Mouth cancer ignorance continues

A facial surgery research charity has announced the survey results that some dental practice staff are still not adequately informed about the signs of mouth cancer, thereby ‘delaying treatment and resulting in ‘invasive and disfiguring surgery for thousands’.

The telephone survey conducted by The Facial Surgery Research Foundation, (FSBF) SavingFaces, looked at responses from 444 dental practices in London. Lack of knowledge on oral cancer was revealed to be the case, even when a patient rang a surgery with clear symptoms. The survey showed that in 45 per cent of cases, patients with suspicious symptoms were not offered an appointment within one week. In eight per cent of cases, patients were told they had to wait between three weeks and four months. In a further seven per cent, patients were told they could not be seen at all, because the surgery had met its NHS quota.

The survey revealed that the majority of calls were taken by receptionists who did not recognise the symptoms of mouth cancer, even though patients informed them they had suffered from tongue ulcers which had not healed for more than four weeks, despite self-medication with over the counter remedies.

Oral and maxilla-facial surgeon, Professor Iain Hutchinson, the CEO of Saving Faces, said: ‘Increased focus on the symptoms of mouth cancer has certainly improved awareness amongst dentists, but the first person a patient speaks to is usually a receptionist. The study reveals these people often do not recognise even obviously risky cases.’

‘We see thousands of patients who are only referred to us when their mouth cancer is at an advanced stage.’

Professor Hutchinson added: ‘Much more needs to be done to train receptionists, because they are the base-line of the treatment team. The longer a patient has to wait for an appointment, the more difficult the condition is to treat.’

The FSBF has been leading a campaign to increase public awareness of mouth cancer along with risk factors such as smoking. The charity conducts clinical research to improve the treatment of cancer of the head and neck, facial injury and deformity and also runs tobacco and alcohol educational intervention programmes for more than 8,000 children.

In the United Kingdom alone 4,700 people develop oral cancer every year and 1,700 people die from this specific type of cancer. Saving Faces researchers are currently working on a study funded by Cancer Research UK, the first large scale surgical clinical trial in the UK for patients with oral cancer. The trial involves more than 600 patients nationwide and aims to answer important questions about the treatment of patients with oral cancer to benefit both patients and the NHS.

Dr Nigel Carter, CEO of the British Dental Health Foundation, said: ‘We are very disappointed with the survey results. Mouth cancer kills one person every five hours in the UK and it is up to health professionals to act on the front line against this disease. It is vital the entire practice team plus pharmacists can recognise symptoms so patients can be screened quickly, because early detection of mouth cancer raises survival chances to more than 90 per cent.’

The BDHF urges dental practices to take action by training team members, support staff and receptionists to spot warning signs, screening patients for mouth cancer at every visit and discussing the issues and warning signs with patients.

But Derek Watson, CEO of the Dental Practitioners Association commented, ‘Oral cancer is difficult to diagnose, particularly in the early stages, even for dentists. This was highlighted by the recent case of Dr Nalin Dhamecha who was advised by the GDC to retrain on recognising oral cancer, after he failed to recognise a lesion from which the patient later died. Urgent appointments are usually reserved for receptionists for patients in pain and most cancers are painless in the early stages. Receptionists could be asked to add ‘painless ulcers which are not healing’ to their list of emergency conditions, but expecting them to recognise mouth cancer from a telephone description is really disguised frustration at the time it takes to see a dentist. I think that reducing non-attendance rates and delay by patients in seeking advice – especially drinkers and smokers – and setting up fast-track referrals into secondary care, are higher priorities than blaming overworked receptionists.’
**Dental Loupes for students**

Final year dental students stand to benefit from an exclusive finance deal from the British Dental Association (BDA) to purchase dental loupes to encourage them to develop healthy and effective working practices right from the start of their career.

The loupes are part of a special new membership benefit offer for students, which also includes free BDA membership for their final year of study, worth £45, and half-price membership for their first year after graduation, worth £112.50.

The loupes scheme, which is supported by DP Medical Systems and Nuview Ltd, reflects the BDA’s commitment to supporting students and young dentists at the start of their professional life, with prices for loupes ranging from £57.50 to £74.70 a month over a period of 24 months.

Peter Ward, the BDA’s chief executive, said: ‘We greatly value our growing student membership and want to do all we can to help individual students as they begin their career. Dental loupes are an important piece of equipment for dentists, providing magnification to make treatment easier and improving posture. We want to encourage young dentists into good working habits right from the start of their career and we are delighted DP Medical Systems and Nuview are supporting this initiative.’

Company, DP Medical (www.dpmedicalsys.com) has been a leading dental magnification specialist for over 20 years and is the exclusive UK distributor of Surgitel/Oakley loupes and Global Dental microscopes. It has recently added Kottak Dental Imaging systems to its portfolio.

The companies, together with the BDA, are planning to visit every fifth year dental student group across the UK during the autumn and spring terms, in order for them to get the opportunity to try out the loupes for themselves.

For further details ring Laura Thompson on 0161 658 8616 or email students@bda.org.

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**BDTA announces the winner**

The British Dental Trade Association (BDTA) has announced the winner of last year’s Showcase prize draw to the Magic Kingdom at the Disney World Resort Florida.

Lisa Bates, a dental nurse at V Nutall Dental Health Ltd in Sheffield, was the lucky winner, who was delighted to win the prize especially for her 11-year-old son Joe.

Ms Bates and her family went to Disney World Resort in May this year where they enjoyed a two week holiday. Commenting on her trip, Lisa said: ‘It was the chance and holiday of a lifetime.’

She continued: ‘Just wanted to say a massive thank you to the BDTA for giving us this opportunity. We are truly grateful and whoever drew my name from the magic hat deserves a great big kiss.’

The lucky winner of this year’s Showcase prize-draw, which took place last week, wins a trip to the Sorrento Cooking School in Italy, in accordance with this year’s, Recipe for Success theme.

The winner will be whisked off to cook traditional Italian cuisine and experience local delicacies in the resort of Giardino della Esperidi.

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**Volunteers please**

A charity which provides primary dental care and education to communities in Tanzania, is looking for fit volunteers to join its second fundraising expedition to climb Mount Kilimanjaro.

Bridge2Aid (B2A) equips and trains local people from Tanzania as dental health personnel to care for some of the poorest folk in Tanzanian society, as well as providing opportunities for UK dental professionals to serve Tanzania.

The charity operates at grass-roots level in the Mwanza region of north-west Tanzania, operating a not-for-profit dental clinic and a community dental programme, working closely with the Tanzanian Government. Personnel carry out free oral screening in schools and orphanages and in the past two years more than 2,000 people have received the free service. Each person screened receives an oral health report outlining any dental problems which need addressing and giving basic oral health advice.

They are then invited to attend the clinic to either discuss their individual case further or to receive treatment.

Following the success of its Climb Kilimanjaro treks last year, Bridge2Aid is now offering adventurous fundraisers the ultimate challenge of climbing the mountain, from August 20 to 30, 2009.

Participants are aged from 18 to 70, although most are aged between 50 and 55. Those taking part must agree to fundraise £2,550.

They need to register and send a deposit of £250. People on the trek need to get a medical certificate from their GP certifying that they are fit enough to take part. Training weekends will be set up to help candidates prepare for the climb, which will encompass all weathers from hot and dry to cold and wet.

For more information, phone 0114 252 6550 or log onto: www.bridge2aid.org
An ex-colleague of mine has just died of throat cancer – his funeral was on Friday. That was bad enough, but to hear that his wife was recently diagnosed with terminal cancer left me cold. He did not smoke and neither does his wife. They have an 11-year-old daughter, and I used to see her beautiful face on his screen saver. He adored her.

This personal news broke just before writing this editorial – the timing, though eerie was suitably apt. Appetite because cancer is one of those 'bad' things that happen to other people but rarely gets close enough to make an impact. But not any more. Somebody always knows somebody else who is suffering from this disease. As recent surveys stipulate – mouth cancer is on the rise.

According to the Mouth Cancer Foundation, mouth cancer causes more deaths per number of cases than breast cancer, cervical cancer or melanomas. The mortality rate from these cancers is just over 50 per cent because it is detected too late. Despite treatment, there were 2,718 deaths in 2005 – approximately one death every three hours. The chances of survival are massively improved if the cancer is detected early and treated rapidly.

So when news stories of mouth cancer unawareness hits the headlines it’s time to take action. Don’t miss these symptoms:

1. A sore or ulcer in the mouth that does not heal within three weeks
2. A lump or overgrowth of tissue anywhere in the mouth
3. A white or red patch on the gums, tongue, or lining of the mouth
4. Difficulty in swallowing
5. Difficulty in chewing or moving the jaw or tongue
6. Numbness of the tongue or other area of the mouth
7. A feeling that something is caught in the throat
8. A chronic sore throat or hoarseness that persists for more than six weeks, particularly smokers over 50 years old and heavy drinkers
9. Swelling of the jaw that causes dentures to fit poorly or become uncomfortable
10. Neck swelling present for more than three weeks
11. Unexplained tooth mobility persisting for more than three weeks
12. Unilateral nasal discharge/purulent/bloody discharge

It is heartening to hear that ‘increased focus on these symptoms of mouth cancer has improved awareness amongst dentists’, but clearly this is not enough. Are oral cancer screenings routine in your practice? Would a Velscope help with the detection? (Read Oral cancer screening – page 21).

The profession must take action to beat this disease, and if that means training team members and receptionists to spot the signs then what are we waiting for?

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If so don’t hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1N 8BA. Or email: penny@dentaltribuneuk.com

Source: The Mouth Cancer Foundation
At what age should a person be before they can have their teeth bleached? This is a topic fuelling heated discussions on the forum lately. Members talked about whether they thought someone aged 15 was too young to have this treatment, and whether the pulps of those younger teeth were too large to take the effects? One member admitted to carrying out the procedure for his daughter when she was 14, to which another replied that for younger patients, they use only 10 per cent solutions.

Meanwhile, without fail, someone always posts an ethical dilemma on GDPUK. This time it concerned a patient due to have extraction of final teeth for a clearance. The F/F was ready to fit, but the patient did not bring the rest of the final payment. Should one trust the patient, or withhold the dentures? How would the GDC view this? As the patient was a pub landlord, we had to ask ourselves whether they would let someone have a drink in his pub without paying for it? It was generally accepted that the GDC would view withholding the dentures as unprofessional, and not in the patient’s best interests. The general view was that you can trust the large majority of people, and that trust will be repaid over the years in goodwill.

Another dilemma discussed concerned a patient flitting between two practices, playing one off against the other with layers of deceit. Advice given was that the dentist-patient relationship has broken down, so this can be used to lose the young man. Another suggested that as under the nGDS contract, one cannot discriminate, even against liars.

These are just a few of the subjects dissected on the forum. Others included apex locators, loupes, Tab Dental software, NHS patient charges in Wales, aspirin and extractions, as well as alleged latex shortages.

Some unusual personal CPD was gleaned when a 45-year-old male list member and regular poster suffered a heart attack (we wished him well) and posted information about myocardial infarctions from the web to the group. Forced to rest and recover at home, he was relieved to be online and stay in the loop with GDPUK.
Me & Henry Schein

“Henry Schein Minerva’s philosophy is to help practitioners maximise profitability by helping them run successful businesses. From the outset, they encouraged us to think about where we could improve productivity and efficiency, providing practical advice and marketing ideas based on our individual circumstances. Working with Henry Schein Minerva in this way has been nothing short of a revelation.”

Mike & Helen - Briercliffe Road Dental Practice, Burnley

Partnership in Practice

To develop your partnership
email: me@henryschein.co.uk
www.henryschein.co.uk

Practice Software
Business Solutions
Consultancy Services
Surgery Design & Installation
Best Value Dental Consumables
The Perfect Partnership

Yemi Opaleye explains how he took one of the biggest gambles of his life - relocating his NHS practice.

When you first meet Yemi Opaleye he does not strike you as much of a risk taker, he is a very calm man, with a gentle manner that you can imagine makes his patients feel very much at ease. Yet two years ago, Yemi took what was probably one of the biggest gambles of his life when, in partnership with his colleague - Bob Middlefell, relocated their NHS dental practice into what was then, the local cottage hospital that had recently been earmarked for closure. The arrival of dental services gave a much-needed boost to the hospital and after constant local campaigning it appears that the hospital (dental services and all) have been saved.

Nestling in beautiful Gloucestershire countryside, Tethbury is a small “chocolate-box” town where it seems surprising to find NHS dentistry alive and well. Yet here, Yemi, Bob, and their Associates have established a real commitment to the provision of NHS treatment and are working extremely hard to service the needs of the 15,000 patients on their list.

Tethbury Dental Practice was originally set up in 1969 and the move to the hospital was in truth, a necessity; “Our existing building was very old and would have required a complete refurbishment to bring it up to standard, so although there was some doubt about how long the hospital would be open, we figured it was the best option under the circumstances.”

Once installed on the hospital’s first floor, in what was originally an open ward, Yemi and Bob with the help of a team of external consultants commenced on a programme of re-designing the facilities. Now, two years later they have six surgeries, a dedicated hygienist suite, two large sterilisation units - one situated at each end of the building, efficiently servicing the surgeries and a large, welcoming waiting room.

Helping in whatever way she could on this large, sometimes overwhelming project was Sally Dawson, Yemi’s local Henry Schein Minerva representative. Yemi contacted Henry Schein Minerva when he first moved to the hospital premises and Sally visited him one lunchtime, a meeting which he admits was the point at which he began to have real confidence in the future, and the potential success of the practice.

“Sally was fantastic. She didn’t just turn up to take an order, she had a real interest in the whole project, the refurbishment, design alterations, and all that we were trying to achieve. She just talked such a lot of sense and what was surprising for me was that a huge company like Henry Schein Minerva could offer extra support and help with things like training - no strings attached!”

Yemi & Bob both believe in giving people the correct tools to perform their role to the best of their ability and then letting them use their own initiative to develop the job.

“Henry Schein Minerva are providing us with everything we need; great service, excellent delivery, additional support in the form of staff training, we don’t need to waste time looking for other deals - we are more than happy with the deal we get from Henry Schein Minerva.”

In conjunction with Henry Schein Minerva this has come even easier to do. Sally arranged a whole programme of staff training, including a session on cross-infection techniques to bring staff up to date with the latest protocols and help the practice’s sterilisation units run effectively.

Customer service is another area where Sally has already completed the first session, “my visit was testament to the excellence of this training - 5 different people passed me as I waited at reception and everyone of them asked if I was being looked after. Impressive, even for the most switched-on of private practices.

They are delighted with the training their staffs have received which they acknowledged is playing an important role in building the patient base and helping the practice run smoothly and efficiently.

“Everyone is aware of the sheer numbers of patients seen by NHS practices. We must run an efficient model to make sure we can cope. It only takes one small problem ensuring a constant and consistent supply of consumables and equipment is essential.

For this, Tethbury Dental Practice relies completely on Henry Schein Minerva’s expertise in service and delivery and Yemi sees no reason to consider any other suppliers.

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Two years after making the move to Tethbury Hospital, They are very pleased with the progress they have made. They have a busy, successful NHS practice, providing quality care in pleasant surroundings. Naturally, the demand for these services is high and their goal is now to build the practice to a level where all the surgeries are in full-time use, efficiently providing quality care for all their patients. To do this they recognise the role that dental companies have to play.

“To be successful you need help from many different sources. Henry Schein Minerva and Sally my local representative have been true to their word from the beginning. They have delivered on all their promises and are a fantastic partner for our practice.”

For more information email: me@henryschein.co.uk
“Sometimes people think that big companies aren’t interested in NHS dental practices, my experience of Henry Schein Minerva is just the opposite. They have encouraged and supported us in many ways, providing an excellent staff training programme which has really helped develop our personnel. We now have an established facility that provides outstanding care for our patients, all made possible by the first class service we receive from Henry Schein Minerva.”

Yemi Opaleye – Tetbury Dental Practice, Tetbury

To develop your partnership
email: me@henryschein.co.uk
www.henryschein.co.uk
Dentsply Competition alert!

Dentsply has teamed up with the Mouth Cancer Foundation charity and will donate 50p for every Artio instrument sold in a bid to support the charity’s work of supporting people with mouth, throat and other head & neck cancers.

Concerns over hand and wrist fatigue, and the potential risks of developing carpal tunnel syndrome, have led many dentists and hygienists to search for well-designed hand instruments.

For a chance to win one of two prizes of 3 x Artio Instruments (plus a free Digital Photo Frame), please delete the incorrect feature of Artio:

• Artio Instruments are light with ergonomically shaped handles
• Artio Instruments have a unique raised star-shaped pattern
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and return this page to: Myrna Dais, FREEPOST RRXK-TSCZ-TUL, DENTSPLA Ltd, Building 1, Aviator Park, Slation Road, ADDISTLESTONE, KT15 2PG, with your contact details:

Name: __________________________________________
Position: _______________________________________
Address: _______________________________________
Email: _________________________________________
Telephone: ______________________________________
The closing date for entries is December 1.
Terms and conditions apply

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BSDHT conference announcement

The British Society for Dental Hygiene and Therapy is preparing to hold its 2008 annual health conference & exhibition. The event, to be opened by Margi Taylor, chief dental officer for Scotland, takes place on November 21/22 at Edinburgh International Conference Centre.

Dr Hew Mathewson, president of the General Dental Council will close the two-day event, with a talk entitled, Where are we now with the Scope of Practice?

Visitors have the chance to earn 8.75 hours of verifiable CPD, with additional CPD for attending the exhibition.

For queries about BSDHT membership, phone 01452 886565 or email enquiries@bsdht.org.uk.

New patients for Stoke-on-Trent

A nine-surgery dental practice is set to open in Stoke-on-Trent catering for 7,000 NHS patients.

The centre, called, Penny House, which is being housed in a refurbished GP practice in Queen Ann Street, Shelton, is due to see its first patients later this month.

The listed building, which has undergone a complete revamp, is expected to open in the middle of the month.

Further information about how to register is available from a new telephone helpline.

For more information, would-be patients should call the helpline on 01782 410851.

Cinema trips for BDTA delegates

The leading UK denture company, Schottlander, has launched its new search for the denture wearer with the best smile in Britain, to win the title of, Smile of the Year 2009.

Practices can get well-deserved publicity by nominating a patient for the award, who could win a romantic holiday for two, a family theme-park holiday or a luxury spa retreat.

The campaign, celebrates the millions of people in the UK, who wear dentures and who look and feel confident and attractive.

Dentures are worn by people of all ages and one million young people between 16 and 44, Overall, dentures are worn by more than 11 million UK residents - a quarter of all adults.

This year’s winner, Mary Harrison, said: ‘I talk to everybody and laugh and smile all the time. People say my teeth look great and I always get compliments about my smile.’

Dr Brian Schottlander said the campaign recognized the millions of people who wear dentures and aimed to raise awareness of the enormous benefits good dentures could bring to wearers.

He added: ‘Advances in technology mean that dentures can look so natural and realistic that they can transform the lives of wearers, who can therefore smile with confidence.

Celebrates who have lost teeth include:

James Bond star Daniel Craig, who was shaken not stirred when he lost his two front teeth while filming a fight sequence for the Bond film, Casino Royale.

Hollywood star Harrison Ford, revealed on ‘The Late Show with David Letterman’, that he had false teeth fitted after he damaged them during a stunt for a TV appearance early in his career.

Iconic, Rebel without a Cause, star, the late James Dean, lost his front teeth in a trapeze accident.

Last but not least, screen legend, Clark Gable, star of epic love story, Gone With The Wind, sported dentures throughout his career.

Entrants should send a picture and text, to the leading UK provider of dentures, and return this page to: Schottlander ‘Smile of the Year’ Competition, Rae Lewis PR, 117 Sutton Court, London, W4 5EE. The closing date is March 51, 2009.

Smile of the Year 2009 launch

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Council will close the two-day event, with a talk entitled, Where are we now with the Scope of Practice?

Visitors have the chance to earn 8.75 hours of verifiable CPD, with additional CPD for attending the exhibition.

For queries about BSDHT membership, phone 01452 886565 or email enquiries@bsdht.org.uk.

The contract for the practice, which is in an area of previously low NHS dental provision, has been awarded by the city’s primary care trust to private firm Alchem, which already runs a successful surgery in Crewe.

The new centre is catering largely for patients living in the Shelton, Hanley and Etruria areas where there is an especially large need for NHS dental provision.

For more information, would-be patients should call the helpline on, 01782 410851.

The leading UK provider of integrated learning programmes for healthcare professionals and organisations, took BDTA delegates at Dental Showcase 2008 on a trip to the cinema during the event at Excel in Docklands last weekend. Delegates could see innovative products in all their glory on the big screen, with Smile-on’s team on hand to answer any queries.

At the show, Smile-on also launched its new course on, Communication in Dentistry. Stories from the Practice, a three-module programme developed with Dental Protection Ltd, (DPL) which illustrated how skilled and flexible communication can reduce or prevent complaints, legal claims and income loss.

The team also talked visitors through its Clinical Photography course, developed with Christopher Orr and DPL, designed to demystify photography and show how to produce consistent, high-quality clinical photographs with correct storage to minimise risk.

In addition, Smile-on was open to enquiries about its Clinical Governance Progress Management course - which allows Primary Care Trusts to monitor dental practice progress - its key Skills package and its Clinical Audit package. Delegates also asked about INSTART, a vital step towards dental nurse registration, providing key knowledge in health & safety, infection control, medical emergencies, radiographs, record-keeping, surgery routine and, working with the dental team.

With a commitment to convening and dynamic learning programmes which motivate the candidate, promote learning retention and are also fun, the Smile-on team also were set to reveal the new series of Webinars.

A Smile-on spokesperson said: ‘Visitors to the stand were excited by the show reel which showed how participants can learn from and interact with world-renowned experts in aesthetic and restorative dentistry, from the comfort of their own home and even replay the webinars by visiting the site.’

For more information about Smile-on products call 0800 2400 8009 or email info@smile-on.com.
When we opened our new practice, cashflow was a key priority for us. We operate a “just in time” ordering system so that we don’t have too much money tied up in stock and Henry Schein Minerva’s stock audit makes this much easier. We regularly order on-line and because we know we can rely on Henry Schein Minerva’s excellent service and delivery, we can maximise our cashflow and credit terms.”

Alex & Abby – Michael Dental Care, Cheltenham

Partnership in Practice

To develop your partnership
email: me@henryschein.co.uk
www.henryschein.co.uk
A new series of interactive webinars devised through a joint project between Smile-on and Dentsply, give participants a cost-effective opportunity to virtually invite leading authorities on aesthetic and restorative dentistry into their own homes.

The live, online webinars mean viewers can take part in discussions, just as they would in a normal seminar, interjecting with questions at any point.

In addition, because of the way the webinar is set up, those taking part can choose to log onto the site and watch the webinar again, in case they missed any points. People who miss the webinar first-time round can also view it at a later date. Each webinar counts as 90 minutes of CPD.

A Smile-on spokesperson said: ‘Smile-on and Dentsply have worked closely together on this project, pooling considerable expertise. Dentsply, one of the world leaders in the production and distribution of professional dental products, is renowned for its forward-thinking attitude in terms of cutting-edge research and innovation, making it the perfect partner for Smile-on.’

Last year, participants enjoyed in-depth webinars on endodontics, periodontics and teeth-whitening.

The new series starts in December with a two-part series from Julian Webber on Endodontics including a section on retreatment. Several dental professionals have already booked their places and interested parties are advised to book as early as possible, to avoid disappointment.

For more information call 0207 400 8989, email info@smile-on.com or visit: www.dental-webinars.co.uk

Quality teeth for Britain’s top athletes

Dentsply has joined forces with the British Olympic Association to provide quality oral care for British athletes.

Dentist Don Gibson became aware of the scheme and became one of Dentsply’s registered dentists.

Sailing Olympic champion Andrew Simpson brought the gold medal back for Britain after sailing in the Star Class team, but he had not seen a dentist for three years. He visited Mr Gibson at his neighbourhood practice - The Princes Street Dental Practice, in Yeovil, Somerset for a routine check-up.

He still needs to return to the practice for further treatment, but is coming back a winner.

Mr Gibson said: ‘I am thrilled to be a part of this scheme and will be ready to treat more athletes at the forthcoming 2012 Olympics in London.’

For more information about DENTSPLY and the scheme, please call +43 (0) 800 072 3313 or email enquiry@dentsply-gb.com
More and more patients are considering, and prepared to undergo procedures involving cosmetic dentistry. On the whole, patients do not know enough about the industry’s infrastructure to appoint a dental professional based purely on their skills, qualifications and experience. Often the most nervous patients rarely get beyond the reception desk to find out about your team’s abilities. Instead, prospective patients judge dentists by the general impression of the practice, and the atmosphere created.

Surface judgements
The initial impression a dentist and their surgery can make to the prospective patient is essential. It is often the deciding factor on whether the patient feels the dentist is a well-respected professional or a poor-quality, back-street dentist, working in a tired and dated environment. With cutting-edge technology having become more common throughout society, they may well judge dentists by the equipment they use. It is not just a question of giving the walls another lick of white paint, and replacing the chairs in the waiting room. These days, in order to compete, you need to set yourself apart from the competition by creating a ‘wow’ factor from the moment people come through your door.

With the latest technology and design solutions, you can show your patients that you are a professional who takes his or her role very seriously, and are striving for perfection in both the services you offer, and in the services you expect from others. You are instilling confidence in your patients that only the best possible results are acceptable. Patients will immediately recognise that you have made a success of your practice, based on the impressive aesthetically pleasing surroundings.

Committed to perfection
By showing your success you are simply confirming that you have treated many people in the past, very possibly using the same procedures they are keen to undergo, and thereby reinforcing your commitment to professional excellence. An impressive practice interior and surgery will instil a culture of professionalism in your staff and throughout your business, if you and your staff are smiling, it will encourage your patients to put their smile in your hands.

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Friday 17th October 2008
British Dental Association
Wimpole Street, London
Beginners in business

If you are thinking of taking the plunge, and are keen to start and run your own practice, business guru and life coach Simon Hocken offers tips for success

I

n 1989, at the beginning of the last recession, I started a private squat practice in a small Devon town. I had no idea what I was doing and I succeeded in growing my business through a mixture of fear, naivety, determination, a little charm and some inherent skills in selling private dentistry!

I had spent the previous 10 years, as an associate, improving my clinical skills but the only business skill I had acquired was that of negotiating my percentage with my principals. My new practice diary was filling up (the only way I had of judging success) and in the spirit of, if one new practice is a good thing, then two must be even better, I opened a second private squat practice in Exeter in 1994, with two colleagues.

Learning the ropes

I still hadn't discovered much about business except that the banks were willing to lend dentists money. Despite my ignorance I found myself with two growing private practices, two business partners, three associates and three hygienists.

My two practices consumed all of my time, my thyroid, my marriage, my hair and most of the joy in owning my own business. I appeared to be making some money, but every year the Inland Revenue surprised me by asking about running a business. Having worked closely with a lot of dentists in the last seven years who are buying a practice or starting one from scratch, I now know the right questions about running a business. Having worked closely with a lot of dentists in the last seven years who are buying a practice or starting one from scratch, I now know the right questions about running a business. Having worked closely with a lot of dentists in the last seven years who are buying a practice or starting one from scratch, I now know the right questions about running a business. Having worked closely with a lot of dentists in the last seven years who are buying a practice or starting one from scratch, I now know the right questions about running a business. Having worked closely with a lot of dentists in the last seven years who are buying a practice or starting one from scratch, I now know the right questions about running a business.

A better way?

In the last five years of owning my practices, I realized that there must be a better way of doing things. I began to seek out gurus and mentors to ask the right questions about running a business. I found myself with two growing private practices, two business partners, three associates and three hygienists. I had spent the previous 10 years, as an associate, improving my clinical skills but the only business skill I had acquired was that of negotiating my percentage with my principals. My new practice diary was filling up (the only way I had of judging success) and in the spirit of, if one new practice is a good thing, then two must be even better, I opened a second private squat practice in Exeter in 1994, with two colleagues.

I wasn't ashamed to admit that I ran my practices like a lot of principals I meet who come to see me and ask for professional advice? (Property finders, solicitors, accountants, business coach/mentor?)

1. Find a friend or colleague who has done what you are planning to do and ask them about how it was for them and what they would do differently?
2. Go visit some practices. You can learn a lot from those you like and those you don't! Dentists generally love showing off their colleagues to each other.
3. Remember that the two commonest limiting factors are planning permission and raising enough money. (Don't forget the working capital element of any monies needed to start a practice.)
4. Set yourself a realistic time scale. Twelve to 18 months to consult your banks for advice; six to 12 months to find a practice to buy and buy it.
5. Remember: the key attribute of an entrepreneur is to take great care of your confidence. So be wary and stay away of the doom and gloom merchants!

Support is key

As you can see from my list, it's a lot to consider, decide on and plan on the kitchen table at weekends, (while in most cases holding down a full-time associate job). My advice is to get help. I know, I know, I would say that wouldn't I? But even in the absence of hiring a good business coach here are five suggestions:

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2. Go visit some practices. You can learn a lot from those you like and those you don't! Dentists generally love showing off their colleagues to each other.
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About the author

Simon Hocken BDS has owned two private practices and is an accredited coach. He runs the business coaching company, Breathe Business with Chris Barrow. Experienced analysts from the Breathe Breathe Breakthrough group meeting for dentists who are wishing to develop their business skills. The group concentrates on the six key areas of setting up and managing a successful practice. To find out more, email admin@breathe.co.uk, call 01526 577078 or visit www.breathe.co.uk.
Know your rights

From the beginning of employment to termination, there are key employment law issues that businesses need to comply with, says David Seals

Issues of discrimination
It is unlawful for an employer to discriminate against an employee on the grounds of sex, race, disability, sexual orientation, religion or belief and age. Employers need to ensure that they adopt a fair recruitment process and do not discriminate on these grounds during the employment relationship. There is no limit to the sum of compensation that can be awarded to an employee where there has been a finding of discrimination, and damages can be increased if it is found that the employer’s behaviour was malicious or insulting.

Contracts of employment
Employers are under a legal obligation to issue a written statement of employment particulars to new employees within eight weeks of starting employment. The written statement should set out the main terms of employment, for example pay, hours of work and holiday entitlement. Any subsequent changes to the statement must be confirmed in writing within four weeks. An employee who wins at an employment tribunal against an employer who fails to issue a written statement of employment particulars is entitled to receive any days not taken as holiday and on termination increased by up to 4 weeks’ rest after six hours’ work.

Family-friendly rights
This is the collective term for rights such as paid maternity leave, paternity rights and flexible working. Maternity pay rights have been significantly increased and there are Government plans to extend the right to paternity leave by introducing ‘additional paternity leave’. Also, there is a right for parents of young or disabled children to request shorter or different hours. An employer has to give such a request reasonable consideration, but the employee has to submit a reasoned request in writing and the arrangement should be on a permanent, rather than a temporary, basis. In practice such requests are easy to refuse if employees need to take care over the procedure adopted. If there is a reduction in working time, an employer is entitled to adjust an employee’s salary accordingly. There is also a right to take unpaid leave to care for a child or other dependants in emergencies.

Take a break
The statutory holiday entitlement increased on 1 October 2007 to 24 days for employees who work a five-day week. Those working part-time are entitled to the same level of holiday pro rata. However, there is still no general right to have paid leave on public holidays, contrary to what some think, though Bank and public holidays can be included in an employee’s minimum entitlement. Employers will usually reserve a right to deny holidays when necessary to protect a legitimate business interest. Employees are entitled to receive normal pay for days taken as holiday and on termination of their employment they are entitled to receive any days not taken as holiday on a pro rata basis.

Cases of harassment
Every employer must take effective measures to ensure that their employees are not subject to verbal or physical bullying or harassment from their fellow employees, bosses, customers or suppliers. This duty is not confined to behaviour within the working day and can extend to out of work activities such as social functions. It’s important not to ignore this issue particularly as employers can be liable for their employee’s unlawful behaviour even if they are unaware of it.

Business sales and outsourcing
The Transfer of Undertakings (Protection of Employment) Regulations (TUPE) preserve employees’ terms and conditions when a business or undertaking, or part of one, is transferred to a new employer. Under the provisos of TUPE any employees working in a business or relevant part of a business will transfer to the new employer or outsourced service provider on their existing contracts. Affected employees have a right to be informed and consulted about the change in advance. Dismissals connected to a TUPE transfer will often be construed as automatically unfair.

Changing terms and conditions
Sometimes it will be necessary for an employer to change the terms and conditions of an employment contract because of economic circumstances. The business may need to be reorganised, moved to a different location or there may be a need to change because of new laws and regulations. If an employer wishes to make changes they should consult with an employee or a representative (such as a trade union representative). A contract of employment may include ‘flexibility clauses’, which give an employer the right to change certain conditions (for example, shift patterns) or a ‘mobility clause’, allowing changes to an employee’s job location. A flexibility clause that is vaguely worded (for example, ‘the employer reserves the right to change terms from time to time’) cannot be used to bring in unreasonable changes. This is because there’s an implied term of ‘mutual trust and confidence’ in all contracts that requires the employer not to act unreasonably.

Cases of dismissal
At some stage most businesses will face the difficult task of having to dismiss an employee or a group of employees. Dismissal is serious and has to be handled correctly. Each year usually half of all claims to the employment tribunal are about unfair dismissal. First, there is a legal minimum notice period, which is one week after one month’s employment, rising from the end of the second year at a rate of one week for each completed year up to 12 weeks’ notice after 12 years’ employment. Employees dismissed after 51 weeks of employment can claim for ‘unfair dismissal’, which could cost an employer up to around £70,000. In most cases, there is a statutory procedure which will need to be followed by an employer. Failure to do so will result in an automatically unfair dismissal. Briefly, the procedure involves: (1) written notice stating

why the employer is contemplating dismissal; (2) a formal meeting to discuss the matter with the employee; (3) a decision from that meeting with a right to appeal.

Redundancy
Genuine redundancy is a fair reason for dismissal but an employer must ensure that they follow a fair procedure when deciding which employees are to be made redundant. Selection criteria must be objective and careful needs to be taken with regard to criteria that could now be age discriminatory, for example, “last in, first out”. Redundant employees are entitled to notice or payment in lieu of notice and employees with two or more years’ service are also entitled to (tax free) statutory redundancy pay.

About the author
David Seals is a solicitor at Morrisons Solicitors LLP, a member of the ASPD. ASPD has over 27 members in the UK offering professional services to dentists. The members include major banks and firms of solicitors, accountants, financial advisers, practice valuers and sales agents, insurance advisers and leasing and finance companies. For further information on the ASPD, its members and services, call 0800 136 6775 or visit www.aspd.co.uk.

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Bespoke financial planning

As our life goals change, it makes sense to re-evaluate our financial situation to reflect these changes, says Suzanne Allen, who offers some ways of doing this.

Whenever we hear the term work-life balance it is usually from a lifestyle guru or coach insisting that a meaningful life must fit some well-balanced agenda for work, rest and play. That may well be true for some folk, but not everyone feels the same way. As individuals, we take different approaches to life and no one way is necessarily any better than another. Some of us like to work hard early on hoping to enjoy an early retirement. Some want to continue working regardless of retirement age. Others want to work enough to maintain a good standard of living throughout life.

The point is that no matter your individual choice, the most important aspect of your approach is that it follows a well-considered and planned methodology. We devote so much of our time to earning money but how much do we actually devote to looking after it? Formulated plans make us review our finances regularly and that’s the best way to check we are on target to achieve our goals in the short, medium and long term.

As we move through life our values and goals change. It would seem reasonable then that our portfolio of investments should reflect these changes. Single living, starting a family, building a business, planning for retirement – each phase will undoubtedly impact our attitude towards finances and influence the decisions we take.

Yet regardless of the original purpose of the investment, a well-structured investment portfolio should have the flexibility to be able to adapt to all future, unknown needs. For example, savings for school fees may not be required for their original purpose and can be geared to university fees, or retirement, or even the purchase of a holiday home!

The investment life cycle of a dentist

It is never too early to commence retirement planning, but the priorities of a young, recently qualified dentist are more likely to be geared towards repaying student loans, buying a car, and sooner or later, the first home. Thanks to the credit crunch, a 10 per cent deposit is now required by many lenders so the first investment is likely to be in cash savings.

Yet almost by default, most dentists still commence their pension planning early on as VDPs and young associates often work within the NHS contract and will enter the NHS pension scheme, which continues to offer excellent value for money.

All dentists should build a cash buffer equivalent to three months’ drawings to provide for unexpected contingencies such as a failing car or school fees. This should be in addition to, and definitely not instead of, income protection insurance.

Planning a family

£45,000 is how much parents spend on each child by the time they have reached 18. If you add education costs it could stretch...
to as much as £180,000. (Sources 1The Family Circle/Maestro Family Spending Report 2006 and 2Financial Services Authority, September 2006) By planning ahead you ensure you have the funds available to provide for your children in the way you had envisaged without having to change your work–life approach significantly. Consider an investment scheme at your child’s birth that builds up capital effectively and tax efficiently. Cash ISAs for the early years and equity ISAs for later stages would be indicative of such a scheme. Should these savings not be required for say, their education, they can be used as a deposit on their first home, or your dream holiday! Remember, it’s not a ‘one size fits all’ approach!

Saving for retirement For most dentists, a personal pension is an excellent means of funding retirement. They are extremely tax-efficient, offer a wide investment choice and provide considerable flexibility. Dentists should commence their personal pension planning as early as possible, even if the initial contributions are minimal.

Pensions alone will almost certainly not fund all retirement. Here’s a statistic to consider: to fund a pension of half your income at age 65, with contributions starting at age 20, will cost around 14 per cent of earnings. Defer payment until age 40 and the cost to around 56 per cent of earnings. And most dentists expect to retire before age 65.

Buying a practice Buying a practice is a natural career progression for many dentists and may include the purchase of the property, often the dentist’s first step into the commercial property market. As well as providing stability and security, a practice can be a terrific long-term investment. The property can be sold at retirement, or let to the incoming dentist to provide a long-term retirement income stream.

Expanding your investments The practice has been purchased, the children’s educational costs are covered, and the private pensions are in place. In other words, the core planning has been undertaken and your retirement is underpinned. For many dentists, that will be enough and the surplus income can be enjoyed today. For others, it is the opportunity to look at wider, more exciting, higher-risk investment areas.

Buy-to-let property investments have been out of fashion since the start of the credit crisis and the property slump, but expect bargains to be found as we enter a recession. Stock markets have also dropped, especially shares in smaller companies, which means that investment into Venture Capital Trusts (VCTs) can represent superb value, with great tax breaks to boot. A high-risk investor looking for high long-term growth potential might suit a holiday home in countries such as Cape Verde or Thailand.

Spend wisely We all want to increase our wealth, maintain our choices and appreciate the investment income that will allow us to enjoy our lifestyle. However, we must not forget that there is no guarantee that we will continue to enjoy the fruits of our labour. Dentists, like any other profession, are responsible for the well-being of their patients. Remember that retirement planning is not just about funding your retirement, it is about the opportunity to look at wider areas, and you are now ready to enjoy the fruits of your labour. Dentists, like any other profession, are responsible for the well-being of their patients.

Where does this take you? You have now passed through all the life stages of starting work, planning the family, building the practice, investing into pensions and other areas, and you are now ready to enjoy the fruits of your labour. Dentists, like any other profession, are responsible for the well-being of their patients. Remember that retirement planning is not just about funding your retirement, it is about the opportunity to look at wider areas, and you are now ready to enjoy the fruits of your labour. Dentists, like any other profession, are responsible for the well-being of their patients.

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Suzanne Allen is managing director of Heritage Financial Advisers, a team of independent, fee-based financial planning specialists dedicated to the dental sector. She has over 12 years experience in the financial-planning industry, having spent half this time working with dental clients. Suzanne holds a diploma in financial planning and possesses specialist knowledge of pensions, taxation and trusts.

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Learning to flourish

If a receptionist is too quiet or too abrasive, it’s likely that a lack of confidence is the problem, says Glenys Bridges, who suggests that this issue can easily be resolved with some correct training.

Have you ever noticed that it’s how you project yourself, rather than your skills and abilities, that influence how employers and patients perceive you? All too often people who work quietly, diligently and with attention to detail are overlooked in favour of colleagues with an ‘X-factor’. But over time, some of these people are shown up for what they are – all style and no substance.

If you recognise this scenario from your own working life, you’ll be interested to single out the X-factor so you can build it into your working style. If this is the case, look no further. What you are looking for is the confidence factor. Confidence is something certain people ooze; it is seductive and reassuring for onlookers. Other people’s confidence can lift you when you’re feeling worried or uncertain and since many of us are familiar with these emotions, we look to outwardly confident people to sustain us.

Why some people are naturally more confident than others has been thoroughly researched by psychologists, many of whom agree there is an 80-20 ratio in force, with nurture being by far the most influential. Most agree that the environment in which we grow up will shape our feeling of self-worth, as too will workplace culture.

Conquering self-doubt

We are all affected, to some extent, by how we are treated by the people surrounding us. When others like and respect us, we are most likely to flourish, but we can’t rely on others to determine our self-esteem. Truly sustainable confidence starts when you conquer your self-doubts and focus on your strengths.

Before you can be really confident at work, you need to feel sure your workplace skills are sufficient to enable you to effectively manage any circumstances or tasks you encounter. This requires practice managers to set your job description, and then provide the training and guidance needed so you are aware what is expected of you.

When employers approach companies to find ways of meeting reception staff development needs, they are most likely to say their receptionist is either too quiet and doesn’t interact well with patients, or is too confrontational and needs to be more sympathetic to patients’ anxieties.

In most cases, the underlying problem is the same – a lack of true confidence. This illustrates how individuals react differently to the same emotion with some opting for the flight response when they are feeling out of their depth.

Building confidence means culturing internal talk which says, ‘Whatever happens, using my training and expertise, I can work out the most appropriate response. I am in full control of my work, so don’t need to fear what others may say or do’. When we feel confident, we look and feel confident. This starts a chain reaction that feeds off our self worth and our ability to support and sustain those around us when they are at low ebb, nervous or in some cases terrified.

If this level of competence is achieved through hands-on training, it’s fair to say you’re training at the school of hard knocks, where you learn not to make mistakes, rather than through understanding what is required and using your skills and imagination to make that happen.


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AHEAD OF YOUR GAME

Andy McDougall on behalf of the BDPMA offers eight top tips to becoming a proactive practice manager

The sole purpose of managing a business is to steer it to achieve the goals set out at the start of each year. Without a plan, how do you measure progress and ensure you remain on track? In this feature we provide a few tips to help you become a proactive manager.

1. Have a plan
Every financial year you begin a new journey. Don’t go another year without adequate planning and preparation – that’s leaving your business success to chance. Steer the business to the result you desire. Planning and control is a fundamental differentiator between success and failure. What got you here won’t necessarily get you there. You can’t rely on what you have done in the past, the world changes and so must you.

2. Develop a focus
Focus on what’s important. Ensure your time and resources are devoted to those crucial activities that will determine success. This might be growth through offering additional services to new customers or business development by springing new initiatives for customers which not only give you loads of new skills and techniques but are underpinned by a commercial strategy.

3. Prepare monthly accounts
It’s far too late to check how you are doing at year-end. A set of monthly management accounts will ensure you know if you are drifting off target and give you sufficient time to take corrective action. Too many business owners think they have a good feel for their business only to find an unanticipated result at year-end. Once you have created a map of your journey be sure to refer to it frequently: how else will you know that you remain on track?

4. Processes and costs
Eliminate all non-value-added activity. When was the last time you looked at your processes? Can you be sure that your theoretical process is actually the same as the practical one your staff follow? Are your operating methods correct or are they full of holes? Are they cumbersome? Could there be better ways of working that would lower your operating costs? How many activities, when challenged, add no value - “that’s the way it’s always been done here”. How many meetings last four hours and when you read the minutes don’t exactly address the real business issues? Do you benchmark your expenditure to see if your suppliers are delivering value? Streamlining processes and getting costs under control will transform your business and form the building blocks from which growth and development will spring.

5. Marketing – focus on customers
Does your business plan have a marketing focus within it? What marketing methods deliver great returns? Who is your target audience – customers are not all equally attractive. What is your new customer/terminated customer ratio? Do you know why customers join/leave you? When was the last time you measured your service levels? If you have a brand, practice literature, a website and all the other marketing communications tools you have been advised you need, have you actually assessed their value? Marketing activity is action that is undertaken to fulfill a specific purpose so if you don’t have a plan with specific objectives, how do you assess the success of your marketing initiatives?

6. Measure performance
Do you regularly measure all manner of things in your business? Like the dashboard of a car, you should have a range of metrics to keep you informed. Measurement turns you into a proactive manager who steers the business to derive the result you want. What gets measured gets done. Remember to measure financial and non-financial things. If you have developed a great business plan your team’s objectives and the objectives of the business will be aligned – everyone will be rowing in the same direction. Ask yourself – is it sensible to have an element of the business which your know is crucial to success that goes unmeasured? I bet if you assessed your business now there will be at least one and probably many unmeasured but crucial areas.

7. Keep an eye on cash
Remember – turnover is vanity, profit is sanity and cash is king. We are all in business to make profit, but without cash your business isn’t going to be around for long. How close are you to managing the cash, do you know this morning’s balance, do you know what the cash position is likely to be in a week or even a month and if it’s not looking too healthy what actions have you planned to change that situation?

8. You are not alone
If all this seems a bit daunting, remember you are not alone. There are plenty of people and organisations you can get help and advice from. The first step is to be aware of what you don’t know. By exposing yourself to new skills and techniques you can assess where your learning gaps are.

The BDPMA works towards supporting everyone involved in the management of practice by providing practical workshops which not only give you loads of tips to apply back at the practice, but also enable you to benchmark yourself against best practice commercial principles.

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For further information and to download a flyer, visit www.bdpma.org.uk. Alternatively contact Denise on 01452 886364 or at info@bdpma.org.uk.

About the author

Andy McDougall has over 25 years experience of business planning and brings techniques and expertise from a wide range of commercial and competitive business sectors. He delivers business-planning services to help members of the dental community respond to the dynamics of an increasingly commercial and competitive environment.
Trends in endodontics: views from the specialist practice

Marita Kritzinger talks to Julian Webber, leading endodontic specialist from the Harley Street Centre for Endodontics in London

Q: What inspired you to pursue a career in endodontics?

JW: When I first qualified, I wanted to further my education on an MSc programme in the United States. My mentor at that time was Richard Mitzman, an American-trained and very gifted restorative dentist. He had completed a DDS at the University of Southern California, Los Angeles, and had a thriving practice in London.

He persuaded me that what London and the UK needed was an American-trained endodontist rather than another American-trained restorative dentist. I took his advice and went on to complete an MSc in endodontics at the Northwestern University Dental School, Chicago, Illinois, USA in 1978. I am proud to say that I am the first Englishman to have accomplished this.

Q: What advice would you give an undergraduate student considering specialising in endodontics?

JW: Endodontics demands a high standard of clinical skills. Use your time wisely to master these skills and your postgraduate training will be worthwhile. Read as much of the literature as you can, both current and historic. Make sure you course al...
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The Clearstep System is a fully comprehensive, invisible orthodontic system, able to treat patients as young as 7.

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This accreditation seminar is aimed at General Practitioners, providing you with all the knowledge and skills required to begin using The Clearstep System right away.

The Clearstep System

There is no excuse for poor technique anymore. Single-use instruments are a potential concern in terms of finances so the simple solution would be a single file technique to prepare canals. I particularly like Ghassan Yared’s recent article in the IEJ. He is using only one hand file and an F2 ProTaper to prepare his canals. I am doing the same, so watch this space...
Oral cancer screening – its place in the general practice

With incidences of mouth cancer on the rise, Dr David Bloom and Dr Jay Padayachay from Senova Dental Studios look at how using the Velscope can help in its detection

There is a lot of media coverage at the moment regarding what might be defined as a ‘commonly recognised cancer’. We can all identify with those cancers that figure in the public media. Breast cancer and cervical cancer have a relatively high incidence and are well known, but just how aware is the general public of mouth cancers?

Many dental journals highlight the issue of the general dental practitioners’ involvement in the detection of mouth cancer, as part of a routine dental examination. It is clear that the majority of practitioners do carry out basic patient screening to detect suspicious soft tissue areas, but just how easy is it to spot the initial signs or symptoms of oral cancer?

So what is oral cancer?

Oral cancer cannot always be readily or easily identified, and it can prove difficult for clinicians to determine exactly which abnormal tissues should cause the most concern. Let’s first remind ourselves of some basic facts.

The oral mucosa consists primarily of two layers: the epithelium and the stroma.

The epithelium – referred to more completely as stratified squamous epithelium – consists of basal, intermediate and superficial squamous cells. The stroma is separated from the epithelium by the basement membrane. The stroma consists primarily of connective tissue - mostly collagen. It also contains capillaries (See Figure 1). Note that a surface layer of keratin of varying thickness can also be present although it is not shown in this picture. Certain types of oral mucosa are naturally keratinized while others become keratinised as a result of chronic irritation or because of other disease processes.

Squamous cell carcinoma is the most common of all oral cancers (usually accounting for approximately 90 per cent of all cases), and can form within the soft tissues of the mouth, lips and tongue. Pre-cancerous epithelial lesions usually initiate from below the surface of the tissue at the basement membrane, and can remain hidden from view until they reach the surface (See Figure 2). It is essential that discovery and intervention be made during the very earliest of dysplastic progression.

Oral squamous cell carcinoma can progress from oral pre-malignant lesions, and can involve hyperplasia, and dysplasia and may ultimately evolve into what is termed as carcinoma in situ. To overlook the initial signs of any suspect lesions can allow these to de-
Spotting the signs

Patients who present with suspect oral lesions should be carefully managed in an attempt to determine whether any suspicious mucosal changes have undergone a transformation into a malignant disease. In some instances it is possible to see signs of oral disease, as in some forms of leukoplakia (exhibiting as white spots or lesions), or as a form of erythroplakia (red spots or patches).

Recent surveys have shown that the incidence of mouth cancers is on the increase and that it is not only those most susceptible groups such as older male smokers, or those who drink heavily that are at risk, but that young females and individuals that are sexually active, and who may contract the Human Papilloma Virus Type 16 (HPV-16) are also susceptible. It is therefore imperative that oral cancers be detected early, as dental professionals have a significant role to play in the detection of mouth cancers and they can in many instances be instrumental in identifying the early signs of any pre-cancerous conditions.

Statistics show that the five-year survival rate when detected in late stages of development can be as low as 22 per cent, but when detected early can leap to over 80 per cent. Figures issued by the British Dental Health Foundation (November 2006) show that 4,500 new cases of mouth cancer each year.

Screening can help

At a very basic screening process, carried out in the dental practice, can therefore assist in the initial discovery of soft tissue lesions, and then have established that there are areas of the soft tissue that may require further and more detailed investigation, the appropriate referral actions can then be undertaken. This may then involve some form of invasive biopsy, which could then lead to surgical intervention, and the removal of any obvious malignant tissue. We are all aware that no innocent oral ulcer generally persists for more than two weeks.

Dentists continually strive to offer the best possible treatment options for their patients, and dental practitioners are the only professionals that are in the unique position of being able to detect oral disease. Being aware of at least some of these facts has prompted dental professionals to look seriously at just how they manage to re-emerge from mucosal tissue. Not many blue photons make it back outside the tissue without getting absorbed first.

White light is a mixture of all wavelengths of visible light – blue, green, yellow and red. Short wavelength light like blue light, is absorbed very strongly by mucosal tissue. Not many blue photons make it back outside the tissue without getting absorbed first.

Red light on the other hand is much less strongly absorbed by mucosal tissue – a lot of red photons manage to re-emerge from the tissue and make it to our eye. This is why mucosal tissue seems to us to be predominantly red or pink in appearance. See Figure 5.

Notice that no new photons are generated in the tissue – what comes back to our eye is a subset of what illuminated the tissue in the first place.

When we illuminate the tissue with light of an appropriate wavelength such as blue light, it enters the tissue just as it does for reflectance, but now it can get absorbed by special, naturally occurring molecules in the tissue called fluorophores. These fluorophores absorb the blue excitation light and then re-emit light at a longer wavelength – that is, green, yellow or red – a fraction of a second later. Blue light excites fluorophores in both the epithelium and the stroma.

The natural fluorescence from mucosal tissue – a lot of red photon scattering at around 620 nanometers, is why mucosal tissue seems to be red.

The biochemical, morphologic and environmental changes that accompany disease processes affect: Natural fluorophores in the tissue, and the Absorption & Scattering properties of the tissue. The net result is a change in the fluorescence observed (See Figure 7).

So, why is fluorescence a useful tool in finding diseases such as dysplasia and oral cancer?

The Velscope concept allows general dental practitioners to carry out a quick and straightforward examination of the soft tissues that can highlight any suspicious signs or symptoms that may then require further more detailed investigation, and it is not intended that the device be used in place of an oral examination or conventional biopsy. It is an adjunct to a visual exam and not meant to replace it (See Figures 8 to 11).

The decision to incorporate the Velscope into our practice routine was prompted by our desire to offer the best possible patient care and to include a simple screening method that could be easily integrated with routine examination procedures (see Figure 12). The practice does not charge patients for the oral cancer screening, but incorporates its costs into our regular fee structures. We do however offer an oral cancer screening for non-registered patients with a view to encouraging new patients to our practice.

Overall the Velscope has proved to be a useful addition to our diagnostic instrumentation, and by virtue of its ability to indicate any suspect soft tissue areas, enables us to practice professionals to promote increased standards of dental care for our patients.
Dr David Bloom, a graduate of the Newcastle-upon-Tyne Dental School, has been a principle at Senova Dental Studios since 1990, focusing on comprehensive restorative and cosmetic dentistry. A full member of the British Academy of Cosmetic Dentistry, David is also President of the BACD and began his appointment in November 2007. He is a member of The British Society of Occlusal Studies, The British Society of Restorative Dentistry, The British Dental Association and is a sustaining member of The American Academy of Cosmetic Dentistry (AACD). He is also a fellow of the International Academy of Dental Facial Aesthetics. David is on the editorial board of The Journal of Cosmetic Dentistry – the official journal of the American Academy of Cosmetic Dentistry, and clinical director of CO-OP.R8 seminars and instructs and lectures on all aspects of cosmetic dentistry in the UK and the US.

Dr Jay Padayachay, a graduate of the Newcastle-upon-Tyne Dental school, has been a principle at Senova Dental Studios since 1998 focusing on comprehensive restorative and cosmetic dentistry. He’s a full member of the British Academy of Cosmetic Dentistry and is on the board of directors. He is a member of The British Society for Occusal Studies, The British Society of Restorative Dentistry, The Pankey Association, The British Society of Periodontology and The American Academy of Cosmetic Dentistry of which he is a sustained member. He is also a director of CO-OP.R8 seminars and lectures in all aspects of cosmetic dentistry in the UK.

Oral cancer doesn’t care

In the UK over 4,500 new cases of mouth cancer are diagnosed annually

Less than 50% of cases will survive 5 years

Early treatment as a result of detection can improve outcome of patient survival from 50% to nearly 90%

In the UK over 4,500 new cases of mouth cancer are diagnosed annually

Less than 50% of cases will survive 5 years

Early treatment as a result of detection can improve outcome of patient survival from 50% to nearly 90%
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It is quite difficult to accurately predict how every surgical procedure will end up. Most of them are trouble-free and go to plan, but sometimes you may be caught out. In the light of the problems that have arisen in the past we need to warn patients of the possible risks that exist before we can start. This is all part of the consent process and in each case these warnings need to be interpreted to reflect the idiosyncrasies of the patient’s particular circumstances. Attention to detail and a record of the discussion with the patient will not only ensure the best outcome but it will also protect the clinician from any subsequent challenge.

Experiencing discomfort

Consider the case of an elderly patient who attended the dentist complaining of pain in the posterior mandibular area under her existing partial denture. Clinical examination revealed an area of redness and tenderness over the area of her lower right wisdom tooth. A radiograph taken at the time revealed a buried root from a lower eight, which was clearly being irritated by the denture. Although the dentist adjusted the denture, the patient continued to experience discomfort and was advised that the retained root should be removed.

The dentist was aware of the potentially friable nature of the mandible and advised the patient there was always the possibility of a fracture and consequently a risk interfering with the inferior dental nerve. The dental nurse recalls the dentist discussing this with the patient, but unfortunately, no note was made of the warnings in the patient’s dental records. The procedure was uneventful, but the patient did experience some post-operative anaesthesia of her lip subsequent to the operation.

The member referred the patient to a consultant oral surgeon who considered there was little likelihood of a fracture and consequently a risk interfering with the inferior dental nerve. The dentist was not advised that normal feeling would be unlikely to return.

Always take notes

The patient’s lawyer claimed their client had not been warned of the risks of post-operative anaesthesia. The dentist rebutted this allegation and was quite vehement; as was his assistant that he had warned the patient. Because the dentist had carried out a number of other surgical procedures that same day and there was no documentation of the warning that was given it was the patient’s word against the dentist’s. Because the court will usually view the patient with greater credibility, this case was impossible to defend and so it was settled out of court.

Dental Protection has assisted Admor (www.admor.com) to create a series of consent protocols for procedures with a recognised risk. By using these to document the consent process and storing the completed document in the patient’s record, situations like the one described could be resolved more easily.

Watch out for another Learning Curve from Dental Protection in future editions of Dental Tribune UK.
IPS e.max Bleach Shades for all-ceramic perfection

The IPS e.max system from Ivoclar Vivadent enables the Laboratory provision of beautiful all-ceramic restorations in an extensive range of indications, including crowns, bridges and veneers. This unique & simple system allows the restoration to be made using CAD/CAM technology or press technology. Whichever option is chosen, they offer enhanced aesthetics and biocompatibility compared with metal-ceramic restorations, and many believe it is the best restorative solution for strength, aesthetics and minimally invasive preparation.

The IPS e.max system offers a choice of either lithium disilicate glass ceramic and fluorapatite glass ceramic blocks for pressings or zirconium oxide and lithium glass ceramic and fluorapatite. The IPS choice of either lithium disilicate or zirconium oxide and lithium glass ceramic and fluorapatite is an in-house invention that provides precision fitting IPS e.max CAD enables Dentists to provide extra protection for the restoration is then finished using the CEREC system. The choice of IPS e.max CAD/CAM technology. Whichever option is chosen, they offer enhanced aesthetics and biocompatibility compared with metal-ceramic restorations, and many believe it is the best restorative solution for strength, aesthetics and minimally invasive preparation.

For further information call Sident Dental Systems on 01952 582800 or email Jodilive@sident.co.uk

Banish Tooth Whitening Sensitivity

Sensitivity is often an issue associated with Tooth Whitening, which applies to both home and power (surgery) whitening procedures.

GC has introduced Tooth Mousse that is the perfect adjunct to your usual tooth whitening treatments. Apply immediately after tooth whitening to relieve sensitivity caused by dehydration in the surgery or provide your patients with a tube to take home with their home whitening kit.

GC Tooth Mousse is water based, sugar free topical cream that contains ReCalcite® CPP-ACP (Caries Phosphoprotein – Amorphous Calcium Phosphate). This topical paste will provide extra protection for the patients’ teeth. It has been shown that the twice daily use of 1% CPP-ACP solution produced a 19% reduction in enamel demineralisation (Reynolds, 1988).

The kit contains enough material for the treatment of ten teeth and has been cleverly designed to ensure ease of application and handling. Each kit contains two INNERwhite hydrogen peroxide gel syringes (2.5ml), two mixing tips, eight disposable caps for the syringes as well as a plunger and 7.5g of sodium perborate powder.

When CPP-ACP is applied to the tooth surfaces, it binds to biofilms, plaque, bacteria, hydroxyapatite and surrounding soft tissue localising bio-available calcium and phosphate. Saliva also enhances the effectiveness of CPP-ACP and the flavour of the tooth mousse helps to stimulate saliva flow. The longer CPP-ACP is maintained in the mouth the more effective the result.

There is a wide range of benefits for GC Tooth Mousse. It can be used to protect treatment for teeth and to help neutralise an acidic oral environment. Additional professional applications of the mousse will be immediately following bleaching, after ultrasonic, hand scaling or root planing, after removal of orthodontic brackets, following professional tooth cleaning, after apicectomy for the treatment of post-operative pain. Weighing 45g, it features the very latest diode technology which means that the unit size is kept to a minimum. The control unit has a clear menu of easy to select functions, while its LED display shows all the treatment parameters.

For further information please contact GC UK on (0044) 1908 218999 or e-mail info@uk.gceuropene.com

Dentist Tooth whitening Systems

Dentist stocks a range of reasonable priced tooth whitening products for in surgery or at home use.

Blue lightening 40 is an in surgery premixed gel system with an orange tint to aid placement. The hydrogen peroxide gel is only activated when expressed from the tube. Kit also contains gingival barrier and silky touch lip cream.

Blue lightening Home is an at home kit containing high stability gel, that is only activated by saliva. The peroxide therefore does not break own before use, as it is passive. It does not contain carbomer or cream and can cause irritation, pH neutral. Each kit contains neutral, antiallergen, odorless vacuum shreet not a vinyl-acetate based vacuum sheet.

Dental Tooth whitening Systems

Utilising carbamide peroxide oxygen releasing agents the Vi-vaStyle range has a gentle, but effective action on tooth structure. It is available in various concentrations of two basic presentations – VitaStyle and VitaStyle Paint On Plus – each designed with a different application in mind.

Contact Mike Dickinson

VivaStyle

The Complete Serious Whitening System

Cool Kiss in surgery kits. For professionals who prefer to mix the whitening paste how they prefer. These are bulk treat ment kits for 15 or 50 applica tions, that includes a-silicone self curing gingival protection.

Mini cool blue light system is face mounted, Ultra light weight weighing only 75g. It clips onto check retractor, is comfortable for patient, effective, easy to use, and features a time timer, and key lock to prevent unauthorised use.

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Dentoid Ltd, 2 Wells Green Gardens, Holmfirth, HD9 3HP, West Yorkshire. Telephone 01484-684400 Fax 01484-688559 Email info@dentoid.co.uk

Contact Mike Dickinson

VivaStyle

The Complete Serious Whitening System

VivaStyle Paint On Plus is recommended for patients if they don’t want or can’t afford fitted trays. Applied by brush, the varnish remains on the teeth for 10 minutes before being removed with a toothbrush. This procedure is normally performed twice daily for 7 days. It can be used to whiten the complete den-
DEIONISED WATER FROM TAP WATER

‘New’ Safe-Water system

The Safe-Water system employs a specifically designed ion exchanger that will rapidly transform ordinary mains cold tap water into high quality deionised/demineralised water.

This system is particularly useful for use within all electrical steam generating equipment and autoclaves, Eschmann can supply all autoclave and autoclave washer disinfectors available as benchtop and underbench models, with hand piece irrigation available for both models. This feature helps deliver a higher standard of cleaning and disinfection when complex, humidified instruments, i.e. dental handpieces are being processed.

The Little Sister autoclaves boast self-checking cycles - independent cycle control and monitoring systems compare actual performance with pre-set specified parameters. Any discrepancy interrupts the cycle, promoting a reliable and validated sterilisation process. Other features include one touch operation to promote efficient usage.

With payment options including one-off payments, 10 months interest free credit and 10% deposit months interest free credit and one-off payments, 10% deposit.

For more information call 01903 875587 or email ic.sales@eschmann.co.uk

www.eschmann.co.uk

Safe-Water is now available through Henry Schein on: 08700102043

IADR Prize

Dr. Wyman Chan, a leading teeth-whitening expert and dentist dedicated to teeth-whitening, received the Procter and Gamble Investigator First Prize Award from Professor E. Lynch, Queen’s University Belfast, UK.

The Little Sister autoclaves, i.e. dental handpieces are treated him for routine treat-

Looking to increase your knowledge in implant dentistry?

Look no further – Astra Tech Dental are offering a variety of courses for all general dental practitioners who are working with or looking to work with implants. The courses range from one day courses to year long modular courses depending on what you are looking for.

Helen worked in catering initially and then began working for Barrs Soft drinks in 1997. She worked in tele-sales for 5 years and then field sales for 8 years. Last year she moved from London to her home town in Hindhead, Surrey. Helen now appreciates a calmer lifestyle and is working hard to promote the huge range of Kemdent products to new and existing customers.

For any information on products or special offers do not hesitate to call Helen on 01795 770250.

An excellent course aimed at clinicians wishing to become involved with implant dentistry or have an interest in sitting the diploma in Implant Dentistry is available through the Centre for Materials Research and Innovation (CMRI), University of Bolton, U.K, has won this prestigious award for his research paper entitled ‘A Comparative Spectrophotometric Investigation of Selected Professional Tooth-Whitening Products’. This study investigated the in vitro efficacy of various professional teeth-whitening formulations with regard to their bleaching of melanin/brownish products (MBPs), which are chromophores known to contribute to extrinsic teeth discolouration. The authors compared the bleaching efficiencies of three hydrogen peroxide-containing chairside teeth-whitening products (‘Zoom’, Zoom2 and ny10) using MBPs as spectrophotometric probes.

Helen makes an excellent start

Helen Wilson has taken over from Jenny Lake, working in tele-sales at Kemdent. Helen has thoroughly enjoyed introducing herself to Laboratory Technicians and Dentists throughout the UK. She is always keen to receive feedback about Kemdent products and is very much looking forward to meeting her customers at exhibitions. Helen feels that meeting customers face to face is of great value. Her previous experience in field sales is. It is clear that Helen’s experience has helped her make an excellent start within the sales team at Kemdent.
New LED Operating Light

With its great modern styling and easy 5-axis manoeuvrability this will enhance any surgery. Through use of two, high intensity LED beams it produces a cool, clear light, which means no need for noisy fans, no heat generated onto patient and no bulbs to change. Comes with easy to re-move handles, which are sterilizable. Also features a light intensity switch, or optional sensor. Light is available in chair and ceiling mounted versions. Utilise the benefits of today’s technology to benefit your working environment and patient comfort.

Water Pik, Inc.

Water Pik, Inc. is a leading manufacturer and marketer of innovative personal healthcare products sold under the WaterPik® brand name. The Company has developed and introduced many products that are considered first of their kind and have led to the formation of numerous patents. Equipped with the dental water jet, automatic toothbrush, and pulsating shower massage.

For further information ask your local Minerva Represen-tative or telephone 029 20 442800.

Limited Spaces Available!

Spaces are fast running out to see world renowned speaker Naim Dacrushy who will be with us at the St Mellion Hotel and Country Club on Friday 14th and Saturday 15th November. Newt-on will be illustrating how to deliver stunning aesthetic compos-ite restorations.

His presentation will focus on introducing a philosophy of how to conservatively, effectively and artistically perform aesthetic di-rect anterior composite restora-tions based on principles of emu-lating proper form, colour and function.

The St Mellion Hotel and Country Club is a stunning venue and will host the English Open in 2009. Why not come for the lec-tures and take the opportunity to play the championship golf course? Stay at the hotel or make a longer break of it and hire one of the holiday cottages on site.

The cost to see this world class speaker for non-members of the Cornwall IDP is just £585 for the 2 days or £170 for the first day only. But hurry – spaces are strictly limited and won’t last long at this excellent rate.

Please call Trish Hodgkinson on 01526 506745 or email phodgkinson@tinyworld.co.u k to book your place today.

Egan Dental Laboratories celebrate 25 years of excellence with Ivoclar Vivadent

After 25 years in the dental trade Southborough based Egan Dental Laboratories and Christopher Egan of Egan Dental Laboratories have seen many changes: new products, new technologies and new pro-cedures. One of the few things to have remained constant is their use of The Biofunctional Prosthetic System (BPS) by Ivoclar Vivadent.

In celebration of this milestone, Egan Dental Laborato-ries invited a small number of their clients to visit the Ivoclar Vivadent head office in Liech-tenstein. Here they enjoyed a tour of the company headquar-ters, met with Ivoclar Vivadent product managers and rounded off the trip with a gala dinner.

When asked why they had remained so loyal to Ivoclar Vi-vadent, Richard Egan commented that they use something as personal and unique as a dental prosthesis, you need to be certain you’re using the highest quality mate-rials with products and support services to match. Ivoclar Vi-vadent have always ticked all the boxes.

Water Pik, Inc. Launches New United Kingdom Website

The new WaterPik.co.uk is a valuable online resource for Water Pik customers, retailers and vendors. The site under-scores WaterPik’s focus on cus-tomer service, offering easy-to-use tools and resources in a user-friendly environment, in-cluding:

• Product guides
• Expanded product offerings
• Educational materials
• Current Service information

Waterpik.co.uk presents the customer with the choice of purchasing products directly from the Water Pik, Inc. Web Store or retail locator informa-tion for those who prefer to shop at traditional retail out-lets.

“We have invested a signifi-cant amount of energy and re-sources in bringing meaningful innovation to consumers in the UK in the areas of health and wellness, and we feel that this new site reflects that effort,” said Richard Bisson, President and CEO, Water Pik. “The new waterpik.co.uk reflects our guiding principles of health, in-novation, and sustainability and provides a more robust cus-tomer service experience.”

About Water Pik, Inc.

Student Award

As a new generation of cli-nicians enter the world of dentistry, one name to keep an eye out for is Jamie Fellows.

Jamie has recently com-pleted his first year at the new Peninsula Dental School in the South West of England, and he has already demonstrated an outstanding level of dedication and clinical knowledge within this exciting discipline. So much so, that he’s managed to heat all first year students to win the ‘Effective Practice’ award. Specifically developed to help recognise emerging tal-ent in this area, this award not only gives Jamie a title to be proudly of but also a valuable prize of £250, a reward that was kindly provided by Henry Schein Minerva.

During the tour, Marc Northover, Ivoclar Vivadent’s UK Product Manager, took time to demonstrate the full range of benefits of the BPS System. This included a workshop to demon-strate solutions to deal with the prosthetic deficiencies pre-sented by patients with eden-tulism.

Christopher Egan com-mented, “It’s exactly this type of approach that puts Ivoclar Vivadent in a league of their own. Not only do they produce excep-tional products, but they also keep a dialogue with people like us, the end user, keeping us in-formed. It’s truly beneficial for all concerned”.

He continues, “Egan Dental Laboratories, in Ripon, has a hard-earned reputation for quality, experience and reliabil-ity. We believe there are very few Dental Laboratories in the UK who can match the wealth of clinical and technical knowl-edge we’ve developed over the years. We’re also proud to say we actually have a waiting list of dental surgeons wanting us to work for them. This shows we’re getting it right. But none of this would have been possible with-out the support of the Ivoclar Vi-vadent team and the consist-ently high quality of their prod-ucts and materials”.

Ivoclar Vivadent are commit-ted to providing innovative, long-last-ing dental solutions. They have a range of products and techniques designed to help den-

National Polish Society for Implantology

Welcome the EAO to Warsaw

The European Association of Osseointegration (EAO) held their 17th Annual Scientific Con-gress at the Palace of Culture and Science in Warsaw, Poland on 18-20th September 2008. The event was dedicated to the Clinical Ad- vances and Predictability with Oral Implants.

The meeting focused on all the aspects of the recent develop-ments in osseointegration and researchers and clinicians rec-ceived state-of-the-art informa-tion on different aspects of using these specific implants. BioHorizons had a stand at the event, which demonstrated all the lat-est technology and products available.

The Chairmen of the meet-ing, Andrzej Wojtowicz and David Harris were pleased with the overall success as Dr Harris has been co-ordinating this sci-entific programme with the com-mittee for several months.

The meeting was an excel-lent and unique opportunity to meet specialists from all over the world and exchange opinions and ideas. Attendees were given the chance to decide for them-selves what treatments in im-plant dentistry could lead to suc-cessful, long-term results.

Warsaw is an exceptional city with an impressive culture and history. The capital is full of fan-tastic architecture and historic buildings, a great location and venue for this stimulating and in-teresting programme.

For more information about BioHorizons’ products and courses please contact the of-fice on 08700 620 550, email: info@biohorizons.com or visit our website at www.biohori-zons.com
CREATING THE RIGHT ENVIRONMENT FOR THE RIGHT IMAGE
Now in its eighth year, the ever-popular collaborative venture between Dental Protection and Schülke has become more team focused in recent years, in recognition of DCP registration and the importance of a team approach to risk management. The event is an ideal practice day out, with team tickets available as they have been in previous years and a chance for all members of the team to visit this valuable and informative pre-Christmas symposium.

The Premier Symposium will take place on Saturday November 29 at the prestigious Kings College, London. The comfortable and spacious auditorium combined with the compelling and entertaining speakers ensures that this meeting remains a highlight of the dental calendar.

Learn from the experts
The Premier Symposium 2008 will feature the following speakers and lecture topics:

- **Angus Walls**
  Handle with care – how to treat the older patient

- **Stephen Flint**
  Bisphosphonates and their impact upon dental care

- **Caroline Pankhurst**
  Barriers – sense and nonsense, facts and myths (a discussion on the techniques used in infection control)

- **Tony Hoskinson**
  Managing risks and complications in endodontics

- **Guy Hirst and Trevor Dale**
  Lessons from the flight deck (accident causation, safety and human factors)

Premier Awards 2008
Entries are now being accepted for the Premier Awards 2008, which accompanies the Premier Symposium. With a total prize fund of £6,000, the Awards offer one of the largest cash prizes for dental risk-management projects in the UK. The three competition categories now include all members of the dental team at any stage of their career.

- Dental care professionals (undergraduate, postgraduate or practising)
- Dental undergraduates
- Dentists (postgraduate or practising)

The new categories mean that all qualified dentists and dental care professionals are eligible to enter a body of their own work for this prestigious award.

Book your ticket
Including six hours verifiable CPD for all members of the team who are GDC registered, tickets are now on sale for this year’s annual Premier Symposium. Delegates are advised to order their tickets as soon as possible in order to avoid disappointment. Tickets are available from Sarah Cunliffe. Email sarah.cunliffe@mps.org.uk or call 020 7399 1339. Or for more information, please visit the Dental Protection website at: www.dentalprotection.org/united_kingdom/News_and_Information/Events/default.aspx

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