**Government to decide dentists’ pay and contract values**

The coalition government will be making all decisions on NHS dental pay and contract values for the next two financial years, after it told the dental pay body it is no longer needed.

The government has told the chairman of the Doctors’ and Dentists’ Review Body (DDRB), that it will play no role in determining the remuneration of independent contractor general dental practitioners (GDPs) and general medical practitioners (GMPs) in England for the financial years 2011-12 and 2012-13.

In a letter, Andrew Lansley, Secretary of State for Health, said: “I have decided that, based on financial and economic position and the continued need for reduction in public sector expenditure that it will not be necessary for the DDRB to make any recommendations on the need for any earnings or contract uplifts for independent contractor GMPs and GDPs in England.”

The letter was sent to the chairman of the Review Body, Ron Amy, Susie Sanderson, chair of the BDA Executive Board said: “Dentists are aware of the financial pressures behind the already-announced pay freeze for NHS workers earning more than £21,000 a year that have led the government to instruct DDRB not to make recommendations about earnings for GDPs for the next two financial years.

“GDPs are facing soaring expenses and the impact of those on contract values must be properly considered. The BDA will be supplying evidence on this to government that will underline the very real challenges dental practices face. It is important to note that the government’s intention to apply efficiency assumptions to its calculations of contract values amounts to a pay cut and isn’t helpful.”

Derek Watson, chief executive of the Dental Practitioners Association, also expressed his concern: “It was announced in the budget that the government has imposed a two-year pay freeze on public sector employees earning over £21,000 a year which would have included most dentists. This would have left the Review Body open to make an uplift recommendation based on expenses. The government has now closed this door by saying that it will also estimate expenses.”

The government will now need to negotiate directly with professional dental associations such as the BDA on how contract values should be raised to reflect the increase in expenses.

In Scotland, after intervention by the BDA, the government has reconsidered the way it is implementing this year’s DDRB pay award. The BDA’s Scottish Dental Practice Committee (SDPC) argued that the DDRB had taken the expenses element of the pay award into account and that the pay increase should apply to the whole item of service rather than just the expense element. The Scottish government have agreed that the uplift for independent GDPs should be 0.9 per cent applied to the whole item of service.
**Streptococcus link found in disease risk**

UK researchers have found another reason for us to keep brushing and flossing our teeth: the same gum bacteria that cause dental plaque can escape from the mouth into the bloodstream and trigger clots that increase risk of heart attack and heart disease.

The study that led to this finding was the work of University of Bristol researchers, in collaboration with scientists at the Royal College of Surgeons in Dublin, Ireland (also known as the RCSI) and was presented at the Society for General Microbiology’s autumn meeting which ran from 6-9 September at the University of Nottingham.

Dr Howard Jenkinson, professor of Oral Microbiology at Bristol’s School of Oral and Dental Science, presented the findings at the meeting. He said in a press statement that: “Poor dental hygiene can lead to bleeding gums, providing bacteria with an escape route into the bloodstream, where they can initiate blood clots leading to heart disease.”

He said we all need to be aware that it’s not only diet, exercise, cholesterol and blood pressure that we should keep an eye on, but it’s also important to have good dental hygiene to reduce our risk of heart problems.

In their study, Jenkinson and colleagues found that once Streptococcus bacteria get into the bloodstream, they use a protein called PadA which sits on their outer surface, to hijack blood platelets and force them to clump together and make blood clots.

Jenkinson described this as a “selfish trick” on the part of the bacteria, which completely encase themselves in a clump of platelets, enabling them to avoid detection by the host immune system, and also, to hide from antibiotics.

“The unfortunately, as well as helping out the bacteria,” explained Jenkinson, “platelet clumping can cause small blood clots, growths on the heart valves (endocarditis) or inflammation of blood vessels that can block the blood supply to the heart and brain.”

**Earning figures draw criticism**

Dentists earned on average just over £60,000 last year, while more than 400 dentists earned over £500,000, according to new figures.

This is an increase on the previous year (2007/8) which saw all self-employed dentists in England and Wales earn on average £89,100, compared to £89,600 in 2008/9.

A total of 410 dentists earned more than £500,000 before tax and after expenses, according to 2008/9 figures released by the NHS Information Centre.

The number was an increase of eight per cent on the 580 who earned more than £500,000 in 2007/8, said the report ‘Dental Earnings and Expenses, England and Wales 2008/09’.

A total of 150 dentists earned between £275,000 and £500,000 in 2008/9, while 150 earned between £250,000 and £275,000.

Two hundred and forty dentists earned £225,000 to £250,000 and 550 earned £200,000 to £225,000.

Overall, 5,540 dentists earned more than £100,000 a year.

The data covers both NHS income and money earned from private patients.

Dentists who held contracts with a Primary Care Trust (PCT in England) or Local Health Board (LHB in Wales) to provide NHS dental services fared better.

Those with contracts earned on average £131,000 (before tax) – up 5.3 per cent from £125,800 in 2007/08.

While dentists who worked in a practice, but who did not hold a contract with a PCT or LHB, earned on average £67,800 (before tax) – up 5.1 per cent from 2007/08 when they earned £65,700.

NHS Information Centre chief executive Tim Straughan said: “The England and Wales report reveals that the average earnings of NHS dentists varied greatly depending on whether they personally held a contract with a Primary Care Trust or Local Health Board.”

A spokesman from the Department of Health commented on the figures and said: “The coalition government recently announced a two-year pay freeze for all NHS staff earning more than £21k a year and is currently considering how best to apply this pay freeze to groups such as GPs and dentists whose NHS income covers both their personal pay and practice expenses.”

The chief executive of the Patients’ Association criticised the increase in earnings for dentists.

Katherine Murphy said: “The soaring cost of dentists’ pay goes against this commitment and will not deliver any benefits for patients. We do not understand how these pay increases can be justified given the financial pressures on the NHS.”

**Online ban on illegal tooth-whitening products**

Internet sites, Amazon, eBay and Google have said they will stop selling illegal tooth-whitening products, after an investigation by the consumer watchdog Which?

Which discovered that illegal and potentially harmful tooth-whitening products could easily be bought from online retailers such as Amazon and eBay.

In one 10 people buying tooth whitening products ended up with white spots on their gums or lips, showing chemical burns, and a similar number reporting brown stains on their teeth, suggesting the enamel had been damaged by the product, according to Which?

A European Union regulation adopted last year bans the sale of tooth-whitening products containing more than 0.1 per cent hydrogen peroxide or chemicals which release hydrogen peroxide.

The limit was introduced due to concerns that the chemical could damage teeth, lips or gums.

Peter Vicary-Smith, chief executive of Which? said: “These products are illegal, but ineffective policing means they are still widely available. We have shared our findings with Trading Standards and will continue to urge online retailers to boycott such harmful products being sold in their marketplaces.”

Which? policy adviser Rebecca Owen-Evans said: “Selling products that breach the cosmetics regulations is prohibited and there is a failure in policing.”

**Online retailers have pledged to cease the sale of illegal whitening kits**

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Published by Dental Tribune UK Ltd

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Now, we all know the kind of cuts have been being seen in all parts of the governmental budgets, and I have no doubts that organisations such as the BDA will have their work cut out for them with regards to negotiating the best deal they can for dentists. It will be interesting to see how this fits in with the plans for implementing the recent Health White Paper and delivering a ‘value for money’ service. We will all ‘watch this space’.

With BDPA Showcase on the horizon, thoughts have turned to the next generation of products to be releasing and recently I attended various meetings and symposia on some of these. I look forward to sharing some of the thoughts of the key opinion leaders that were at these events and enlighten you to some of the exciting things you’ll be able to see and play with at Showcase. I am also looking forward to meeting with you at conferences and events coming up - stop me and share your comments (I’ll be by the coffee stand!).

Editorial comment

Expenses have ‘risen dramatically’

Dentists’ expenses including the costs of the building, dental equipment, staff and materials, have ‘risen dramatically’, according to new figures from the NHS Information Centre.

The Information Centre’s report, Dental Earnings and Expenses, England and Wales 2008/09, shows dental practice expenses have risen at a faster rate than incomes have increased.

The average taxable income for all self-employed primary care dentists in England and Wales in 2008/09 was £89,000, compared to £89,100 in 2007/08, according to the report.

The expenses borne by dentists – the costs of providing the building, equipment, staff and materials necessary to provide patient care – rose rapidly during 2008/09.

Practice principals saw their expenses increase by 7.6 per cent from £218,000 in 2007/08 to £235,500 in 2008/09.

It is no surprise to John Milne, chair of the British Dental Association’s (BDA’s) General Dental Practice Committee, who said: “These figures underline what the BDA knows from its own research and talking to members: that the costs associated with providing high street dentistry have risen dramatically.

“Changes in the exchange rate have had a pronounced impact on the costs of equipment imported from overseas and costs associated with compliance with a variety of regulatory requirements.”

He added: “Trends in expenses will need to be monitored carefully to ensure that dental practices are properly supported and are able to provide the resources they need to continue providing high-quality care to patients.”

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page? If so don’t hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA Or email: lisa@dentaltribuneuk.com

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Strategies for deprived children should start from birth

The NHS needs to put in place oral health strategies for children from deprived areas - from birth, according to a recent study.

The large-scale study of the dental health of three-year-olds published in the British Dental Journal, found that out of 4,000 children in Greater Glasgow, a quarter of the children had tooth decay.

In the deprived areas, a third of the children had tooth decay.

The number of decayed, missing or filled teeth (dmft) in the children seen from the least deprived areas was 0.5.

In the most deprived areas, children had a dmft score of 1.5, researchers from the University of Glasgow Dental School found.

The dental examinations were carried out by dentists between 2006 and 2008.

Andrew Lamb, British Dental Association director for Scotland, said: While there has been a significant improvement in the nation’s oral health over the past 40 years, this study highlights the depressing fact that poor dental health and inequality are closely linked from very early in life.

“Given that tooth decay is totally preventable, it’s unacceptable that social deprivation is still such a strong study of poor dental health. This study renews the importance of providing support to children from deprived communities soon after they are born.”

He added: “We commend the progress made by Childsmile, which focuses not only on children attending nursery and primary schools, but also on identifying children at risk from birth. As part of Childsmile, assessments are carried out by health visitors in the first two weeks of life.

“As adult oral health can be predicted by childhood dental health, this targeted intervention is vital to closing the gap in oral health inequalities.”

More than 3,000 dental care professionals taken off GDC register

More than 3,000 dental care professionals have been taken off the General Dental Council register, after they failed to pay their annual retention fee by the end of July.

Being registered with the General Dental Council (GDC) is a legal requirement for dental care professionals (DCPs) in the UK.

All dental nurses, orthodontic therapists, dental hygienists, dental therapists, dental technicians and clinical dental technicians must be registered.

Those who failed to pay their fee by 31 July have been removed from the register.

Head of registration at the GDC, Gurvinder Soomal, said: “We worked hard to ensure that all dental care professionals knew about the deadline and understood what would happen if they didn’t pay their annual retention fee (ARF) on time. We are equally committed to making sure those who want to restore to our register are helped through this process. At the end of July there were more than 58,000 DCPs on our register and whilst 5,587 have been removed for non-payment, we are pleased that so many met this year’s deadline!”

Dental care professionals who didn’t pay on time and want to return to the register must complete a form to apply for restoration, have a medical examination and provide a character reference.

They must also pay a fee of £120 and give evidence that they have completed the required amount of continuing professional development (CPD).

If they were practising overseas while off the register, they must provide a letter of good standing from the relevant authority of the country/state in which they last worked.

If they were working in the UK while their name was erased, they and their employer will need to explain the circumstances in a letter. If this has occurred, they are advised to contact their solicitor or defence organisation before submitting their application.

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Good dress sense could keep tax bills down!

Dental practice owners who provide their reception staff with uniforms should make sure that each garment bears the practice logo or name. This advice from The National Association of Specialist Dental Accountants (NASDA) is based on tax legislation which states that unless there is a logo or name on each part of the uniform, it will be treated as a benefit in kind.

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Lee Muter, a tax specialist with unw LLP, stressed that receptionists’ uniforms bought by the employer are automatically subject to tax at the full value unless there is a name or logo embroidered onto each garment. For instance, the reception team members wear jackets, shirts and skirts, each item must have the logo on it.

Uniforms or surgical scrubs worn by dentists, hygienists and dental nurses fall into the category of a uniform worn for protective reasons and as such would not be considered a taxable benefit. Receptionists’ uniforms, however, could not be considered protective and should be declared a ‘benefit in kind’ unless there is a logo on each garment.

HMRC carries out occasional spot checks, said Lee, and were also likely to ask whether team members were getting free dental treatment as this is deemed to be a benefit in kind.

His colleague at unw, Chartered Accountant and dental business strategist Alan Suggett added: “Inadvertently, HMRC seems to be helping dental practices with their PR. Plenty of exposure for the logo or name should help make a positive impact on patients.”

NASDA is alerting the dental profession to the legislation as HMRC tax inspectors who carry out dental practice inspections may well ask about reception staff uniforms.

“Inadvertently, HMRC seems to be helping dental practices with their PR. Plenty of exposure for the logo or name should help make a positive impact on patients.” - Alan Suggett, NASDA

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6 News & Opinions

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The 10th dimension… the power of ten
Ed Bonner and Adrianne Morris consider the power of attitude

Although one’s school and college days may be long past, cast a thought back to major classmates whom you would have tipped to succeed have actually done so. Conversely, consider those who seemed “vaguely unprepared”, and observe whether any have achieved beyond expectation.

How is it that some individuals, who seem far less likely to succeed than others, achieve more in their lives than those perceived as more gifted or talented? The answer may be in their respective attitudes to life in general and work in particular. Leadership expert John Maxwell writes in The Difference Maker that one’s attitude is like the mind’s paintbrush, colouring every aspect of one’s life.

If this is the case, what factors colour one’s attitude?

1. Who you are - We are all unique individuals, determined to some degree by our genetic wiring, but not limited to it. Our individual personalities are capable of growth and development, and the ‘who’ we are now is not necessarily the ‘who’ we were, nor the ‘who’ we may yet be. What we will become will be determined by the attitude we can bring to the life and work mix. We cannot perform in a way that is inconsistent with how we see ourselves.

2. What you think, what you feel - Our present feelings are influenced by our emotional experiences, past and present. Your attitude is the sum of your thoughts as shaped by your previous experiences. It is difficult to maintain a positive attitude when there are wars going on, bombs going off, volcanoes exploding, or oil rigs gushing into the sea. Difficult, but not impossible. The times may be depressing, but you don’t have to become depressed by them.

3. Where you are, what’s around you - A strong determinant of attitude is the environment in which previous experiences were acquired as well as the present environment. Never can an environment have been more daunting than the Dark Ages, yet from it came the Renaissance.

4. Who’s around you - It is the nature of man to be influenced by the thinking of one’s parents and peers, by what we read in newspapers and magazines. Poverty, divorce, illness, education: it is up to each of us to accept or go beyond these influences.

5. Your dreams and expectations - If your internal thought consensus is that you cannot become rich, then chances are you will not. On the other hand, you can “think and become rich”, the philosophy advocated by best-selling author Napoleon Hill. Sooner or later we will get what we expect.

6. Fear of failure - The late South African Prime Minister JC Smuts said: ‘A man is not defeated by his opponents, but by himself’. Many of us are self-sabotaging. John Maxwell writes: ‘There are three types of people in the world – the ‘wills’, the ‘will nots’, and the ‘cannots’. The first accomplish everything. The second oppose everything. The third fail at everything. Fear attacks us, wastes our energy and makes us captive. The greatest chance of failure is created by the fear of failing.’

7. Your perspective on problems - Maxwell says we may view problems as normal/abnormal; soluble/insoluble; temporary/permanent; controlling us/challenging us; making us bitter/better; stopping us/stretching us. If we can stand back from a problem and look at it objectively, then we have a good chance of dealing with it with a positive attitude. One can be a “failure”, or a success who sometimes fails” - depends on your perspective.

8. Develop a problem-solving mentality - Embrace each problem as an opportunity for sustained creative thinking, and the pulling together of all available resources (including other people). By focusing on the mission ahead, one can generate a number of possible solutions and then choose the most workable.

9. Worrying about problems that haven’t yet happened - Studies show that 95 per cent of fear is baseless. Mark Twain wrote: ‘I’ve been through some terrible things in my life, a few of which actually happened’. Has it ever happened that you have felt the world and its galaxy was about to descend on you, and then, when you had time to make intelligent inquiries, found it not to be of substance? While it is of major importance to take as much care as possible to pre-empt problems, worrying about an un-occurred event will actually expend a great deal of energy leaving less available for when - or if - the problem actually occurs.

10. Overcome discouragement - We have all tried something that has not worked, and it is easy to feel discouraged or to be discouraged by others. Either way, the outcome of being discouraged is to feel that you want to give up the task. It is said that 90 per cent of those who fail are not actually defeated - they have simply quit. So, give up or get up - banish discouragement to where it belongs: alongside negative perceptions and fear of failure.

About the author
Adrienne Morris is a highly trained success coach whose aim is to get people from where they are now to where they want to be, in clear measured steps. Ed Bonner has owned many practices, and now consults with and coaches dentists and their staff to achieve their potential. He is the author of a complementary copy of The Power of Ten e-zine, email Adrienne at alphalifecoach@yahoo.com or Ed Bonner.edward@gmail.com or visit www.thepoweroften.co.uk.
‘Surprisingly relaxing experience!’

_Dental Tribune_ speaks with Baldeesh Chana about her upcoming webinar

The latest series of webinars to be broadcast by Smile-Link in association with Dentsply Academy begins this month, kicking off on the evening of September 27th with Baldeesh Chana and Sarah Murray discussing Root Surface Debridement - mechanical instruments versus ultrasonic.

Bal and Sarah are no stranger to the webinar format, having presented a lecture in last year’s Dentsply series. This year the duo are looking to give an overview of available instruments for root surface debridement and to evaluate the efficiency of these methods. Bal explains: “We’re really looking forward to presenting another webinar, this time reviewing the evidence available for different methods of debridement and techniques which can be used.”

The CVs of both speakers is very distinguished. Sarah is usually qualified as a Hygienist and a Therapist and comes from a clinical and educational background. She also graduated with a Masters Degree in Primary Health & Community Care from the University of Westminster in 1997. She currently teaches students studying to become dental hygienists and therapists both at Barts and The London School of Medicine and Dentistry and the University of Essex. She was awarded the title Hygienist of the Year in 2007.

Bal qualified in 1992 at Barts and The London School of Medicine and Dentistry formally known as The London Hospital, where she is now Deputy Principal Hygiene/Therapy Tutor. She also works part time in a general dental practice. She is currently Chair of The British Association of Dental Therapists, and represents BADT on a number of boards. She is also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was also a DCP Inspector for the General Dental Council inspec...
Behind Every Good Company is a First Class Team

As the UK’s largest independent full service dental dealer, The Dental Directory is second to none. Combining exceptional service that guarantees fast, next day delivery and highly dedicated staff, The Dental Directory is backed by a national sales force and the best dental sundries and equipment in the world. No wonder its number one!

To maintain the standards of such a highly respected company, it is vital that there is a team of exceptional staff ready to field any enquiry, support consultants and deliver top quality customer service – not an easy job! At The Dental Directory a 40 strong team of experienced customer service agents are waiting to take your call.

Kirby Noble is a Team Leader within the Customer Support and Sales Team at The Dental Directory and explains her role,

‘I manage a team of four staff members internally within our office, and we support four Business Consultants that work externally. I deal with their customer orders and queries, which can vary enormously. In some cases a query could be better explained by the Business Consultant, so my team will facilitate the meeting between the customer and consultant.’

The Customer Support and Sales team is like the nerve centre of The Dental Directory, behind the scenes supplying all areas with the flow of information needed to function effectively and efficiently. The team provides unwavering support to customers, Business Consultants, other team members and departments, which is essential in terms of customer service and satisfaction. Kirby Noble explains,

‘Our team is in constant contact with customers via phone and email; this enables us to always provide the quickest responses and not miss any important issues or queries. In addition to dealing with customers, we are also in regular contact with our Business Consultants to ensure that they have everything that they need in terms of current prices and information whilst they’re out on the road. If our Consultants are unable to provide the customer with the appropriate information, the customer is put straight through to us where we will strive to resolve any issues that they may have.’

‘We provide a high level of continuity within our department which is vital; we all have our own specific customers and are therefore always fully up to date in terms of our customer needs. This is really essential as it helps to avoid crossed wires, inefficiency and provide that personal service that our customers deserve.’

Queries regarding prices are the most common and as Kirby Noble points out;

‘We are regularly asked about prices. You find that customers are, quite naturally, always hunting for the best deals and are always pleased to hear that we are able to price - match.’

The pricewatch strategy means that prices are constantly monitored. This ensures that whatever happens in the market place, dentists dealing with The Dental Directory can be sure that they will always receive the best possible deal.

‘We are frequently asked to set up new accounts and, once the new customer is on the system, their information is passed onto the local Business...”
“We receive fantastic customer feedback and feel proud of the services that we offer.”

Consultant who will then endeavour to develop that relationship further. This ensures that the customer is always happy and has a direct point of contact.

Working as part of the Customer Support and Sales team within such a well-respected company can be hard work, but the team at The Dental Directory maintains a remarkable level of organisation, efficiency and dedication. Kirby Noble explains, ‘We are constantly busy! We have a large volume of incoming customer queries requiring a constantly high standard of customer service, in addition to which we are regularly dealing with our Business Consultants’ requests. These are extremely important as we are relied upon to supply those on the road with whatever they need. Our team focuses heavily on prioritising our workloads and maintaining high levels of organisation so it all runs smoothly.’

Keeping up to date with the latest product developments is essential for this customer focused team and Kirby Noble was supported throughout her training by The Dental Directory. Training is ongoing and regularly given to maintain the top quality service that customers have come to expect. Throughout the year there is a set schedule of external companies that provide demonstrations of new and existing products to staff members enabling them to understand and visualise the product.

‘One of the fastest growing areas of customer interest is Decontamination and HTM 01-05. We have specific training in this area so that we can answer most questions. However, if the customer wants more detailed information on a product, we can arrange for a Business Consultant to visit them.’

The Dental Directory doesn’t boast outstanding customer service without good reason. Thanks to the consistently high levels of staff communication, tasks are always fully understood and customers are always considered the number one priority.

‘At The Dental Directory we believe that customers should be treated in the same way that we ourselves would expect to be treated. We receive fantastic customer feedback and feel proud of the services that we offer.’

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

Come and meet The Dental Directory team at BD&A Showcase 2010 at stand A01, A02 & B01
Getting ahead

It’s too easy to get stuck in a rut and lose the direction of your practice, says Jonathan Wood, who offers some simple solutions to help you move forward.

Well-known business consultant, Harvey Jones once commented to an audience of dental professionals that there is no such thing as a neutral brand.
He stated that there were essentially only two gears: forward or reverse.

It is interesting to explain this concept to the many practice owners that I have met over the years, who are actively pouring all of their efforts into making their practice a success.

Practitioners in today’s financial climate are often dealing with a double edged sword; on the one hand they are celebrating an upturn in turnover, and on the other, they are discovering that in reality, profit is no better than the year before.

Sadly in some cases, a lot less.

‘Your patients need to be able to see, feel and identify your clinical and business values;’

In some instances, these practitioners decide simply to accept that the turnover is as good as it can be and instead launch into an overhead cost-cutting exercise.

Unfortunately, this is totally counter-productive.

Not only does it generally reduce the likelihood of turnover increasing, it also lowers staff morale and therefore affects potential earnings.

Stuck in reverse

I often hear of a practice carrying on in this vein, while maintaining an enthusiastic, ethical approach.

However, businesses like this are sadly never engaged in forward gear, but instead the profits are in reverse and making a slow steady decline.

This said, there are some notable exceptions.

Some practices have chosen to embark on major exercises whereby they seek to grow the understanding, skill set and team dynamics of the practice in order to keep up with 21st-century demands; this puts them firmly in forward gear even during a recession.

So, if you are unsure as to where exactly you are taking your practice, please read on.

You may be one of many practitioners whose practice is situated in an “out of the way” area of the country and who is currently thinking that there is nothing else you can do.
This is a natural emotion and one that can be demotivating and damaging for morale.

I felt the same anxieties and emotions in my first practice in Maclesfield back in the 1980s.

However, while each practice and each individual part of the country will need a different approach, the basic ingredients remain the same.

All over the British Isles there are some extremely experienced accountants, trainers and coaches who successfully tackle this sort of problem every day.

There are no quick fixes, but by adhering to the model that successful businesses use and employ professional expertise to assist you in developing the skills that you and your team need, it is entirely possible to reignite your practice and deliver above and beyond your current expectations.

The basic ingredients:

Reviewing your leadership skills

One key aspect all highly successful businesses have in common is they are fronted by people with outstanding leadership skills.

Some people naturally have these outstanding leadership skills.

Others have neither.

Either way, you have the opportunity to hone your existing abilities, while others do not.

Some people naturally have these outstanding leadership skills.

Others have neither.

Either way, you have the opportunity to hone your existing abilities, while others do not.

The al coach can assist with this exercise.

Understanding your practice values

Your patients need to be able to see, feel and identify your clinical and business values; in essence your brand.

Branding is vital and you cannot escape it.

Without a general consensus regarding clinical protocols and attitudes to patients, you won’t ever achieve a really powerful brand.

Your vision – your plan

To get the process started, ask yourself how, in an ideal world, would your practice be run?

If you have difficulty, a professional coach can assist with this exercise, don’t be one of the many people I hear saying, ‘if only I’d been helped to do this at the start of my career!’

The whole team must have a clear understanding of the values and brand of your business and what the expected customer experience is.

By having team meetings, your expectations can be laid out and staff members will have the opportunity to raise any issues or anxieties that they have with regards to the direction that the practice is moving in.

Whenever I have done this in my own practice, outside assistance has always proved invaluable.

About the author

Jonathan Wood is a coach with Breathe Business and a dentist with nearly 50 years’ experience.

Currently he is a partner in a six room private practice in Jersey in the Channel Islands.

He has lectured internationally and now enjoys utilising his experience and wide range of skills for businesses coaching and development.

For more information on how Breathe Business can help you develop your plan and achieve your vision for your business, call the Breatheteam on 0845 299 7209 or email ernie@nowbreathe.co.uk.
Prion diseases or transmissible spongiform encephalopathies (TSEs) are a family of rare progressive neurodegenerative disorders that affect both humans and animals. They are distinguished by long incubation periods, characteristic spongiform changes associated with neuronal loss, and a failure to induce inflammatory response. The problem they impart to dentistry is that they cannot be effectively removed with standard sterilisation measures.

Control guidelines
In 1999, the World Health Organisation (WHO) set control guidelines on TSE and in section 3.2 stated that, ‘Although epidemiological investigation has not revealed any evidence that dental procedures lead to increased risk of iatrogenic transmission of TSEs among humans, experimental studies have demonstrated that animals infected by intraperitoneal inoculation develop a significant level of infectivity in gingival

Are current methods of keeping infection at bay broken and in need of fixing? Neel Kothari finds out

Hand washing is only part of infection control best practice.

So, when is good enough, enough?

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A team effort
All the practical team is responsible for infection control says Richard Musgrave

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View from the hygienist
Mhari Coxon looks at infection control issues from a solitary standpoint

Infection Control Tribune

Infection Control Tribune

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A £10 on-the-day registration fee will be charged to delegates who do not register for tickets in advance. Advance registration closes 1 October 2010.
WHO consultants agreed that for procedures not involving neu- rorvascular tissues, the standard cross infection policies were suf- ficient, but they did not come to a consensus on major dental treat- ments.

Now of course, as a minimum standard, patients should expect to be treated in a safe and clean environment, but are our current procedures broken and in need of fixing? If they are then of course measures to protect patients need to be introduced, but given the potential cost and burden of ad- ditional bureaucracy, are these policy measures based on sound evidence and is there any proof that patients are actually better off as a result?

The real question we must ask in relation to our cross infection policies is just exactly when is enough, enough? After all, there seems to be a real difference in cost and burden between getting instruments ‘clean’ and getting instruments ‘sterile’. As yet, it remains to be seen whether it is truly realistic to work in a ster- ile field when an aseptic field is more easily achievable; after all, regardless of any measures de- signed to get instruments super- clean, the most bacteria- ridden area in any dental operat- ing field is likely to be in the pa- tient’s mouth.

Further red tape? Over the past few years, I think we have all seen the burden of bureaucracy imposed on us by the tsunami of policy change de- signed to improve our profession. While a drop in access figures, complex treatment items and rise in co-optimisation the policies imposed will continue to remain questioned by GDPs like myself. Carrying the burden

While many recent policies have acted to standardise cross-in- fection guidance for many areas within the NHS, if this is merely a legal exercise rather than a prac- tical one the issue of funding is also raised; unlike the hospital sector, GDPs are left to carry the financial burden themselves.

I feel the profession is quite right to question the science behind the guidance, given that other industries where cross infection may occur, such as tattooists, belly-button piercers and even restaurants, are subject to comparatively ‘light touch’ regulation.

Another hurdle? However, history has shown that dentists have a clear willingness to embrace change when that change has a sound evidence base. Clearly the DH has an im- portant role in regulating prac- tices that currently have less than satisfactory cross-infection poli- cies. But will introducing cross-
A team effort

Protection from cross-infection depends on the commitment and co-operation of the entire practice team, says Richard Musgrave

Healthcare professionals at every level and in every discipline can never forget the ever-present risk of cross infection. The knowledge and application of preventive protocols is today more important than ever before, with more sophisticated and even international social intercourse likely to introduce a widening spectrum of pathogens into the clinical environment.

In the context of cross-infection, a pathogen is defined as a transmissible biological agent, which disrupts the wellbeing of its host. Usually in the form of a micro-organism, pathogens can infect a host body via the skin and mucous membranes, inhalation, ingestion, injection, implantation and through the placenta to an embryo in utero, and all of these routes are relevant in everyday dental practice.

Protecting yourself

Although advances in medical science have greatly improved the diagnosis and treatment prognosis of pathogen-inspired infections, the responsibility of practice staff to protect themselves, their colleagues and their patients from possible cross-infection remains undiminished. The aggressive nature of many pathogens dictates that all blood, saliva and gingival fluids should be regarded as potentially dangerous reservoirs of transmissible disease, with control procedures scrupulously observed in every case.

The most frequent occurrences of cross-infection are the result of a failure to observe correct procedures in three principal areas – hand hygiene, equipment sterilisation, and omitting to wear designated personal protective clothing.

Scrupulous attention to detail is vital during the cleaning, disinfection and sterilisation of instruments and equipment after each use.

To safeguard both the wearer and others within the practice from the dangers of pathogen transfer, personal protective equipment and clothing must be worn without exception whenever appropriate.

In 2009, the Department of Health (DH) published the HTM 01-05 Decontamination Protocols, a comprehensive, updated statement of the guidelines for clinical hygiene procedures designed to ensure the safety of both clinical staff and the public from fluid-borne infections, with particular reference to dental practices. These guidelines cover:

- The use of personal protection equipment
- Aerosols and splashes
- Surgery cleaning protocols
- The use of disposable instruments and sundries
- Instrument decontamination
- Sterilisation
- New instruments
- Aseptic storage
- Equipment repair
- Waste disposal
- The safe use and disposal of sharps
- Training in hygiene procedures
- Communication
- The monitoring of infection control techniques.

Rigid adherence to these guidelines should ensure the safety of staff, patients and practice visitors at all times throughout the practice.

Special treatment

Standard hygiene procedures must be applied to every patient, but there may be occasions when special measures are needed, for example if a patient presents themselves with a pre-existing transmissible medical condition.

A first appointment questionnaire should ascertain any specific risks, which should be monitored thereafter. Admissions staff should be aware that patients may not know they are carrying an infection, and some who do know may not be prepared to admit it in response to questioning. This lack of certainty emphasizes the importance of rigorously enforcing all standard hygiene procedures for every patient at all times.

It is in the best interests of the practice, as well as the individual, to ensure that all staff are protected from cross-infection.

Cross infection control within the practice should be a team effort
immunisation status, which should offer peace of mind as well as a measure of security.

**Training staff**
Protection from cross-infection depends on the commitment and co-operation of the entire practice team. The chain is only as strong as its weakest link, and a single breach of procedure, however slight, introduces increased risk throughout the practice. All staff should be fully trained in hygiene procedures, with particular attention being paid to the competence of new comers; they must understand their respective roles and be confident in their execution. In addition to adequate training, which should be confirmed by the issue of a signed copy of the Department of Health protocols to each individual, staff meetings should be held at regular intervals to review and discuss possible improvements to the practice’s infection control schedules.

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**About the author**

Richard Musgrave has been in the industry for 18 years, and brought his knowledge and experience to Schülke five years ago. Initially working to develop both the range of infection control products as well as the acclaimed infection control training division, Richard is now responsible for the UK marketing team. He attributes the success of Schülke to the quality of its product and its dedication to providing the best possible support to the dental profession, both in the UK and beyond. This commitment is demonstrated through Schülke’s association with leading companies such as Dental Protection, for example. More information on infection control training is available from Schülke on 0114 254 5500 or by visiting www.s4dental.com.

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‘It is in the best interests of the practice, as well as the individual, to ensure that all staff are immunised against the more common illnesses, typically measles, mumps, rubella and tuberculosis.’
With HTM01-05 now giving a clear benchmark for us all, we have to think about what we do in practice. Keeping standards is our professional duty, regardless of the working environment.

At our practice, as a team we’ve had several meetings to iron out the small kinks in our protocol and plan our own conversion of a small area of the practice into our central sterilisation room. This is not easy in a listed building, I can tell you.

Meeting standards
But infection control is tricky for those of us in Locum positions and self-employed. How do you cope when you walk into a surgery that is not meeting the best practice guidelines? I know this should be a hypothetical question, but in reality, there will be practices out there which are not conforming.

Do we now include barriers and surface cleaners in our ever-expanding work cases, to ensure we meet standards? Do we need enough instrument kits to do a whole day, so we are not relying on the practice facilities? As it is unlikely we can transport a washer disinfector with us, how do we then transport our instruments prior to cleaning?

In reality, as a self-employed locum, we do need to think about this. Communication as always is key to ensuring you have all the things you need to facilitate quality control.

Time management and infection control
All of these things need to be addressed while working within the practice time frame. Unfortunately, many practices still offer 20-minute, unaided hygienist appointments. I think it is fairly obvious why these practices don’t use permanent staff in a lot of cases. So, how do you time manage effective infection control in between clients?

More often than not, hygienists are not supported by nursing staff in practice and are responsible for their own surgery cleaning. To ensure adequate environment control and to maintain the standards required, this can eat into appointment time, unless it is well thought out.

Perhaps locum companies should be asking for proof of certification when this comes into effect to ensure the safety of their locums? Perhaps we need to address this through our societies and groups to bring about a change to appointment schedules? Apart from some very well thought out hospital departments, who else has time allocated at the beginning and end of each day to allow for good practice? Most practices will expect you to arrive early and stay late, unpaid, to ensure the surgery is prepared and cleaned down.

Assessing your current practice
We do need to revisit our personal approach to infection control at regular intervals. Things change and we all know that corners can be cut when we are under pressure and it is important to recognise when standards are dropping and rectify this. We are human and errors do occur, which is why repeating knowledge is so useful to minimise this. It is why the core subjects came as compulsory and quite right too.

CPD and cross-infection
Please do not take the following information as anything other than comment from experience. The amount of CPD available, with regards to infection control, is long overdue. As a profession we need to take responsibility for raising the standard of care in our profession and time management is key to this.

Mhari Coxon insists we must all take responsibility for raising the standard of care in our profession.
is immense and its quality varying. You need to look at what you hope to get out of your CPD then chose the source that suits your needs most.

I can highly recommend Quintessence’s handbook on *Infection Control for the Dental Team* from its Quint Essentials range ((Michael Martin, Martin Fulford, Tony Preston. ISBN: 978-1-85097-132-0 www.quint-pub.co.uk). Having the pleasure of meeting two of the three authors and enjoying their no-nonsense approach to infection control, I was looking forward to this book. It did not disappoint. Laid out in well-headed chapters, the book makes it easy to access information on the subject you are interested in. Each chapter has clear aims and objectives, and could be used for in-house development as a team, which would be very useful.

Each chapter also has a conclusion and further reading suggestions for those needing to understand each section in more depth. The practical advice on meeting best practice and templates provided at the back of the book make this a must-have book in practice, for ensuring best practice. Our practice manager, dental nurse and practice head have all referred to this book in our meetings and feel it meets our needs in terms of in-house training.

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About the author

Mhari Coxon is a dental hygienist practising in Central London. She is chairman of the London British Society of Dental Hygiene and Therapy (LBSDHT) regional group and is on the publications committee of its journal, Dental Health. She is also clinical director of CPD- for DC, which provides CPD courses for all DCPs. To contact her, email mhari.coxon@cpdfordcp.co.uk.
As the new Department of Health guidelines for decontaminating dental instruments begin to take effect, uncertainty is rife across the industry. It’s vital that the person responsible for ensuring compliance fully understands the new requirements, and in most practices this is more likely to be the senior nurse or practice manager than the dentist.

What do the guidelines apply to?
Fortunately, the guidance is straightforward, with the ‘Essential Quality Requirements’ stipulating the use of only validated decontamination equipment followed by advice on how to achieve ‘Best Practice’ by using the ideal layout for the decontamination environment and the optimum methods of storing clean instruments.

‘Only the Essential Quality Requirements will apply immediately, but dentists need to think ahead as it is certain that Best Practice will eventually become the only acceptable standard.’

Only the Essential Quality Requirements will apply immediately, but dentists need to think ahead as it is certain that Best Practice will eventually become the only acceptable standard.

The new guidelines are not expected to advocate major changes in methodology (it’s unlikely that the concept of separate Local Decontamination Units (LDUs) will be abandoned), but their more stringent decontamination requirements will make investment in high-quality solutions advisable as soon as possible.

Who needs to seek guidance?
Even practices where procedures have been specifically designed to meet present requirements should seek advice from a reputable provider of hospital-standard decontamination solutions to ensure that their confidence is not misplaced. Several Primary Care Trusts have already noted that their practices are not meeting the Essential Quality Requirements - a clear indication of dangerous complacency.

With leading infection control specialists offering compliance surveys, there is no excuse for any dental practice not to meet the new minimum standards.

Volume is the principal factor, which determines a practice’s decontamination system. Backlogs can only be avoided with a sound policy, adequate and reliable equipment and trained staff.

How can Yoyo help?
Yoyo provides a comprehensive, turnkey service, which brings hospital standards of surgery hygiene and clinical decontamination to dental practices nationwide. The service comprises a survey of the existing regime, a policy review and ultimately installation of the latest technology, including full fitting of the LDU (extending to flooring and cabinetry). For smaller practices, a fully compliant LDU can be installed in an area only 1.6m x 2m.

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A bespoke solution can be tailored to suit the practice budget. The stakes are high, as any failure in hygiene may lead to legal action.

Upgrading decontamination systems is a major step and cannot be undertaken incrementally, but with the right support and advice, dentists can achieve compliance while still remaining in complete control of both budgets and planning.

What does the service entail?
The initial survey should identify the actions needed to meet the new guidelines and enable progress towards Best Practice, and offer objective advice based on the practice’s individual circumstances.

A company such as YoYo will then consult with the dentist to develop a planning strategy. The ideal LDU requires a separate room, with used instruments moving from the inspection area housing the washer disinfectors to the clean area containing the steriliser and packing surface. Bespoke solutions are available for difficult or confined locations. Sporicidal disinfectants for surfaces and decontamination systems for water lines are also available.

How will I benefit?
The latest generation of UK-manufactured autoclaves and washer disinfectors is not only reliable, in correct use these units will automatically meet or exceed the standards demanded by the new memorandum. Many feature touch-screen controls and other advanced attributes, which constrain the possibility of human error and include cycle validation and test programmes that reduce the frequency of engineer maintenance visits. Validation data is wirelessly received and stored on the practice computer and can be recalled whenever confirmation of a cycle is required.

YoYo has itself designed an autoclave, drawing on the experience of specialist decontamination engineers, which has its own, easy-to-clean, detachable used water reservoir to eliminate the risks and inconvenience associated with separate water containers.

Is YoYo accredited?
Dentists investing in an upgraded decontamination system need to be confident they are dealing with a reputable company which will not only service, but guarantee its equipment satisfies mandatory standards both now and into the future. YoYo undertakes to support its client practices and ensure compliance with HTM 01-05 for up to five years post installation and offers a wide range of service and call-out packages.

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“Even thought I’m not a dentist I found it very interesting I enjoyed all of it - A.Flora (Practice Manager)”
“Second to none, the most comprehensive whitening course - A.Nadipour”
“Fantastic course, knowledge of predictable results - J.Rawal”

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About the author

Ken Turley

is the founding director of the YoYo Dental Group. Following a 17-year military career, Ken worked globally in the mobile telecoms industry until 2003 when he became the managing director of Salpharma, a 55-year-old hospital autoclave company providing decontamination equipment which he later acquired and re-branded as YoYo in 2006. For more information, call YoYo on 0845 241 5776, email info@yoyodental.com or visit www.yoyodental.com.
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Transforming misconceptions

Many potential patients are intrigued by facial aesthetics have been put off by horror stories in the press, but are likely to relax and consider a treatment plan if things are fully explained, says Bob Khanna.

Consumers are becoming more and more aware of what is going on in the world of facial aesthetics. The sheer amount of information in the media means there are now millions of patients around the country who feel they are ‘specialists’ in the field, despite the fact none of them have ever picked up a syringe, or are ever likely to.

It can be frustrating when a patient enters your surgery and appears to know all there is to know about the treatment you are about to carry out, simply from reading something in Heat magazine about the latest treatment a celebrity has had. I understand that people are keen to research the treatment they are about to undergo, however, the media only ever seems to write about non-evidence based procedures and the horror stories – neither of which are necessarily the best information to base one’s beliefs on.

Negative impact

If people come to my clinics, having read countless horror stories in the press in the run up to their appointment, they are often nervous and uncommunicative, with their mind full of negative preconceptions. It is then very difficult for them to absorb any positive suggestions that my staff or I might make, and they may leave the clinic having not got the best out of their visit.

Having said that, some patients are very well informed, and have obviously spent a lot of time and effort finding out all they can about the procedure they are planning to embark on, although unfortunately, they are in the minority.

As a practitioner, I feel that it is my responsibility to fully explain the treatment options available to each individual patient. Every face is unique, so it is impossible to suggest that a standard treatment can be performed in order to suit every concern. For example, even if you have two patients who want a treatment to smooth out crow’s feet, you may not necessarily suggest you perform the exact same procedure. Other factors may have to be considered, and it is the rule of the professional field is moving so fast, I can often suggest new and exciting evidence-based methods to patients they haven’t even heard about yet.

If people are educated in the correct way, a little bit of background knowledge can be a distinct advantage. However, it entirely depends how and from whom the patient has received the education.

If people are educated in the correct way, a little bit of background knowledge can be a distinct advantage. However, it entirely depends how and from whom the patient has received the education.

The fact that these new and exciting treatments are most publicised in the press, both trade and consumer, means not only are the patients themselves more aware of the treatments, but their GPs and dentists are also kept more in the loop – meaning referrals are more and more commonplace.

The numerous articles in the press and on websites dedicated to speculating who’s had what done, mean referrals are more and more commonplace, most people know someone who has had a facial aesthetic treatment. It is human nature to be fascinated by something like this, and I see a lot of patients who enquire having seen a friend who has had treatment. Most patients are surprised at the natural look that can be attained, and are keen to see what they could achieve.

About the author

Dr Bob Khanna is widely regarded as one of the world’s leading exemplars of dentistry and facial aesthetics. President and founder of non-profit organisation The International Academy for Advanced Facial Aesthetics (IAAFA), Dr Khanna heads the only UK organisation to combine medical and dental professionals. He is the appointed clinical tutor in facial aesthetics at the Royal College of Surgeons and has trained thousands of dentists and doctors through the Dr Bob Khanna Training Institute.

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A growing market

Andrew McCance looks at how general dental practitioners can benefit from the increasing interest in orthodontics

Dentistry in the UK has seen an exponential growth in orthodontic treatment over the past decade. The reasons for this are varied and include the developments in techniques and materials relating to orthodontic work, as well as increased patient awareness about the options available to them.

New technology has allowed a progression towards preventative dentistry that doesn’t require invasive treatment, extractions or intensive interproximal reduction.

There has also been a shift in the cost to the patient for treatment. Whereas veneers were often quickly dismissed as an option due to the costly, invasive and time-consuming nature of the treatment, alternatives can now offer solutions to a range of malocclusions that are affordable and quicker.

Better smiles

The private dental market has seen an increased number of adult patients seeking elective treatments to improve their smile aesthetic. The motivation for this could be attributed to media portrayals through ‘makeover’ programmes, which promise radical changes in appearance, thanks to whitening and porcelain laminate technology.

It could be a greater sense of awareness about appearance that prompts people to take action over a smile they may deem ‘unattractive’; whatever the motivation, it has been noticed that patients from higher socio-economic families/groups, and predominately females, are more willing to undergo orthodontic treatment for tooth alignment and malocclusion. (1)

In an ever-increasingly competitive market, and with a greater need to retain patients in the practice, being able to offer an attractive package of treatments is now easier to achieve, thanks to the development of new techniques and materials.

One area that traditionally required clinicians to refer their patients away from the practice was orthodontic treatment. Naturally, the knowledge and skills gained from the years of postgraduate study are invaluable, but GDPs are now able to offer patients with a wide range of malocclusions a treatment plan that, whilst designed by a trained orthodontist, is delivered by the general practitioner.

Three types of treatment

Traditionally, there are three categories of orthodontic appliances: removable, fixed and functional. Each has their share of advantages in terms of patient compliance, speed and cost, as well as their detractors, in terms of aesthetic, impact on health and longevity. For instance, there is evidence that small cracks in the enamel surface are seen following removal of orthodontic brackets. Such cracks provide the potential for caries to develop, discolouration and possible partial tooth fracture and, as a result, there were more cracks with chemically bonded ceramic brackets. (2)

The technology behind removable positioners has developed remarkably over the past five years. Most clinicians would be amazed at the range of malocclusions they can treat, in child patients as well as adults, including functional jaw correction and extrusion.

Aesthetically pleasing

Clear positioners have been available to clinicians for several years now and the capabilities of systems like Clearstep have improved immeasurably since their inception. Two advances of note have been the integration of clear positioners with traditional mechanics to create ‘hybrid’ devices that remain essentially undetectable to anyone except the wearer and clinician. In fact, the range of potential treatments is much greater than when clear positioners were first introduced; general practitioners might benefit from a reappraisal of the systems available.

Growing treatment ranges

As a general practitioner, being able to address a wide range of malocclusions in patients visiting the practice is a simple way to broaden the range of treatments being offered, made more attractive when the system also offers finishing such as home whitening. The system that utilises clear positioners as well as innovative appliances meets the patients’ requirement for a form of treatment that is non-invasive, avoids damaging the dentine and is almost invisible when being worn.

Clinicians can tackle orthodontic treatment of a wide range of malocclusions confidently when they have received suitable training and can rely on the support of expert diagnostic and laboratory support.

For more information, call the OPT Laboratory & Diagnostic Facility on 01342 337910, email info@clearstep.co.uk or visit www.clearstep.co.uk.

‘Most clinicians would be amazed at the range of malocclusions they can treat, in child patients as well as adults, including functional jaw correction and extrusion.’

For most adults, fixed braces would not be a treatment option because of their lack of aesthetic appeal. From a clinician’s point of view, fixed braces also mean referring the patient away from their practice.

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SKEMA: a Castellini concept
Grinding down the pain of bruxism for your patients

Dr Barry Oulton discusses the troubling condition of bruxism

For millions of people across the UK, waking up with a headache, stiff neck, jaw aches, and a generally tired feeling, is as common as waking up on a Monday and wishing it was still the weekend. As dentists, many of you will see patients everyday that complain of issues such as these, and if so, then it is more likely than not that they are suffering from bruxism.

Affecting up to 80 per cent of the population, bruxism is a condition that is not only incredibly common, but also worryingly under-diagnosed and poorly understood by a large percentage of dentists. Broadly characterised by teeth grinding and jaw clenching, bruxism causes tooth wear and breakage, disorders of the jaw and headaches to name but a few symptoms. Although sometimes a problem during the day, nocturnal bruxism is the most common and is usually the most damaging due to our lack of motor or conscious control over our movements or their intensity.

Symptoms

Symptoms of bruxism are wide ranging, and include: TMD, limitation of mouth opening, facial myalgia, migraines, ear ache, stiffness in shoulders and neck, abnormal tooth wear, fractured teeth, recession of gums, excess tooth mobility and premature loss of teeth. Although not technically a dangerous disorder, bruxism can be potentially debilitating as it can cause insomnia, intense pain and tinnitus for example, which can result in the sufferer's inability to function at a 'normal' level.

Dr Barry Oulton, Cosmetic Dentist at the Haslemere Dental Centre, has a long-term, passionate interest in the treatment of bruxism, and in creating greater public and professional awareness of the condition. Dr Oulton explains his dedication to providing treatment for sufferers of bruxism, and also why he thinks it is so important that the condition is correctly diagnosed.

An increasing understanding

Dr Oulton explains the impact of Bruxism Awareness Week: "I think, and hope, that the Bruxism Awareness Week could potentially herald the arrival of an increasing understanding in people with regards to this incredibly common but highly destructive condition. Not only does bruxism physically damage the teeth and, by extension, the aesthetic appearance of the mouth, it can also have a potentially massive impact on a person's emotional wellbeing. I treated a patient recently who had been suffering from migraines everyday for the last twenty years and who had become extremely depressed and despondent as a result. After my initial assessment, I concluded that she was suffering from bruxism and so, after briefly explaining the condition and its symptoms, I prescribed an NTI-tss, which I constructed chairside and sent her home with. At her two-week check-up, the results were simply incredible. She told me that after only a day or two her migraines had all but disappeared and that her quality of life had improved 100 per cent."

Psychological effects

Dr Oulton explained, the psychological effects of bruxism can be as damaging as its physical impact on teeth, and without the right level of knowledge and understanding, dentists will continue to overlook the condition and send patients away without the treatment that could so vastly improve their life. In terms of treatment, there are ways in which by using the appropriate science and clinical understanding, symptoms of bruxism can be limited and controlled, and therefore tooth damage and discomfort in the patient can be alleviated. As a condition, bruxism cannot be 'cured' as such, there will always be, to whatever extent, a base level at which it occurs, but the symptoms can certainly be managed effectively if patients are correctly diagnosed.

From regularly treating patients for bruxism, Dr Oulton is well versed in the practical treatment options available for sufferers, as he explains: "Most commonly, bite guards and occlusal splints are used in the treatment of bruxism. Full coverage splints may well protect the teeth from the effects of bruxism, but usually do not result in a decrease in muscle problems. The vast majority of my patients who are being treated for bruxism, I recommend the NTI-tss, which vastly reduces muscle problems."

Grindcare

S4S has launched a new treatment for bruxism called Grindcare. Using ground-breaking technology, Grindcare measures the movement of facial muscles during sleep through a small electrode placed on the temple. Clinical studies have shown that Grindcare can reduce instances of bruxism by more than 50 per cent in just three weeks, and up to 80 per cent after six–eight weeks. Dr Oulton's surgery is the first Grindcare centre in the UK, and he is confident in the positive trajectory of the treatment.

"I think that the Grindcare solution from S4S is a really important development in the treatment of bruxism. If we as dentists really get behind the Bruxism Awareness Week, and embrace the idea of expanding our knowledge and ability to treat the condition, I think that the millions of people throughout the UK suffering from bruxism will benefit immensely."

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The need for a better, more comprehensive understanding of the condition of bruxism is clear, and, with the exciting launch of the first Bruxism Awareness Week in October, perhaps we are on our way to providing patients with the information and clinical expertise and understanding that they deserve. For dentists interested in the new Grindcare treatment and occlusal splints, S4S has a range of options to meet the requirements of every patient, and also offers comprehensive training on this specific area of dentistry.

For your free information/promotion pack, contact S4S on: 0114 250 0176. Or email: info@s4sidental.com.

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Naos MED complement the current decontamination regime in the compliance of HTM01-05 recommendations.

For more information, please call John Jenishop of Blackwell Supplies on 020 7224 1457, fax 020 7224 1694 or email john.jenishop@blackwellsupplies.co.uk

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“Since joining up with Dental Phobia we have seen an increase in new patient case acceptance” www.dentalphobia.co.uk offers both patients and practitioners extensive support, advice and up-to date information on accepting and dealing with dental treatment and its consequences. The site also contains a bank of information for dentists seeking guidance to help them cater for the needs of the patients they treat.

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No Prep Veneers
If you want to find out more about the advantages of these unique Valox®-Nano mineral/ no prep veneers then you will need to attend the BACD Veneer meeting, 'Elevate meets Agricultur' in London, 23-24th September.

The event will be held with James Russell alongside Justine Wahlmann between 9am and 12pm on the morning of Friday 23rd September and will include:

- The importance of orthodontics
- Improved communication between dentist and technician
- Trends in veneers and enhance restorations
- Advantages and disadvantages of layered and stackable feldspathic ceramics

To find out more call Luke Barnett on 01325 215537 or to book a place call the BACC on +44 0 208 222 8538.

Nobel Biocare - offering solutions to all dental challenges
Knowing that every patient and procedure is different, Nobel Biocare has developed a range of products designed to facilitate all kind of procedures.

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The V2 Illumination system offers a superior range of focus and illumination technology, allowing for a wide range of focus and illumination levels. The EyeMag 2.5X loupe is perfect for those in search of superior image quality and minimal power consumption.

Dr Chris Evans of Whitegate Dental Practice uses the EyeMag Smart and the new platform system at his practice and is impressed with the EyeMag Smart. According to him, “I am impressed with the EyeMag Smart lenses and have found them to be especially beneficial for lower arch work. As for the illumination system, the light intensity is just right, and the batteries long lasting. My patients now have quite a lot of interest in them too!”

The V2 illumination unit uses two lithium batteries allowing up to 16 hours of working time with greener brightness, with exceptional colour clarity, and does not promote curing of composites. Numerous magnification and illumination products, along with first class customer installation and training, also takes care of the contamination of oral-free disinfectants.

For more information please call Evans on 01455 872266 or email james@whitegate-dental.co.uk

www.oroscopes.co.uk

Sylos for Aquaspirate
The team at Velopex are delighted to announce that Sylos for Aquaspirate is now available. Bioactive glass is packed into green plastic containers which will fit into any type of Aquaspirate (or Alycat) unit, and comes in packs of 4 (I/PDR0034F). It is available from your normal supplier, or Velopex Tel 07734 044877 NW10 7AP.

The product is designed to offer an ability to remove stain, plaque and biofilm, without the need to remove any of the natural dentine. It is bioactive glass material designed to replace Velopex fine grain Sodium Bicarbonate in the left hand chamber of your Aquacut unit – it will fit into any Aquacut (or Alycat) packed into green plastic containers which are available. This Bioactive glass material is available. This Bioactive glass material is

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Thinking of starting your own practice?

Sim Goldblum offers some key advice in relation to The Dentistry Business’s recent webinar on the subject.

There aren’t many people who can claim to have gone head to head with the Brazilian national football team and come out on top. However, earlier this year in the World Cup competition, my colleague and practicing dentist Lester Ellman and I presented our first Smile-On webinar, at the same time a Brazil versus Argentina game was on television.

The webinar, organised by Smile-On, was a first for us. The presentation covered the five Ws – those questions that need to be asked before making the decision to set up a practice – Why, What, Where, With Whom and When.

The technology provided worked incredibly well. A list of attendees could be seen alongside a “comment box”, where those watching could post messages to either individual attendees or to the whole group during the course of the lecture. We are pleased to report that 34 delegates signed into the webinar at 7pm and 34 remained at the end.

Why?

Throughout our presentation, Lester and I related our thoughts to the practicalities of setting up a practice. We pointed out the negative factors of increased stress and responsibility that are a natural result of running a business, and highlighted the importance of objectively analysing your own skills (both business and clinical) at an early stage. We also encouraged those taking this first step to seek help and advice from external sources, to guide them through the specific aspects of planning and executing a business plan.

What?

This question again begs for objectivity and an ability to assess one’s whole life objectives. Will your practice be NHS, private or mixed? This question is one that requires early consideration, along with whether you will buy or just set up? Lester, who has run both private and mixed practices in Manchester, pointed to the different expertise required for each type of practice and the general skills required to run any practice: efficient patient flow, patient handling techniques and good communication skills are vital aspects of all modern day practices.

Running a practice with any mix of NHS patients in England currently requires an NHS contract. The ability to present a ten-day in front of a PCT panel is a skill that many dentists find arduous. Any tender proposal needs to ensure the proposed UDA value is both competitive and also of a high enough value to enable you to operate efficiently and also that the contract is long enough for you to be able to absorb start up costs and ultimately make a profit.

And remember, even if you take on a practice with an existing contract, there is no obligation on the part of the PCT to either maintain the contract or honour the previous UDA value. Some practitioners who have taken on existing contracts have found themselves in the process of re-tendering in any event.

When you take on any kind of practice, always make sure that the business information you receive and base your decisions on is up to date. The question is not, “How many patients do you have?” but “How many ACTIVE patients do you have?”

Where?

Once again, the vision you have for your life plays an important part in the decision to make on where to establish your practice, both in wider geographical terms and also with reference to high street or suburban locations. Clearly, key things to consider are whether there are enough patients in the locality to support a practice and what the competition is like?

One of the most valuable pieces of advice we offer is to make sure your ideal location is not only ideal for you, but takes into consideration the needs and wants of prospective patients. Accessibility has not only been the watchword of every government for the past 20 years, it is a vital factor in terms of transport links and parking, as well as disabled access into the actual building itself.

With whom?

Probably one of the most difficult and soul searching questions to be considered is who you might choose to set up practice with. Lester recalled his own experiences, to highlight the importance of choosing the right partner – one who empathises with your own vision and ideally one whose own skills compliment your own.

He also extolled people considering a partnership that they must remember that both partners are equally liable for the debts of the business. He urged the listeners to have in-depth, realistic discussions with a potential partner and to have a comprehensive legally binding agreement written before staring out on any joint venture.

Of course there is always the option of being a sole practitioner and in this case, you need to ensure you have the requisite skills to establish and run the practice or that you have access to help that will fill any skills shortfall.

When?

When to set up your practice is a question that requires both a micro and a macro response. Particularly pertinent at the moment is to consider the overall economic environment and whether the time is right to establish any small business. Added to this is the current uncertainty over access to NHS dentistry and what an NHS contract may look like in 12 months time, all of which adds to hesitancy on the part of would-be NHS practitioners. For those considering private practice, even practitioners who would seem safe bets are finding it hard to secure finance, which is causing some to postpone decisions until the economic waters have become calmer.

On a micro level, you must ask yourself if you are personally ready to become, not only a clinician, but also a business person – whether NHS, private or mixed is the practice of choice, the need for business skills is a prerequisite for success.

The Smile-on webinar was considered a great success, thoroughly enjoyed by those who logged in and with the ability to access this type of information from the comfort of your own home surely holds the key to the future for this type of dental education.

Key points to consider when making your choices:

- Planning is the key to success
- Be patient and wait for the right opportunity
- Your selected practice must tick all the boxes
- Make sure your practice will fulfill your ambitions, both personally and professionally

The Smile-on webinar was part of a series of seminars aimed at helping you make real improvements in your practice life. For more information on The Dentistry Business, contact 0161 408 2586, info@thedentistrybusiness.com or visit www.thedentistrybusiness.com.

About the author

Sim Goldblum is a partner in The Dentistry Business and has a wealth of experience in business planning, marketing and finance. The Dentistry Business will be running a series of one-day seminars aimed at helping you make real improvements in your practice life. For more information on The Dentistry Business, contact 0161 408 2586, info@thedentistrybusiness.com or visit www.thedentistrybusiness.com.

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