliament that it was government policy that ‘no new fluoridation scheme would go ahead without the support of the majority of the local populations determined by local consultations conducted by strategic health authorities.’

The South Central Strategic Health Authority (SCSHA) board’s decision was made in February despite 72 per cent of 10,000 respondents in a public consultation opposing the move.

It also claims that much of the information on fluoridation submitted by bodies such as Hampshire County Council and Hampshire Against Fluoridation was never properly considered by the SCSHA board. The SCSHA sided against a statement that the board is satisfied that, based on existing research, water fluoridation is a safe and effective way to tackle tooth decay and that the health benefits outweigh all other arguments against water fluoridation.

‘They are in favour of fluoridation but don’t appear to be in favour of democracy. I am just filled with despair.’

If the SCSHA gets its way, Southampton will be the first place in England to introduce fluoridation since Health Minister Alan Johnson’s ‘fluoridation历史上 the local community. I am afraid this is consistent with the past arrogance that has seen local opinion ignored.’

health chiefs want to add fluoride to the water supplies of 200,000 households covering parts of Southampton, Eastleigh, Totton, Netley and Rowhams.

The law was changed in 2002 to allow SHAs, rather than water companies, to decide on fluoridation.

The World’s Dental Newspaper · United Kingdom Edition

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www.dental-tribune.co.uk

News in brief

Tennis screens

A Scottish dentist had five television screens installed in his surgery so his patients could watch Andy Murray in action at Wimbledon.

Feeling sexy?

If you have recently bought your practice do you know what your patients really want? If you want to be successful you need to find out why.

Tax savings

You’ve got 52 weeks before the end of the tax year to arrange your finances and maximise tax relief. It could just save you money.

Cyber tuition

The current thinking is that the rust canal treatment begins at the canal orifice and ends at the apex. This is just the beginning says Ian Stryhnant.

Endodontic vCPD at the ‘Theatre of Dreams’ and the ‘Bridge’.

If you want to increase your income you’re going to need to be up to date with what’s happening. This full day vCPD lecture costing £150 will include refreshments, lunch & a complimentary tour of the stadium & museum.


Dr Rich Mounce will lecture at Old Trafford, Manchester on the 5th November & Stamford Bridge, Chelsea on the 6th November 2009.

This full day vCPD lecture costing £150 will include refreshments, lunch & a complimentary tour of the stadium & museum. Book today so not to miss this amazing learning experience …

Kindly make cheques payable to Osuno BV (SybronEndo Division) & send to: Keith Morgan c/o Kavo Dental Ltd., Raano Road, Amersham HP6 6JL.

Contact keith.morgan@sybronendental.com for full vCPD overview & key learning objectives.

GOAL: How to score in Endodontics

Dr Rich Mounce will lecture at Old Trafford, Manchester on the 5th November & Stamford Bridge, Chelsea on the 6th November 2009.

This full day vCPD lecture costing £150 will include refreshments, lunch & a complimentary tour of the stadium & museum.

Book today so not to miss this amazing learning experience …
Dentine hypersensitivity solution

Colgate has come up with a solution for dentine hypersensitivity relief—a condition which affects nearly 60 per cent of people.

Colgate presented its Pro-Argin technology at the 2009 British Dental Association conference held in Glasgow.

Pro-Argin technology uses a combination of an amino acid, arginine and an insoluble calcium compound, calcium carbonate, to seal open dentine tubules and help block the transmission of heat, cold, air and pressure stimuli to pain receptors within teeth. Colgate has added the technology to a new product, Colgate Sensitive Pro-Relief, an in-surgery desensitising polishing paste with Pro-Argin technology.

Dentine hypersensitivity is thought to affect up to 57 per cent of patients worldwide. Current treatment methods include the use of high concentration fluoride or potassium salts. Although with these, patients generally continue to experience dentine hypersensitivity.

Dr. Mark Wolff, chair of the department of cariology and comprehensive care and associate dean for pre-doctoral clinical education at New York University College of Dentistry, said: ‘Correct diagnosis and effective treatment are critical to relieving this condition, which can seriously impact a patient’s quality of life. There is still a need for fast, lasting relief in the dental office.’

He added: ‘Pro-Argin technology will make dentine hypersensitivity a patient complaint that can be easily addressed and managed as part of an overall treatment plan.’

Arginine is an amino acid naturally found in saliva that provides naturally protective oral health benefits. Research has shown that the positively charged arginine in the Pro-Argin technology binds to the negatively charged dentine surface and helps a calcium-rich layer into the dentine tubules to effectively plug and seal them. Arginine triggers occlusion of the dentine tubules, which remains intact even after exposure to acids, helping to prevent transmission of pain-producing stimuli.

Professor Roger Ellwood, director of clinical research (Europe) at Colgate-Palmolive said: ‘Our Pro-Argin technology not only reinforces Colgate’s commitment to R&D but revolutionizes the way dentine hypersensitivity will be treated and prevented.

The new Colgate Sensitive Pro-Relief desensitising paste with Pro-Argin technology is clinically proven to provide immediate sensitivity relief that lasts for four weeks after a single application. It can be used before or after dental procedures, such as prophylaxis and scaling. When applied prior to a professional dental cleaning, the desensitising paste will provide a significant reduction in dentine hypersensitivity measured immediately following the dental cleaning as compared to a control prophylaxis paste.

For further information call the Colgate Customer Care Team on 01483 401 901 or visit www.colgateprofessional.co.uk.

Wimbledon in surgery

A Scottish dentist had five television screens installed in his surgery so people could watch Andy Murray in action at Wimbledon while having their teeth out.

Cosmetic dentists Lubiju in Leith in Edinburgh had £3,000 worth of 26” flatscreen Samsung TV’s installed in five suites in the surgery for the start of Wimbledon.

The television screens were installed above the dentist’s chair so the patient could watch the TV while being treated.

 Cosmetic dentist Dr Biju Krishnan, who co-founded Lubiju with dental partner Dr Lubino do Rego said: ‘Even in this day and age, there are people who still have nerves over the dentist, so watching the TV can help take their mind off of things – it’s about distracting them from the work at hand and watching TV is great for that.

‘Everyone was asking to watch Wimbledon though as they wanted to follow the progress of Andy Murray or see how his competitors are doing.

‘Fortunately no one got too carried away yet cheering in the chair or raising their arms in celebration while I was in their mouth or anything like that.’
The subject of infection control has never been more under the spotlight after the declaration of Swine Flu as a global pandemic.1 As highlighted by the Department of Health’s HTM 01-05 decontamination and infection control protocols, regulations for dental practices are becoming increasingly refined, and as such the need for advanced reliable technology grows.

A validated washer disinfectant and autoclave is the ideal instrument decontamination solution and will ensure the highest standard of sterilisation and safety whilst rendering them suitable for re-use. The next generation of autoclave enables rapid, effective sterilisation after the decontamination process, featuring:

**Independent cycle validation system**
Redundancy engineered, the latest in HTM 01-05 compliant sterilisation system has a dual independent temperature and pressure sensors configured through optically isolated independent dual processors to give superior cycle reliability, accuracy and performance.

**Different operating modes**
Savings space and cost, the latest autoclave has differing operational modes dependent on requirement. Unlike alternative autoclaves, the market leader has the B vacuum mode for hollow instruments, and the N non-vacuum mode for solid instruments only.

**Safety and sensing systems**
State of the art autoclaves offer a superior system array that helps to quickly and clearly report areas requiring user attention, notifying dental team members of any problems, as well as an automatic resetting over temperature and pressure cut out systems. Sensors are fitted to accurately measure the fill of reservoir and wastewater tank levels, with an automatic waste tank overflow shut off and proximity sensing systems.

**Removable Waste Tank**
Easy to use, the large onboard tank is fully removable in order to empty; the tank is removed from the steriliser, emptied and then pushed back into place. Its wastewater cooling systems ensure waste is cooled to a safe temperature before removal can take place.

**Power Failure Chamber Access System**
An essential element of the autoclave’s design, a battery back up system allows safe access to all instruments within the chamber in the event of a power failure.

**Unique chamber and stacking design**
The market leader in autoclaves include a unique volumetric water dosing system that gives fast, repeatable and economic chamber filling, whilst its stackable design enables machines two machines to be placed on top of each other.

Attaining ‘best practice’ is utterly achievable with the new generation of HTM 01-05 compliant washer disinfectors and autoclaves as part of surgery’s infection control arsenal. To make the most out of a practice’s sterilisers, it is essential to receive maintenance and service programmes that are also fully compliant. A flexible portfolio of services should be provided each designed to meet individual requirements, such as a smaller practice, or practices with multiple units. Maintenance packages should also be fully compliant to European Health Standards HTM 01/EN13060, HTM 01/EN15885 to ensure the practice is meeting its legal obligations.

The weapon of choice for superior sterilisation, YoYo Dental’s Spectra M6 autoclave boasts rapid, reliable cycles validated by sentinel processors for optimal infection control.

For more information on infection control, or for FREE advice on decontamination, call YoYo Dental on 0845 241 5776 or visit www.yoyodental.com

1 http://news.bbc.co.uk/1/hi/health/8094655.stm

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**DentalTribune** United Kingdom Edition - July 27–August 2, 2009
The consultation on draft guidance on students’ fitness to practice has been extended by the General Dental Council. A spokesman for the General Dental Council (GDC) said: ‘We don’t regulate students. But it is important that student dentists and dental care professionals understand and are committed to the standards required to register with us. These include putting patients’ interests first and acting to protect them, respecting patients’ dignity and choices and being trustworthy.

We want to introduce guidance so teachers, tutors, trainers and lecturers know what to do when they have concerns that a student may not meet the standards required for professional registration.’

The GDC’s proposed expectations of students to show they’re fit to practice include being aware of their own limitations in providing care and knowing when to seek advice or help, making sure they’re supervised appropriately for any clinical tasks they perform, not misrepresenting anyone by misrepresenting their position or abilities and behaving with courtesy.

Frances Garratt, head of Quality Assurance, said: ‘We’ve decided to extend the consultation to make sure as many student dentists, dental care professionals and organisations providing dental education and training give us their views on this important guidance document. We want to make sure our guidance is easy to follow and that putting it in place will be as straightforward as possible.’

The GDC’s Student Fitness to Practise guidance aims to ensure that students have a full understanding and commitment to the standards they will need to follow as dental professionals. The GDC and the other healthcare regulators have developed the guidance in response to the government’s White Paper ‘Trust, Assurance and Safety’.

Student dentists and dental care professionals now have until 5 pm on Friday 21 August to give their opinions on the guidance. The original closing date for the consultation was 26 May.

To read the draft guidance and find out how you can respond to the consultation, go to: www.gdc-uk.org

Simply the best

T he British Academy of Cosmetic Dentistry’s conference looks set to be ‘the best yet’.

This year’s conference, ‘The Future Of Dentistry’, will be held at the Edinburgh International Conference Centre from 19-21 November and has been structured to ensure that delegates should be able to attend every lecture, seminar or workshop that appeals to them.

A spokeswoman for the British Academy of Cosmetic Dentistry (BACD) said: ‘The perfect combination of informative lectures and rewarding seminars will enable delegates to discover the latest innovations, including new advances in materials, LASERs and CAD/CAM technology.’

She added: ‘The response to last year’s event was very positive, with comments including: ‘Best conference yet…I’m leaving the conference feeling re-energised, re-motivated and full of enthusiasm’.

Delegates are advised to book early for this year’s conference, as many of the workshops have a restricted number of spaces.

Bookings must be made at www.bacd.com, where a special discounted rate is currently available.

For more information contact Suzi Rowlands on 0207 612 4166 or email info@bacd.com

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Webinar 1: Difficult Dentures Made Easier
Speaker: Justin Stewart
Date: 17th September 2009

Webinar 2: Whitening
Speaker: Trevor Bigg
Date: 13th October 2009

Webinar 3: Endodontics Part 1
Speaker: Julian Webber
Date: Early October

Webinar 4: Endodontics Part 2
Speaker: Julian Webber
Date: Early October

Webinar 5: Preventing Periodontal Disease
Speaker: Baldev Chana and Sarah Murray
Date: 30th November 2009

For better dentistry
Wide-ranging topics interested GDPUK members recently, ranging from well-illustrated clinical cases with calls for advice, and the changes arriving with the advent of the Care Quality Commission, to end-of-season football discussions.

The popular conception is that the changes in professional self regulation are all Shipman related, but the New Labour concept of giving power to the people means that GDC [and medical] decisions of disciplinary hearings, even whilst their panels are now dominated by lay people, are still reviewed to ensure they are not too lenient. These can be seen as worrying times, and certainly 'interesting'. Despite the public perception of the power of the professions, my view is that whatever the leaders of the profession may want regarding regulation, this is another area where our political masters will do exactly as they wish.

Despite the massive national interest in MPs’ expenses claims, this has had little discussion on GDPUK. Sir Paul Beresford, an MP and a dental practitioner did get a mention in the Daily Telegraph, where they alleged he had been claiming second-home parliamentary expenses on his west London flat, which also contains his dental practice. Even this did not raise much comment, support or derision.

During May, all the Steele roadshows were reviewed as they travelled around the country, and although the report may be published quite quickly, dentists do not feel they can trust politicians to act upon the report, or not to use the report to support the present unloved system.

HTM01-05 was again dissected, and a poll showed that almost 90 per cent of those voting saw it as an unnecessary edict, flawed, especially when new research was published in May showing very low rates of transmission of prion-based disease, and that there are expected to be many fewer cases in future.

A colleague posted a view of a radiograph of an ‘ancient’ failing implant, and it was identified on the forum as a blade implant, probably placed in the 1960s, as taught by a dentist named Ronald Cullen. There are not thought to be many of these around.

Do you have many, or any patients who cannot abide mint flavour? I suspect we all have, and suggesting a suitable fluoride containing toothpaste for them is difficult. There are a few natural type products but they tend not to contain fluoride, there are children’s pastes in varying flavours, and the simpler older Sensodyne pastes, often bland.
Scotland ‘hits a high’

The number of NHS dentists in Scotland has hit a record high, according to new figures.

Statistical show that at the end of March this year, there were 2,759 dentists working in the General Dental Service (GDS) in Scotland - a rise of 0.5 per cent on the previous year and 10.7 per cent since 2007.

Every NHS board in Scotland has seen a rise in the number of dentists with the largest percentage rises being in the mainland boards with Forth Valley at 15.8 per cent, Fife at 11.2 per cent, and Tayside at 9.4 per cent, while the biggest increases in numbers were in Greater Glasgow and Clyde with 30, Lothian with 28 and Tayside and Forth Valley both with 21.

Minister for Public Health, Shona Robison, said: ‘This significant rise of 163 dentists in just a year means Scotland now has a record number of NHS dentists.

The Scottish Government is determined to reverse the years of neglect in NHS dentistry.

Since taking office in May 2007, we have worked hard to increase the numbers of adults and children registered with a dentist.’

She added: ‘We have seen the first students begin their studies at the new Aberdeen Dental School, with their state-of-the-art, £21m building due to open soon on NHS Grampian’s Forsterhill site.

And earlier this year, we announced £82m for new primary care facilities across Scotland, which will see 13 new standalone dental centres built across the country, with two more as part of multi-function health centres.’

The percentage of the Scottish population registered with an NHS GDS dentist at December 31, 2008, was 78.7 per cent for children and 59.5 per cent for adults.

There has been a 10 per cent and 18 per cent increase in the number of registrations for children and adults respectively from December 2007 to December 2008.

Double murder charge continues

Police have been searching the land and private lake of a Northern Ireland dentist who has been charged with a double murder.

Dr Colin Howell is in custody charged with the murders, 18 years ago, of his wife Lesley and the husband of his former lover. Their bodies were found in a car filled with exhaust fumes and it was thought they had died in a suicide pact.

However police launched a murder investigation earlier this year after interviewing the dentist. Divers have been searching a lake close to the luxury home of Dr Colin Howell near Castlerock.

Co Londonderry, Dr Howell’s former lover Hazel Stewart, who later remarried, is also charged with the double murder. Her former husband was Constable Trevor Buchanan.

A police spokesman said: ‘Searches are being carried out as part of an ongoing police investigation into serious crime. These searches using specialist resources are concentrated on land and a lake in the grounds of a private house at Castlerock.’

Howell is also being investigated over a series of alleged sex crimes on former patients whom he is said to have drugged and assaulted.

Dr Howell’s second wife Kyle, an American, left Northern Ireland to start a new life in the United States with their 10 children, after Dr Howell’s arrest.

Dr Howell was one of Ireland’s leading implant providers for complex cases and full mouth rehabilitation.

He lectured at Implant conferences in Jordan and tutored a final year dental students at Queen’s University Belfast for Dental Implants.

Welsh dentist goes remote

A dentist from North Wales, has travelled by boat to the most remote inhabited island in the world, to treat the people living there.

Angus Gordon, of Drumhead House, Finzan in Deeside, has travelled to St Helena in the south Atlantic, to cover for another dentist who is going on holiday. Dr Gordon flew RAF Brize Norton Oxford to Ascension Island, where he spent four days until his ship arrived.

He took the Royal Mail Ship St Helena to the island itself.

There is no airport on the island and ship is the only means of getting there. RMS St Helena is almost the sole source of supply of all goods to the island.

Everything has to be carried by ship to the island, from wind turbines to automotive parts, sheep, goats, and Christmas turkeys to furniture, food and paint. Dr Gordon has visited the island, which is a UK territory, before, twice in 2007 doing similar work - the first time for nearly three months and the second time for two-and-a-half months.

This time he will stay there for two months before returning to the UK in September. He will work at the island’s 50-bed hospital, under a health scheme financed by the UK’s Department of International Development and managed by the St Helena Government.

He is covering for a South African dentist who is on holiday for two months.

The island has a big diabetes problem that produces a lot of dental health problems and many of the children have major problems as there is a lack of dental hygiene.

I am looking forward to going back but I wouldn’t want to stay there permanently,’ said Dr Gordon.
The Dental Directory is the industry’s premier one-stop-shop, a true dental hypermarket carrying an immense range of products for GDPs. During a typical working day nearly 150,000 items, from state of the art x-ray imaging equipment to routine reorders for gloves or disinfectant, leave the warehouse for free next day delivery to practices nationwide.

The Dental Directory is unmatched in its commitment to personalised customer service, which has made it the automatic, no-fuss first choice supplier for so many practices today. With a dedicated and highly trained sales team responding to an estimated 1500 calls a day, whenever a dental professional calls The Dental Directory they reach an experienced customer service team member, well-versed in the ways and means of front line dentistry.

The Dental Directory also has a nationwide team of dedicated field based representatives that are industry trained and understand the demands of dentistry. Unlike many other companies whose sales teams are paid commission and therefore tempted to overstock practices, The Dental Directory operates a territorially based, salaried sales team who constantly liaise with practices within their areas to ascertain their needs. This ensures that an independent approach is taken, alternative products are offered that will save the practice money. Steve Brown, The Dental Directory Sales Manager comments, “We form very close relationships with the practices and people we work with and trust is important in the current economic climate.”

Steve continues “We are non-commissioned and work really hard to ensure that practices have minimum stock and the lowest possible expenditure on their dental products. We are always on hand to help with product audits, to revise what products are being utilised by your dental team. We make sure that our customers have all the information about new or alternative products so they can choose the best for their practice and budgets without compromising on quality.”

The field based team is supported by a strong team of experienced professionals many of whom have been with the The Dental Directory for over 20 years. This ensures you receive an unrivalled service and an excellent understanding of dentistry and dental products. Sally Slater, The Dental Directory’s Retail Sales Manager says “Many of my team come from a dental background and this knowledge is invaluable to our customers, often saving them time as there is no
need for frustrating explanations or for us to identify the required product. We will know what product they need first time’.

On the rare occasions when a requested product is out of stock, unavailable or discontinued, a representative will offer a range of alternatives in a choice of brands, sizes, or even different colours. The Dental Directory prides itself on always having a solution on the shelf, whatever the problem may be.

Providing excellent value and an efficient ordering process are vital factors in the success of The Dental Directory. With retail dentistry remaining a competitive market even in the current economic climate, The Dental Directory customers are assured cost effective solutions with around 2,000 product promotions each month, information on several brand alternatives and an outstanding loyalty system.

In many practices, storage space is at a premium and regular re-ordering is a fact of life. The Dental Directory computer system retains account data including the customer’s order history for the previous year. This is a reliable prompt for busy clinicians focusing on patient care, and provides complete peace of mind when ordering is delegated to support staff, new team members or locums who may be unfamiliar with the practice’s regular requirements.

The Dental Directory delivery system is equally impressive and professional. All orders received before 5pm are picked, packed and made ready for free next day delivery. A bespoke delivery system is also offered enabling the practice to specify convenient dates and times (between 8am through to 6pm) to receive their goods. This service attracts no additional charge and there is no minimum order requirement. Your telephoned request is transferred to the warehouse for collation and dispatch even as you are hanging up the phone.

The Dental Directory has a well-earned reputation for reliability and individually tailored customer service; with over almost 40 years of supplying and supporting dental practices across the UK, the team is exceptionally proud of the company’s position as the market leader.

The Dental Directory’s speed of delivery is ideal for resolving clinical emergencies within the practice, and its vast inventory of products ensures that it has the answer to every supply problem. Medication and drugs for every contingency is stocked, and the warehouse includes cold storage facilities to safeguard temperature-sensitive products from temporal decay.

The Dental Directory knows that customer confidence is the key to its resounding success, and stringently monitors performance, regularly achieving a 99.8% success rate in completed orders delivered accurately and on time. It is little wonder with statistics like this that The Dental Directory is the trusted UK dental dealer of choice.

The Dental Directory has earned the trust of dental professionals and achieved the leading position in the dental supply sector through its four-decade commitment to customer service. Under today’s vigorous management team this policy is set to continue as the company expands.

For more information speak to your Dental Directory Representative or call 0800 585 586 or visit us online at dental-directory.co.uk
In our last article we discussed the notion of the patient as customer, and of delivering excellent customer service in practice. Creating superior patient/customer service has to start with the right approach from the top. The focus which you, as practice leader need to develop is that the intention of every employee should be to have every patient/customer eager to entrust their dental care business to your practice. If the practice’s employees are going to say and do the right things and behave in the proper manner towards all patients and colleagues, management needs to be equipped to provide them with correct guidance.

Practice owners must lead by example, because employees need to know that their leader fully practices and supports what everyone else is being asked to do. Failure to do so will serve only to diminish and eventually nullify the motivation and effort made by employees to create a level of service far superior to that which the competition is willing or able to provide.

Establishing market supremacy

Although only one of us can be the best, every one of us can strive to be the best. The road to service and market supremacy (and why would you want to settle for less?) starts with pleasing one patient/customer at a time. This approach is what defines Starbucks whose stated strategy is literally to delight its customers one cup of coffee at a time, and then to repeat this with each successive customer experience. Starbucks strives for excellence – however, it’s important to understand that. Although excellence is a necessary condition, it is insufficient. It does not in itself guarantee superiority over one’s competition. Superiority, and by extension, supremacy, has to be built one moment at a time, one experience at a time. Each interaction with a patient has to be better than that offered by your colleagues in the area, and this requires never-ending improvement so that each successive customer experience is better than the last one they enjoyed at your practice. Enjoyment at a dental practice is possible if you and your staff have the correct focus and in order to continuously reset the benchmark to which you aspire you need to have a holistic approach to service.

A holistic approach

To achieve supremacy one has to appreciate the interconnectivity of the fundamental concept of service – every employee, every department, every system, every action has to be interconnected. Think what happens when your marketing approach has brought in a new patient who requires extensive periodontal treatment. Think how this patient is sweetly welcomed by your receptionist, seduced by your modern surroundings, charmingly made to feel at home by your nurse, brilliantly diagnosed by yourself, treated with skill by your hygienist, and then made to wait four weeks for a treatment plan by your visiting periodontist. Then remember that the level of service offered to that patient is the culmination of all the actions made by all the people at your practice and that this service is only as good as its weakest link. Then think what Anne Robinson would do with the weakest link, and take action – retrain, or replace.

Your mission

The level of service you offer will be defined by how you see yourself, and by redefining your purpose in society. If you see yourself as a skilful dentist able to excellent restorations and you see your purpose as alleviating pain and preventing disease, that’s a very fine start, but is in itself not sufficient. If you understand that your ability to deliver those excellent restorations is not dependent on technique alone but is a function of a much bigger picture, only then will your mission be fulfilled.

The 10th Dimension... the power of 10
Dancing with your patient
Part two: developing the right focus

About the author

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 601338. If you would like to discuss something about this article, feel free to phone or drop an email to Ed or Adrianne (alplifecoach@yahoo.com).
Ed Bonner considers
The case for... and against Anger

Can anger actually be beneficial to anyone? Surely not. One thinks about the way angry people behave: they are impatient; they get frustrated in queues or when being held on the phone; they are intolerant of others’ opinions; they mutter to themselves, or they raise their voices, often to the level of shouting; they take a swipe at or wound up; they throw an inanimate object; they are easily tiredness; inability to complete tasks; yelling at people who keep you waiting when on the phone or in line; having a “blame figure” — one particular person who seems to be responsible whenever something goes wrong.

The consequences
Can the consequences of such behaviour be beneficial? Again surely not. High blood pressure, stress headaches and stomach disorders (some even believe anger is a potent cause of cancer); conflict with one’s friends, colleagues and family; lack of concentration; the possibility of causing injury or even death. Ultimately, this leads to loss of respect from others and certainly from oneself; feelings of inability to cope, depression; alcoholism; loss of jobs or businesses—none of these can be desirable.

What are the signs of uncontrollable or undissipated anger? Making first small then big mistakes; dropping the ball; being excessively argumentative; burning food while cooking; forgetfulness; change in eating patterns (eating too much or too little); tiredness; inability to complete tasks; yelling at people who keep you waiting when on the phone or in line; having a “blame figure” — one particular person who seems to be responsible whenever something goes wrong.

The up-side
Let, believe it or not, anger can have a positive side. Scientists at Harvard University even believe it can have a beneficial effect on your career. They found that people who vented their feelings rather than suppressing them were less likely to feel trapped under a glass ceiling. According to an article in the Sunday Guardian, Professor George Vaillant, lead author of the study, “Individuals who learn how to express their anger while avoiding the explosive and self-destructive consequences of unbridled fury have achieved something incredibly powerful in terms of overall emotional growth and mental health.”

Venting the pressure-cooker
According to Guardian journalist Julian Baggini, at work (or at home), the individual who is completely emotionally repressed and suppressed is often more difficult to deal with than its volcanic counterpart. When one consistently tries to cool down hot emotion and leave it unstated and unresolved, the emotion can get lost, leaving behind a cold-blooded “heartless automation.” Emotions are neither good nor bad — what matters is how — and when — we deal with them. Better to deal with a relatively minor irritant properly by venting it at an early stage rather than store it and magnify it and let it loose later when you finally explode. A one-minute loosening of feelings will tend to be forgotten quite quickly, whereas a 50-minute tirade may take days to be forgiven and is rarely forgotten.

The European way
Think about the way we think of continental Europeans: hot-blooded ultra-passionistas who shout at rather than talk to each other. Yet they are less likely to get into a fight or get drunk than we reserved British.

Anger should be seen as a justified response to wrong-doing, but it should be proportionate. It should also be focused on the issue rather than on the person. It cannot be stated that uncontrolled anger is beneficial, but controlled low-level anger can be a useful and proper way to vent one’s feelings before they collect up and finally explode.

Are you for or against the argument that anger can be beneficial? Email jury@dentaltribuneuk.com and share your thoughts

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Practice Management

When is the right time to take a risk?

Introduction

Every dentist’s career is marked by choices. Some decisions are not only career-defining, they could make or break the dentist financially. These decisions include opening a practice, buying a practice, expanding an office, purchasing expensive equipment, or joining insurance plans, to name a few. The doctor rightfully asks him or herself, ‘Should I take the risk?’ Do the benefits justify the risks? The fact is, success always involves risk. As the old saying goes, nothing ventured, nothing gained. For dentists who want to increase profitability and reach their potential, mastering the art of timing and weighing risks is critical.

To gamble or not – risk takers versus averse to risk

Most dentists are by definition entrepreneurs because they open or purchase dental practices. The question of which risks should be taken is one that every entrepreneur faces. Whether a practice develops modestly or grows into the doctor’s vision hinges more on the level of risk a doctor is willing to take, rather than luck or experience. Without question, dentists have varying comfort levels – ranging from those who avoid all risks to those who are risk takers by nature.

Taking risks often sounds glamorous when we watch television interviews of billionaires – individuals who may have bankrupted one or two companies and then hit it big. However, this is a dangerous strategy for a dentist. Engaging in extremely high risks can create a practice with spiraling costs and no way to capitalise on the investment. One example would be a dentist with a patient group which is more than 50 per cent insurance-based, who makes the decision to become a purely cosmetic dentist. While some dentists have done this successfully, usually it’s an ill-advised, impulsive move.

Conversely, being risk-averse can be extremely limiting. In my 25 years as CEO of Levin Group, I have frequently found that dentists who are risk-averse have practices performing below their expectations. Being risk-averse may sound like a smart, conservative move until one realises that it keeps the practice from reaching its potential. Too many dentists operate day-to-day on a risk-averse basis, without investment in growth. This tendency can significantly lower the doctor’s satisfaction, along with his or her lifetime financial potential.

The risk assessment scale

To help dentists make the right decisions, I recommend dentists use a risk assessment scale – similar to one we developed for Levin Group’s Life Plan course. The scale demonstrates how at different life stages, in various situations, your level of risk varies. These major risk factors are highlighted:

- Age
- Financial position
- Health
- Family
- Social status

As these factors change over the course of your lifetime – so will your level of acceptable risk. What many doctors fail to realise is that, as they age their position relative to risk changes, precisely because of how the major risk factors change over time.

For example, imagine a 28-year-old single dentist with moderate debt is making a decision about purchasing a practice. At this stage, the dentist can afford a higher level of risk given that he has very little to lose. Imagine five years later when this dentist is married, has two children, and a mortgage. This dentist is contemplating spending $500,000 to purchase a practice in a somewhat declining neighborhood – a problem he believes he can overcome. Now this dentist is in a position of having much more to lose by making the wrong decision.

Levin Group has found it helpful when evaluating the wisdom of particular decisions, to analyze the level of risk:

- Very low risk: means that you have virtually no chance of a failure. One example is leasing an apartment versus purchasing a condominium or home. By leasing there is virtually no risk as long as rent is paid. Conversely, owning a home could be perilous if the mortgage pays down there is virtually no risk. However, there is virtually no chance of a failure. The odds are definitely in your favor.
- Low risk: comes with situations that will most likely work out well. For example, buying a partnership in a successful practice where you know the doctor, team and patients generally have low risk. The odds are definitely on your side in this scenario.
- Medium risk: raises the level of uncertainty about the decision’s final result. This could include decisions to purchase expensive technology for the practice, move to a larger home with a higher mortgage, build a new office, or invest in a more aggressive stock portfolio.
- High risk comes with decisions where winning could bring significant gain, but losing brings with it a high price. High-risk investing in the futures or commodities market falls in this category, along with being involved in an activity that could damage your reputation in the community.
- Extreme risk means that the odds of success are minimal. No dentist should ever take this sort of gamble, although I have seen some do it. For some, it’s amazing how difficult it can be to resist the lure of a possible windfall profit.

Evaluating your level of risk

Levin Group consultants recommend that doctors examine each life event relative to the risk levels and evaluate which level is acceptable at this stage of their lives. We encourage dentists to begin their careers operating in the no-risk and low-risk zones. The main focus should be on acquiring a practice or partnership, building income, security and net worth. Other parts of the dentist’s life including family, community and friends, will also be developing at this time.

Timing and calculated risks

At the point when dentists begin to accumulate increased financial resources, draw on the advice of trusted advisors and have built family stability, the picture changes as to what level of risk is prudent. Once these elements are in place, then using some part of your accumulated wealth in medium or higher risk endeavors can be done more safely. The idea is to evaluate how much of a cushion your current life situation provides.

Conclusion

Every dentist would benefit from using the risk assessment scale to evaluate decisions. By analysing where a potential move falls on the scale and factoring in financial position, age, family, health and social status, a larger perspective view will emerge.

Too many dentists miss opportunities due to a failure to take risks during their careers. Doctors who manage their practices by remaining strictly in the no-risk or low-risk zones often miss the chance to reach their true potential. The risk assessment scale can be an extremely useful tool in determining the proper timing for a major decision. By using this scale, doctors can make informed decisions between medium to high level risks and have a better chance of making intelligent decisions.

About the author

Dr Roger P Levin is founder and chief executive offi- cer of Levin Group, 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 helped thousands of general dentists and specialists increase their satisfaction with prac- ticing dentistry. Levin Group may be reached at (888) 975-0000 and customerservice@levingroup.com.
Bonus points for style

Using a Design and Build package when revamping your practice ensures that you don’t just follow fashion, but express your own individuality too. Chris Davies explains.

Fashion is general, style is individual,’ as Edna Woolman Chase (editor in chief of Vogue from 1914-1952) once said. Today’s patients have high expectations, and if they don’t experience that ‘wow’ factor at their local practice, are willing to look elsewhere. The design that sets the leading practices apart, in terms of environment, is an expression of a unique and impressive aesthetic.

The best practices do not follow trends; they set them. Rather than recreate the same tired and tired look, they explore other avenues, presenting patients with truly remarkable designs. There is a real synergy between a dedication to clinical excellence and a commitment to immaculate presentation; patients pick up on this, as does the dental team.

Beware limitations

Many dentists carry out refurbishments to give their practices a new look. However, this approach has severe limitations. A new colour scheme and some quirky new furniture pieces might brighten up the space, but it will always be a case of compromising on the aesthetic vision. Rooms will not change their size and shape; corridors will not become wider; the decontamination area will not be larger and new structures are not created. Where refurbishment is skin deep, Design and Build lets the dentist create a unique practice from the ground up – supported at each and every stage by experts to ensure that the design is fit for purpose and makes the grade. Using 3D designs and powerful CAD software, the most established company’s experts work with the dentist to develop the perfect blend of form, function and style.

Design and Build ensures that the dentist does not just follow the fashion, but expresses individuality and professionalism – sending a clear message to patients that they have made the right choice.

About the author

Chris Davies
Appointed in 2006, rugby enthusiast and family man Chris Davies, has led Genus’ new dental division to secure a significant share of the market. For more information, contact Genus on 01522 840484, email info@genusgroup.co.uk or visit www.genusinteriors.co.uk.

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The law of attraction
Ian Stead asks whether you really know what your patients want, and if you don’t, you need to find out so your practice can reach its full potential.

You think that you’ve found the practice for you, or maybe you’ve already bought the practice and are wondering what to do next in terms of marketing yourself. If you have bought an existing practice then you will have inherited a number of patients, but they may not be the type of patient that you are planning to reach out to, as you move forward. If you have a squat, then everything is in your hands!

For the practice to reach its full potential you should have a really good understanding of who your potential patients are, and what will interest them. The way to do this is through researching your market. Market research is defined as, ‘the gathering and studying of data relating to consumer preferences, purchasing power, etc., especially prior to introducing a product on the market’.

This may conjure up images of people with clipboards or spin-docs, but don’t be put off. Many of the steps that you need to take are actually straightforward and just involve a little common sense. An easy comparison to make is with a journey. You wouldn’t start a journey without knowing where you were going, would you? You would be quite likely to buy a map (or program your satnav!) and consider costs, routes, for example. You should take the same approach when considering your market.

What do you offer?
The first thing that you must be clear on is the type of patients that you would like. Would you like to carry out predominantly cosmetic work? Perhaps you enjoy treating children? You should really be clear on this before you buy the practice. At the risk of resorting to stereotypes, you might want to avoid a practice in Eastbourne if you want to treat young families and children. When buying a practice, don’t just consider the four walls of the surgery. Find out what the surrounding area is like and see if this fits in with your chosen path.

If you have friends or colleagues based in the area, speak to them to find out about their experiences. What type of patients are they seeing, and was that their plan or has it just turned out that way? What hurdles did they have to overcome? If you don’t know a colleague in the area, ask the owner of the practice that you are looking to buy. If they show you the patient list, certain things will become clear quickly – if there are a lot of families, for instance.

Read the local newspaper
This can very often give a feel for an area and the types of subjects that interest local residents. It may also contain advertisements for other practices in the area. What market do the ads suggest they are aiming at? Will there be room for your practice to offer the same kind of care? If you can, try and visit the other dental practices in the locale. Not to spy, of course, but just to get a feel for the type of patients they want to attract.

Where is the practice that you have or are looking to purchase situated? High-street practices will obviously attract a lot more ‘footfall’ – the number of people who regularly walk past, and hopefully, in! This is a huge positive if you wish to target families or offer a more general across-the-board type service. However, it is not a pre-requisite of a cosmetic practice. Many of which are situated away from town centres. If you are looking at running a cosmetic practice then footfall can be a double-edged sword. Whilst you may receive a lot of enquiries, it is likely that a lot will be from ‘price-shoppers’ who will not proceed with treatment. As long as the property is right, being away from retail shops can add an air of exclusivity to a cosmetically orientated practice.

Survey potential patients
If you have bought the practice and are still unsure of which direction to take then you may consider carrying out a survey of potential patients. Ideally, design and print a communication that offers some reward for filling in and returning – for example, a free treatment, dinner for two, or vouchers. If you have a website, patients could fill in the survey online. If you have an existing database then you could pick 100 or 200 addresses at random and send messages to these. These might be marketing and mailing companies who can make suggestions on who and where to target. In your survey, it is important to ask questions in an open manner to gain reliable information. While it may be tempting to ask leading questions this will be of no benefit to the practice in the long term. Find out what patients and local people really think and then tailor your practice accordingly.

If you can spend a little time finding out what your patients want then you will be in a strong position to meet that need. Every business should be listening to what its customers want and a dental practice is no different.

About the author
Ian Stead
After graduating from Imperial College London in 1980, with a degree in Zoology, Ian Stead joined Rentokil PLC Pest Control Division under a graduate recruitment scheme and soon progressed to sales manager of its West London branch. In 1995, Ian established an independent pest control company in London, which was sold in 2004. As the son of a dentist, Ian possessed some empathy with dentists and dentistry. It was with this understanding and his excellent knowledge of running a successful business that Ian joined Frank Taylor & Associates in April 2006 as managing director. Frank Taylor & Associates, call 08456 125454, email team@ft-associates.com or visit www.ft-associates.com.

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Tax-planning checklist

Now that we’ve passed the April 5th deadline, it is time to consider what tax-planning ideas and opportunities are available for the 2009/2010 tax year. Thomas Dickson explains.

There’s quite often a rush at the end of the tax year to make sure you’ve maximised on all the tax savings you can. As always, we had pension cheques arriving right up to the end of the tax year and we were submitting ISA’s right up until the last working day. However, you’ve actually got 52 weeks before then to arrange your finances and maximise the tax relief available. Some of the following ideas could save you a considerable amount of money.

Investments

Make sure you make the most of tax allowances every year. Invest in tax exempt investments – such as ISAs (max investment £7,200 or £14,400 from 6 October for those over aged 50) and friendly society plans, such as Dentists’ Provident.

If you’ve used up your ISA allowance you can invest additional capital in unit trusts where the dividend or yield is zero per cent. If there’s no dividend income there’s no income tax payable. The only tax you then need to worry about is capital gains tax (CGT – see Part 2 for ways to minimise that tax).

If you’re married, it can sometime be worth spreading income-producing assets such as savings or investment properties, between spouses to make the most of their personal allowance and basic rate of tax.

Consider investing in Enterprise Investment Schemes & Venture Capital Trusts to reduce your income tax liability by 20 per cent and thirty per cent respectively of the amount invested (max investment allowable for this purpose is £500,000 EIS; £200,000 VCT), but ensure that the investment is suitable to your attitude to risk.

Gifts for children

It is possible to make use of children’s and grandchildren’s income tax personal allowances by establishing suitable trusts to hold investments. In particular, provided the donor is happy that the child/grandchild will be absolutely entitled, a bare trust could be considered. Remember, however that where a parent creates a trust for a minor, unmarried child, under which that child is entitled to the income, and the income exceeds £100 gross in a tax year, it will be assessed on the parent, regardless of whether it is distributed or accumulated.

The Capital Gains Tax upside of a bare trust is the ability to offset the child’s annual CGT exemption against capital gains. An alternative would be a discretionary trust, which gives more control over the assets gifted and secures an income tax benefit.

Income tax

Make use of your personal allowance of £6,475. For example, consider taking a spouse in the practice to maximise unused allowances – a bonus could also be paid to use a spouse’s personal allowance. Note, however, that salary should be justifiable and paid. Also consider distributing income to minors from a non-parental (to avoid above £100 rule) discretionary settlement.

If you’re over 65 you will start to lose your additional age-related personal allowance once your income is higher than over £22,900, so plan your investments and pension withdrawals carefully.

Pension planning

Since April 6th 2006 the contribution limit for pensions has increased. You can now contribute up to your net relevant earnings every year subject to a maximum of £3,600 in 2009/2010. For a higher rate taxpayer paying less than £150,000 (twenty per cent of £720 pa) you can claim a further £720 pa (twenty per cent of £3,600).

For those earning under £150,000 a year, tax relief for pension contributions is obtained at your highest rate. So for a higher rate taxpayer the effective net cost is only £60 for every £100 contribution to a pension. For those with incomes over £150,000 or more this year (or in either of the last two years) then, from now on, you will only be able to claim higher rate relief on the first £20,000 you contribute. There are however a couple of exceptions to this.

Regular pension contributions that were in place prior to 22 April 2009 are ignored, and importantly this includes dentists contributing to the NHS Pension Scheme. So even if your existing regular payments into the main NHSPS, added years, additional voluntary contributions, personal pensions, stakeholder schemes and so on add up to more than £20,000 of ‘relevant income’ they will be protected.

The other exception applies to those who have income between £150,000 and £169,999 this year, but who have not had income of £150,000 or more in the previous two years. The rules would actually allow you to make a pension contribution of up to £20,000 now, which has the effect of reducing your income to less than £150,000 and therefore you can still claim the 40 per cent tax relief.

You also need to watch out you don’t exceed the lifetime allowance (LTA) of £1.75 million – this is the total amount that can be accumulated within all your pensions. To calculate your LTA, multiply your NHS retirement income by 25 and add any private income. So if you’re expecting an NHS pension income of £45,000 a year and you have private pension assets of over £700,000, you will need to take action.

For those who need to increase their NHS pension, provided you are still a member of the NHS pension scheme you can now (since April 2008) buy an increased retirement pension of up to £5,000 by paying simply contacting NHS Pensions at Hesketh House and arranging to increase your superannuation contributions.

Those with private or NHS income can also make contributions to a personal pension plan.

In Part 2 of this article, I will be examining further potential savings to be made, covering Capital Gains Tax, Estate Planning and Charity Gifts.

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Calculating financial realities

Richard Lishman, principal of money4dentists explores the options of raising money if you want to buy a practice, bearing in mind the current economic climate

There are as many financial challenges for dentists looking to go private as there are opportunities. These are often confused by the reality that whilst the majority of dentists are excellent physicians, they may have limited financial experience.

Any dentist who wants to buy a practice or who wishes to join an existing practice as an associate or buy in as a partner, should study the historical performance carefully.

Although the acquisition price of a practice can vary significantly, it’s not unusual for the purchase price to be upwards of £400,000 to £500,000. In appropriate cases, this can be addressed either through a 100 per cent bank loan or a combination of bank loan and other financial sources.

Your business plan

To confirm viability, it is important that the acquiring dentist consolidates their understanding in a suitable business plan. Core elements in this plan include:

1. The sales particulars of the business in question
   a. What is the practice costing to buy and/or refurbish
   b. What are the reasons behind the sale
2. Three years’ historic accounts for the business in question
3. Forecasts and narrative for the next few years
4. Some background on the acquiring dentist’s own personal accounts:
   a. Are they a high earner?
   b. How long has the dentist been practicing?

Your personal account perspective can be easily identified as part of the ‘Asset Liability’ or Income and Expenditure analysis, which helps clients review where they are financially. This ‘snapshot’ can demonstrate the sound platform off which the dentist seeks to build. Dentists can either prepare this statement themselves or their Independent Financial Adviser (IFA) can help facilitate this with appropriate forms, which can be completed with ease.

Developing a robust business plan will often throw up new challenges and opportunities that you had not considered before. However, you can work through these with your professional advisers to find a bespoke financial solution to each one.

Calculating financial realities

Once you have developed a business plan, you will need to consider whether your funding request is financially viable.

Typically a bank will lend money against both the practice’s freehold – often up to 100 per cent of the value – as well as up to 70 per cent (or possibly more in London and the South East) of the practice’s existing turnover.

You need to ensure that you build into your calculations not only the interest costs, but also other key factors like your own salary and capital costs.

An example

• Assuming 100 per cent finance on a purchase of £500,000
• Twenty-year period
• Capital and interest payable from day one
• Monthly payments of approximately £3,038.81 per month or £36,465.72 per annum
• Interest only in year one would be around £19,500
• Add to the monthly payment a sum equal to the generic income for a current associate of say £75,000 per annum, then from year one the practice needs some £15,000 (excluding tax implications) on the bottom line to cover its commitments without discomfort.

As such, dentists should look realistically at the value of the practice balanced by the return on the investment it offers.

Management of income generation together with cost control through great teamwork and understanding within the practice will be vital to making the success the dentist seeks.

Let’s look at the structure

The structure of the facilities the banks will provide to meet a successful funding application will depend entirely upon your individual circumstances. Typically, such dentists will come to us with a global sum that they need to raise. We will analyse the case to see if the banks can provide this funding with a capital loan for a prescriptive period. A small overdraft may also be provided to help cover any emergencies in the practice’s cash flow, and help to readily work with specialist-equipment providers when required.

One of the unknowns in any business is future interest-rate movements. To mitigate against possible rises, you should consider the options around variable rate and fixed rate at the outset. For the more financially sophisticated practices, you can consider tailor-made packages to suit individual needs.

An increasing number of clients are setting up their own bespoke payment schemes that complement their practices, and a number are introducing these schemes, which are essentially a hybrid they are developing in-house on the basis of cost savings. This approach does require the upfront purchase of specialist billing software as well as bank approval to underwrite the direct debit payment system.

A professional team

We recommend you work with specialist advisers including accountants and solicitors that are members of particular associations such as ASDP (Association of Specialist Dental Accountants) or ASPD (Association of Specialist Providers to Dentists) as they have a detailed day-to-day knowledge of the intricacies of the dental world. They will be able to share their vast experience and knowledge in this area, which in turn will save you time and money.

Work with specialist independent valuers to evaluate freeholds as they have their finger on the pulse of the dental marketplace and can accurately assess goodwill, equipment, fixtures and fittings. They will also ensure you are not paying over the odds.

In order to secure the best possible funding targeted to your specific requirements, you should also ensure that you look to establish a solid partnership with a bank that has its own specialist healthcare managers who can provide a creative and effective response to your requirements.

You should look at what the banks offer regarding flexibility in its financial structures, allowing you to fix rates to create some security around initial repayments. You can do this yourself, but whilst the majority of dentists may have modest financial expertise, it will be a relief to learn that there are specialist independent financial advisers available to do all the work for you whilst guaranteeing to provide you with the best overall deal available.

About the author

Richard Lishman

is a partner in Money4Dentists, a member of the The Association of Specialist Providers to Dentists (ASPD). ASPD members offer professional, objective and practical advice and services, based on experience within the industry, to dental practices and other businesses within the dental sector. ASPD members include solicitors, accountants, banks, financial advisers, valuers and sales agencies, insurance brokers and leasing and finance companies. For more information on the ASPD please call 0800 458 6773 or visit www.aspd.co.uk.
Today’s retailers certainly will confirm that when the economy takes a turn for the worse, consumer focus shifts from luxury to necessity. Moreover, many dentists would concur that they find similar behaviors in their practices. The focus of care must now be effective and need-based. It’s tougher to sell those high dollar cosmetic cases. In addition, patients are less inclined to stay with your practice if you are not on their company’s insurance plan.

You are likely feeling the pain of more no-shows and cancellations. Everyone is walking on financial eggshells, causing many to pause before they dare ask, ‘So how’s business these days?’

If you do begin to accept a suspension of benefits, send a letter to all your patients— including those who have left your practice. You’ll likely find that the defection never really wanted to abandon your office in the first place and would be glad to return.

Look at your schedule and adjust for down times. If the office is a tomb from 2-4 p.m., this is a drain on the dollars. Consider condensing your schedule, working a longer morning shift and a shorter afternoon shift, such as from 8 a.m.-1:30 p.m. and 5:30-5 p.m. This will make it easier for working patients to see you during their lunch hours, and staff won’t be sitting around. Or, if you can keep three days full but the fourth is riddled with holes, cut back to three days.

Tenet No. 2: Get real and get paid
Look at your fees. Are yours higher than your competition? You may feel your practice is worth the extra money, but unless patients are buying into your high dollar philosophy, you’ll have a tough time maintaining patient flow. It’s simply the realities of the current marketplace.

Consider foregoing an increase in fees this year. Send a letter to your patients thanking them for their loyalty to your practice. Take the opportunity to tell them that you are sensitive to the fact that many patients are experiencing difficulties as a result of the current economy. Note that, in an effort to be responsive to the needs of your patients, your office is going to hold the line on fees this year, even though costs have increased for everyone, including your practice.

Next, make it easy for patients to pursue treatment. You may not be providing as much elective dentistry, but patients still have dental needs. Continue to diagnose based on what the patient needs to ensure the greatest level of oral health. Don’t fall into the trap of diagnosing just what you believe the patient can afford. The recession will be temporary, but dental needs and wants will remain. The patient may not pursue an entire treatment plan at this point, but as the economy improves, so too will the opportunities to provide both necessary and elective care.

That said, you do have an obligation to make it as easy as possible for patients to pursue treatment immediately. Provide treatment financing options, such as CareCredit, that will help the patient afford recommended care. A cash-based practice is a worthy goal to pursue when the economy is thriving, but there are times, such as now, when you simply have to get real in order to get paid.

Tenet No. 3: Marketing is a must
The No. 1 mistake dentists make during difficult financial times is they shut down their marketing efforts. Don’t. You may change your strategy somewhat, but you still need to get your name out there. The key is smart, cost-effective marketing, keep the Web site running and up to date; this is just as important as your telephone.

Continue to regularly reach out to patients with a practice newsletter—preferably sent via e-mail to avoid postage costs. Also, carry a piece of your existing service, piece of equipment, staff member profiles, etc. Perhaps you want to reconvene the huge billboard deal or the expensive radio campaign, but this is definitely not the time to disappear from the landscape. It is the opportunity, however, to make the most of internal marketing in every interaction.

Remember, everyone on staff is responsible for marketing. If your front line on the phones is Debbie, and she’s cold, rude or simply indifferent when she’s talking to patients, you’re dancing with disaster. Many patients don’t want to spend the money to be treated with care at this point anyway, and going to the dentist isn’t something they’re clamoring to do even in the best of times. You don’t need staff giving them any excuses to take a pass on your practice.

Debbie needs to be a rock star. It needs to come across clearly that she enjoys people, from chatting it up with the grandmas to expertly handling the demanding executives. Don’t fool yourself into thinking patients see past a not-so-friendly front line. They don’t.

Your practice must scream superior service. In the most cost-effective marketing strategy you can implement at any time, and especially during tough times, involve the entire team in developing service-minded strategies.

Examine the total patient experience from the first phone call to the doctor’s after-treatment follow-up call. And if you’re not making those after-care calls, there’s no better time to start than now. The waiting room should be clean, uncluttered and comfortable. The bathrooms must be spotless. The patient should feel he/she is the only person in your practice today; after all, tomorrow he/she might be.

Reach out to your community. If the schedule no longer has you running from dawn till dusk, use the opportunity to become involved in a local school oral health education program, join the rotary, offer to be the team dentist for a couple of local soccer or baseball teams. Encourage your staff to be involved as well and get the name of your practice out there on a regular basis.

Tenet No. 4: Make the most of your team
During thriving economic times, dentists argue they are too busy to train staff. Take advantage of slower periods to invest in team education. It will pay dividends when business is up. You should consider investing in resources, whether they are books, videos, or a consultant for your practice. How would you wish your team being educated in the future? What will be your learning objectives?

About the author
Sally McKenzie is CEO of The McKenzie Company, Inc. a nationwide dental management, practice development and educational consulting firm. You can reach her at smckenzie@theckenzie.net. All opinions expressed belong to her and not to the McKenzie Company, Inc. The McKenzie Company, Inc. is an educational consulting firm.
Cyberspace and endodontics

As I write this article, Google has just posted its profits, and behavioural advertising is in vogue. But what has all this to do with endodontics? Read on urges Jan Skrybant

Endodontics: the definition is derived from the Greek endo (inside) and odons (tooth). The current thinking is that the root canal treatment begins at the canal orifice and ends at the apex. This is just the beginning, the correct diagnosis and appropriate treatment plan is essential for a successful treatment to succeed optimally.

Optimising the treatment is compromised of various modalities. But where do we as general practitioners source our information to enable us to make the correct diagnosis and effect the correct treatment? What are the options open to us?

• Current teaching
• Text books
• Personal tuition
• Professional development courses
• Manufacturers’ instructions.

All these aids help us to formulate our approach to the art of practising endodontics. One very recent concept is utilising cyberspace and ongoing peer review of our work. Cyber tuition is here to stay. In many cases it’s free and there is a plethora of top endodontists out there ready and willing to offer help to the junior operator; a second opinion for us. Cyber tuition is here to stay. In many cases it’s free and there is a plethora of top endodontists out there ready and willing to offer help to the junior operator; a second opinion for us.

So where do we start?

As dentists wishing to educate our patients, it is possible if using a microscope with a video feed to record ‘on video’ the diagnostic tests, for example: gingival pocketing, sinus probing, gingival bleeding, and open margins on restorations. The last can be exhaustive; the video can then be suitably edited for size and ‘posted’ on a cyber medium such as YouTube. This will enable the practitioner when discussing the limits do you ever find yourselves at a loss? Or do you ever find yourselves in the dark?

Certainly the options all the operator will arrive at the most accurate attempt to what is in effect evidence-based treatment.

What does it entail?

Early diagnosis: The mechanical considerations of treatment can the root treated tooth take the loading. Did excessive loading cause pulpal death? Will the tooth be functional?

Below is a case that appeared hopeless. The lower right central appears to have very little bone and is mobile grade three. The first x-ray is dated 8.10.2005 and the second is dated 10.05.2006. Mobility is now grade one and the bone support appears much more stable.

• The above x-rays show the difficulty of removing a silver-point root filling. The previous operator sealed the two silver points in with composite resin. They were removed by ultrasonic filing and the apical fill is mta followed by a gutta percha seal and a gold post together with ferrule.

• Is a calcium sulphate extra radicular matrix advisable?

The above are all concepts and need up-to-date answers. Only current ideology can answer these questions.

Using new tools

The internet has by default has given operators a technology to assist them in the utilisation of new tools and concepts in the treatment of peri-radicular disease. In some cases this peri-radicular disease needs anti-biotic intervention. The resultant root canal infection is usually polymicrobial. Previously there was a very large choice of canal medicaments that could be applied but studies have shown that calcium hydroxide is the most infective canal-dressing agent. Leaving the tooth on open drainage is no longer an option. Should antibiotics be prescribed as a chemotherapeutic adjunct? The answer is only if certain criteria are present, as a broad guide these are:

• Fever
• Malaise
• Lymphadenopathy
• Trismus
• Increased swelling/ cellulitis.

So, now the treatment modalities move on to gaining access and preparing the canal. Orifice openers are utilised, glide paths prepared and the decision to proceed further is taken.

Rotary, reciprocation or hand files are taken. Apical size is determined and this is critical to allow for the effective irrigation to proceed. The taper is chosen. It is often the case that the operator has to make what the canal will give; nevertheless some subjective decisions will have to be made.

The role of intra canal irrigation is foremost priority. It is generally accepted that sodium hypochlorite and chlorhexidine are two of the most common and effective irrigating agents available. The irrigation sequence is critical as these two agents are known to interact. Our internet colleagues will advise and fine tune rotary and irrigation protocol if asked to do so.

Dressing the canal

Having prepared the canal the operation now moves on to either dressing or filling the canal. As mentioned previously, the most effective canal dressing is calcium hydroxide. How long does the canal need to be dressed for? This is another good point for group discussion.

Below are two x-rays taken six months apart. The patient had the misfortune to suffer a corona between the first visit and the second. The canal was dressed with calcium hydroxide after the first visit with an IRM seal. As can be seen the six-month period allowed for healing to progress.

Lower premolar showing healing after dressing with calcium hydroxide.

Having decided to fill the canal, which method does one use?

• Single cone gutta percha
• Multiple cone gutta percha
• Hot or cold vertical or lateral condensation
• Perhaps the gutta percha alternative “ResSeal” is to be used.
• Perhaps coneless obturation is to be used.
• So many variables. A plethora of choices.
• Once filled how is the tooth to be restored?
• Post and core?
• Core alone?
• Full veneer coverage or filling alone?

There are many questions that need addressing. Can we honestly say we have all the answers ourselves? I would suggest not. This is why the multitude of fellow endodontists out there in cyberspace is so valuable. They will give us the answer to the difficult questions we cannot answer ourselves.

As Dr Joyce Brothers said: “In each of us are places where we have never gone. Only by pressing the limits do you ever find yourself”.

Cyberspace is here and the question that has to be asked is it being utilised to enhance the skills needed for today’s dental demands?”

About the author

Jan Skrybant graduated in November 1972 and has worked in general practice ever since. He has a particular interest in endodontics, but is not a specialist. You can contact him by emailing jan@skrybant.co.uk.
Lower third molar rotations: influence on surgery and a radiographic audit to assess incidence

By Stephanie Sammut

Plain and tomographic radiographs are often used to classify ectopic third molars usually focusing on the depth and angulation of the teeth in the para-sagittal plane. Assessment of rotations of the third molar in its long axis and degree of tilting in the coronal plane tend to receive less attention.

The use of 3-D CT imaging may be justifiable in some cases as it will often not significantly add to the information available from plain films. It is suggested that an appreciation of torsion rotations of third molars can influence the surgical technique to minimise surgical trauma and postoperative sequelae and that this information can be gleaned from routine preoperative films.

Clinical relevance statement

Concerning lower third molars with a rotation, care must be taken when determining line of section during surgical removal to minimise surgical trauma.

Objectives statement

The reader should understand the radiographic features which suggest rotation of the lower third molar in the long axis and the implications such rotations may have on the surgical management/removal.

Introduction

The most commonly performed procedure in oral and maxillofacial surgery is the surgical extraction of impacted wisdom teeth. It is customary to classify teeth according to radiographic and clinical findings to predict the difficulty of surgical removal.

During the pre-operative radiographic assessment of lower third molars, contemporary textbooks have generally placed only little significance on the rotation of the tooth around its long axis. Geoffrey Howe does consider the rotation of third molars in his book but generally it is the angulation of the tooth in the sagittal plane, i.e. whether it is distoangular, mesioangular, vertical or horizontal and its depth within the jaw which are given pre-eminence.

The OPG is the most frequently used image in the diagnosis and treatment planning of impacted mandibular third molars. Three-dimensional CT images are not routinely available or required, but can be particularly useful in demonstrating the nature of an intimate relationship between the tooth and the inferior dental canal. In considering the buccolingual inclinations, the use of a further plain radiograph has also been described, for example, the occlusal view. Two radiographic features were considered to give an indication of the rotation of a tooth around its long axis. These features were 1) the image of the outline of the cusps and 2) the image of the root anatomy. Both of these may be demonstrated in...
Figure 1: Radiographic images of an extracted lower third molar as it is rotated from a) a normal buccolingual alignment, b) 45 degrees, and c) 90 degrees.

Figure 2: The radiograph of the lower third molar demonstrates an indistinct multiple cuspal image of the crown with almost an octopus like root structure. A 45 degree rotation is suspected.

Figure 3: Preoperative OPG of a 37-year-old female. Indistinct crown and root image suggestive of a 45 degree rotation.

Figure 4: Radiographic image of 48 suggests a 90 degree rotation. The smaller cuspal image on the right most root can be removed first. The larger cuspal image on the left most root would be best rotated to align with the Green line which represents a buccolingual section of the tooth.

Figure 5: Radiographic image of 48 as seen at operation. A 45 degree rotated tooth will need to be assessed for clockwise or anti-clockwise rotation. This tooth having rotated clockwise will most effectively be sectioned along the Green line which represents a buccolingual section of the tooth.

Conclusion
The incidence of rotations around the long axis of lower third molars requiring removal may be as high as five per cent. The diagnosis of such rotations can be predicted from observations of the preoperative radiograph and may influence the surgical technique. This can save time and minimise surgical trauma and post-operative sequelae.

Acknowledgements
The authors would like to thank Mr Victor Lopes for permission to publish information concerning his patients.

References
A global community

Dental Tribune talks to Dentalghar founder Raman Bedi about his new online forum for dentists originating from the Indian sub-continent, and collaboration with Smile-On

Prof Bedi, could you please tell our readers a little bit about your background and how you got involved in dentistry?

My parents were part of the large migration from India to the UK that occurred in the late 50s and 60s. They had little experience of higher education and so my brothers and I entered university life with very little background information or guidance as to what subjects we should choose. It was also at a time when professional career advice was hard to obtain. Thus, I drifted into dentistry with very little understanding about what to expect. Despite this somewhat disadvantageous position, I loved my time at Bristol Dental School and have never regretted the choice I made to study dentistry.

You were Chief Dental Officer (CDO) for the UK from 2002 to 2005. What are you doing at the moment?

I consider my time spent as CDO a real privilege and loved the job, but have also never looked back. It was a particularly good time to be a paediatric dentist from my country of origin. What is the purpose behind this organisation?

It is certainly true that dental caries levels in all, but not in the under five year olds, have improved in the past few decades. More individuals are retaining their teeth. So yes in general terms oral health has improved. But still about 50 per cent of our population have cavities and a long list of children waiting for a general anaesthetic to have decayed teeth extracted is more than a concern, it is blight on the public policy landscape. It is also fair to point out that this is not just true of England but of nearly every developed country.

So yes oral health has improved but the gap in inequalities remains and to the question are we doing enough for children the answer has to be no. If the question is about dentistry as a whole, then yes this has improved but to the same level as it has done in other countries? In truth, this requires a complex answer which is not easy to give here in a short interview, I will simply say that dentistry (dental care) is also very much influenced by the market in which it is provided, so how dentists are remunerated is critical.

You are also the founder of Dentalghar, a new worldwide community for dentists of Indian origin. What is the purpose of Indian origin than our counterparts in India. They have established joint ventures, conferences and collaborative training opportunities. In dentistry, proportionately speaking, we have more (worldwide) dentists of Indian origin than our medical colleagues and so this factor gave rise to the moment for starting dentalghar. It is if you will, a response to a need.

Let me also say at this stage that everyone is welcome to join this virtual community irrespective of race, ethnic background, religion or gender – in fact we would welcome a multifaceted community. The focus is on the Indian sub-continent (Pakistan, India, Nepal, Bangladesh and Sri Lanka), but also the diverse “Asian” dental communities which have sprung up in countries as far apart as US, Canada, UK, South Africa, Singapore, Middle East, Australia, and the
list goes on wherever peoples of Indian origin have settled.

We are creating a platform on which to bring together many groups into one global community. There is no set agenda which one has to buy into. It is simply an arena to meet and discuss issues, but also to create opportunities whereby many of us outside India can think about how we can give something back to our country of origin. I don’t know where this will take us – but it is full of exciting prospects and an opportunity to engage.

Your partner in this project is Smile-on, a UK-based provider of dental education. What is their part in this? I can just about navigate around my PC by myself but after that I am out of my depth. This is a virtual community engaging on the internet. I needed to have partners who had IT expertise but also understood the dental market and publishing. Smile-on has this combination and I had worked with the company before so it was an obvious choice for me to team up with them.

Is the organisation helping dentists from India with work permits, visas, etc? The organisation is not a campaigning one. We are simply bringing people together and if certain issues come up then members might want to respond as individuals. As I mentioned earlier, there is no fixed agenda.

Work permits are not being discussed by members. What I notice is that many dentists are asking how they can help or volunteer in India. Others are reconnecting with their roots, that is towns where their families originated from, and asking what dentistry is like there. So in fact, the interest is reversed and directed towards India.

How many dentists of Indian origin are currently working abroad and in which countries? This is very difficult to know as there has not been a global census. We do know that India has over 25 per cent of all dental schools in the world (I believe it was just over 280). And we also know that in the UK, US and Australia a sizable proportion of dental students have their ancestral roots in the sub-continent. The Ministry of Indian Affairs estimates over one million healthcare professionals worldwide have Indian origins and a proportion of these are dentists. At Dentalghar, we conservatively estimate that 20 per cent of dentists worldwide have Indian origins.

The Times of India recently reported that many dental graduates in India have to leave dentistry to work in more lucrative jobs, such as in the Business Process Outsourcing sector. With more than 250 dental institutions is there an overflow of dental professionals in India right now? I was in India in April 2009 and met 50 deans of dental schools who came to engage with the GCDHT project. They shared their concerns about dental employment for their future graduates. But then the outsourcing sector is attracting professionals from all sectors, dentistry is just one of them. What is happening for many new graduates is that they work in dental practice but supplement their income by working at BPO centres for a few hours each week. What is needed in India is a national workforce strategy to be carefully devised and implemented.

What are the main reasons for dentists to leave the country? In the past it was for employment and training. Now, for many, India is an attractive place to live and work with more and more potentials. Overseas postgraduate education is still a strong pull for dentists. But, the situation over the next 10 to 15 years will change dramatically. With higher demands for quality dentistry by local people, dental tourism, postgraduate training opportunities etc many dentists will stay in India and some may even return.

Are dentists from India sufficiently trained for service in countries such as the UK? (How is the level of dental education in India compared to Western countries?)

There are many dental schools in India which are excellent, whilst others require modernisation. One thing is certain; the dentists who sit entry exams in countries such as the US or the UK do very well. From my personal experience, the postgraduates I have supervised who trained in India have been outstanding.

Last year, the House of Lords abandoned its earlier guidelines against overseas medical graduates. Did this also concern dentistry and, if so, has this decision improved working conditions for Indian dentists in the UK? The House of Lords’ ruling was on a very specific case taken up by the British Association of Physicians of Indian Origin (BAPIO). It had more of an impact on those who are medically trained rather than those seeking dental training. BAPIO were courageous in making this appeal and over time it will be seen as a landmark event in race relations within the NHS. For a minority ethnic organisation to challenge government in the High Court is remarkable and even more so for them to then have their case upheld – well unbelievable. But it was the right thing to do. I am proud to have been asked to be the Chairman of BAPIO.

Countries such as the UK heavily rely on dentists from abroad to be able to sustain their services. What impact do and will foreign doctors have on dentistry in the country? Historically we have relied on overseas-trained doctors and dentists. In 2004, England published a dental workforce strategy, which is on the internet. The strategy was to build a home-grown workforce, which is why in 2008 our dental schools increased their undergraduate numbers by 25 per cent. If in 20 years time we got the numbers wrong, then we know who to blame. I chaired the review!...
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Sharpen your skills

Dr Dominique Kanaan and Dr Zaki Kanaan shed light on the new rules, which allow hygienists and therapists to carry out whitening

Dentistry in the UK is changing and the profession is in a very dynamic phase. These changes are affecting the entire dental team and in particular dental care professionals (DCPs). The skill set of DCPs is increasing and they are now able to become practice owners. A few years ago this would not even have been a viable option.

The easing of the rules by the General Dental Council now also allows whitening to be part of the armamentarium of hygienists and therapists, as long as they have a prescription from a dentist. But what constitutes a prescription? Although there is no set format for the wording of a whitening prescription as such, according to Dental Protection, a prescription should contain enough information for the DCP to understand precisely what treatment is being proposed and allow them to satisfy themselves that the treatment is being carried out in the patients best interest. Broadly, this should include:

2. The cause of the discoloration. (Tetracycline, age related, etc.)
3. What warnings have been given or any specific guidance related to the case (areas of recession, fluorotic white patches, difficult canines, existing restorations, etc.)
4. Concentration of active ingredient to be used (10% per CP, 16% per CP etc.)
5. The technique to be used (power, home or combination)
6. What follow-up or maintenance is needed?

What, when and how

According to a Mintel Survey conducted by the British Academy of Cosmetic Dentistry in 2006, 50 per cent of all cosmetic dental procedures carried out involve whitening. Although whitening is often considered the entry level treatment for cosmetic dentistry, with the confusion that surrounds this treatment modality in the UK, it is of utmost importance that you can show that you are fully trained in carrying out such treatment and that you are acting in the patients best interest.

The most difficult aspect for a DCP is the ability to demonstrate that they have received appropriate training to carry out whitening. Although the GDC has not offered any specific guidance on this, it is highly recommended that a DCP should attend a recognised training course before undertaking the treatment. Although the GDC has not offered any specific guidance on this, it is highly recommended that a DCP should attend a recognised training course before undertaking the treatment.

It is recommended that a DCP should attend a recognised training course before undertaking whitening treatments

As with any form of dental treatment, there is no doubt that maintaining contemporaneous records, by both the prescribing dentist and DCP, is a prerequisite for successful whitening. The demonstration of the whole process of discussions and committees that may have been taken place and therefore confirms the process. Since more than one person is involved in the same treatment modality, the more information that is in these records, the easier it will be for your defence organisation to defend you, if the need arises.

Dental hygienists and therapists are now registered professionals. With that status comes professional responsibility... to the patient, other team members and of course... themselves. Along with this comes the duty of keeping yourself up to date with relevant courses for new skills such as whitening.

Value for money

In the current climate of doom and gloom, people are more discerning with what and who they spend their hard earned cash with. It is quite likely that people are avoiding those expensive cosmetic treatment options, such as veneers, and opt for the simpler and more reasonable options of whitening for any improvement they can get for the money.

In addition to this, there is the worry that people are not aware of the new skills that our hygienists and therapists have been empowered to do and encourage them to take a hands-on whitening course. Not only will it add new skills to their bow, but it will also give them a shot of enthusiasm. The side effect is that it will free up the dentists time, allowing them to focus on the art of dentistry and running the business.

Dr Zaki and Dr Dominique Kanaan will set up K2DentalSeminars.com specifically to help train hygienists and therapists in the art and science of power and home whitening. Their course is one of the few hands-on courses available and is carried out in small groups. Teaming up with BAGD, Dr Zaki and Dr Dominique Kanaan will be at the sixth annual conference, ‘The Future of Dentistry’ at the EICC in Edinburgh from 19-21 November 2009, where their next White Talks course take place. Bookings can be made online at: www.baced.com.

The authors would like to acknowledge that this article is written in association with information provided from both the General Dental Council and the Dental Protection Society’s position statements on teeth whitening.

About the author

Dr Zaki Kanaan
qualified from Guy’s Hospital in 1996. His main interests lie in all aspects of cosmetic dentistry with a special interest in dental implantology. As well as being a partner in Selfridges, carrying out up to 10 whitening procedures per day. He is also an editorial consultant for Dental Implant Summaries, and is a member of the Association of Dental Implantology in the UK. He has embarked on a career pathway leading to him gaining a diploma in sedation, a diploma in hypnosis, and most recently he has become a Licentiate of the Faculty of Homeopathy.

Dr Dominique Kanaan,
shortly after qualifying from Guy’s Hospital in 1996, achieved a diploma in hypnosis and most recently she has become a Licentiate of the Faculty of Homeopathy. She enjoys all aspects of dentistry, but has found her interests in the field of cosmetic dentistry, and is well known in the cosmetic dental arena. Dominique attends cosmetic courses both nationally and internationally and is a member of both the British and American Academy of Cosmetic Dentistry. She currently works exclusively in private practice in London and was one of the main clinicians in Dentists’ flagship cosmetic studio in Selfridges, carrying out up to 10 whitening procedures per day.
I n response to requests from practice managers, the Dental Resource Company recently launched a new Level 5 Practice Management Qualification, which is now in full swing. On the new two-year Level 5 BTEC Professional Diploma in Dental Practice Management, applicants will study:

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Managing time

Studying for a management qualification requires a huge investment of money and time on behalf of the student and their sponsoring business, so it is vital to choose a qualification at the right level. The National Qualifications and Curriculum Authority issues descriptions of the intellectual skills, processes and accountability each level of qualification is intended to characterise. At Level 5, qualifications allow students to develop skills that will enable them to:

- Generate ideas through the analysis of information and concepts
- Command a wide range of conceptual skills to formulate policy
- Analyse, reformat and evaluate a wide range of information

These senior management qualifications focus on diagnostic and creative skills. They aim to develop the ability to exercise appropriate judgement for planning and design processes. Level 5 managers are usually responsible for supervising the work of junior managers and accept responsibility for personal and group decisions. They supervise the work of junior managers and have overall accountability for their designated area of management.

We are moving into an era where the combination of the knowledge and understanding acquired by formal education and training, together with practical application the workplace experience is the key to management success. Those managers equipped with such skills will be at the forefront of management and reap rich rewards in the dental business environment.

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For more information or a booking form please contact Suzi Rowlands on 010024 85126 or email suzy@bacd.com.

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There’s a lot of ‘buzz’ surrounding Google AdWords at the moment and it’s no wonder – vouching for its success is Dental Design, the leading website design agency for the dental profession, currently enjoying a reduction of 80% in the cost of acquisition per client! Not surprisingly, Dental Design wanted its clients to enjoy the same benefits and is delighted to announce that it has recently become the first dental-specific design agency to boast a universally recognised ‘AdWords Qualified Individual’.

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Snappy restorative GIC from Kemdent can save significantly on treatment times, meaning the patient can enjoy shorter dental visits whilst retaining quality dentistry.

Diamond Snappy GIC is easy to pack and place, genuinely releases fluoride, leaves no bitter aftertaste and sets in less than 5 minutes from a starting mix of 25% C. It offers resistance to saliva as soon as the cavity is filled, targeting large cavities in deciduous teeth. It comes in a natural white shade with translucency continuing to improve with time.

Interested participants can sign up for the challenge at www.gumsmart.co.uk. They will then receive a £1 coupon to redeem against a purchase of the toothpaste. Participants can view other people’s experiences of using the product for 21 days on the website and will also receive supportive advice from a panel of experts over the three weeks of the challenge.

Introducing 1shot: The quick, accurate, and cost-effective answer to x-ray ing

The revolution in dental x-raying has officially arrived. The innovation of kiiw general practice dentist, Dr. Bede McElwee, the 1shot® dental x-ray holder is designed for accurate and confident placement when taking bitewing anterior and posterior periapicals and endodontic radiographs.

This unit provides:
• Electric autoclavable, brushless micromotor driving E type handpieces (not included) with internal cooling (can run up to 50,000 rpm, which with a 5:1 adaptor to give Turbo like speeds) this is foot control operated with adjustable cooling spray – with 1 litre, easy access, water reservoir.
• Optional Fibre Optic illumination
• Built in oil free compressor
• Low Volume suction (saliva ejector) with safety shutoff
• High Volume suction (can be used with an optional spitter) with safety shutoff
• 5 in 1 Syringe
• Optional Piezo Ultrasonic Scaler with foot control
• Complete units fits into roll trays

This year’s Conference, to be held at the impressive and luxurious International Conference Centre) be held at the impressive and luxurious International Conference Centre.)

The UCL Diploma in Restorative Dental Practice is a 28 day course running fortnightly over 12 months and next commences in January 2010. Seminars, lectures and practical sessions will take place in the high-tech skills laboratories providing an extremely supportive learning experience.

Some of the topics will include:
• Treatment planning
• Current practice of periodontology
• Replacement of missing teeth
• Participants’ nurses and hygienists courses

The UCL Diploma in Restorative Dental Practice follows the satisfactory completion of the Certificate Programme allowing professionals to progress. Compulsory modules are complemented by a number of elective modules which may be directed toward and accommodate participants’ individual needs.

The UCL MSc in Restorative Dental Practice is an additional practice-based dissertation module for those who have successfully completed the Diploma.

For more information, please contact the CPD Administration Team on 020 7905 1272, email cpd@eastman.ucl.ac.uk or visit www.eastman.ucl.ac.uk/cpd.

Save time and money!

Wouldn’t it be good if your dental practice could save money on equipment and supplies? One place where you could buy and sell soon to experience the future of Dentistry, visit www.eastman.ucl.ac.uk.
The self-assessment tax return, inquiries into one or more areas of taxation policies, for Aspect Envision Tax Investigation Cost Protection Ltd (PFP) provides dentists with a solution. With a range of services supplied on Inventory Circle, the website has been designed to connect dentists and dental suppliers across the globe who wish to buy and sell:

- Time sensitive (soon to expire) supplies
- Returned equipment and supplies
- Used equipment
- Refurbished equipment
- End of line supplies

No need to spend hours fruitlessly searching online—everything will be in one place.

And, unlike advertising, you pay nothing to list equipment and supplies on Inventory Circle—you pay a small commission once the items are sold. You only pay on results!

It is absolutely free to register on www.inventorycircle.com. So, what have you got to lose?

Take No Risks When It Comes To Tax Investigations

However, if you are one of those dentists without Tax Investigation Cost Protection policies, for Aspect Envision Tax Investigation Cost Protection, the team will also be able to provide comprehensive Human Resources guidance out how its range of policies can help you. The team will also be able to provide comprehensive Human Resources guidance on the HR Plus service.

For more information call Professional Fee Protection on 0845 507 1177 or email info@pfpuk.com www.pfpukline.com

Ledermix: The Number One Choice For Pain Relief

Ledermix not only provides effective pain relief in the emergency management of irreversible pulpitis, but also forms an excellent sublining for both temporary and more permanent restorations.

Including the antibiotic Deoxycholine and the anti-inflammatory Triamcinolone, Ledermix lets you ease the discomfort of patients awaiting definitive root canal treatment. Available as a cost-effective kit, Ledermix includes the easily mixed Dental Cement, which is a great choice for any dressing due to its effectiveness in reducing inflammation and attacking bacteria.

The Dental Paste has a higher steroid strength, making it ideal for application in cases of pulp exposure. Preventing pulp inflammation is vital and Ledermix is highly effective in controlling inflammation after tooth preparation. Its pain relieving properties also reduce the need for patients to rely on analgesics.

Perfect for use in endodontic therapy and between appointments, Ledermix is water soluble and is easily rinsed out in order for obturation to be carried out.

For a copy of the Summary of Product Characteristics (SPC) please call John Jessop on Blackwell Supplies on 07971 128077 or email john.jessop@blackwellsupplies.co.uk

Cementation with composites—direct and timesaving

SpeedCEM sets new standards in cementation

SpeedCEM from Ivoclar Vivadent is the new self-adhesive resin cement for the quick and easy cementation of indirect restorations.

SpeedCEM is dual-curing and achieves shear bond values of 11.0 MPa to dentin and 17.80 MPa to enamel. This versatile resin cement can be used for metal, metal-ceramic, all-ceramic and reinforced composite restorations.

Quick application

The self-adhesive material is applied directly from the dovetail-push syringe. In contrast to products supplied in mixing capsules, preparation with activation and devices is not required. In addition, separate etching and bonding procedures are eliminated.

Products from one manufacturer

The family of luting materials from Ivoclar Vivadent is now complete. The proven VarioLink Luted range stands for maximum aesthetics, while the Multilink range is known for maximum bonding values and universal suitability. The new self-adhesive SpeedCEM is particularly suitable for quick conventional cementation.

SpeedCEM is available in three shades from specialised dental dealers.

For more information contact:
Ivoclar Vivadent Ltd
Ground Floor
Compass Building Feldspar Close
Enderby
LE19 4SD
T.0116 284 7880

“After trying other burs, I soon went back to Hi-Di.”

Dr Dipak Patel of Edgware Dental Practice, Middlesex has long relied on DENTSPLY’s well-respected Hi-Di Diamond burs. “I have used Hi-Di® Diamond burs since I qualified in 1994. I have always found them very efficient so have never needed to change to an alternative. After trying other burs, I soon went back to Hi-Di.”

A name synonymous with quality, DENTSPLY Hi-Di Diamond burs can be relied upon for their longevity and cost-effectiveness. Unlike alternative burs, DENTSPLY Hi-Di Diamond burs are precision engineered, with multi-layering of natural diamonds, ideal for a variety of treatment preparations and procedures.

Dr Patel commented, “the shapes of the burs are great. The 556 and 557 crown cutters are excellent for crown prepa- ration, and the 554 is perfect when you have a problem with access, as it is thinner and more comfortable to use. The taper of the burs is excellent for this purpose, and I have found that the margins are more refined than with other burs I have used. I would highly recommend Hi-Di Diamond burs to all my colleagues.”

For more information please call +44 01952 855 422 or visit www.dentsply.co.uk

Combat Caries With Enzycal

With 17% of the population suffering from aphthous ulcers, recommending the right products makes all the difference. With Enzycal from CURAPROX you can provide patients with a toothpaste that can be combined with products containing the potent anti-microbial Chlorhexidine.

Enzycal can balance or even reverse the lack of minerals in early stage caries. Through a completely natural method of remineralisation, Enzycal’s fluorides take mineral nutrients out of the saliva and put them back into the tooth enamel. What’s more, Enzycal boosts the anti-bacterial action of sodium lactoperoxidase, amylase, lactoperoxidase and hydrogen peroxide.

For more information please call 01480 862084, email claire@curaprox.co.uk or visit www.curaprox.co.uk

Unique Advice For Your Practice!

The one-size fits all theory does not apply to your patients, so why should it relate to your business plans? Lansdell & Rose recognise the importance of treating you as an individual and offer their clients the latest facts and correct, relevant financial advice.

Lansdell & Rose also offer multiple services for dental practice owners, specialising in the provision of advice for those wishing to move from Sole Trader to a Limited Company
With recorded online classes and training videos produced by the specialist in marketing and distribution of dental equipment within the UK.

Under the terms of the agreement announced today, Clark Dental will have exclusive distribution rights within the UK market for the CarieScan PROtm. For CarieScan, the deal is potentially worth up to £4 million pounds in revenue over the next 3 years.

This is a key milestone for CarieScan within the UK, with further distribution agreements currently at discussion stage overseas, where the products are currently in the process of being granted regulatory approval.

The CarieScan PROtm measures the presence of tooth decay earlier and more accurately than any other device on the market and is more than 90% accurate in detecting both sound and carious teeth, well ahead of current methods. It is referred to as a “non-invasive” decay, providing dental practitioners with the opportunity to arrest or even reverse decay, driving the trend towards preventative dental care.

The lightweight caries detection monitor not only offers best-in-class performance for decay detection but also allows easy monitoring of the effect of treatment regimes to show decay advancement or regression, thus enabling dentists to tailor treatment to the needs of the patient at a low cost. The CarieScan PROtm consists of a handpiece and a disposable sensor which is held against the tooth being examined in a process which takes approximately 4 seconds per tooth with the result displayed on the CarieScan PROtm.

Commenting on this agreement, Graham Lay, Chief Executive Officer of 3D Diagnostic Imaging, stated: “CarieScan Limited is delighted to work with Clark Dental to exclusively distribute its innovative decay detection and monitoring device, the CarieScan PROtm.

For further information on how you can benefit from the latest oil-free piston and scroll compressors.

Call Dental Air on FREE-PHONE 0800 342 7575 and ask for a FREE Practice Manager’s Guide, or visit www.dental-air.co.uk

The British Dental Bleaching Society WAC 2009!

The meeting of the British Dental Bleaching Society (BDBS) at this years World Dental Congress (WAC) on the 12th – 15th of June in London was a chance for delegates to catch up on the latest news and legal standpoints of governing bodies from the UK and main land Europe.
Oral health charity Dentaid is planning to walk the Great Wall of China for its next fundraising trek from 19-28 September 2009. The 10-day trip, which will be a joint promotion with Denplan, will be diverse, following steep country tracks, passing through woodland and small settlements and visiting different parts of the Wall, boasting many watchtowers en route and wall sections dating back to the Ming Dynasty. At the end of the trek the group will have time to explore the sights and sounds of Beijing.

A physical challenge
The trek will be physically demanding and will follow sections of the wall offering amazing scenery and will surround participants in history, mythology and ancient traditions. Highlights of the trip also include the Black Dragon Paw Park, Tiananmen Square and the Forbidden City.

This trek is all about beauty, culture, people and above all a real physical and mental challenge, which will earn every penny of sponsorship raised. To take part in trekking the Great Wall of China we are asking participants to raise sponsorship of £2500 (plus a deposit of £150 and airport taxes).

Denplan, one of Dentaid’s key corporate partners, is championing the trek by publicising it to its members and any trekkers recruited by Denplan will go towards its commitment of raising money for Dentaid over the next five years.

Dentaid’s communications and fundraising manager Jenni Phillips said, ‘We have decided to offer our supporters just one trek for 2009 and we think it’s going to be a popular one. I recently took a group on the Inca Trail for Dentaid and I can highly recommend these treks as the experience of a lifetime. It’s hard work but well worth the effort, it exceeded all my expectations.’

Vital work
Overseas challenge events play a big part in Dentaid’s fundraising. They allow the charity to continue its vital work throughout the world. Dentaid’s vision is a world in which everyone has the opportunity to enjoy good oral health and has access to safe, effective and affordable health care and by taking part in this trek supporters can help Dentaid to achieve this.

If you would like more information on the Great Wall of China trek, please contact Felicity for an application pack on 01794 324249 or email felicity@dentaid.org.

For further information about Dentaid and the work we are involved in, please visit www.dentaid.org.
MSc in Primary Dental Care

Open to all dental practitioners and dental care professionals with a degree in a dental discipline, the course leads to a Master’s degree from the University of Kent.

Alternatively, candidates may sit the course for one year, leading to the award of a certificate, or for two years, leading to a postgraduate diploma.

“Completely relevant to the real world of everyday practice”
Shabir Shivji, MSc student

Cost: Year 1 - £3,995, Year 2 - £6,995, Year 3 - £3,000
Duration: Three years part-time
Location: The Royal College of Surgeons of England, London and University of Kent, Medway

Delegates who attend all contact units will qualify for 147 hours of verifiable CPD on completion
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Email fgdp-education@rcseng.ac.uk or call 020 7869 6773 to find out more, quoting reference MSC09DT1.
Dual care for gums and teeth

Corsodyl Daily Gum & Tooth Paste is different from regular dentifrices

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Corsodyl Daily Gum & Tooth Paste is a clinically proven dentifrice, which can kill bacteria that can cause gum disease.1

With regular brushing, it helps maintain firm and tight gums and a low gingival index.2

Recommend Corsodyl Daily Gum & Tooth Paste – because teeth need gum care too


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