Anger over 2011 ARF increase

The decision by General Dental Council (GDC) to increase the annual retention fee (ARF) paid by registrants has sparked outrage throughout the dental profession.

The ARF has been raised due to a number of challenges; a 40 per cent rise in fitness to practise cases, an increase in hearings and a cost of more than £5m on legal fees, not forgetting the plans for a Government-led revalidation, are the main reasons behind the increase.

The ARF for dentists has been increased by 31 per cent and now stands at £570 (due by 31 December 2010); there has also been a 25 per cent ARF increase for DCPs, which now stands at £120 (due by 51 July 2011) and the Specialist Lists fee will now be £72.

GDC Chair Alison Lockyer said: “We have looked very carefully at what it costs us to regulate dentistry.

“We check the quality of education so that new registrants are fit to practice. We make sure only appropriately qualified dental professionals join our registers.

“As a dentist, I recognise that there are dental professionals who will be unhappy with this decision about the ARF.” She added.

One clinical specialist commented that she felt that such demands were discriminat- ing against women as many women reduce their working hours to care for their families. Having worked part-time in Community Dental Services, she couldn’t understand why she should pay the same retention fee as a GDP working full time in a private practice, whose salary would be almost six times more than her income.

Many have called for the GDC to introduce a way to pay instalments if all registrants were able to pay this way. So far we have not found a solution to allow us to do this in a cost-effi- cient way. There are a number of issues relating to offering pay- ments by instalments We cannot offer this to all registrants with- out changing the law (specifically the Dentists Act) through a section 60 order which would take time and money.

“A GDC-run payment system would need to be designed, de- veloped and tested in order to make sure it worked properly. Our research shows this would be a lengthy and costly process. It is likely extra GDC staff would then be needed to maintain and update the information on it” They added: “If we looked at the option of using an external service, the kind of companies we could employ to collect payments in instalments are generally not keen on col- lecting amounts under £400 due to the amount of work involved for the return they receive.”

"As a dentist, I recognise that there are dental professionals who will be unhappy with this decision about the ARF.” She added.

Many have contacted Dental Tribune with regards to this is- sue. One clustered practice man- ager commented: “I think it is absolutely disgraceful that the GDC have put the ARF up for DCPs. Why should dental nurses, most of whom earn nothing compared to the likes of dental hygienists and therapists, have to pay the same ARF?”

Dentists have been suggest- ing that the increases “reveal an alarming ‘out of touch’ mentality at the offices of the GDC” whilst others say it is a “disgrace that the GDC are helping themselves to a 31 per cent pay increase.”

BADV President Sue Bucknell JP said on the ARF increase: “I am appalled that the GDC could be so insensitive to the position of dental nurses. The BADN survey – of which the GDC are aware – showed that the majority of dental nurses in the UK earn £15,000 or less a year; to expect them to pay £120 merely to have the right to practice their profession is un- reasonable and unacceptable.

One clinical specialist com- mented that she felt that such demands were discriminat- ing against women as many women reduce their working hours to care for their families. Having worked part-time in Community Dental Services, she couldn’t understand why she should pay the same retention fee as a GDP working full time in a private practice, whose salary would be almost six times more than her income.

Many have called for the GDC to introduce a way to pay by instalments. Dental Tribune contacted the GDC on the topic of instalments, who responded: “We have looked at this option on several occasions. We believe it would only be fair to introduce instalments if all registrants were able to pay this way. So far we have not found a solution to allow us to do this in a cost-effi- cient way. There are a number of issues relating to offering pay- ments by instalments We cannot offer this to all registrants with- out changing the law (specifically the Dentists Act) through a section 60 order which would take time and money.

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Illegal dentist worked for NHS, court told

Vinisha Sharma, 37, of Willenhall, West Midlands, posed as a dentist and worked on hospital patients despite having a lack of dental qualifications after she wrongly claimed to have a degree from the Sri Guru Ram Das institute, India.

Sharma admitted one count of using a forged degree and four counts of obtaining a pecuniary advantage. She has since admitted forging her qualifications and earning £250,000 by deception.

Ms Sharma moved around England on annual contracts and worked in Wolverhampton and Burton-upon-Trent, in Staffordshire, before moving south to Southend and Basildon in Essex, Peterborough and Stamford, and finally East Grinstead in West Sussex.

Faked degree

Sharma failed her dentistry exams but then applied for temporary membership with the General Dental Council (GDC) in 2000. She worked for nine years at six NHS trusts; such work included operating on people under supervision and minor surgery.

It wasn’t until consultant Patrick Magennis contacted the Queen Victoria Hospital in East Grinstead in 2008 after he was concerned by her conduct and lack of veracity that Sharma’s past of deceit caught up with her.

However, her deception went unnoticed and after failing the paper exercise she required to gain full registration in 2008, her fraud went undiscovered yet again. Sharma was eventually charged after an investigation by the NHS Counter Fraud Service.

Successful entry to the GDC registers through fraudulent means remains exceptionally rare and the GDC stresses that they are “committed to doing all it can to prevent a repeat of this incident”. As a result, a review into Temporary Registration is underway.

The GDC said: “We have a strict system in place for registration, which includes potential registrants providing character references and a series of certified documents - including a certified copy of a passport and dental degree or diploma.

According to further reports, Eddie Crouch, from the Birmingham Local Dental Committee, said: “I think it’s important that the GDC carry out the specific checks on dentists who come into this country to work to ensure that they are adequately trained and qualified.

Sharma told investigators that she had “never had any complaints” from her patients and added that “invasive surgery is not something that you can teach yourself out of a book.”

Sentencing will take place during the week beginning 18 October.
Editorial comment

The GDC have not been having the greatest time of it lately. The decision to raise the Annual Retention Fee, although expected, still managed to cause much anger amongst registered professionals. Groups such as dental nurses are up set that for many of them, £120 is a big hit to take just to be allowed to work. Dentists are also upset that £576 is not affordable for those such as associates and those working part time. People are also commenting on the fact that other necessary fees such as indemnity and the upcoming registration with the Care Quality Commission are placing a financial burden on practices just to be able to practise that is just not fair.

Top this anger with the recent story about a woman who was able to practise for several years without qualifications, despite being investigated and it doesn’t get much worse for the dental regulator.

Showcase is upon us for another year, and I’m looking forward to meeting with readers, partners and friends at one of the busiest events for me personally. I hope that those attending have a successful event, and manage to get a good deal on all those gadgets you’ve been after all year!

CQC Chair confirmed

Following an independent recruitment exercise by the Appointments Commission and a pre-appointment scrutiny hearing by the Health Select Committee, Health Secretary Andrew Lansley has announced that Dame Jo Williams has been appointed as the Chair of the Care Quality Commission (CQC).

Dame Jo has been the acting Chair of the CQC since February 2010. Her previous roles consisted of being the Chief Executive of the Royal Mencap Society and the former President of the Association of Directors of Social Services, as well as a champion for social care services throughout a career in local government. She also Chairs the Prison Reform Trust and is a member of bodies advising the government on the third sector, carers, learning disabilities and children’s services.

According to reports, Dame Jo said: “I am delighted to be appointed Chair of CQC – but I don’t underestimate the challenges that lie ahead.

“CQC will continue to drive improvement to ensure everyone has access to safe, quality services across the country, and I am thrilled to be a part of this.”

Dentistry Capitalising on Recession

“How to grow your dental business in an adverse economic climate”, as presented by Iain Forster, Managing Director of DIO UK, at the Royal Society of Medicine, London

Iain Forster, Managing Director of DIO UK, presented his marketing advice and ideas to delegates at the Royal Society of Medicine on Friday 3rd September. The 45-minute session was well attended and there was much interest shown both in the content of his presentation and the follow-up series of marketing workshops Iain is holding over the next few months to help dentists make the most of their marketing budgets.

In his presentation Iain said that it was a good time to be in dentistry, with the population increasing and costs decreasing. He also put a positive spin on the recession saying that companies that promoted heavily during a recession were often the first to emerge from it and the most successful in the following years.

Despite encouraging dentists to promote their services during a recession, Iain urged caution. He said that companies should not spend over and should test marketing methods to determine what worked best for them and focus on those that proved to be the most successful. “It pays to start small and build confidence,” he said.

Iain was confident that the economic climate is right for dentists to promote their businesses as the country emerges from recession. He went on to explain that it is however essential that practices remain focussed, targeting those people with whom they already have a relationship before spending too much money looking further afield. He drew a distinction between internal marketing to reach out to the local population, educating their own practice teams and the importance of the Internet; and external marketing that was designed to open up new markets over an extended period. “Internal marketing gives us business tomorrow,” he said. “External marketing gives us business next year.”

Bringing marketing right up to date Iain urged dentists that they should embrace social media and the opportunities it provides. “External marketing gives us business tomorrow,” he said. “External marketing gives us business next year.”

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Iain is now presenting his lecture as a free online webinar. Delegates can register for the online seminar by going to: www.dentala.co.uk/speakers/dentistrymarketingwebinar.html.

DIO Implant is a global supplier of dental implant technology. Established for over 20 years, DIO is rapidly expanding in the UK and has already taken a sizable share of the market with its combination of high quality, sensible pricing and clear communication. The company’s focus on marketing education is part of its strategy to build effective and profitable business partnerships throughout the dental industry.

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‘I don’t underestimate the challenges that lie ahead.’

Do you have an opinion or something to say? Let us know. Write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasury House, 19-21 Hatton Garden, London, EC1 8BA
Or email: lisa@dentaltribuneuk.com

Forster, Managing Director of DIO UK, at the Royal Society of Medicine, London

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Finalists announced by DDU

The DDU has revealed the names of the six talented dental teachers who will vie for success at the 2010 DDU Educational Awards at the Royal Society, London on 17 November.

Earl Howe, Parliamentary Under Secretary of State for Quality with ministerial responsibility for dental care, has agreed to give the keynote address and present the awards at this year’s event.

Rupert Hoppenbrouwers, Head of the DDU said: “We are delighted that Earl Howe has agreed to be involved in this way. It’s great for those working in dental education to receive this kind of recognition and we look forward to hearing his views.”

The finalists in each of the categories are:

**Dental Care Professional Teacher of the Year**
- Damien Walmsley, School of Dentistry, The University of Birmingham
- Kathryn Dobson, School of Dentistry, University of Liverpool
- Nikki Rogers, School of Oral and Dental Sciences, University of Bristol
- Jenny Owens, Leeds Dental Institute

**Dentist Teacher of the Year**
- Stephen J W Lansley, School of Physiology and Pharmacology, University of Bristol
- George Arisidou, Kings College London

Each finalist will be asked to give a presentation, including answering questions from the judging panel and audience, which will be judged across a number of criteria, including knowledge of the subject and the ability to motivate others. All finalists will be awarded £250 each and the winners in each category will receive an additional £1,000 towards the cost of educational materials for their schools or VT scheme. DENTSPLY is the main sponsor of the Awards, and the initiative is supported by the British Dental Association.

£1m study into children’s tooth decay in South Wales

A £1m study has been set up to help prevent tooth decay in children who live in some of the most deprived communities of South Wales.

Around 2,800 pupils are set to take part in the study after reports showed a three-fold rise in tooth decay in children living in areas of deprivation, compared with those children who didn’t.

Working via mobile dental clinics, dental health workers will deliver a primary school-based dental prevention programme.

The study, which will carry out over three years, will be take place within Communities First areas in South Wales.

The money was awarded by the National Institute for Health Research to experts from Cardiff and Swansea universities and Cardiff and Vale University Health Board’s Community Dental Service.

Children taking part in the study will have one of two available treatments: plastic sealants on the biting surface or fluoride varnish on the tooth surface.

Following their treatment, the children will have check-ups throughout a three year period so experts can investigate the effectiveness of the two forms of tooth decay prevention techniques.

Professor Chestnutt Ivor Chestnutt, a consultant in dental public health from Cardiff University’s school of dentistry will be leading the study said; “Both of these treatments have been around for many years and have been shown to work.

“To know which works best and what treatments are the most acceptable from the perspective of the children, their parents, the dental staff carrying out the treatments, and the schools in which the treatment will be delivered, will be of tremendous value to the National Health Service.” Professor Chestnutt Ivor Chestnutt said.

Rochdale gets the Dental CATS

By March 2011, residents in Rochdale and the surrounding area will benefit from an improved dental service. The announcement comes after NHS Heywood, Middleton and Rochdale confirmed that a new service, known as the new Dental Clinic Assessment and Treatment Service (Dental CATS), will be available to treat patients who are in need of specialist treatment.

Many patients will also be comforted by the fact that they no longer have to go to hospital for dental treatments; for many people, going to hospital is a daunting experience, and many can feel nervous – however, the new system means that such anxieties can be taken away.

John Pierce, chairman of the local PCT, said the new service was one of many initiatives being launched to improve NHS dental services in the area; over the last two years, more than a million pounds have been invested in the area and further improvements are set to follow.

The CATS service will be used for patients over 18 on the condition that they are registered with a local GP; patients who have severe symptoms which may suggest a more serious health condition may still be referred to hospital, as they may require specialist medical care.

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I want you to imagine trying to set up a new dental clinic in the middle of East Africa where hardly any resources exist for professional development, clinical audit and governance and the training of your dental nurse! This was the situation that we found ourselves in as Bridge2Aid when we opened Hope Dental Centre in October 2004. Being a commercial dental practice situated in the heart of Mwanza city and the hub of Mwanza city and the hub of our operations we were able to provide quality dental services and use the profits generated to facilitate projects in local communities in partnership with the government of Tanzania. In those early days, when we had a small team, we recognised that to bring quality and sustainability we needed to ensure that the clinical team were being properly trained and responsible for good policies and procedures that are necessary to operate a busy and effective dental practice. Since that time, and with the help of many in the dental trade and profession, Hope Dental Centre has grown to be the effective and significant dental practice it is today, with a clinical and admin staff of nine people.

Our relationship with Smile-On has been invaluable as we have looked to train and develop our team to the highest possible standards. When Smile-On first donated the original copies of DNNET and Key Skills it allowed us to have access to a comprehensive resource whereby our trainee dental nurses had easy access to the information and skills required to develop themselves as dental nurses. The Key Skills format was invaluable for the professional development of our clinical team and allowed them to stay focussed on the policies and procedures required in their clinical practice.

Even though we had the struggles of computer hardware not being available in the clinic and we often needed to do our training on laptops, we were still able to use these excellent resources for the training of the clinical team. At one stage Ian had the opportunity to speak...
at the annual conference of the Tanzanian Dental Association where he was able to profile both DNNET and Key Skills to the Chief Dental Officer, members of the Ministry of Health, Directors of private hospitals and private practitioners. The response was overwhelmingly positive and since that time we have been working with Smile-On resources, and it has given them the clinical information that they require to accurately talk to the patients either on the phone or in the reception area.

As Bridge2Aid and Hope Dental Centre are here in Mwanza, we want to say thank you to Smile-On for their enthusiasm and support of our work in Tanzania. Smile-On recognised where they could help specifically and over the years this has continued with advice, support and expertise. As the work of Hope Dental Centre continues to develop and expand I am continually excited about the opportunity to work together with Smile-On to see the clinical team trained to the highest standard possible. In turn, this will allow us to continue to provide the excellent care that our patients have come to expect.

‘The Key Skills format was invaluable for the professional development of our clinical team and allowed them to stay focussed on the policies and procedures required in their clinical practice.’

On in a creative way whereby we might be able to see these resources in the hands of our dental colleagues working within developing nations. Within Hope Dental Centre we currently have the privilege of being able to use the new updated version of DNNET, Key Skills and DNNET to regularly train and develop the clinical team. During a recent training session one of our trainee nurses commented how helpful the explanation and video demonstrations were in the DNNET programme in helping her to understand the clinical standards that were expected of her. Both our Tanzanian dentist and therapist have benefitted from monthly meetings going over the aspects of Key Skills and this has subsequently allowed them to communicate their own high standards to other colleagues within the Tanzanian Dental Profession. What has also been interesting is that our administrative staff, have sat in on some of the training sessions using the Smile-On resources.
It was canapés and champagne all the way as London-based healthcare education provider Smile-on officially opened its new office in Cardiff.

It has been a busy year for Smile-on as it celebrates a decade of providing distance learning solutions for dental and medical professionals. Following a long-standing relationship with Cardiff University, the company decided to establish a Welsh base of operations to further cement their relationship.

The new office is based at the Cardiff Medi-centre, a joint venture partnership between Cardiff Council, Cardiff University, the Welsh Assembly Government and The Cardiff and Vale NHS Trust. The Centre is located on the University Hospital of Wales campus which is home to the Cardiff University Medical School, making the collaboration with Cardiff University even easier.

The official opening was performed by Dr Tony Jewell, Chief Medical Officer for Wales and included speeches from Dr Debbie Cohen, Senior Medical Research Fellow at Cardiff University and Patrick Cannon, Director of Smile-on and representative for developing further business and links in Wales. Noam Tamir, CEO at Smile-on, was also on hand to say a few words.

During his welcome speech, Dr Jewell commented: “I am very pleased to be opening this office today. We have done quite a lot of work with Cardiff University and HLC [the trading name for Smile-on] on different projects for many years, trying to keep people in Wales working. The resources we have been able to provide to GPs in the areas of issues such as back pain have become both indispensable and free and I am very proud about that.

“It’s a good example of partnership between private sector, university and government, especially in terms of policy, and I look forward to seeing this relationship grow.”

Dr Paul Langmaid, Chief Dental Officer for Wales, who was also present at the launch event, said: “I am delighted that Smile-on has opened an office in Cardiff. The company’s reputation for offering the dental profession in Wales a wide range of interactive teaching and online courses, including programmes for Continuing Professional Development (CPD) and Communication in Dentistry is well established. I hope that Smile-on’s relationship with Welsh universities can be further developed and that both the Cardiff Dental School and the Dental postgraduate department will find its local presence of great benefit as well.”

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Doctor, Doctor...
Neel Kothari questions whether the title ‘Dr’ is as misleading as the GDC suggests

Once again the process of ‘consultation’ has resulted in decisions being made in favour of the architects of the consultation process, despite the overwhelming opposition from those that have been consulted. The internet dictionary definition of a consultation states ‘1. the act and process of consulting’ and ‘2. a conference for discussion or the seeking of advice, esp from doctors or lawyers’. So clearly it seems that two sides are meant to have a say in the decision making process.

Given that this process involves two sides putting in time and effort, why is it that, in a time of economic strife, burgeoning regulation, increasing cuts within the public sector and a whole host of unresolved issues with the NHS dental contract, the GDC decide to ‘consult’ with the profession on whether dentists should use the title ‘Dr’?

Pressing Issue
Can we really say that the most pressing issue facing patients within current day dentistry is not, for example, whether complex work may be provided for them under the NHS, but rather a peculiar uncertainty as to whether their ‘dentist’ or ‘dental surgeon’ operating out of a dental surgery is actually medically trained? Of course I am not advocating misleading patients, but at what point do we say ‘enough is enough’, let’s all use our common sense? A packet of peanuts now contains the warning ‘may contain nuts’; do we really need to take dentistry to this stage?

According to a survey conducted by the BDA, four-fifths of dentists think it is appropriate to continue to use the courtesy title of ‘Dr’ and, in short, it seems that the profession is happy to leave the status quo untouched. You may conclude that this is really a non starter for the GDC, and that things will remain as they are; well, not necessarily so. The GDC has recently published a draft guidance document on ‘Principles of Ethical Advertising’ which states ‘Dentists should not use the courtesy title ‘doctor’ (or the abbreviation ‘Dr’) unless they have a PhD or are a medically qualified and registered doctor. Its use as a courtesy title is potentially misleading to patients and it is important that patients do not assume that you have training or competences which you do not possess.’

How far do we go?
But exactly how far are we meant to take this? Should those dentists using this title really pay out for redesigning their advertisement, letter headed papers, etc, etc, etc? Throughout the UK, private and public sector companies are taking active measures to reduce costs and in...£78. This does raise the question of whether the fat of our £576 fee could be trimmed. If so, perhaps we could start with the consultation over the use of the title ‘Dr’, after all it is a title used by Dental Surgeons in a huge number of countries worldwide without controversy or dispute.

My main opposition to this debate is that once again the financial burden will seem to fall upon dentists and from a simply common sense point of view I cannot see how necessary or cost effective it is. Does the public really feel that we are second rate profession pretending to be doctors? If so, does the public have a similar feeling towards, let’s say, dermatologists? For, if we are to follow the same trail of thought, the public might expect them to be able to provide open heart surgery - after all they are both doctors. That is clearly not the case.

Pretext
There are many people out there pretending to be doctors who probably should be stopped. One example of many is the staff at the Clinique counter in my local department store, who all wear hospital white jackets, yet I don’t think any member of the public expect them to be able to treat serious skin disorders. What about the claims from numerous alternative health ‘experts’ who claim to treat anything from acne to cancer with the least evidence based backing?

In my opinion, whilst many people out there are pretending to be doctors, dentists are not among them. So let’s stop this constant degradation of our profession and exponential rise in costly regulations and instead allocate all available funds to letting dentists do what they are trained to do: treat patients.

About the author
Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a four-year postgraduate certificate in implantology at UCD’s Eastern Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice.

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Not such a dry subject

*Dental Tribune* details the opening plenary session, Xerostomia and Hyposalivation: Mechanisms and solutions, at this year’s meeting of the European Association of Oral Medicine

The 10th Biannual Meeting of the European Association of Oral Medicine, held in London, was a truly collaborative effort. Organised by the EAOM and the three London dental schools (King’s College London, Queen Mary University of London and the Eastman Dental Institute of University College London) and supported by GSK, the conference highlighted the importance of oral medicine in diagnosing and treating conditions such as xerostomia and hyposalivation.

The opening plenary session of the main part of the conference was dedicated to this topic. After opening remarks by Baroness Gardner of Parkes and Chief Dental Officer for England Dr Barry Cockcroft, it was time to turn over the session to the two Chairs, Prof Isaac van der Waal (head of the Department of Oral and Maxillofacial Surgery and Oral Pathology of the VU University Medical Center/ACTA Dental School, Amsterdam) and Prof Crispian Scully CBE (director of Special Projects at the UCL-Eastman Dental Institute (EDI); Professor of Special Care Dentistry, University College London). After setting the scene for the session, they introduced the first speaker, Prof Stephen Porter.

**Prevalence**

Prof Porter is Director and Professor of Oral Medicine of UCL Eastman Dental Institute. His presentation, Hyposalivation: Prevalence, assessment, differential diagnosis and quality of life impact, gave a general overview of the problem of xerostomia in terms of prevalence. He discussed the age factor in the condition, as well as issues such as immuno-suppressant disease and drug/radiotherapy treatments. He also looked at the issue from the patient’s point of view, whose quality of life can be affected because of reduced sleep and impaired eating function.

Next to speak was Dr Jackie Brown, specialist in Oral & Maxillofacial Radiology. She is Consultant in Dental & Maxillofacial Radiology at Guy’s & St Thomas’ Hospitals Foundation Trust, and is Senior Lecturer at King’s College London Dental Institute of Guy’s, King’s College & St Thomas’ Hospitals and at the Eastman Dental Institute. Dr Brown’s presentation, Contemporary imaging in salivary gland disease diagnosis, looked at the role of imaging in the distinguishing and identifying diseases affecting the salivary glands. She discussed the various imaging equipment
available, including ultrasound and Cone Beam Computed Tomography (CBCT), and their advantages and disadvantages.

Then it was the turn of Prof Gordon Proctor, Professor of Salivary Biology; Head of Salivary Research Unit, Department of Clinical Diagnostic Sciences, King’s College London Dental Institute. He discussed Drug related hyposalivation: a review of physiology and sites of drug action. Prof Proctor highlighted the relationship between drug therapy and salivary flow rates. He discussed the findings from various studies looking at this relationship, including one specific paper by Wolf et al. Major salivary gland output differs between users and non-users of specific medication categories (published in Gerodontology in Feb 2008).

Viral Infection Speaking just before the coffee break was Prof Jennifer Webster-Cyriaque, Associate Professor, Departments of Dental Ecology and Microbiology and Immunology, University of North Carolina Chapel Hill Schools of Dentistry and Medicine. Viral infections of salivary glands resulting in hyposalivation took a look at various viral infections that can affect saliva production, including HIV, Herpes and Polyomaviruses including BKV. One of the main challenges, said Prof Webster-Cyriaque, is determining how viruses get into and infect the salivary cells.

Following the coffee break, where there was a chance to network and discuss the morning’s presentations, came Prof Roland Jonsson, Vice-chairman of the Gade Institute at the University of North Carolina. He discussed the findings from studies looking at Ocular associations of hyposalivation. She detailed how quickly dry eyes can occur and how the treatment of patients suffering with xerostomia. The first thing clinicians have to remember, said Dr Fox, is at the end of the day we have to treat patients. One thing clinicians can do is encourage patients to chew and stimulate the masticatory function.

Prof Fox also looked at other different ways of trying to manage xerostomia including different formulations, such as Biotene, produced as gels, gums and mouth rinses. He concluded by saying that one of the most important issues a clinician can consider is the patients and what makes the mouth feel moist and comfortable for them.

Detailed look
This session was a very detailed investigation into some of the causes of xerostomia and hyposalivation and allowed delegates to get a better understanding of how these conditions affect salivary flow; as well as get an update in the thinking behind many of the products clinicians can recommend to patients for relief.

Time to talk about dry mouth?

Approximately 20% of people suffer symptoms of dry mouth1, primarily related to disease and medication use. More than 400 medicines are associated with dry mouth especially if 3 or more are used together.2

Ask your patients
Some patients develop advanced coping strategies for dealing with dry mouth, unaware that there are products available that can help to provide protection against dry mouth, like the Biotène system.

Diagnosing dry mouth
Four key questions have been validated to help determine the subjective evaluation of a patient’s dry mouth:

1. Do you have any difficulty swallowing dry foods?
2. Does your mouth feel dry when eating a meal?
3. Do you sip liquids to aid in swallowing dry food?
4. Does the amount of saliva in your mouth seem to be too little, too much or do you not notice?

Clinical evaluations can also help to pick up on the condition, in particular:

• Use of the mirror ‘stick’ test – place the mirror against the buccal mucosa and tongue. If it adheres to the tissues, then salivary secretion may be reduced
• Checking for saliva pooling – is there saliva pooling in the floor
• Use of the mirror ‘stick’ test – place the mirror against the buccal mucosa and tongue. If it adheres to the tissues, then salivary secretion may be reduced
• Determining changes in caries rates and presentation, looking for unusual sites, e.g. incisal, cuspal and cervical areas.

Dry mouth can be a leading cause of bad breath and may lead to caries or gum disease.

The Biotène System
The Biotène formulations supplement natural saliva, providing some of the missing salivary enzymes and proteins in patients with xerostomia and hyposalivation to replenish dry mouths. The Biotène system allows patients to choose appropriate products to fit in with their lifestyles. Products specially formulated for dry mouth:

• Biotène Oralbalance Salvia Replacement Gel – For relief of dry mouth
• Biotène Oralbalance Liquid

Hygiene Products:

• Biotène Fluoride Toothpaste
• Biotène Moisturising Mouthwash

The range is specially formulated for individuals experiencing dry mouth or related oral irritations:

• Alcohol free
• Mild flavour
• Sodium Lauryl Sulfate (SLS) free

The Biotène range:

• Helps maintain the oral environment and provide protection against dry mouth
• Helps supplement saliva’s natural defences

The Biotène system

Selected samples available from gsk-dentalprofessionals.co.uk

Biotène is a registered trade mark of the GlaxoSmithKline group of companies.
Keeping up appearances

Training your staff might be a bind, but it is an essential part of making sure your business becomes, and remains, successful, says Jane Armitage

Since August 1 2008, the General Dental Council (GDC) requires all dental care professionals (DCPs), whose name was on the GDC register on or after July 31 2008, to undertake a programme of continuing professional development (CPD). This is so DCPs keep up to date with current practices and procedures, and also to make sure that best practice is observed and maintained. This is a compulsory requirement for any registered DCP.

The current legislation states that 150 hours of CPD has to be undertaken within a five-year period. Fifty of those hours have to be verifiable by a third party.

Verifiable CPD may only be classed as verifiable, providing it has met the educational criteria requested by the GDC. Within these, 20 hours are compulsory criteria requested by the GDC for the renewal of registration funding it has met the educational criteria requested by the GDC. Within these, 20 hours are compulsory criteria requested by the GDC.

Verifiable CPD can only be gained from other forms of learning activity, providing the following criteria are met:

- Clear anticipated outcomes
- Concise educational aims and objectives
- An evaluation feedback form

Issuing CPD certificates

The practice I work for holds annual team training days. During these days, we try to incorporate two of the core subjects, which are delivered by an appropriate training company. This is followed by a learning activity, which fulfills the criteria set by the GDC to enable the practice to issue verifiable certificates for the time duration specific to the training.

During this day, we will also hold our annual appraisals at which point a Personal Development Plan is produced. I then ask for evidence of CPD for the past year and give them a CPD folder for the coming year, which includes a study folder containing verifiable CPD with multiple choice answers and a chart to record verifiable and non-verifiable CPD, ensuring that all their evidence of non-verifiable CPD is saved.

This I feel is a win-win situation. The practice knows that the requirements are being met, plus the DCP gains the appropriate hours, and can rest assured they have fulfilled the criteria.

I aim to hold this training day as near to August 1 as possible, my reasons being all staff are aware of the training day and will have been asked to produce evidence that their GDC renewal for registration has been paid for the coming year.

Gaining new knowledge

Dental receptionists and practice managers are not required to complete CPD; however, for a person to develop, it is still important to gain new knowledge.

Our receptionists collect their own CPD and record articles they have read on subjects relevant to their position.

Although this is not compulsory, it provides development. The majority of our staff, including the nurses, have taken courses on customer care, while senior receptionists have learned about leadership.

Care nurse co-ordinator is the path that one of our oral health educators has taken. From an financial aspect, this is the role that has created revenue. The private income increased by 50 per cent in the first six months. Both oral health educators have taken the Fluoride Application Course.

Managing risk

Health and safety/risks assessment in the dental practice are both essential factors that we all should be more aware of. Courses for both can be held house via an appropriate trainer. An insight to legislation concerning Health & Safety in my opinion is a valuable training area for all dental team members.

First Aid is a requirement and each dental practice must have its own qualified first aider. These certificates last for three years, but must be re-taken before expiry of certification. This is usually a three-day course, and it’s a good idea to have two qualified members, which allows for holidays and time off. Fire ma shall training is another useful course, but it is not compulsory.

I went down the Diploma in Dental Practice Management route, followed by a further two diplomas continuing to gain the assessors award. It might be a bind but team training is an essential part to ensure a successful business.

Knowledge is a valuable asset for all members of your practice.
B.A. Ultimate Hygiene Range includes a wide range of products for all your needs: Complete stand alone unit with water supply, autoclavable treatment centres including handpieces and a range of tips covering scaling, periodontic and endodontic applications.

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**B.A. Ultimate Range** Triple spray for optimum cooling. Available in 2 different head sizes (Standard and Mini) Specially developed cartridge with ceramic bearings for long lasting life and quieter operation. Fibre optic glass rod illumination up to 25,000 LUX. Unique combination of aesthetics and ergonomics for the perfect grip. Smooth finish for efficient cleaning, anti-retraction valve. Thermodisinfectable and autoclavable up to 135º. Available in 5 different fittings (KaVo, W&H, Sirona, Bien Air, NSK) and 3 different head sizes.

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**B.A. Ultimate S Premium Range**

**B.A. Ultimate S Premium Turbine** is a new design, ceramic bearings, triple spray, push button, very light, small head push button for Contra-Angle, new type of glass rod for the fibre optic range, standard INTRAmatic LUX connection, thermodisinfectable and autoclavable up to 135ºC. Available in 5 different fittings (KaVo, W&H, Sirona, Bien Air, NSK) and 3 different head sizes.

**Code** | **Description** | **Price**
--- | --- | ---
BA675LKS | KaVo fitting with light | £699

**B.A. Ultimate S Premium Contra - Angles** with light, small head push button, titanium body, cellular fibre optic rod, standard INTRAmatic LUX connection, autoclavable and thermodisinfectable. Also available in Blue band, direct ratio 1:1, single spray and Green band speed reducer 6:1, single spray.

**Code** | **Description** | **Price**
--- | --- | ---
BA200LTS | Red band, speed increaser 1:5, triple spray | £699

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“Foreign markets are very important to us”

An interview with Olaf Sauerbier, CEO of VOCO GmbH, Cuxhaven, Germany

The company Voco based in Cuxhaven at the northern coast of Germany is an established international provider of high-quality dental materials. Amongst products for restorative dentistry, they also offer a wide range of materials and preparations in the field of prosthetics and prophylaxis. Dental Tribune Group Editor Daniel Zimmermann spoke with Olaf Sauerbier, CEO for Marketing and Sales, about new products and aesthetic trends in restorative dentistry.

Daniel Zimmermann: The Association of Dental Dealers in Europe (ADDE) has recently predicted growth rates above 5 per cent for most European dental markets. Do you see any signs of recovery in your company? Olaf Sauerbier: To be honest with you, the recession never really caught us. We usually tend to perform slightly better than the overall market and expect to be no different for this business year. The year 2010 has started off better than last year ended and we have seen some significant growth in most business segments in Q1/Q2.

Although we have invested significantly in our German businesses by extending our sales team by 15 new employees, foreign markets are very important to us. At the moment, we are expanding our existing businesses worldwide, especially in North America. It will take a while before we are able to leverage sales of most of our highly flowable materials like Grandio Flow, Grandio Seal or Ionoseal.

Our gingiva-shaded restoration system Amaris Gingiva has also shown a good performance. We have to admit that the market for such a product is still small but, on the other hand, we see the demand for aesthetic restorations of exposed necks of teeth increasing due to demographic changes and people getting older. Those who have highly aesthetic requirements will find it hard to pass by this product.

Another bestseller has been the one-component light-curing nano-reinforced self-etch bond Futurabond M that we launched in SingleDose and in a 3-bottle value pack. Not to forget the Re-bilda Post System, an awarded complete set for post-endodontic treatment for placing 15 posts, that has been sold successfully in Germany and abroad within a short amount of time.

There are some segments in dentistry, in particular dental implants, that are struggling with decreasing sales. How is the situation in the market segments you are involved in? The recession might have had devastating effects on companies offering upscale materials and equipment but the situation in restorative and preventative dentistry is looking much more promising. In the sectors we are

WEBINAR PROGRAMMES

Endodontics
Dr Carol Tait
Key concepts to aid competent cleaning and shaping of the root canal system
19:30, 5th October 2010
Obliteration of the cleaned and shaped root canal system
19:30, 2nd November 2010

Periodontics
Sarah Murray and Baldeesh Chana
Root Surface Debridement
19:30, 27th September 2010
19:30, 8th November 2010

SDR
Dr Trevor Bigg
Smart Denstrate Replacement
19:30, 26 October 2010
19:30, 10 November 2010

Visit www.dentalwebinars.co.uk to find out more and to book your place.
actively involved, such as prosthetics, prophylaxis or dental cements, we were able to achieve growth rates between 10–20 per cent last year.

Filling materials did not perform that well due to increasing market competition. There are plenty of new and innovative filling materials on the market right now and we have to invest a lot to stay ahead with new developments and products.

What trends do you see impacting the industry at the moment? All manufacturers are striving for a product that offers almost ideal properties for a filling material and exhibits the same physical properties as natural tooth substance. All our competitors are developing towards this ideal but I see us quite ahead. We have been working with nanotechnology since the early 2000s and launched our first nano-hybrid composite Grandio already in 2003. This product is still in high demand in Germany and many other markets.

When and where will it be available? It is already available in Germany and other selected European markets. Like its predecessor, Grandio®SO is now able to present another nano-hybrid composite to the dental community that has outperformed our original expectations. Taking all its physical properties into account, it is probably the most dentinoid material on the market.

Do aesthetics play a more prominent role in the development of a composite? The primary goal is function. There is a place for aesthetics, too, but it must not compromise functionality or the stability of the filling. There are different points of view in dentistry regarding this matter right now but for us the primary goal cannot be highly opaque teeth that might be currently en vogue among Hollywood stars. In the US, for example, we found that dentists were using the white opaque shade of our flowable composite Grandio Flow for anterior restorations as this is usually the shade that most strongly bleached teeth have over there. Normally, we recommend it to be only used to whiten dark spots or in the case dentists absolutely need an opaque layer.

However, this is not the direction we want to go. Teeth have a natural translucency and we want to keep it that way, I believe with our current portfolio we can offer dentists a good solution to achieve long-lasting and natural aesthetic restorations alike.

Some European companies are developing specifically for the North American market. Is it the same with you? We sell exactly the same products in North America as we sell in Europe. Usually, most products are launched there six months after the have been put on the European markets. The only difference is the type of shades. In Germany, for example, the majority of dentists uses A3.5 which does not play any significant role in markets like the US where A2 is more common.

Will Grandio®SO be the main focus of your presentation at IDS next year and are you planning to introduce more products? Grandio®SO will be indeed the main focus of our IDS presentation but there are certainly other products that we intend to launch there. You will have to come to the show and see for yourself.

Olaf Sauerbier talks to DTI

Grandio SO will be the focus for 2011
The well-known saying that 'An Englishman’s home is his castle’ is as true today as it has ever been, because over recent years DIY building and refurbishing has become one of our favourite British pastimes.

However, is DIY always a good idea? Unfortunately most homeowners act under the erroneous belief that ‘doing it themselves’ will undoubtedly save them money; this is of course absolutely true, if the homeowner has the relevant skills to undertake and complete the job to a satisfactory conclusion. In fact, this is rarely the case, thus costing homeowners more in the long run in both time and money, paying over the odds to additional contractors to put things right.

Checking credentials

Another commonly made money-saving pitfall for refurbishments is the idea of conscripting a couple of local contractors (often friend-of-a-friend) to carry out the project. Granted, this may well save the homeowner money, but certainly not time as they will need to answer numerous questions daily and indeed run the site as a day-to-day project. Even that may not guarantee the desired results. Some homeowners may come across contractors who insist on being paid in cash, and at this point the first alarm bells should start ringing and questions about their building credentials and experience should be asked.

There are also many busy professionals who call in the assistance of casual contractors whilst rationalising all the while that they are worth the savings on expense. Let us be clear, not all of these contractors are fly-by-nights; on the contrary, many are respectable and highly skilled professionals.

Now that dental practices have to comply with a minefield of building regulations such as DDA, HSA & CDM, HTM & CQC, any practitioner considering undertaking a large-scale DIY project at the surgery could well be accused of having a screw or two loose themselves.

Any dentist considering refurbishment, whether to make the practice more functional and aesthetically pleasing or simply to remain compliant with changing industry guidelines should not allow themselves to be tempted by cost-cutting measures. Compared with residential homes, practices are significantly more complex, not least because of all the valuable dental equipment and the need for ergonomic design. The chances of things going wrong with complicated construction or wiring, and cabling being run between rooms to link up high-tech equipment is far too high to risk doing without the help of a professional Design and Build company.

There will always be a variety...
Get the quality you want with a professional Design and Build company

of contractors involved in dealing with the different elements of either a new build or refurbishment, but it is prudent to take the counsel of fellow dentists who have been through the same process to ‘…stick with one Design and Build company!’ Dentists who are happy with their location will opt for refurbishment over moving site. In this instance, they will need to consider certain aspects when modifying existing infrastructure, particularly if they have space constraints or occupy a listed building. Other dentists will want to build from scratch so as to have a practice that embodies their own unique vision.

In terms of design, new builds have a distinct advantage over refurbishment projects due to the ‘blank canvas’ element involved.

Tweaking design plans

The good news for dentists is that the design-and-build industry for dental practices has become increasingly more refined over many years of experience. Thanks to modern technology, the visualisation of finished projects through the aid of computer design allows dentists to see and tweak the plans before committing to the final design. These Design and Build companies make it their business to stay abreast of impending changes so that they can then be incorporated into their designs to help ‘future proof’ projects as much as possible.

Contrary to popular belief, new-build practices do not have to be bank-breakers either. In fact, working with a company that fully understands the phases and negatives of a building can often highlight that refurbishing an old building is far more expensive than converting new premises into a state-of-the-art surgery.

Avoiding pitfalls

For many dentists, construction is not their forte, so having a mentor on this side of things can be a huge advantage. For example, using a design-and-build company can help dentists avoid the numerous pitfalls involved in employing multiple contractors, and provide peace of mind by overseeing the entire project from inception right through to completion, while providing the all-important after-sales care and service. For the positive long-term future of your practice, getting it right is crucial, as it provides a powerful lasting impression on your patients and a motivating environment in which staff can work.

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THAT SHAPES THE DENTAL WORLD

Dental Professionals throughout the world use over 500 million cartridges of Septodont anaesthetic every year, trusting Septodont for a full range of products used in anaesthetic procedures, including; topical, needles and syringes.

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Whether you need the smallest of equipment items or a complete new surgery, The Dental Directory Equipment Department can help. The benefits of not being tied to a particular manufacturer come in to their own when customers are able to gain honest and impartial advice on the best equipment to meet your specific requirements.

If you are currently in the process of planning a new surgery or practice, it is definitely in your interests to make The Dental Directory Equipment Department your first port of call! With technical sales representatives on hand to visit your surgery and discuss your needs, you can expect to be provided with technical drawings along with a product recommendation from an extensive range. To make the incentive to call The Dental Directory team even greater, the service is both free and without any obligation!

As a long-term customer of The Dental Directory, Dr Hugh Gillies knows first hand, the advantages of using its services when embarking on the somewhat massive project of transforming a whole new practice, he explains,

‘I’ve been a customer of The Dental Directory for roughly fifteen years now, and in that time I have had no cause for dissatisfaction or complaint. I recently brought a new practice that includes three surgeries with provision for a further three, and enlisted The Dental Directory’s assistance throughout the entire process. The transformation process started at the beginning of January this year and finished at the end of March. The only difficulties that arose throughout the project were financial, and dictated largely by the recent recession, but in terms of support, guidance and efficiency, The Dental Directory team was, as I’ve come to expect, invaluable.’ In order to offer existing or potential customers the chance to see and use equipment first-hand, The Dental Directory has a number of showrooms around the UK that can be visited. Whilst deciding on specific equipment for his new practice, Dr Hugh Gillies sought inspiration by visiting The Dental Directory showroom in Perth, Scotland.

‘Having used the services of The Dental Directory for many years, I knew that I would enlist its help again for my recent project. I decided to go along to the showroom in Perth to have a look at the current equipment available and to ask the representatives some questions. By doing this I was able to actually see the equipment myself, try it out, and discuss any concerns or queries that I might have with it in terms of my own specific requirements. The equipment experts from The Dental Directory were really excellent. I felt confident that my questions and particular needs were being fully considered and appropriately responded to and ultimately left feeling reassured that I would have the support and advice I needed in order to complete my project.’

Giving an insight into the services he received from The Dental Directory, Dr Gillies says,

‘I have and have always had, a great working relationship with the sales representatives for equipment and materials...’
from The Dental Directory. Aside from the personal aspects involved such as having your queries and concerns listened to and feeling sufficiently supported, costs will always be the prevalent consideration for most dentists. I have found The Dental Directory prices highly competitive and have never felt the need to look elsewhere.

‘Throughout my many years of dealings with The Dental Directory, I have always found the customer service exemplary. I can be confident that I will be given immediate responses to any questions that I might have and that if one person is unable to help me, it will be passed on to the correct department. The service engineers are outstanding and have never let me down; they are reliable and efficient and will always do over and above what is expected of them.’

The Dental Directory delivers to your practice door and prides itself on being prompt and efficient. How does Dr Gillies rate the service that he received?

‘The delivery of my equipment was incredibly prompt. In fact, it arrived ahead of schedule, which was superb as we were ready to start. The equipment was exactly to spec and didn’t disappoint at all. The Dental Directory team are highly experienced and as such, the installation of the equipment went without a hitch. I was given very comprehensive explanations on how certain pieces of equipment worked which I really appreciated. It was good to know that I was working with a team that has expert knowledge and a strong work ethic; I felt that my new practice was in safe hands.’

Dr Hugh Gillies is the principal dentist at the Crown Dental Group in Aberdeen, Scotland. The practice offers comprehensive dental treatment including cosmetic, whitening and implants at highly competitive prices. Dr Gillies is delighted with his new practice and grateful for the valuable knowledge and experience provided by The Dental Directory.

‘Although stressful at times, the project was a total success and I am incredibly happy with my new practice. The Dental Directory proved once again that the expertise that it offers is second to none – I would recommend its services to any practitioner.’

For further information on The Dental Directory’s complete equipment service call 0800 585 585 or visit www.dental-directory.co.uk

Don’t forget beat the VAT rise. Remember, the VAT rate is likely to rise to 20% at the end of the year, so beat the increase and buy now to save an extra 2.5%...

‘The delivery of my equipment was incredibly prompt. In fact, it arrived ahead of schedule...’

Come and meet The Dental Directory team at BDTA Showcase 2010 at stand A01, A02 & B01
Stress, strain and recovery

If you want to ignore the effects of stress on your workforce, says Glenys Bridges

Mental health professionals frequently highlight the causes and effects of stress in the workplace. This is particularly relevant in the current financial climate as many employers need to balance their books by reducing the size of their workforce.

Whether workforce down-sizing occurs through natural wastage or redundancies, we all know people whose workload has increased substantially to cover the duties of one or more colleagues who are no longer employed. We also know that increased workload and resulting stress, will before long take its toll on our wellbeing.

Protecting staff

Although the harsh realities of business finance cannot be ignored, neither can the effects of stress as a result of overstretching the workforce. Many employers would be wary of making a job offer to an applicant suffering from a stress-related condition.

Therefore, it makes sense that once they employ someone they take care to provide a healthy working environment in which they can thrive, rather than one which will result in them becoming ill. Having said that, according to the Health and Safety Executive (HSE), in 2007/2008, 237,000 new cases of work-related stress were reported.

‘The harsh realities of business finance cannot be ignored, neither can the effects of stress as a result of overstretching the workforce.’

According to the HSE:

- One in six workers suffer from work-related stress.
- Almost half a million people in Britain believe stress makes them ill.
- Stress-related ill health leads to an average of 50 days off work.
- Poor work design, e.g. where an employee has little or no control over the work they do, or where there is little support from managers or colleagues, has been shown to have a real impact on staff performance and reliability, even before an individual takes time off.
- Thirteen and a half million working days are lost annually costing the economy £3.5 billion.

The figures are scary. In small businesses, the impact on the remaining workforce when a worker goes on long-term sick leave creates a domino effect.

When employers recognise that their workers have become chronically tired, the quality and quantity of work their workforce are able to complete will be severely undermined. Savvy employers are aware of how to take appropriate measures to control the risk of stress-related ill health arising from work activities.

It is important to note that in law an employer owes a ‘duty of care’ to individual employees in the course of their employment. This is the area of law with the most important implications for work-related stress. For guidance of workers and employers, the HSE has produced the following six standards for the management of working environments, where workers and employers should co-operate to set acceptable standards for:

- Workload, work patterns and the work environment
- The extent to which individuals can influence the way they work
- The level of support, encouragement and resources provided by the employer
- Workplace relationships, implementing practice policies to promote respect and equity by working to avoid conflict and dealing effectively with unacceptable behaviour
- Job descriptions - employees need to understand their role within the organisation and the practice; make sure that work roles are clear and well communicated.
- Workers must be informed and consulted when changes in working practices are introduced.

Team work

In many dental practices, there is a genuine desire on the behalf of all of the dental professionals to work together as a team. Each registered member of the dental team should be driven by the desire to do the best for their patients.

Therefore, when they are working with limited resources and support, they’ll have rising concerns about any shortfalls, leading to stress and burn out.

There can be no doubt that the forces leading to workplace stress are here to stay for the time being, and the teams who have really mastered the ability to cooperate and support each other will emerge from the current financial climate in the best shape.

About the author

Glenys Bridges is managing director of the Dental Resource Company, and has provided training for dental teams since 1992. For more information, visit www.dental-resource.com or call 0121 241 6693.
Partnership agreements and dissolution
Ray Goodman talks partnerships

Running a successful dental practice with another clinician or registered dental professional involves numerous legal issues that need to be properly considered, discussed and incorporated into a suitable agreement. Of course, we all enter into professional partnerships with the best intentions, but unfortunately sometimes despite all our efforts, things do not always work out as we had planned.

Even if your business partnership has been happily built on mutual trust, understanding or even friendship, all eventualities should never be ruled out. To avoid ending up in a sticky legal situation or leaving your dependants in a mess, the importance of having a clear, up-to-date partnership agreement in the dental practice cannot be overstated. As all dental professionals will appreciate, prevention is better than cure.

So which aspects should be discussed with your business partner(s) and drawn up into a written agreement? Situations such as expulsion and retirement due to accident or ill health and even death need to be taken into consideration with details of the roles of all parties detailed for discussion with regards to profits share. Deciding what should be the effects of dissolving the partnership as a whole, the results of which can be potentially devastating for the remaining partner or partners. Astonishingly the provisions of the Partnership Act 1890 that provide the implied terms in a partnership at will contain no provision enabling the expulsion of a delinquent partner.

A watertight agreement drafted by an expert in dental law is not only a legal asset, but also a financial one. In the event of a tax dispute with the Inland Revenue, having an agreement in place will give your practice credibility and will be evidence of the arrangements in place.

Even if a partnership agreement has already been put into place, it is essential to keep it updated. It is worth taking extra care when a new member joins the partnership, as unless the agreement is renewed in a timely manner, the partnership at will situation arises once again and the partnership will no longer be recognised as a valid legal document. A qualified solicitor can help properly draft and amend partnership agreements and avoid the perils of a serious dispute occurring or an expensive civil litigation in the courts.

However, it is a sad fact that some partnerships do fail, and in this situation it is important to be aware of the proper steps and precautions that need to be taken in order to ensure that neither party gets their fingers burnt. Without provisions in a Partnership agreement to the contrary, a notice of dissolution can be issued by any partner and without the need to state their reason for doing so. Once already begun, the process cannot be reversed without the consent of all partners.

When faced with dissolution, the settlement of shared finances is a priority. Firstly, any liabilities are paid, then capital, and in the event of a shortfall, debts will be payable by the partners personally according to their partnership share. Deciding what should happen to your business in a worst-case scenario can be an arduous task fraught with difficulties and disagreements. Good legal assistance can smooth the way to ensure that everything is processed quickly and fairly. From the drafting of contracts to dealing with partnership dissolution, solicitors such as Goodman Legal – Lawyers for Dentists will help to make sure the procedure is as pain-free as possible.

For more information please contact Ray Goodman, Goodman Legal, Lawyers for Dentists on 0151 707 0090, email rm@goodmanlegal.co.uk or visit www.goodmanlegal.co.uk

The key to a successful practice is prevention, trust and understanding.

About the author
Raymond Goodman, Senior Partner Ray Goodman is a Member of the Association of Specialist Providers for Dentists (ASPD), legal member of NASDA (National Association of Dental Accountants) and included on the BDA list of recommended dental solicitors. He has a comprehensive understanding of the commercial and professional objectives of Dental Practices, along with the relevant legal requirements. In his spare time, Ray has ambitions to be the next Eric Clapton.
Limiting your affairs

Michael Lansdell outlines the advantages of incorporation for an independent practice owned and operated by a dentist or partnership

Most dentists are not primarily business people, so it’s not surprising that since the General Dental Council (GDC) altered the regulations to allow dental practices to operate as limited companies from 2006, there has been much speculation and misinformation circulating within the profession about whether to take this step.

Limited Liability

The use of the word ‘limited’ in the title ‘limited company’ refers to limited liability. While even in these parlous times, few dental practices are in danger of closing, the shareholders in a limited company have the security of knowing that their exposure to liabilities to creditors will never exceed their original share capital, usually between £100 and £1,000.

Another advantage of trading as a limited company is the higher level of credibility in many commercial negotiations or inter-business relations accorded to a company compared with a sole trader.

Selling to a third party

It is often easier to transfer the ownership of a practice trading as a limited company. This is because the company remains in existence unless it is dissolved or liquidated.

The existing business arrangements, bank accounts and supply contracts, for example, all stay the same under the new ownership, while the new owner of a sole-trader practice would need to re-establish these relationships under his/her own name. This is especially important with PCT contracts, which should be unaffected, provided the PCT has been properly approached at the time of incorporation and the PCT contract has been transferred into the limited company without restriction.

Experience shows that incorporated practices with PCT contracts are realising higher selling values than unincorporated practices, partly for this reason.

The process of incorporation and the resulting altered tax regime enables converting sole traders to use tax savings arising from incorporation to substantially increase their pension contributions without affecting their current quality of life, subject to the new rules on pension contributions for high earners.

Tax benefits

Other taxation benefits, related to the differences between how individuals and companies pay tax and National Insurance, depend on the individual’s income, which is effectively the practice’s profit in any given year.
For example, a sole trader making a profit of around £100,000pa, and drawing out of the practice all of the profit, would expect to be about £4,000pa better off after incorporation, just based on the rate differences alone (09/10 tax tables), before any other planning is done to significantly increase the amount of the total tax savings.

Cash flow benefits
Converting to a limited company also has cash flow benefits. Sole traders normally pay tax on their profits (income) in two instalments, with about half becoming due two months before the end of the tax year and the other half payable four months after the end of the tax year. Limited companies of this size do not make payments on account, and their Corporation Tax, as opposed to Income Tax, is not payable until nine months after the end of the tax year. When the practice is transferred to the newly formed company, it can often borrow to pay for the goodwill, which can amount to 100 per cent of the annual turnover of the practice.

The interest on this loan qualifies for tax relief, and the capital sum borrowed by the limited company can be used by the dentist to reduce non-tax deductible payments, for example on his/her home mortgage. In some cases, the home mortgage can be paid off in its entirety, depending on the goodwill value.

Even if the company does not need to borrow to complete the purchase of the practice, it is possible for the dentist as both shareholder and company director (employee) to draw from the company a combination of salary, dividends, and loan repayment, to reduce his/her personal tax liability to zero, for a number of years after incorporation. Corporation Tax on the practice’s (now the company), profits is of course still paid, currently at a rate of 21 per cent on profits up to £300,000.

A family business
Legislation to curb “income splitting” due to be implemented on 6 April 2009 has been deferred for now. However, other family members, often a spouse employed to manage appointments or other aspects of administration, assist many dentists acting as sole traders in the running of their businesses.

If these family members also become shareholders in the new company, advantage can be taken of other allowable tax mechanisms to further reduce the overall tax liability.

Offshore structures
For higher earners not domiciled in the UK for tax purposes, there are more sophisticated tax-planning techniques that make use of offshore structures. If you fall into this category, (and your domicile in this context is not necessarily the country in which you live or hold a passport from!), you need to take specialist advice to optimise your tax position. It’s evident that all dentist sole traders and dental partnerships, whether or not they are currently considering incorporation, would benefit from a review of their status which compares their present position with that after the formation of a limited company. There is, quite literally, nothing to lose.

At the same time, incorporation is not necessarily appropriate for every practice. The ultimate decision, after considering specialist, professional advice, must take into account the individual dentist’s present business circumstances, personal position and preferences and also, where relevant, his or her future plans.

About the author
Michael Lansdell was brought up in South Africa, receiving his honours degree there in 1991. He completed his training with international accounting firm Deloitte in 1994, and went on to become a founding partner at Lansdell & Rose Chartered Accountants (SA) a year later. Based in Kensington, London, Lansdell & Rose deal only on a long-term retained basis, exclusively with owner-managed clients, generally dentists and doctors, and specialising in the incorporation of dental practices. As a client-focused team, they look for sustainable long-term solutions for their clients that maximise profits, minimise tax and build wealth. For more information, visit www.lansdellrose.co.uk or call 020 7376 9333.
Saddle Stool in Dentistry

Veli-Jussi Jalkanen, a specialist in sitting ergonomics, discusses the healthy and comfortable ways to sit.

Identifying personal sitting disorders

While some dental professionals have insufficient knowledge to be able to recognize or manage sitting disorders, others realize that back pain and shoulder tension have a lot to do with sitting. Poor circulation in the lower extremities; shortage of oxygen; hip, knee and shoulder joint problems; sitting fatigue, and genital health problems are some examples of the ailments that belong to the large group of SDs (Sitting Disorders). All people working in dentistry are affected by these disorders whether they are aware of them or not. Many of those who are aware of SDs would usually like to improve the situation and look for a more healthy, productive and comfortable way to work.

A healthy posture for long term sitting:

1. Good, relaxed posture, balanced and without harmful supports
2. Thighs 90° apart and pointing down enough to keep the upper body in balance
3. Close to 155° angles in hips and knees
4. Weight on the sitting bones, not the muscles
5. No pressure on the genitals and under the hip (especially for men)

This ideal position can be obtained with a saddle stool.

Sitting on a saddle stool is based on the sitting bones that are located under the hip. They keep the buttocks and thighs from being pressed against the seat if they have a firm support. Thighs point down at a 45 degree angle, tilting the pelvis to a near neutral position, as when standing. This allows the lower back and upper body to find a relaxed, natural posture without the need for a backrest. Feet rest on the floor on both sides of the body as if you were riding a horse. This way it is easy to operate pedals with your feet - they must be placed on the side.

General benefits from a saddle stool in dentistry

• Good, natural and relaxed posture which also keeps improving for years
• Less shoulder area tension by allowing lower positioning of the patient
• Relieving or eliminating lower back pain (oftentimes it disappears in a week)
• Preventing fatigue and improving productivity through deeper breathing
• Preventing shoulder, hip and knee joint problems, angles are more natural
• Easier movements and good working positions
• Improved circulation in lower extremities prevents varicose veins + cellulite built up
• Easy visibility into the mouth by leaning forward with a straight back
• Working at a close distance (also the assistant) with legs under the hoisted chair
• Easy rolling and turning makes picking materials fast and effortless

A divided seat is helpful because the free space allows proper pelvis/hip position without pressure or discomfort in the soft tissues on the pubic bone. For men a divided seat is a safer solution in the long run. Pressure on the pudendal nerve and tissues on the pubic bone can lead to erectile dysfunctions. Loose, light and stretching trousers are highly recommended for men when sitting on any seats.

Difficult positions, like working on posterior teeth, looking at x-rays, surgery, large-chested patients, patients who cannot tolerate supine position, etc. become easier because of the more natural, relaxed and free sitting.

Shoulder joint problems often come from elevated shoulder positions, which stress the joints. A riding-like sitting position allows lower positioning of the patient, which allows you to relax your shoulders...

Good posture, easy visibility into the patient’s mouth, efficient and free movement can all become reality. The saddle stool allows close proximity to the patient, leaving more room for the legs under the patient. This method of working dramatically decreases problems for both the dentist and the assistant, and is becoming the most common way to sit and work for dentist in Scandinavia.

Adapting to a saddle chair takes some effort because almost everything changes. The body needs time to adjust. Learning to use the saddle chair takes a few days and the “saddle soreness” in the buttocks and inner thighs as well as fatigue of the back muscles last 2-14 days.

It is worth it, but nothing comes for free. Financially, the change is cheap. But most importantly, you need to learn about sitting physiology to be motivated to make the change, alter your working movements and positions and tolerate temporary discomfort. As a return you may achieve a healthier body, better posture, higher productivity (more patients with the same energy), improved quality of work and more satisfying years at work.
Getting with the Guru

Dental Tribune looks at the new patient education software offering from Software of Excellence

Software of Excellence has a well-respected reputation in the area of practice management software. Now, the company has tried its hand at a patient education tool that does more than just show pretty images of teeth!

The company has produced Guru, a state of the art patient education tool that can be linked to patient records and produce treatment plans as well as be a valuable resource to enable patients to understand the treatment options available to them.

At a special press screening of the software, Sales and Marketing Director of Software of Excellence introduced Guru as one of the developments of 2010 for the company that has been active in the UK market for more than 20 years.

Matthew McColley, Business Development Manager for the Guru platform, discussed at length the different features and benefits of the programme. Although it is a standalone product, it really comes into its own when it is integrated with the Exact practice management software to allow for complete accessibility with patient records. This also allows practitioners to use a patient’s own x-rays and intra-oral images to explain any problems found in the dentition and detail all the treatment options the clinician could offer to correct it.

Guru covers a vast array of dental topics, from malocclusion and orthodontic treatment to the development of deciduous teeth, from whitening treatments to oral cancer. Matthew stated that the programme currently holds more than 200 animations and images, with more being updates almost daily. One feature that will be of use to practitioners is the ability to draw over and annotate images and animations, ensuring patients really understand the information being given to them.

Another feature of Guru is the ability to create generic and bespoke presentations both for patients and for the practice. One example Matthew showed was a very basic rolling demo of a fictional practice’s services and special offers, designed to run on a screen in the waiting room. It is also possible to make treatment plans tailored to individual patients using pre-installed or stored images and animations and adding text or narration as necessary. This can then be printed and/or emailed to the patient. A benefit of the email facility is that the viewing statistics for the email can be monitored, alerting practitioners as to the interest and engagement of the patient into the particular treatment plan.

As a mother of two small children, the programme which has been developed to help educate children about oral health really stood out to me. SOE has developed a series of animations around a character, Brusher Bailey, as he battles the oral forces of evil and protects teeth wherever he goes. Think Ben10 with toothpaste!

There is also a wealth of information to give to parents about tooth development, taking care of deciduous teeth and about what can be done when children’s teeth need correctional work and how this situation has occurred.

I was very impressed by the Guru programme and the flexibility it gave practices. I also like the fact you did not have to be an Exact customer to use the programme – it can be used by any practice with a computer. It also seemed to be very user friendly, with easy to follow instructions about how to use the programme; and plenty of support from SOE’s team.

Find out more about this innovative programme by visiting SOE’s stand (H/J16) at BDIA Showcase or visit www.howdoyouguru.com.

Educate your patients with guru and increase treatment plan uptake

When you present visual treatment plans on screen in 3D, your patients are more likely to understand your recommendations. And more likely to commit to their treatment plan.

The result? Your patients are more likely to select the most suitable treatment option and see their treatment plan through.

Discover how guru can help you build lasting and trusting relationships with your patients. Contact us on 01622 604695, email us at guru@soeuk.com, or view an online demo at www.howdoyouguru.com.

You can see guru in action at the BDIA on Stand J16.

Claim your FREE iPad*

For a limited period, we’re giving away a fantastic new Apple iPad, complete with guru iPad App, with every new guru order. It’s the ultimate patient education combination...

*Terms and conditions apply. Contact us at app@soeuk.com for details.
**Increase Your Expectations with Bien-Air**

Bien-Air is, as always, at the forefront of design, technology and reliability. The Company regularly releases new products that are fully backed by their Swiss expertise. The board have high precision Swiss precision, perfect for all prosthodontic supra gingival and subgingival scaling, and has proved to be extremely effective at removing all deposits. The low power unit and monitors and automatically adjusts the power needed for each operation. This guarantees optimum efficiency at all times and reduces the risk of over-working and discomfort to the patient. All units in the range are the Bora Blackline and Metaline turbines. Thanks to the carbon fibre handling technology, this turbine has high-speed efficiency and is easy to operate. Boasting a 3-year warranty, the Bora Blackline incorporates a new forward thinking shade concept which includes an age related shade range. Each material incorporates a new forward thinking shade concept including an age related shade range. Each material incorporates a new forward thinking shade concept including an age related shade range.

**Kala’s Guide: Proud to offer the Profession Dental Excellence**

One of the most famous names in dentistry, and a byword for excellence throughout the industry, Kala is launching a new number of new and exciting products this year at Showcase. Kala’s pride themselves on their consistent commitment to supplying the most advanced, high quality products and service. At Dental Showcase 2010 Takara Belmont will be exhibiting a full range, including equipment, handpieces and imaging products.

**Visit the Kala stand to see their new and diverse range of dental units with those of all dental professionals.**

The latest Kala range of fully featured dental units are available on the market. They will also be showcasing their unique feature: the latest most appropriate digital imaging tools into their practices.

Visitors will be able to see all the 3D Cone Beam scanners from Vatech & E O, visit the stand and get to grips with any ideas and concerns you may have. The go to stand to see the recently launched CEREC ® utilises a digital impression taking technique to capture the data used for planning. This enables it to offer competitively-priced implants of superb quality and reliability. On show at this stand will be Eurostimus five implant systems which meet most dental clinical needs and have been designed to be compatible with most of the current leading implant systems including Implantmax® Dental Implant System, Artiga Titan Implant System® and Bimakor® System. As a special for 2010 Dental Showcase, d2d’s offering -implants for only £499 - including free cover and credit booking - Buy 10 implants and get 1 free - Buy 20 implants and get 3 free - Buy 30 implants and get 6 free - New customers can use their existing surgical kits and d2d will provide the drivers you need free Visit d2d IMPLANTS at Dental Showcase on Stand No T79. For pre-booked appointments please contact Dr WR Black on 01568 745817 or williord@d2dimplants.co.uk

**A-dec Solutions**

Join the A-dec team to discuss the latest advances in dental equipment and design. A-dec offers a full range of digital imaging tools into their practices. Amongst the products the Company offer are their consistent commitment to supplying the most advanced, high quality products and service. That’s the beauty of this plan, the patients pay at the time of service - Diana Gavic, Family & Cosmetic Gentle Dentistry.

For further information please contact GC on 01168 219 999

**CEREC® 3D Systems**

Why-match materials from Ceramic Systems? Looking for the best possible match to your CEREC® 3D Systems? Why not match from Ceramic Systems? Without the need for ‘matched’ restorations, Ceramic Systems provide the market leading materials from the leading company to suit your patients’ needs. For CEREC® 3D Systems users: - Dedicated Service and Support Engineers - Countrywide Product Specialist for pre and after sales support - Low cost financing arranged for you - User meetings - Dedicated training facility - Gold Club for software upgrades, service and support - Courses by Dr Simon Snyder - the UK’s Number 1 speaker at many conferences to create high quality, durable chairside all-ceramic restorations in the most effective and efficient way.

It is a computer-aided method for creating precision fitting all-ceramic restorations; saving Laboratory costs it enables Dentists to design and create all-ceramic inlays, onlays, partial crowns, veneers and crowns for the anterior, premolar and molar regions in one visit. Eliminating the need for impressions, CEREC® utilises a digital impression taking technique to capture the data necessary to design the restoration which is then milled in the unit. Combined with the adhesive and light activation to the Ceramic Systems Russia, it is a perfect combination.

For further information visit Stand F03 or contact Ceramic Systems Limited on 01529 529510 or e-mail info@ceramic-systems.co.uk or visit www.ceramic-systems.co.uk
When directly applied with fingertip for one minute seconds, patients get rapid relief from their sensitivity. Long-lasting protection Sensodyne Rapid Relief is massaged on to the base of the sensitive tooth for 60 BDTA Dental Showcase at ExCel London. professionals the chance to get samples of new Sensodyne Rapid Relief at The spray are free from alcohol and pH balanced. Whilst RetarDEX Toothpaste is (VSC) on contact, thus eliminating, not masking, bad breath. is a highly 

decorative hand gel for hygienic and sensory relief. The 

**RAPID AND LONG LASTING** RELIEF FOR YOUR PATIENTS WITH SENSITIVE TEETH Sensodyne toothpaste, the UK’s number 1 selling brand, will offer dental professionals the chance to see samples of new Sensodyne Rapid Relief at The BDTA Dental Showcase at ExCel London.

Recent research highlights that when the strontium acetate formula of Sensodyne Rapid Relief is managed on the base of the sensitive tooth for 60 seconds, it stops the flow of saliva from the sensitivity. Long-lasting protection from sensitivity can be achieved by twice-daily brushing.

Gloss unique one-step finisher and polisher can be used to finish and polish all composite restorations simply by altering the contact pressure on the restoration, without having to change instrument.

Shofu’s extensive range of products can now be visited online. With links to special promotions, trial packs and samples packs, the website is simple to navigate, with clear links to relevant courses and articles that you will need to find.

For further information on Shofu’s range please call 0712 735 580 or visit www.shofu.co.uk

**Carie Quality Commission Registration for April 2011** Are you ready? 

CQC inspection of dental practices in England must register with the Care Quality Commission. CQC requires practices to have the experiences of people who use your service. CQS aims to be a low cost, easy to use tool to test that dental professionals are meeting the requirements focus on the experiences of people who use your service.

Carie Quality Commission (CQS) is a simple (CQS) shows you how to set up compliance to the CQS requirements with the CQC with a few easy steps.

CQS is based on the CQC practice in a business called the CQS Modules, which contain templates for running a dental practice including contracts, policies and procedures, risk assessments, the infection control processes, much more. Subscribe to CQS and CQSG before 30th October 2010 and pay just £59 for joint membership, savings £156. Visit CQSG.co.uk or call 01490 254 354.

CQS has a monthly update fee of £14 per month for a new set of each new law, so all fees include VAT.

Visit us at the BDTA Stand no R16 and enter the prize draw for an iPad.

For more information call 0141 254 3550 or visit www.schulke.co.uk/dental

**Comprehensive Oral Exam**

The feedback we received from dental professionals who attended a recent implant seminar revealed that patients undergoing implant placement procedures were concerned with the thickness of their breath. Retadex™ Oral Rinse, Spray and Toothpaste are highly effective, well-researched and clinically-proven real health care products. The four ingredients in this complex range is which chemically degrades odour- causing volatile sulphur compounds (VSC) on contact, thus eliminating, not masking, bad breath. is a highly effective dental germicide and plaque remover. Retadex Oral Rinse and spray are free from alcohol and pH balanced. Whilst Retadex Toothpaste is non-fluoring as it does not contain Sodium Lauryl Sulphate (SLS).

For further information contact PerioProducts Ltd, Tel: 01234 567 890. Email: info@perio-products.co.uk

**Come and see us at Showcase**

**The Dental Directory Stand A01, A02 & B01!**

Don’t miss Genus at this year’s BDTA Dental Showcase – attend this year’s event with its state-of-the-art Computer-Aided Design (CAD) programme and outstanding advice and services. Genus can create an accurate, full-colour portrayal of how the finished project will look by using state-of-the-art design technology and the most advanced technology available.

As an experienced design team, Genus will be providing advice to delegates on issues such as how to create a feeling of space in even the smallest of areas through clever use of lighting, colour and furniture arrangements.

In today’s current competitive landscape, Genus are determined to ensure you are the envy of your colleagues and patients alike. Genus is the perfect place to attend to help you make these changes.

For further information call Genus on 01582 490404 or email chris.dawson@genusgroup.co.uk. www.genusdirectory.co.uk

**JOIN SCHULKE AT THE BDTA 2010**

**DESPERMAN®** – A fast acting alcohol based hand gel for hygienic and sensory relief. The

**Schulke Group**

Innovative products will be demonstrated at Showcase this year. The Company’s leading brands include BeautyFluor, a fluoride-release aesthetic restoration material, BeautyOrtho Bond, affectionately known as BOB, is a low cost, low viscosity, fast-setting cement for glass ionomer materials, and the Vintage porcelain range.

Dura-Green stones are made for fast and easy cutting and finishing of porcelain, composite precious alloys and amalgams; Dura- White stones for finishing, various glass ionomers, composites and porcelain; Briolene, Groene and Superwhite silicones polish for fast, brilliant polishing on precious metals and amalgams. The Super Snap finishing and polishing disc system is perfect for all milled and hybrid composite fillings. One Gloss unique one-step finisher and polisher can be used to finish and polish all composite restorations simply by altering the contact pressure on the restoration, without having to change instrument.

Shofu’s extensive range of products can now be visited online. With links to special promotions, trial packs and samples packs, the website is simple to navigate, with clear links to relevant courses and articles that you will need to find.

For further information on Shofu’s range please call 0712 735 580 or visit www.shofu.co.uk.

**Minerva on Stand C05**

Henry Schein Minerva have a loyal and committed Design and installation and of course a wide range of their own brand value-added portfolio which enables Henry Schein Minerva to offer dental practices a range of leading brand names and renowned manufacturers. The result is an extensive portfolio which has been developed for use with the S5 rotary file system. Its 5 torque settings are tailored to the specific requirements of each of the files in the S5 range. Minerva will showcase many more products will be featured on the stand.

Visit d2dENDO at Dental Showcase on Stand No V22. For pre-booked appointments please contact John or Kasia on 03122 20573.

**Minerva**

The UCL Eastman Dental Institute will once again be attending this year’s BDTA Dental Showcase at ExCel London, to showcase to all of the experienced team will be able to show you our chair packages, digital imaging systems and show only. While at this equipment enquiry, we are sure you will find the answer at The Dental Directory stand.

We also invite our loyal customers to come and relax in our hospitality suite where we will be offering complimentary refreshments and snacks. It’s a great opportunity to take a moment to wind down and catch up with colleagues.

You will find us at stand A01, A02 and B01. We very much look forward to seeing you there.

For further information call 020 7905 1234 or cpd@eastman.ucl.ac.uk

**Get exciting by joining us at the BDTA stand no R16 and enter the prize draw for an iPad.**

**UCL Eastman Dental Institute**

addresses all your training needs at BDTA 2010

On display at this year’s BDTA 2010, the UCL Eastman Dental Institute will once again be attending this year’s BDTA Dental Showcase at ExCel London. A team of experienced staff will offer you practical advice regarding postgraduate and continuing education opportunities for the whole dental team. Delegates at this year’s event will be able to learn more about the broad range of specialty training programs available as well as the extensive portfolio of CPD opportunities and practice programs offered at Eastman in dentistry and masters level.

Guest speakers this year’s showcase, Innovation, Integration and Education; The Eastman will include sessions with all of the mandatory core CPD courses (www.comed.com) available for busy dental professionals who must all keep up-to-date with the latest developments and fulfill regulatory requirements.

Specifically designed for DCPs, Dentists (www.djpip.com) are podcourses for downloading onto an MP3 player or similar and listened to at a convenient time and place. Choose from a wide range of top topics such as Cross Infection Control Radiography or Restorative Dentistry; with each podcourse having an hour of verifiable CPD.

For more information: For CPD and online programs, please contact the Administration Team on 020 7895 1234 or cpd@eastman.ucl.ac.uk

For taught or research programmes, please contact the Admissions Officer on 020 7915 1092 or odadmissions@eastman.ucl.ac.uk

**How minerva on Stand C05**

Henry Schein Minerva’s dedication to the success of dental professionals is clearly demonstrated through their partnership with some of the industry’s leading brand names and renowned manufacturers. The result is an extensive portfolio which enables Henry Schein Minerva to offer dental practices a range of comprehensive oral exam and diagnostic services.

Minerva has rapidly grown to become the largest supplier of endodontic equipment and training in the UK and prides itself on being able to advise dentists on what they believe to be the best products available. From the range of d2dENDO exports endodontic products worldwide with customers in over 30 countries, including Australia, Japan, China and the USA. One of the key products on display will be the new 550 Cordis Endo Motor from Sirona that has been developed for use with the 55 rotary file system. It’s 5 torque settings are tailored to the specific requirements of each of the files in the S5 range. Minerva uses benefit from the security of a visible warning light that indicates when the file is clear to reaching the pre-set torque limit at which point the auto-reverse function will activate.

Visit us at stand C05 and experience our products first-hand.

**DENTAL TRIBUNE United Kingdom Edition - October 11-17, 2010**
Biodentine®: The Ultimate Dentin Substitute

The world of dentistry is about to be changed forever following the launch of a breakthrough new product by septodont.co.uk literally in a capsule. The new formulation is the first all-in-one bioactive and biocompatible dentin substitute containing the combined benefits of calcium silicate dentin pastes and glass ionomer cements. Developed following several years of in-depth research and based on a brand new dental composite of the latest generation of calcium silicate cements, Biodentine® offers a complete new approach to dentin regeneration.

Highly biocompatible, thanks to its Tricalcium Silicate core, Biodentine™ helps prevent pulpotomy, thus ensuring the absence of post-operative sensitivity. The material is the first all-in-one bioactive and biocompatible dentin substitute containing the combined benefits of calcium silicate dentin pastes and glass ionomer cements. Developed following several years of in-depth research and based on a brand new dental composite of the latest generation of calcium silicate cements, Biodentine® offers a complete new approach to dentin regeneration.

Biodentine® is also compatible with the final composite restoration, making it an important addition to the clinician’s armamentarium.

For more information on Biodentine please contact your dealer directly.

Phileo

Show and tell Stand P09

What are your top tips for ‘getting your practice off the ground’?

Stand P09

Show and tell

What are your top tips for ‘getting your practice off the ground’?

Professional worldviews. This event has been designed to further boost with news that Sonosite for Kids has been accredited by the British Dental Health Foundation following close monitoring of a panel of dental experts who verified a series of clinical criteria for the brush.

Also on show at the BDTA is Philips’ latest innovation, the FlexCare+ which has been designed for patients with periodontal conditions and which has been shown to significantly improve gum in two weeks.

At the show, Philips will be unveiling a new brand direction for their Sonosite range and will be demonstrating how its consumer and professional business teams will support the Dental Professional achieve even more impressive clinical and business results.

In addition there will be a number of shows on the Sonosite range for so more information visit stand P09 or www.sonosite.co.uk/dp. You can also call 0880 507 222 to arrange a Lunch & Learn for one of Philips’ area business managers if you are unable to attend the show.

ETCOM Digital and Laser

Evident®: It’s all about quality - Stand E14

Evident at this year’s Dental Showcase Evident will be showcasing their beautifully designed and highly functional Evident® loupes and lights by leading supplier ExamVision™. Considering their superior design and craftsmanship it’s clear to see why these ExamVision™ loupes are proving so popular. ExamVision™ loupes and lights offer dentists a considerable choice in versions, colours and magnifications including ExamVision’s newly developed short barrel 4.2x magnification loupes, the lightest and most compact choice in versions, colours and magnifications including ExamVision’s newly developed short barrel 4.2x magnification loupes, the lightest and most compact

For further information please contact Serena Dental Systems on 0845 571 5474 or e-mail info@serenadental.co.uk

BDRA showcase

Celebrating its exciting 25 years in Dentistry this year and boasting a national team of experienced and efficient dental technology experts, this year’s BDRA showcase will include exhibitors providing a full spectrum of solutions for all dental applications.

For more information on Micro-Mind, their exciting new range and products and information about the BDRA showcase visit stand J13 at the 2010 BDTA Dental Showcase.

BDRA showcase

BDRA displays its range of equipment and services at the BDTA Dental Showcase, raising the standards of oral care available to people across the UK. BDRA offers a wide range of dental technology products, from state-of-the-art digital imaging to leading-edge treatment options, all designed with precision in mind, and are flexible enough to suit a range of clinical settings, from general dentistry to endodontics or surgery.

Designed to offer unparalleled protection from fluids and other contaminated items, and for medical use only with compatible-size quasi-liquids a clear view of the treatment site is maintained.

For essential items that no dental practice should be without, be sure to visit the Blackwell Supplies stand at BDTA 2010. For more information please call 0870 224 1457, fax 020 7724 1064 or email jobs@blackwellsupplies.co.uk

Show and tell

What are your top tips for ‘getting your practice off the ground’?

Professional worldviews. This event has been designed to further boost with news that Sonosite for Kids has been accredited by the British Dental Health Foundation following close monitoring of a panel of dental experts who verified a series of clinical criteria for the brush.

Also on show at the BDTA is Philips’ latest innovation, the FlexCare+ which has been designed for patients with periodontal conditions and which has been shown to significantly improve gum in two weeks.

At the show, Philips will be unveiling a new brand direction for their Sonosite range and will be demonstrating how its consumer and professional business teams will support the Dental Professional achieve even more impressive clinical and business results.

In addition there will be a number of shows on the Sonosite range for so more information visit stand P09 or www.sonosite.co.uk/dp. You can also call 0880 507 222 to arrange a Lunch & Learn for one of Philips’ area business managers if you are unable to attend the show.

ETCOM Digital and Laser

Evident®: It’s all about quality - Stand E14

Evident at this year’s Dental Showcase Evident will be showcasing their beautifully designed and highly functional Evident® loupes and lights by leading supplier ExamVision™. Considering their superior design and craftsmanship it’s clear to see why these ExamVision™ loupes are proving so popular. ExamVision™ loupes and lights offer dentists a considerable choice in versions, colours and magnifications including ExamVision’s newly developed short barrel 4.2x magnification loupes, the lightest and most compact choice in versions, colours and magnifications including ExamVision’s newly developed short barrel 4.2x magnification loupes, the lightest and most compact

For further information please contact Serena Dental Systems on 0845 571 5474 or e-mail info@serenadental.co.uk

BDRA showcase

Celebrating its exciting 25 years in Dentistry this year and boasting a national team of experienced and efficient dental technology experts, this year’s BDRA showcase will include exhibitors providing a full spectrum of solutions for all dental applications.

For more information on Micro-Mind, their exciting new range and products and information about the BDRA showcase visit stand J13 at the 2010 BDTA Dental Showcase.
**Biodentine™: The Ultimate Dentine Substitute**

The world of dentistry is about to change forever, with the launch of a ground-breaking new product by Septodont that literally dentine in a capsule! Septodont introduces Biodentine™, a revolutionary new product that can be used whenever dentine has been lost or damaged. The new material is the first all-in-one bioactive and biocompatible dentine substitute, showing Septodont’s continued commitment to pioneering and innovative research and development, not just in the field of anaesthetics, but in every aspect of cutting-edge dentistry. Everyday dentists are facing multiple challenges, so Septodont have designed a new permanent dentine substitute - Pulpotomies • Apicisation • Pulp exposure • Perforations • Internal/External Root Resorption. Biodentine™ can be used to treat all of these indications. Based on the active Bioactive Bioglass Technology®, never before has a product so closely mimicked dentine itself. Highly bioresorbable, thanks to its Triacids Silicate core, Biodentine™ helps preserve pulp vitality by promoting reactionary dentine generation and has outstanding sealing properties to reduce the risk of clinical failures through bacterial penetration, thus ensuring the absence of post-operative sensitivity. Biodentine™ also needs no surface conditioner or priming agents, making it simple and easy to use for the busy clinician and an ideal tool in emergency restorative situations where time is of the essence.

For more information on Biodentine please contact your dental distributor directly. Alternatively contact Septodont on 01622 651 520, email information@septodont.co.uk or visit www.septodont.co.uk

**Paradigm Design**

With compliance with the requirements of HTM01-S only a few weeks away, a visit to Paradigm stand is essential for every practice seeking to achieve optimal efficiency and workflow. Working closely with a cross section of dental practitioners, Paradigm has designed and developed Flowline, a unique and comprehensive LDI solution.

The system focuses on an attention to detail and is designed to help avoid bottlenecks, retrieve staffing levels and withstand the demands of the damp decontamination unit environment. Flowline introduces a number of innovative features that will be of particular interest to the profession. The moulded carbon cabinetry (Lotus) is built to handle Class I and II decontamination. The system ends the problem of searching for instruments and the Instrument Management System provides a user-friendly, software solution for instrument management and automatic form filling.

Paradigm Design is on Stand V05 at Showcase.

**SMARTSPACE’S RADIO-OPTIQUE SMART SPACE TO BE SHOWCASED AT UK’S PREMIER DENTAL EXHIBITION**

Smartspace, the creator of innovative endodontic systems, is set to showcase its newest family member - radio-optique smart spaces - to thousands of dental professionals at the BDA Dental Showcase in London in October. More than 12,000 members of the dental team are expected to visit Smartspace’s stand at ExCel, in London Docklands between October 14 and 16, where product, smartspace’s newly released, fully radio-opaque hydraulic motors, is likely to be made even more exciting.

The dedicated team at Smartspace has worked tirelessly to create bespoke following-feedback from practitioners who said they found smartspace easy to use and quicker to use but requested the point be more radio-opaque.

Jerry Watson, Chief Executive of radio-optique smart spaces, has launched to thousands of clinicians at the BDA’s British Dental Conference and Exhibition. In May we have been overwhelmed by the enthusiasm from dental professionals eager to put proptosteal to the test.

PrepPoint matches 05, ProTaper and constant taper 04 and 06 file systems. The smartspace family also includes biocompatible root canal sealers, smartseal bi, smartseal bi plus, all of which are instantly recognisable due to their trademark packaging.

**Coltene Whaledent – Dental Showcase 2010**

Coltene Whaledent is a global leader in dental consumables and small equipment components for the whole dental treatment process. A leading developer and manufacturer of highly efficient Surgery or Practice layout. Design Specialists to incorporate their desires into the most appropriate and to identify the best solution for their individual needs, allowing Sident’s be able see the complete product range in action. They will then be able to undertake service, maintenance and routing testing on most makes of sterilizer as laid down by HTM01-05. For further details, contact LTE Scientific on 01457 876221 or visit www.ltescientific.co.uk

**FLEXI offers technically advanced cleaning**

Daily cleaning using a FLEXI interdental brush is an important part of dental hygiene. Preventive dental care professionals can now offer their patients an interdental brush that is firm, strong and flexible. The gentle and bendable handles ensure that a perfect grip is maintained for every use whilst delivering consistent and easy manoeuvrability around the mouth.

From a clinical perspective, FLEXI has been designed with a horizontal cutting edge and ultra-thin filaments. The brush, which comes in range of sizes, can effectively glide between the smile and large and small interdental spaces. This makes the FLEXI perfect for removing plaque from the rear of the mouth without damaging sensitive gingival tissue.

Additionally, FLEXI’s tapered brushes are designed to make life less complicated for everyone. Their tapered design means that they will fit any area, from behind the front teeth to narrow interdental spaces. The tip of the brush ensures easy access of careful cleaning to reach previously uncomfortable spaces.

For further information about FLEXI, please contact the company at uk@tandex.dk or visit our website at www.tandex.dk

**Eschmann make a large stand at Dental Showcase 2010**

Dental professionals are invited to visit the Eschmann stand at the Dental Showcase, especially if they wish to stand to stand 036, as Eschmann makes a major step forward in their long established reputation as leaders in the production and manufacture of high quality cross contamination control equipment and the latest range of high specification dental delivery systems. Since its launch at Showcase 2008, Eschmann has invested heavily in developing the Eschmann range of compliant decontamination room cabinetry solutions.

The all encompassing Decosol™ is a one-stop-shop solution for all decontamination rooms and equipment needs. Dentists and their teams will be able to view the entire Decosol range at Showcase, where a fully equipped installation will display the benefits of Eschmann’s unique decontamination system.

Since November last year, Eschmann have installed upwards of 100 Decosol solutions across the UK, including a significant number in the dental laboratories. Also on display at Excel, will be the latest range of Eschmann autoclaves and washer disinfectors, together with the latest range of Handpiece Care products and thermal pouch sealing equipment.

To ensure you don’t miss out on this unique offering, Eschmann on stand 036 and K10 or visit the website www.eschmann.co.uk for further information and contact us on 01803 876707 or eschmann@eschmann.co.uk where a member of our team will be able to help you.
A breath of fresh air
A look at a new air purification device that looks to clean and sanitise the air in your practice

I must admit to being first to complain when I hear somebody coughing and spluttering in a corner of our office, knowing that soon the place will smell akin to a old sanatorium for TB sufferers thanks to the wonders of modern air-conditioning.

Airborne particles such as dust, smoke, allergens, odours and viruses bombard us every day and dental practices are a haven for such particles. Removing them would help in the provision of a hygienic and safe environment for both patients and the dental team.

With this in mind, The Glove Club, a specialist glove supplier to professional and health-associated market sectors, has recently teamed up with Atrium Innovation, the owner and manufacturer of electrostatic air-purification device CleanaerTM to make the product available to dental professionals.

Cleanaer devices have been designed to offer an immediate solution for odour-control and the reduction of airborne contaminants, by releasing partially charged droplets called Liqui-ions, which combine with unwanted particles and bring them down to the surface to render them inactive.

Not only are the devices small and battery operated, they are silent and can work in any size room. They are, however, most effective when fitted to a wall, encouraging the fragrances to get carried from room to room as they travel on natural air currents (using the Tea Tree Oil formula also helps to sanitise the room, with the company claiming it kills 99.9 per cent of viruses (including swine flu virus H1N1), safe elimination of 99.9 per cent of bacteria, shadow surface protection against superbugs). Another feature is that the aromas - French Lavender, Pure Allergy and Zesty Basil & Lime – contain no allergens or irritants.

Keen to see if it could make a difference in a populated space such as an office, I set up one of the Cleanaer units and let it loose on the unsuspecting team here at Tribune Towers. It wasn’t long before a subtle fresh fragrance (I had picked the Tea-tree one) wafted through the room and people did mention the fact that the air seemed fresher, especially when coming in early in the morning.

Speaking with both The Glove Club and Atrium Innovation, it’s clear that both believe Cleanaer has a valid place in a healthcare setting. “Given that Cleanaer technology protects the air we breathe we knew it could provide a whole-room air-sanitisation solution for areas where germs are often prevalent, such as doctors’ surgeries as well as environments where keeping odours at bay is of vital importance, like dentists’ waiting rooms,” said Ramesh J. Parmar, CEO of The Glove Club.

“Cleanaer is the first air purifier that we have identified that does far more than simply deodorise the indoor areas it protects – it actively removes airborne particulates from the air in the room.”

“We are offering an established source for our patented ‘whole room protection’ technology,” said Alan Jones, Atrium Innovation CEO.

To find out more about the Cleanaer system go to www.cleanaer.com; or if you’re visiting BDTA Showcase go to stand T03 to see the device for yourself.
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United Kingdom Edition
ALCOHOL FREE
CORSODYL MOUTHWASH

Now when you wish to recommend an alcohol free chlorhexidine mouthwash recommend NEW alcohol free Corsodyl Mouthwash with confidence.

Comparables to Corsodyl Mint Mouthwash in –

• Inhibiting Plaque Regrowth¹
• Reducing Oral Bacteria²
• Substantivity³

Product Information: Corsodyl Mint Mouthwash (clear, chlorhexidine digluconate 0.2%), Corsodyl 0.2% Mouthwash (alcohol free) (clear, chlorhexidine digluconate 0.2%) Indications: Plaque inhibition; gingivitis; maintenance of oral hygiene; post periodontal surgery or treatment; aphthous ulceration; oral candida. Dosage & Administration: Adults and children 12 years and over: 10ml rinse for 1 minute twice daily or pre-surgery. Soak dentures for 15 minutes twice daily. Treatment length: gingivitis 1 month; ulcers, oral candida 48 hours after clinical resolution. Children under 12 on healthcare professional advice only.

Contraindications: Hypersensitivity to chlorhexidine or excipients. Precautions: Keep out of eyes and ears, do not swallow, separate use from conventional dentifrices (e.g. rinse mouth between applications). In case of soreness, swelling or irritation of the mouth cease use of the product. Side effects: Superficial discoloration of tongue, teeth and tooth-coloured restorations, usually reversible; transient taste disturbances and burning sensation of tongue on initial use; oral desquamation; parotid swelling; irritative skin reactions; extremely rare, generalised allergic reactions, hypersensitivity and anaphylaxis. Legal category: GSL. PL Numbers and RSP excl. VAT: Mint Mouthwash: PL 00079/0312 300ml £3.99, 600ml £7.82. Alcohol-free PL 00079/0608 300ml £4.08. Licence Holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW9 9GS, U.K. Date of preparation: May 2010.


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