Framework established for Steele recommendations

The framework for implementing the recommendations of the Steele review into NHS dentistry has been established by the Department of Health (DoH).

According to the implementation structure, there will be five work streams that the Programme Board will be looking into:

- Pathway, Quality & Workforce Development
- Commissioning Development & Business Support
- Contract Pilots and Evaluation
- Communications, Patient Empowerment & Information
- Finance

Stakeholders from across the profession have been invited to participate across the streams, including SHA/PCTs, Clinicians (including Dentists and DCPs), Deanseries, NHS Choices/Dirrect, DoI, Patient Groups etc.

One group who has extended their support across the board is the British Dental Association (BDA). The BDA has committed their support across the board to implement the Steele recommendations of the Steele review into NHS dentistry and have the courage to grasp the opportunities the Steele review has presented us with to improve dental services.

"There are five main work streams and there will be an executive Committee member on each of them. We have also committed to bringing another huge amount of work to be done. We need to rebuild some trust between the groups involved in NHS dentistry and have the courage to grasp the opportunities the Steele review has presented us with to improve dental services."

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Lead author of the review, Prof Jimmy Steele, said: “Clearly, I am delighted to see that, even in difficult financial times, there seems to be a commitment to maintain the momentum of the review, and the Health Select Committee report which preceded it.

Dr Milne added: “There is a huge amount of work to be done. We need to rebuild some trust between the groups involved in NHS dentistry and have the courage to grasp the opportunities the Steele review has presented us with to improve dental services.”

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Report highlights commissioning dental services challenges

A number of challenges for local commissioning of dental services must be addressed, according to the results of a survey released today. Alongside the survey is a practical guide to dental commissioning, produced by an independent working group led by Professor Chris Drinkwater of the NHS Alliance, to help primary care organisations to meet these challenges.

The survey, which quizzed both commissioning leads and Local Dental Committee secretaries, found that 60 per cent of commissioners said that the national contract did not allow sufficient flexibility to meet local oral health needs, with 77 per cent of LDC secretaries agreeing. Less than a third of dental services challenges

was also investigated. More than a quarter (20 per cent) of the primary care organisation dental leads questioned had been in their role for less than a full year, with an average tenure of 3.4 years.

But despite concerns about the constraints placed on commissioners by the national contract, the survey found very positive attitudes towards liaison between practitioners and commissioners. Eighty-seven per cent of dental leads and 85 per cent of LDC secretaries felt the regular contact they had with one another was helpful. Consensus about priorities for dentistry was also obvious with access for new patients the most commonly cited for both groups.

Building on these findings, the Local Commissioning Working Group Report maps the commissioning cycle from start to finish, and provides practical guidance, tips and ideas for commissioning general dental services. It also sets each stage of the commissioning cycle in the context of the World Class Commissioning framework, explaining how competencies can be achieved and exceeded. The report is available at: www.bda.org.

Launching the report, Professor Drinkwater said: “The research underpinning this report has presented some excellent examples of innovation on the part of commissioning teams around the country, but it has also demonstrated room for improvement in others. Drawing on examples of best practice and building on the World Class Commissioning competencies framework, this report has a clear focus on quality. We hope that it will be a valuable tool for both new and experienced commissioners, helping to achieve local oral health improvements and reduce inequalities.”

Dr Susie Sanderson, Chair of the BDA’s Executive Board, welcomed its publication: “Effective local commissioning is essential to meeting the needs of local populations. This report provides a really good resource for commissioners, that encourages excellence in the delivery of primary dental care. Important, in developing the work Professor Drinkwater has engaged with Professor Jimmy Steele, author of the review of NHS dental services published in the summer, to ensure that the two pieces of work are complementary. What’s important now is that Government, dentists and the commissioners of care, work together constructively to improve the delivery of care to patients.”

Winning image for a winning smile

A dentist from Washington in the US has won an all-expenses paid trip to next year’s FDI World Dental Congress in Salvador da Bahia, Brazil, thanks to a picture!

The FDI World Dental Federation, in partnership with the Wrigley Company, presented the 2009 FDI & Wrigley Photographic Award to find out what makes dental care professionals smile.

The grand prize/overall winner of the 2009 FDI & Wrigley Photographic Award was from the United States in the North America region. The winner, Richard from Tacoma, Washington, received the Brazil trip and, as the North America regional winner, he also received the regional prizes of a $1,000 US voucher for photographic equipment, a one-year subscription to the International Dental Journal, and a year’s supply of Wrigley chewing gum.

Dental professionals from 65 counties around the world submitted photographs during the 2009 competition which ran from March 16 – July 8. A variety of entries were received, including funny family photos, landscapes, friends having fun, animals, and candid shots of individuals. All of the photographs were reviewed by a panel of judges for creativity in addressing “what makes you smile,” and six regional winners and one grand prize winner were selected.

The other five regional winners of the 2009 FDI & Wrigley Photographic Award were:

• Africa region: Sandy from Gauteng, South Africa
• Asia-Oceania region: Pujan from Singapore
• Europe region: Jan Eric from Altstatten SG, Switzerland
• Latin America region: Gunther from Cartago, Costa Rica
• Middle East region: Neda from Tehran, Iran

Each regional winner has also received the same regional prizes noted above.

In addition, WOHP (Wrigley Oral Healthcare Programmes) is donating $25,000US total to the FDI’s World Dental Development Fund (WDDF), which supports oral health education and projects worldwide.
Greener dental magazine relaunch

The British Dental Practice Managers’ Association (BDPMA) has gone a shade greener with the re-launch of its quarterly magazine.

The publication, which has been re-named Practice Focus, is now printed on the Isle of Wight by Crossprint Ltd on 50 per cent recycled paper using vegetable based inks.

It has the same format and number of pages as the previous magazine, with a varied selection of articles and features of interest to practice managers, contributed by industry experts and BDPMA members.

BDPMA chairman, Amelia Bray, said: “We were already fairly kind to the environment because most of our communication is by e-mail and we hold team meetings via conference calls. However, our magazine was something we needed to look at. I’m pleased to say that as an indirect benefit of going green, we actually saved money yet enhanced the look of the magazine.”

The autumn issue of Practice Focus, which was recently distributed to BDPMA members, includes features on team development, website design, how to obtain, Investors in People, status and practice management software. Produced four times a year and complemented by a monthly e-newsletter, Practice Focus is one of the many benefits of BDPMA membership.

The BDPMA, which began in 1993, is the association for dental management team members and promotes standards of excellence in practice management. It organises management development seminars available to both members and non-members. In addition to the national executive team, there is a network of regional coordinators covering the whole country.
Web-based accessible learning for dental teams

Smile-on is proud to continue supporting all dental professionals by offering flexible education and accessible learning to help build fulfilling and successful dental careers for the whole team.

Together with DENTSPLY, Smile-on News offers dental health professionals the chance to attend and discuss up-to-the-minute dental lectures without having to leave the comfort of their own home, following on from the huge success of last year’s webinar events.

Its innovative webinar series, which is running for the remainder of this year, features world-class lecturers. These include Justin Stewart, who will be discussing dentures and impression-taking and Dr Trevor Bigg, who will be exploring the latest in teeth-whitening tips.

Taking their pick from a large range of accessible webinars suitable for the entire dental team, recipients of the informative Smile-on newsletter can also enter the prize draw to attend webinar events absolutely free.

Smile-on is the source for cutting-edge software and training resources right across the dental industry, recognising as it does, the need throughout the industry for education and training solutions which are flexible, engaging and inspiring.

For more information on the series of webinars or to receive the Smile-on newsletter call 020 7400 8989 or e-mail info@smile-on.com.
Dental holidays in the UK?
Can Britain really compete with Europe for dental implants?

Dental implant costs to patients in the UK have traditionally been more expensive than in any other country in Europe, Asia or America. In many cases the cost for comparative treatment can be twice as much as other countries. For this reason over 1,000 UK patients a year travel as far as India and the USA to have dental implants and save money. Compared with our friends in the Euro zone just across the Channel, the UK is placing far fewer implant fixtures than any other European country.

“Either the implant companies are going to support us through this recession or we’ll learn from our experiences and move on!”

Market Forces

The reason is simple: market forces have meant that the implant manufacturers have been able to get away with it. The vanity and relatively high standard of living of the British public, plus the associated higher laboratory costs, have kept prices high. But, according to Dr. Dandapat, the worm has turned. With the Internet breaking down global barriers and enabling the free exchange of information, the British public is now sufficiently informed to know there is an alternative. As Britain emerges from the recent financial crisis, the problem for Britain’s dentists is likely to get worse unless action is taken.

“Our currency has been through a rough patch over the past 12 months but the worst is over and strengthening is now strengthening again,” he said. “As the Euro and Dollar become cheaper once again, implant placements abroad become more attractive to our deal-seeking UK patients. The situation is compounded by the limited disposable income available to patients owing to the recession and general trend for implant companies to increase prices, whatever the economic weather.”

Dr. Dandapat believes it’s time for change. “Either the implant companies are going to support us through this recession or we’ll learn from our experiences and move on,” he said, adding that the UK price to a patient for a dental implant, abutment and crown varies from around £1,000 to £4,000 per tooth. In Europe the same treatment is available for approximately £350. “We can’t compete with that unless the implant manufacturers help us.”

He explained that it’s necessary for dentists to be more proactive in attracting patients to consider a procedure that many would view as a luxury and, during a time when money is scarce, they can do without. He believes that the most effective way would be to reduce the cost of implants down to an affordable level in line with the current economic climate and closer to the prices that are enjoyed elsewhere in the world.

“But how can we achieve this without sacrificing the profitability of our precious businesses?” he asked. He maintains that Britain can compete with Europe however, to ensure dental implants are accessible across all socio-economic groups whilst maintaining healthy businesses. Britain’s dentists will need to take a more enlightened approach. He believes that some of the more progressive practices are doing just that.

Comfort Zones

“Slowly, practitioners are starting to react to the situation,” he said. “A handful of implant centres round the UK are now charging between £1,000 and £1,500 for a complete implant and crown. I can tell you that this approach works. These practices are very busy. To look at them, you wouldn’t even know we were in a recession.”

So how have they done it? Many would say that they are just courting or cutting corners. But Dr. Dandapat disagrees. “I can assure you they are not and have simply become wise to the diaphanous practices of the controlling brands and distributors within the UK marketplace. I ask you, how can an ensnared UK practitioner offer implants at £1,000, place over 1,000 implants per year and cut corners? If that surgeon were doing anything even remotely inaccurate they would have been in front of the GDC by now.” He adds that this is not the case; there are no short cuts. These are simply forward thinking individuals with a determination to succeed.

“It is fair to say most dentists are in a comfort bubble surrounded by brands we’ve been using for years, often for decades. We can no longer afford to be consumed by manufacturer-driven marketing of large UK corporations offering us the world in return for which we are just paying for extravagant expenses, supporting freesties to corporate offices and lining the pockets of executives with generous bonuses. If we want to survive in these turbulent times and compete in the changing dental implant market, we have no option but to reduce our costs and pass this saving on to the patients.

We need to cut through all the fluffy stuff and use systems that offer value for money without compromising on quality.”

Proactive Approach

For example, one implant manufacturer, DIO Implant of South Korea, is now operating in the UK. The company has been around for over 25 years and is one of the largest implant manufacturers in Asia. DIO has recently and correctly identified the gap in the UK market and is offering dental implants at prices less than half that of the most established UK brands (eg. DIO Titanium BM fixtures in the UK starting from £85.50).

“From my conversations with peers, I feel practitioners generally think there must be some flaw to the system. I can tell you there isn’t. South Korea has one of the most developed manufacturing sectors in the world. This means that some of the best products in the world are also some of the cheapest.”

DIO itself has done comparisons with the competition (www.DIOUK.com/calcualtor). Taking an average of the prices of the most common UK brands (i.e. Nobel Biocare, AstraTech, Ankylos, 3i and Straumann) and comparing the resultant component prices with the popular DIO SM implant, the figures are impressive. Including fixture, healing cap, angled abutment, impression cap, plastic coping and fixture analogue, the total average cost of UK brands works out at £485.79. The same stoppage list from DIO is just £289 – a saving of over 40%. “So what would have otherwise cost the patient £2,000, is now more like £1,000,” said Dr. Dandapat. Significant savings such as these are probably sufficient to stop patients buying a ticket to Delhi, New York or Paris to have the work done – thereby keeping the business at home for British dentists.

However, cases are not just for a single tooth. Dr. Dandapat explained that the average was more like five implants for each patient giving a total saving approaching £1,000. “Now the figures start to make more sense. With fixed costs per case fairly static after the first implant, multiple implants become very cost effective. Significant savings from then pass on to the patient.”

For more information on DIO implants visit the website at www.DIOUK.com. Alternatively, email sales@DIOUK.com or call 01953 823996.

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Multi-Platform

Internal Torque

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128 Tapered

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RBM

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Double Thread

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Fundraising march for mouth cancer

Dental team staff from a Kent practice went on a fundraising walk in order to raise greater awareness about the symptoms of mouth cancer.

Dr Laura Lynch along with two dental nurses from her surgery in Croydon Road, Beckenham, completed the 10km sponsored walk for the Mouth Cancer Foundation.

Money raised from the walk around Hyde Park in central London is going towards helping the charity improve its support for patients and carers.

Dr Lynch, 38, said: “We decided to do the walk as a team as it is relevant to our work, because early detection of mouth cancer is crucial.

“We think that the Mouth Cancer Foundation does a great job of raising awareness about the symptoms of the disease, so we want to support them in any way we can.”

Common symptoms of oral cancer include unexplained bleeding in the mouth, loose teeth, or white or reddish patch/es inside the mouth or lips.

The Mouth Cancer Foundation was established in 2004 as a professional support organisation for people with mouth, throat and other head or neck cancer and their carers and health professionals. It also aims to relieve sickness and raise awareness of the illness among the public in general.

To sponsor Laura and her team visit justgiving.com/Laura-Lynch-Association-of-Dental-Implantology-Appointee.

Call centre does it again... and again

Denplan is celebrating once again after out-performing national competition and achieving second place in both the CCF European Call Centre awards and the Top 50 Call Centres for Customer Service.

The Top 50 Call Centres for Customer Service is the biggest ever call centre benchmarking exercise, conducted independently by a market research company. It was commissioned by Call Centre Focus magazine and Denplan came in second place for the second year running, with a score of 94.78 per cent. First place went to F&C Investments with 94.85 per cent and third place went to last year’s winners, First Direct, with 91.73 per cent.

The CCF European Call Centre Awards formally recognise professional excellence right across Europe. Now in its 14th year, has become a firmly established annual event. It rewards individuals and companies that have made a real impact over the previous 12 months and Denplan were thrilled to be commended in the ‘Best People Practice’ category. Denplan was ranked as ‘Highly Commended’ at the awards and was pipped to the post only by Gable & Wireless.

For more details, email: volunteering@crisis.org.uk or apply online at: www.crisis.org.uk/volunteering.

Crisis Christmas call

Volunteers are urgently needed to offer dental services to homeless people in London over the festive season.

Crisis - the national charity for single homeless people which started 58 years ago - is looking for qualified dentists, dental nurses and hygienists to help run the dental service at Crisis Christmas this year. The charity wants to build on last year’s success when more than 200 patients received dental treatment over the Christmas period.

Shifts run from 8.30am to 6pm from Christmas Eve on Thursday, December 24 through to Tuesday, December 29, with volunteers expected to donate a minimum of two shifts. The service relies on qualified dental health professional volunteers to provide a range of routine dental treatments including checkups, scale and polish and fillings, as well as providing basic dental health advice and education.

Senior dental nurse and volunteer at Crisis Christmas 2008, Bianca Payne, said: “I was immediately affected by the warmth of the place. The dentistry was carried out in fully-equipped vans. There were people everywhere holding steaming hot cups of tea and coffee, engrossed in whole-some conversations and having a good laugh. We all worked hard, but had plenty of time to sit down, have a chat with the guests and share stories with the other volunteers. At the end of my three-day stint, I wished my day-to-day work was as much fun as this.”

Leslie Morphy, chief executive of Crisis, said: “Crisis Christmas would be impossible without the time and dedication shown year in and year out, by our thousands of volunteers. They provide invaluable companionship and services to some of society’s most vulnerable people, but also gain much from the experience in return.”

For more details, email: volunteering@crisis.org.uk or apply online at: www.crisis.org.uk/volunteering.

BADN staff addition

The British Association of Dental Nurses has appointed a new administration assistant, Katie Ball, 19, from Thornton in Lancashire joins the team at the BADN head office in Thornton-Cleveleys. The other team members currently consist of chief executive Pam Swain, membership administrator, Shirley Wetherley and front office administrator, Christine Cass.

Katie will be responsible for website updates.

Katie will be responsible for the administration of the corporate affiliate scheme and the national education programme, as well as updating of the BADN website and assisting the chief executive in the organisation of the National Dental Nursing Conference.

Katie, who is currently completing her European Computer Driving Licence, has just signed up for an NVQ in business administration at Blackpool and Fylde College, as part of the business administration apprentice scheme.

Chief executive, Pam Swain, said: “We are delighted to welcome Katie to the BADN staff and are looking forward to introducing her to members, suppliers and dental companies at Showcase in November, following on from her attendance at the National Dental Nursing Conference in October.”
Access figures rise

The recently published Scottish Dental Practice Board (SDPB) annual report for 2008-2009 highlights significant gains in access to NHS dental services in Scotland.

The report’s main findings show that the percentage of the Scottish population registered with an NHS General Dental Services (GDS) dentist was 80.1 per cent for children and 61.5 per cent for adults in 2009. This is an increase from 77.4 per cent for children and 57.2 per cent for adults, at the same date the year before.

The report also reveals that the total expenditure on NHS GDS services and adult dental care for the year ending March 31, 2009 was almost £220 million. This was an increase of 10.6 per cent - £21 million - from the previous year.

The average cost to the NHS GDS of treating a child during 2008/09 has increased by £4 from £58 to £62, with the average cost of treating an adult during 2008/09 up £1 from £42 to £43. Analysis of these figures shows that this increase is related to the associated costs of increased patient registration numbers, as well as increased volume of treatment.

SDPB chairman, Donald McNicol said: “Our annual report demonstrates that significant gains in access to NHS dental services were achieved throughout all NHS board areas in Scotland. This is due to the continued commitment of general dental practitioners and the continued support of the Scottish Government Health Directors.

“These two components continue to deliver a high quality service to children and adults in Scotland and should be commended. In that regard we now have record levels of patients registered with an NHS dentist in Scotland.”

The number of tooth extractions carried out by NHS GDS dentists increased by 5.8 per cent, from 467,871 in the year ending March 51, 2008 to 485,096 in the year ending March 51, 2009.

There was an increase of four per cent in the number of ordinary fillings, seven per cent increase in the amount of root fillings and five per cent increase in crowns this year, compared to the previous year.

The number of principal dentists working in the GDS increased by five per cent, from 2,099 last year to 2,204 this year.

In 2008/09, 92 per cent of the post-treatment referrals which resulted in examinations, received a satisfactory treatment grading from the Scottish Dental Reference Service.

The SDPB is a statutory body accountable to Scottish ministers, which oversees the authorisation of payments to dentists by NHS national services Scotland practitioner services division. It contributes to clinical policy, monitors the GDS and advises on the quality of GDS treatment.

The reforms aim to protect patients specific criteria relating to their skills and expertise.

Health minister, Ann Keen, said: “Healthcare professionals work extremely hard to provide high standards of care that patients expect. Regulatory bodies play a vital role in maintaining these standards and ensuring that those few professionals who fall below them are dealt with fairly and firmly. The changes we have introduced will continue to raise professional standards in healthcare and encourage more transparency and high-quality services for patients and the public.”

The newly-appointed GDC consists of eight dentists, four dental care professionals, 12 lay-members and a chairman drawn from the lay or professional membership. Its first meeting was set to take place on October 15.

The Council for Healthcare Regulatory Excellence (CHRE) recently described the GDC as displaying ‘excellence’ and ‘good practice’ in its initiatives. These include focusing on customer service and encouraging dental patients to expect higher standards.

Other regulatory bodies affected by the reforms include the General Medical Council and the Health Professions Council.

Irish dentists ballot

Public dentists in Ireland are to be balloted with regard to taking protest action if the Health Service Executive (HSE) makes further cutbacks to the sector.

The decision to ballot members was taken earlier this month by the national committee of the public dental surgeons group of the Irish Dental Association.

Public dental surgeons are employed by the Health and Safety Executive (HSE) to provide free dental services to vulnerable adults and school children. The service mainly focuses on special needs patients, children of medical card holders and children in disadvantaged schools.

The association said cutbacks meant that vacancies were not being filled and that more and more dental surgeons were leaving the service due to difficult working conditions. They said protest action would be taken if the HSE undermined the standards of care available to patients or made unacceptable changes to terms of employment.

General Dental Council reformed

The Department of Health has completed a series of reforms to healthcare regulatory bodies including the General Dental Council (GDC).

The aim of the reforms is to strengthen the focus on public protection in the overall regulation of health professionals, which includes dentists and dental nurses.

The reforms are part of the Government’s programme to make safety and quality a top priority in the care of patients, as set out in the White Paper – Trust, Assurance and Safety.

Features of the reforms include the GDCs move to a fully-appointed council with parity between lay and professional members, in order to ensure that professional interests do not take precedence. New GDC members need to be independently appointed against

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A hair/money raising event

As we approach Hallowe’en, we speak to one practice manager who has a haunting way to raise money for charity...

Over the years that I have managed Thompson and Thomas dental practice, I have to admit, I have usually been behind the various situations the team has found itself in, when it comes to team building. From appearing on national television in Test the Nation with Anne Robinson, to scanning our new BDS students during induction their as part of a security procedure... with a product scanner, I like to think these situations make the process more fun, so you would think that letting me know about your fear of ghosts was not a bright thing to do.

So when the time came to organise another event, I wanted to arrange something different. So rather than jumping out of a plane, we found ourselves in a cold and dark haunted jail. I assured the team everything was going to be all right – it was only for one night after all. And although it hasn’t been my brightest idea so far, it’s certainly one they have not forgotten.

I contacted Derby Jail, which is known for being haunted and booked us all in for the night. One dentist conveniently said he couldn’t make the night I’d booked for, so I expressed my sorrow and rearranged it – it didn’t seem right going without him.

Dutch courage

I must admit we had to have a couple of drinks before we entered. We had the jail to ourselves from 9pm to 4am, with the inclusion of three members of staff from the jail.

On entering, it is a small and dark, damp place; it was certainly eerie, and halfway through the night I doubted my decision, when we heard noises and things went bump in the night. Time went slowly, and 4am seemed like a lifetime, but we made it.

A benefit to others

However, what we didn’t account for was that we would put ourselves through this strange ordeal several more times. I proposed we turn this night into a way of benefitting others, which is why now for the past couple of years the team at Thompson and Thomas have found themselves spending the night in various haunted locations. Between us all, we have raised money for various charities including the Anthony Nolan Trust for Leukemia, Alzheimer’s Association, Mouth Cancer Awareness, Epilepsy, Diabetes, Help a Hallam Child and Sugar Diabetes.

All the above charities have a connection with various members of our team. We understand that this is a strange way of raising money some may not agree with, but these events have been a talking point with many patients, many of whom have sponsored us, and quite a few contact the practice just to find out how we’ve all got on.

About the author

Jane Armitage is practice manager at Thompson & Thomas dental practice in Sheffield.
We are in the midst of the worst global recession in living memory, so the idea of starting up (or even for making changes to improve) your own dental practice or business might seem risky in the extreme. Yet, surprising as it may seem, if you are thinking of starting your own practice, or improving and redeveloping it, a recession can provide opportunities that, by the time they come to fruition, will be there and ready with wheels churning to take advantage of the industry upturn. Setting up on your own will not be easy, but if you start your planning process right now, you will be ready when the time is more auspicious.

‘Setting up on your own will not be easy, but if you start your planning process right now, you will be ready when the time is more auspicious’

Steps to follow
The following are 10 steps recommended by Business Link* that you need to follow:

1. Research your idea, and choose your business name
2. Understand the special needs of your business sector
3. Finalise your business plan
4. Choose your source of funding; raise finance and manage your money
5. Set up your premises; set up your operations
6. Employ people
7. Promote and sell your product or service
8. Protect your business
9. Set up your IT and e-commerce
10. Sort out your tax and record keeping.

Research your idea
It is vital that in the first instance you create a mental image of the type of practice/surgery/business you want to create. Are you looking to be in single-handed practice or in association with others? City, town or country? High street or suburban? Serving family or business-folk? Decide on the area, and investigate the demographics. What is the breakdown in percentage terms of the local population age-wise? Blue collar or white? Children or elderly or the bit in-between?

Although it seems premature to be choosing a name this early on, the thought process required will help to crystallise your ideas and aims. The name encapsulates in a single word what is going on in your mind. Smile = cosmetic; health = prevention; clinic = medical; spa = beauty; and so it goes. You can always change it later.

Understand needs
Dentistry is entirely service-based. Unless you consider inlays, crowns and bridges to be objects that dentists sell, we do not actually sell stuff, the odd toothbrush excluded.

We generally do not carry...
an inventory of goods except for those that assist us in carrying out the services. The number of staff we employ relative to the number of patients/customers we serve at any given time is high, compared to, say, a restaurant. We have to spend a high percentage of our income for equipment and for subcontracting services such as dental technicians. All of these factors will exert substantial impact on our ability to offer services effectively.

Finalise business plan
Going into a new venture without a carefully considered business plan is like going into the desert without a compass and water. Your chances of survival are significantly impaired. The plan needs to be realistic and achievable, rather than a summation of your ultimate dreams.

Within it should be a realistic cash flow forecast and projected income and expenditure for at least three years. It needs to reflect best-, expected- and worst-case scenarios.

It needs to look at the ‘What if?’ factors: ‘What if I don’t grow as quickly as I expect?’ ‘What if setting up costs me more than I have budgeted?’ It needs to be looked at in terms of strengths and weaknesses, those of the business and your own.

All this having been said, it should not be full of unnecessary words and should not exceed say six pages in length. You should present it to your bank manager neatly bound – first impressions count, as we well know.

Managing money
There are only three sources of money/capital: i) inherited; ii) already earned (ie, from the sale of your last practice) and iii) borrowed. It is most likely that we will have to borrow at least a proportion of our set-up and initial running costs. This will come from a building society, a bank, or through a dedicated leasing company. Research the costs and benefits of each, and employ a financial advisor and/or accountant to assist you. Never underestimate how much you will need. Indeed, the opposite is sensible. Your business plan, including budgets and cash-flow forecast will get you what you need.

Promoting your business
We are an example of a small business operation, therefore we need to do what businesses do: tell others what we do. A business that does not tell the undeserved masses out there what it does will watch as the masses go to businesses that do. A business that does not actively ‘sell’ its products and services will fail.

Protect your business
Whilst I find over-insurance unprofitable, we do need at least minimal cover in terms of protecting our health and property and being indemnified against patients’ negative experiences. You will never get rich on insurance, but it beats going belly-up.

Premises & operations
Whether you are setting up a new squat or converting existing premises, list every conceivable function you will need or would like to carry out, and try to incorporate these in the brief to your surgery designer and/or architect. You may not be able to have everything, but it beats having to say, ‘I wish I thought of...’

Employ people
How you seek, select, induct and train your new staff will be key to your future operational success. Pay well, but demand value. Create a remuneration system that incentivises your staff. The more fertile soil you provide for them to develop and grow, the more your venture will thrive.

Tax and record keeping
In addition to your family and employees, there is another person whom, whether you like it or not, you have to support: the Collector of Taxes. So take it on the chin, look for the loopholes, but above all keep good records and plan ahead. Get an accountant or financial advisor who dislikes the taxman as much as you do.

Taking these steps will ensure that you remain ahead of the game, and that your venture will prosper. Conversely, just sailing on and hoping for the best will see you founder against unexpected rocks, which is not a heap of fun. Also remember that like any vessel, having a captain who has done it before is a very wise move; so don’t fear the cost of seeking advice, because, when push comes to shove, it can save you a shed-load of money.

IT & e-commerce
It is not a question of whether you can afford to go digital, rather of whether you can afford not to. Digital recording and storage of data, electronic banking, diagnostics; there’s a computerised system for everything. Spend the money and use the time and information it creates to earn even more than it costs.

About the authors
Adrienne Morris is a success coach whose aim is to get people from where they are now to where they want to be. Ed Bonner has owned many practices and now consults with and coaches dentists and their staff to achieve their potential. If you are interested in attending a seminar entitled, “Flourishing a Profitable, Successful Practice” for practice owners and managers in November, would like a free consultation, or to subscribe to The Power of 10 e-zine, feel free to contact Ed at bonner.edb66@gmail.com, call 07776 660 1538 or email Adrienne at alpilifecoach@yahoo.com.
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A wealth of experience

Sally Dawson, explains how she helps practices improve their protocols and efficiency

Ask most general practitioners to name the biggest issues currently facing them as small business owners and they are likely to raise topics such as how, amongst current economic uncertainty they can attract and retain private patients, how they can keep pace with the increasing bureaucracy of a “small business” and how they can retain a happy, motivated team.

Trying to juggle the business and personnel issues that face all practices alongside a busy clinical diary is very difficult to do successfully. So if help was available that could help you make sense of your business, help run your practice more efficiently and help motivate your team to perform better – wouldn’t you be interested?

Henry Schein Minerva have some of the most experienced field sales consultants in UK dentistry and all of them are dedicated to building excellent professional relationships with dentists that allow them to offer practices just such help and advice on all kinds of topics concerned with the “business of dentistry”.

Sally Dawson, a Henry Schein Minerva Field Sales Consultant in the South West of England is a great believer in building positive relationships with her customers, but she doesn’t just want to be a friend to the practice, or a shoulder to lean on when the going gets tough, she wants to provide practical help that is of real value to her customers.

Sally has worked for Henry Schein Minerva for 4 years, following several years’ experience at two of the leading dental manufacturers where she learned much of the background that makes her so suitable for her current job. She came to Henry Schein Minerva to fulfill a “consultancy” rather than a straightforward “sales” role and it is this aspect of her job that she loves so much.

Sally represents Henry Schein Minerva as a flexible, customer-focused organisation who provide excellent support mechanisms, meaning that she is always able to access the resources she needs to help solve her customers’ problems.

At the outset Sally begins work with her customers by getting to know them so she can understand their objectives and needs and admits that getting people to talk honestly and openly represents one of her biggest challenges. Henry Schein Minerva’s “Business Discovery Meeting” plays a vital role at the beginning of her relationship with a practice and provides a unique opportunity for the Principal and almost always the Practice Manager to discuss their views. By asking appropriate questions and more importantly by listening carefully to the answers Sally is able to evaluate the current position of the practice in relation to a number of different factors and devise a plan that encompasses a range of different strategies for moving forward.

One of Sally’s main considerations when working with a practice is to ensure all members of the team are well trained, motivated and understand their value and their responsibilities and the contribution they each make to the efficient running of the practice. Sally provides this service for her customers by working with the whole practice team on various aspects of training and development.

An increasingly important aspect of Sally’s job is the guidance, advice and training she is able to offer practices in terms of infection control and decontamination procedures. With the release of the new HTM 01-05 Decontamination in Dentistry document, the requirements on practices are increasingly stringent and Sally’s wealth of dental experience is invaluable in helping practices write policies and establish protocols that meet new guidelines for “best practice”.

Aside from her knowledge on Henry Schein Minerva’s range of cross infection hardware, Sally has organised staff training on infection control for many of her customers. However she now includes guidance on how practices need to adapt their existing environment to take account of the new guidelines and how they should “self assess” in order to drive up standards.

"Practices are becoming increasingly reliant on environmental as well as clinical excellence, - it’s not enough just to be an experienced clinician, treatment now has to be delivered in an atmosphere that patients find attractive, comfortable and safe, these factors are playing an increasingly important role in practice success.”

Sally’s reputation is built on her ability to really connect with her customers who trust her as part of their extended “team”. Her empathy with people in the practice, supported by her ability to offer pragmatic solutions, is a potent mixture from which increasing numbers of practices are benefiting.

You can take the first step to a more efficient and profitable practice by requesting a Business Discovery Meeting from Henry Schein Minerva. It will provide you with the opportunity to access a wide range of solutions, including financial audits and planning, staff training, practice retailing and much more, all tailored to the specific needs of your practice.

For more information email: me@henryschein.co.uk
“Practices are becoming increasingly reliant on environmental as well as clinical excellence - it’s not enough just to be an experienced clinician, treatment now has to be delivered in an atmosphere that patients find attractive, comfortable and safe, these factors are playing an increasingly important role in practice success.”

Sally Dawson – Henry Schein Minerva Field Sales Consultant

Partnership in Practice

To develop your partnership

email: me@henryschein.co.uk

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Clearing your finances

Ray Prince highlights the 10 key questions you really need to ask yourself in order to better organise your financial life

No matter what stage of career you’ve reached, or even if you’ve retired, there are a number of key questions that you need to answer to give yourself the confidence you’ve addressed all the important areas of your financial planning. With that in mind, let’s get started.

1. Have you really thought about what you want for the rest of your life?
   The dreaded ‘setting goals’ part...You’ve already done this for your career and no doubt in other parts of your life as well. So, now’s a good time to take stock and think about how you want your life to look from now on. It may well be that it’s in tip-top order and nothing needs to change – the key is to go through this ‘discovery’ process with yourself and your significant other.

2. Have you organised your various assets and analysed how they will help you achieve your goals?

3. Have you completed a detailed expenditure plan so that you’ll know how much money you’ll need to live the life you want when you stop working?

   How much money, after tax, will you need to fulfill all your goals once you’ve stopped working (and the salary/net profits have ceased)? £3,000 per month? £5,000? £10,000? What’s your number? This exercise is crucial and it’s what drives many of the financial decisions you’ll face between now and giving up work.

4. Create your own financial forecast to show when your ‘Financial Independence Day’ will be?

   At what age could you give up work if you chose, even if you decided to continue working? Financial forecasting will allow you to see your financial future and help you make your financial decisions. Now, it probably is possible for you to do this exercise yourself, maybe using Excel or a similar tool. However, I would advocate using the services of a financial professional that provides this sort of analysis. Not all do, so you may need to do some detective work. A good place to start is the Institute of Financial Planning’s website at www.financialplanning.org.uk. Here, you’ll be able to search for Certified Financial Planners. While this will not guarantee that they offer financial forecasting to their clients, there’s a high probability that you’ll find one that does. The key benefit is that you’ll be able to work alongside someone that is able to provide you with an objective viewpoint without having your own financial life.

‘So, the question is: will what you’re doing now with your finances allow you to achieve your most important goals?’

A major goal for all dentists is planning towards retirement. I presume you have other goals as well, ones that will require money to achieve? So, the question is: will what you’re doing now with your finances allow you to achieve your most important goals? You may or may not know the answer to this. After all, it can sometimes be difficult to work out whether you’ll have enough money for your future.

5. Have you completed a detailed expenditure plan so that you’ll know how much money you’ll need to live the life you want when you stop working?

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Have you looked at your retirement savings to ensure you have what you need?

5. Have you an overall written financial plan and strategy to guide you?

If you've taken the time to take action on the steps above, it's vital that you actually take the next step and implement your plan. What action do you need to take to increase your chances of achieving your most important goals? You'll probably find that there's quite a bit of work involved initially, but if you set things up the right way, the ongoing time required to keep your financial plan on track should be minimal, especially if you are using a financial planner to 'drive' the whole process for you.

Yes, I'm obviously a little biased in my comments seeing as I earn my livelihood from working as a financial planner. But let me ask you a question. How valuable is your time? Looking at it another way, do you do your own accounts each year? Exactly! So why spend hours each year trying to learn a skill that you can outsource to a competent professional who performs that role all their working lives?

Choosing the right financial planner is a very important decision. Take your time and make sure they are offering a long-term strategic financial planning service, rather than a product retailing service (the latter may be fine if that's all you need).

You do have a Will, don't you? If not, this step is crucial. Let's say you've gone to the trouble of putting in place all the steps highlighted. By not taking this last step, all your hard work could be undone. Without a Will, you would die 'intestate' and your assets may not be distributed in line with your wishes. So, contact a solicitor and get it set up! The cost is not too much and once you've done it you'll be able to tick another box on the road to creating your robust financial strategy.

While you're getting the Will sorted, ask the solicitor about setting up Lasting Powers of Attorney. In brief, these are legal documents and they provide consent to another party to act on your behalf to deal with your relevant financial matters should you be mentally incapable of doing so.

7. Have you investigated how much risk you are taking with your investments?

If you have money invested in traditional investment schemes such as personal pensions and equity ISAs, you owe it to yourself to take the time to analyse how risky your investments are. Sadly, some dentists believe they have diversified their risk simply by holding a number of funds within their ISA/pension. But what if all these funds are equity-based funds? It's entirely possible that they are taking too much risk with their money but may not necessarily have access to the right information to make better investing decisions.

8. Have you analysed how much risk you should be taking?

Even if you have a good grasp of how much risk your money is exposed to, do you actually know whether you should be taking more or less risk, in order to achieve your goals? For example, if you're on track to achieve your goals, you may be able to reduce the amount of risk you are taking and still remain on track.

9. Have you checked how much you are paying in investment costs?

When you invest any amount of money into ‘mainstream’ products, such as Equity ISAs and personal pensions, a certain percentage of your money will be taken in charges levied by the investment company/product provider. Typically, these may include:

- Sales/advice commissions
- Initial charge for the investment (usually ranges between 0-5 per cent)
- Ongoing annual management fee
- Other fund expenses (known as Total Expense Ratio)
- Trading costs within the fund(s)

Now, I appreciate that delving into all this may not overly excite you. That's fair enough. But just because you don't have the time/interest/inclination doesn't mean you should ignore it.

As with point five, get it out-sourced to a competent professional. The end result you're looking for is to check how much you're being charged and whether you are able to reduce these, where possible.

10. Have you recently completed a proper psychometric risk evaluation?

What makes you tick? Do you know why you've made certain investment decisions in the past? What influences your decision-making process? Rather than simply judging your attitude to investment risk on a scale of 1:10, you need to go 'deeper'. There are tools available to help you understand how you make financial decisions and how to improve your ability to make these important decisions. Ask us, or your financial adviser/planner, for more information.

11. Have you an investment philosophy to take you through good times and bad?

Does your investment portfolio consist of a collection of funds that were selected a number of years ago (and have not been reviewed since), or do you have an investment philosophy that underpins all your decisions?

It's probably fair to say that many dentists will fall into the former camp, although that's often the case because their financial adviser/planner has not developed an investment philosophy of their own. Ask your adviser/planner (if you use one) what philosophy they are using for the management of your money.

Free audio CD

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

About the author

Ray Prince

Is a fee-based certified financial planner with Rutherford Wilkinson Ltd and helps dentists plan towards their ideal retirement, as well as getting the best deals on mortgages, protection and investments. You can contact him on 0191 217 5540 and ray.prince@rwplg.co.uk. To register for the free, twice-monthly e-newsletter containing financial advice and tips, visit www.medicaldentalsix.com.
Get out of your comfort zone
Accountant Geoff Long gives dentists some timely advice on how to survive the current economic downturn

Over the past 15 years I have probably visited around 20 per cent of dental practices in the UK. One of the most common problems I come across in the dental profession is under performance. Dentists seem to find a comfort zone within which they are happy to work, which is way below the potential of their practices.

In my estimation, most dental practices operate at 40 per cent to 50 per cent of their true capability. Add this to the problems being caused by the current economic downturn and many dentists are finding trading is tough. So – what is the answer?

Be a nice person
When a young dentist buys his first practice, his success or failure will hang on whether the patients perceive him as a “nice person”. Patients will think you are a nice person if:

- You listen to them
- You smile when you talk to them
- You do not hurt them.

And do not forget to have it proofread by a nine-year-old child. Any words they cannot understand means the brochure is too complicated.

The right spot
I am continually amazed by the number of dentists who set up practices in London. London has a dental practice in virtually every square mile, with many overseas dentists further adding to the competition. Overheads are also much higher, particularly rent and staff costs (a Harley St Nurse can command £50,000-£55,000 per year). In addition, many patients have a much smaller disposable income because their wages are eaten up by the high cost of living.

The exact opposite is true for practices outside of London. I can think of four practices in one small town in the North West all grossing over a million pounds; a rarity indeed in the capital!

New patients
A professionally produced high-quality brochure is a must for any dental practice these days. A budget of £2,500-£3,000 will produce the sort of quality necessary. Indeed, I have seen dentists spend as much as £15,000 on their brochure – and still make a handsome return out of it. The brochure should:

- List your dental services
- Explain your dental philosophy

- And do not forget to have it proofread by a nine-year-old child. Any words they cannot understand means the brochure is too complicated.

“...The opposite is true for practices outside of London. I can think of four practices in one small town in the North West all grossing over a million pounds; a rarity indeed in the capital!”

Scale and polish larceny
There are two ways to rapidly expand a practice. One is to worth-lead the growth, the other
is to hygiene-lead it. A hygienist, working a private book, will add £10,000 per annum to your profits for each day of the week they work.

One of my pet hates is dentists who do hygiene work. They usually manage to reduce the hygiene visit to a chargeable offence, taking three minutes 52 seconds at the upper end and one minute 21 seconds at the lower end. The result is the patient leaves the surgery feeling cheated, muttering… ‘I wish I could earn £25 for three minutes work!’

If you leave the cleaning to the hygienist, you will have more time to put together the complex treatment plan, instead of the £500 dentistry widely practised at the moment.

**Associates**

Associates are generally detrimental to practice profitability. The reason is twofold:

- **Low grossing**
- **Instability.**

The monthly break-even point for an associate is usually £8,000 to £9,500 per month, depending on practice overheads. Many associates work-part time or do not make the break-even gross.

I took a sample of associates’ pay and the results were staggering. Depending upon ability, an associate can earn the principal anything in the range of £20,000 to +£10,000 a year profit. On top of that, taking on an associate will probably add £10,000 to your practice overdraft, whilst you found the increased overheads for the first few months. In fact, if you added all the associates in the country together they would produce no net cumulative profit for their principals as a whole! What a waste of time.

To overcome this inbuilt problem with associate’s profitability, I have rewritten the Associate Contract to include a more representative proportion of the practice’s fixed overheads. This not only helps the associate appreciate how expensive it is to run a business, but also transfers some of the financial risk from the principal to the associate. It also strengthens the associate’s self-employed status under the new Health Service Contract.

On top of that, there is the problem of instability. The minute they get their gross to £10,000 a month, they invariably leave to start their own practice or get another job. To overcome this problem, the principal needs a much more sophisticated recruitment strategy than sticking an advert in the back of the AJD – along with all the others.

**Craneofiscal drug**

The problem of craneofiscal drag involves the dentist costing out the treatment plan at, say £375, but when facing the patient £175 or even worse £120 comes out of his mouth.

To get this widespread malaise out of your system, practice in front of the mirror:

- ‘I’m so frightened I’ll do it for free’
- ‘Don’t worry about the cost, I will pay you, Mr Patient’

Good, feel better now you’ve got that off your chest?

Put together a price list, display it in reception and stick to it. It is surprising the response you get from patients when you offer them treatment plans of differing sophistication. Remember, patients will always buy the best-quality dentistry they can afford, providing the choice is given and the quality of solution is perceived. If you do not believe it, think about the car you drive and why you bought it?

**Ethical selling**

Many dentists I advise hate the idea of selling dentistry. It conjures up images of slick salesmen talking people into expensive items they do not really want. ‘I can’t do that Geoff, it’s so unprofessional…’ they say.

This brings me onto the concept of ethical selling. That is informing patients of the range of clinical options available to solve their dental problem, along with the associated costs. Dentists are often surprised by the uptake of sophisticated treatment plans by patients who they never imagined cared about their oral health!

To assist in selling dentistry, buy yourself an intra-oral camera. They can now be bought for as little as £600. A picture is worth a thousand words; a tooth magnified 40 times can be very persuasive when you are selling dentistry!

Unlike some, I am not the sort of dental accountant who simply says, ‘Leave the NHS and go private’. There is a lot more to it than that. Profitable practices are usually mixed, retaining a small NHS element as part of their overall independent provision.

Next, buy yourself a desk with two chairs, to sit the patient at when discussing treatment options. Do not try selling when the patient is at 45 degrees with a bright light shining in his eyes. All he wants to do is to get out of your chair as quickly as possible!

**Word of mouth**

Eighty per cent of your marketing effort should be aimed at word of mouth recommendations. Only 20 per cent should be placing adverts.

Over the years, I have seen some excellent dentistry but few dentists have systems in place to ask patients for a recommendation. This is important because patients are often busy people and may forget all about your excellent dentistry the moment they walk out of the door. In any case you have a state-of-the-art surgery with all mod cons – you obviously don’t need any new patients do you? If only they knew the truth. Put these ideas form the starting point for your plan to gross a million pounds.
A cut above: using lasers

Dr Ian Clift explains why Biolase is the way forward when it comes to performing laser surgery in your practice

As a dental implantologist and orthodontist who strives to be at the forefront of advances in the dental profession, I have long been interested in the use of lasers in dentistry. But until recently, their application has been somewhat limited. Rapid advances in their development is likely to see them becoming an integral, everyday tool in dental surgeries, as laser technology enters a whole new era. Lasers reduce the need to use high-speed drills on the surface of teeth and can remove enamel, dentine and decay as well as cutting soft tissue around the tooth in the time it currently takes for anaesthetic to numb the site. Despite their many advantages, dentists are still unable to replace drills with lasers in their practices, because they can’t as yet cut surfaces such as metal and porcelain. That said, research is moving on a pace and it will not be long before their range of applications has advanced to an extent where they can be utilised to undertake these procedures both efficiently and cost-effectively.

The laser revolution

Originally developed by Theodore H Maiman using a theory devised by Einstein, lasers were reportedly first used in oral surgery in 1977, but the dental laser revolution did not get underway until the mid 1980s. The arrival of the D-Lase 300 – a laser system invented by Terry Meyers and his brother William – led to the establishment of American Dental Laser, which became part of laser company Biolase six years ago.

The laser system, which involves laser energy, water and air being combined to remove enamel and dentin, was cleared for use on adults and children in 1988, allowing Biolase to sell and market its product globally.

The benefits to dentists and patients are myriad, given the ease with which decayed matter can be removed and teeth and soft-tissue cut. The analgesic advantages are also welcome, as lasers save time in waiting for the local anaesthetic to take effect and, from the patient’s perspective, sometimes negate the need for injections – a procedure which many dislike and fear.

To find out exactly what lasers are now capable of and how their introduction could benefit my own practice, I attended a two-day intensive course at dentist Mark Cronshaw’s practice in East Cowes on the Isle of Wight. Mark runs a holistic dental practice and has been using Biolase for the past 10 years, amassing a wealth of experience. The course featured an excellent presentation, practical demonstrations and slide shows.

‘The laser light was focused on a fine beam of water and the water molecules expanded 300 times to create mini explosion creating a cavity’

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focused on a fine beam of water and the water molecules expanded 500 times to create mini explosion creating a cavity. This felt totally different from using a drill, and wearing loopers was essential. However, within a few hours we had all mastered the technique.

**Hands-on practice**

Our practical assignment involved cutting teeth and soft tissue on a pig’s head. We also learned how to service the equipment, which is essential if you are to maintain your laser in good condition. Additionally, we each received a folder containing well-presented, user-friendly material about Biolase to take away with us.

There is no doubt that Biolase offers many advantages including cutting soft tissue, cleaning and sterilising canals during endodontics and periodontal procedures. The new revolutionary turbo head cuts teeth very efficiently, leaving a neat cavity.

Implementing laser technology represents a major investment for surgeries and the full Biolase package costs approximately £50,000. However, a less expensive version for use in soft tissue cutting and whitening teeth is available for £8,000.

The Biolase course proved worthwhile and I would highly recommend it to other practitioners who are keen to learn more about the laser.

**About the author**

Dr Ian Clift graduated from the University of Sheffield in 1982, and has been principal dentist at Dentique dental practice in Leicester for more than 20 years. Ian has a special interest in implantology, has several years’ experience in the field and has completed his Postgraduate Diploma in Implantology from the Royal College of Surgeons.

Me & Henry Schein

The Waterlase MD, available exclusively from Henry Schein Minerva, has revolutionised my practice. This highly adaptable, all-tissue laser efficiently cuts through enamel, dentine, bone and soft tissue, making it suitable for use in most clinical situations. The Waterlase MD has been a real practice builder for me, the lack of contact and vibration enhances patient comfort and a reduction in pain and postsurgery swelling vastly improves the overall patient experience.

Dr Mark Cronshaw - BSc(Hons) BDS LDS RCS (Eng) MFHom (Dent)

**Partnership in Practice**

To develop your partnership

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Planning makes perfect

Take time to perform an accurate orthodontic diagnosis, says Andrew McCance, and the patient can be guaranteed a natural smile

As GDPs consider the benefits of offering comprehensive orthodontic treatment to their patients, it is important to highlight the importance of treatment planning.

It is great to see how much assistance is provided for dentists looking to branch out into orthodontic treatment. What makes this doubly pleasing is that this will help to make orthodontic treatment more convenient, accessible and affordable for the UK’s patients.

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First of all, the Diagnostic Faculty planning each case, producing a detailed report for the dentist, which will usually include several treatment options.

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About the author

Dr Andrew McCance

Since qualifying in dentistry from Glasgow University, Dr Andrew McCance has gained a wealth of experience in multi-disciplinary practices. In the mid 1990s, Dr McCance began to develop the Clearstep brace, based on the demands of the 4,000 patients treated annually in his specialist practices. For more information, call the OPT Laboratory & Diagnostic Faculty on 01342 337910, email info@clearstep.co.uk or visit www.clearstep.co.uk.
Composites

Dental Protection looks at the risk factors associated with composite materials

Composite fillings are naturally an attractive alternative to silver amalgam restorations, particularly in clinical situations where the restorations would otherwise be visible. Added to this, there has been concern expressed from some quarters, and a certain amount of media attention, focusing upon the safety of silver amalgam restorations, in view of their mercury content.

Meanwhile there has been a reappraisal of the clinical tenets that a generation of dentists had relied upon over many decades, and the advancement of new materials and techniques has placed at the dentist’s disposal exciting restorative possibilities for etch-retained, Gluma-enhanced and other ‘bonded’ restorations, and ‘adhesive’ dentistry, allowing a more conservative management of tooth tissue when planning for the retention of restorations.

All of these factors have together added further impetus to the rapid growth in the use of composite restorations, and the benefits of such restorations are very easy to convey to prospective patients. As a result, the acceptence rate of treatment plans involving these restorations is relatively high when compared to some other kinds of restoration – particularly fixed (cast) restorations, where the cost might well be considerably greater.

Failures

Many complaints and claims centre on the premature failure of composite restorations, and in particular the failure of large composite restorations which have been placed in posterior teeth. Such restorations are extremely technique-sensitive and can be deceptively difficult to place to a consistently high standard, especially when direct placement is carried out – as is often the case.

Amongst the common problems in these cases are micro-leakage due to polymerisation shrinkage of the deeper layers of composite materials, occlusal wear or fracture, defective contact points or interproximal contour and occasionally, marginal overhangs.

Central to most allegations of negligence is the question of consent. The patient who is faced with the need to have multiple composite restorations replaced after a short period, will understandably argue that they would never have proceeded with the treatment if they had been made fully aware of the likely outcome.

While it is easy enough to explain the benefits of composite materials, it is equally important to stress the limitations and disadvantages of the technique, particularly where large posterior restorations are contemplated. When these are embarked upon as an alternative to a fixed restoration – perhaps for reasons of cost – then this should be clearly set out in the patient’s clinical records, along with a summary of any discussions that took place prior to treatment.

It is perhaps on this question of considering the alternatives to composite material that cases are most likely to be won or lost, and no consent to the placement of composite fillings can be considered valid unless these issues have been properly explored.

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with the patient, and as fully as he or she wishes. Patients who allege that they were 'talked into' having composite restorations placed, without a proper discussion of the alternatives and how they compare, will find that their claim is greatly assisted by the absence of clear record card entries which can demonstrate otherwise; dentists beware.

Amalgam alternatives

This question assumes particular importance where practitioners have elected to avoid the use of silver amalgam altogether in their practices. Here, it is important to stress to patients that although this is the basis upon which this specific practice has chosen to operate, there are other practices that may take a different view and be willing to offer amalgam as an alternative. Ultimately, the choice must rest with each patient, having been presented with the facts in a fair, balanced and rational way.

There are no short cuts in the use of these materials, and one must ensure that sufficient time is allowed for the meticulous attention to detail that is required in order to maximise the qualities and minimise the pitfalls inherent in their use.

Composite resin restorations have an important place in modern restorative dentistry, but their use for large posterior restorations needs to be approached with great caution.

Materials

The successful use of composite resin materials relies upon a proper understanding of the wide range of available materials, their scientific basis and properties, their handling characteristics and not least, the rationale for the techniques involved in their placement. The different clinical situations in which composites are deployed, demand entirely different characteristics of the materials to be used. Strength, flowability, particle size/mix and aesthetics are all critical features which assume greater (or lesser) significance on different occasions. The choice between self-cure, light-cure and dual-cure is another important consideration.

Composers, and luting and bonding materials have further widened the armamentarium of the up-to-date clinician seeking to use the right material on the right occasion, thereby minimising the chances of failure.

Interim measure

Some clinicians like to use composite resin materials as a short-term interim measure, or provisional restoration. When adopting this approach, it is important to make it clear both when speaking to the patient, and in the clinical notes, but this is not intended to be a final or permanent restoration.

Rubber dam

While the marginal seal of composite resin restorative materials can be excellent when bonded to previously etched enamel margins, any contamination by moisture, saliva, gingival or crevicular fluid, or blood, can severely compromise the final result. The use of rubber dam can therefore play an important part in reducing the potential for problems to arise from the placement of composite restorations.

Indirect composites

For the larger restoration, particularly in molars, there are several reasons why the use of an indirect technique is less likely to lead to problems, than placing a larger, multi-surface composite restoration directly.

Prominent amongst these, from a dento-legal perspective is the difficulty of achieving an optimal contact point when placing a large composite restoration directly (perhaps leading to food packing and periodontal problems), and the problems of shrinkage when curing larger restorations, even when placed incrementally.

There are of course other considerations, from a clinical perspective, but these are less likely to lead specifically to dento-legal problems.

Curing lights

Light cured composite materials present risks of an entirely different kind arising from the properties of the lights used in the process. Appropriate protection must be ensured for the eyes not only of the operator, but of any nursing staff and of course the patient. The same applies for any fourth party who may be present in the room – for example, the parent or other person accompanying a child patient.

Sensitivity

A problem which has been associated with direct composite restorations – particularly larger ones – is that of postoperative sensitivity. Usually attributed to shrinkage, or microleakage associated with voids in the material or deficiencies in the marginal integrity, this can lead to complaints unless the patient has been prepared in advance for this possible adverse outcome.

Particular care needs to be taken when there is a suspected crack in the tooth, and composite is being used in the hope of achieving a successful and stable bond on either side of the crack, thereby preventing the extension or deterioration of the crack.

The rationale for such treatment should be very carefully explained to the patient, ensuring that the patient understands that a crack may well already exist in the tooth. If no such explanation and preparation takes place, and a cusp either fractures subsequently, or the pulp persists, or the tooth becomes non-vital, the patient may well blame these eventualities upon the dentist who had placed the composite – particularly if a second dentist subsequently tells the patient that the tooth was either cracked by the composite filling, or that the presence of the crack was not noticed by the dentist who had placed it.

Anterior restorations

Composites can provide a conservative way of ‘masking’ surface blemishes and irregularities of anterior teeth, using a ‘veneering’ technique. It should certainly never be suggested that the use of bonded composite material in this way is entirely ‘reversible’. Patients may find the material attractive not only because it is often cheaper than many of the alternatives, but also because it allows single visit restoration and minimal tooth preparation.

When discussing these and other benefits, however, the patient needs to understand the limitations and disadvantages of the material and technique, before embarking upon the treatment. For example, it is important to explain to patients that the material may discolor over time – particularly at the margins, where staining can be prone to occur, and also that when used to restore unsupported incisal edges or angles – especially in the areas of high occlusal loading – they may not be as strong or as durable as other kinds of restorations.

Summary

One of the concerns in cases involving the multiple failure of posterior composite restorations, is that the quantum (ie financial value) of such claims is often very high indeed, compared to the cost of the original treatment. Not infrequently, the ‘remedial’ treatment involves root canal therapy and crowns, or implant-supported replacements for teeth that have been lost and there are invariably associated claims for other general and special damages.
Revisiting our protocol

As research and thinking develops, practice protocol should effectively be updated to reflect the changes, says Mhari Coxon

Having returned to our practice from a wonderful summer break refreshed and ready to improve our patient care, we all met for our staff meeting.

Over the past year, our attendance at various CPD meetings, GSK Talking Points for example, has led us to want to expand our oral health assessment and advice for new patients and patients with difficulties. We like to examine our protocol annually to update according to research and recent thinking. We feel we need to extend our prevention protocol.

A great loss

This year has been a sad one for prevention, seeing two of my heroes in the periodontal world losing their battle with cancer, so our thoughts go to the families and friends of Graham Smart and Bernie Kiess. But the brilliant message they spread lives on. And that message is that without good oral hygiene at home, all the surgery and root planning in the world won't save your patients’ teeth. Our scaling skills are secondary in importance to our motivational skills.

A case in point

This was proven once again to me today, when I saw a patient for his full-mouth debridement.

He had not attended for over 20 years, had advanced periodontal damage, was a smoker and had accepted the inevitable tooth loss. In June of this year, Kimberly and I worked with him to develop a good split bristle technique and supported the single-tufted brush with some chlorhexidine gel. We gave a cursory explanation of what was happening, with a view to seeing the patient two weeks after to tailor a programme, take diagnostics and plan his treatment.

For one reason or another, the assessment and advice appointment did not happen for six weeks. The difference in that patient’s mouth was amazing. He could see that his actions were responsible and his motivation was high. We charted all recession, pocket depth and mobility, fine tuned his cleaning technique and made plans to debride the mouth prior to review with our dentist.

Again, for one reason or another, we did not see the patient for debridement until very recently. One of the very wobbly teeth had parted company with its owner, otherwise again the improvement was amazing. Most of the mobility had stopped, pockets had reduced by up to five mm and the tissue was incredibly healthy looking. We used the desensitiser Sensitrol to reduce discomfort, light anaesthesia where necessary, and carried out a full-mouth debridement using mainly ultrasonic instrumentation.

The review outcome

The patient then moved to be reviewed by our general dentist and our oral surgeon. Only two of the five teeth scheduled for extraction now needed to be removed before implant restoration could begin. The patient, the oral surgeon and Philip all sang my praises. But, let’s be honest, who did all the hard work? Not that I mind taking credit if you want to give me it! I am still working on the smoking cessation with him and, if I succeed there, then I will feel I earned their praise.

Gaining information

And so we decided we wanted to send our new patients away with a health assessment questionnaire to fill in and bring with them for discussion with our oral health adviser, Kimberly. We also decided that some people may only need one session focused solely on prevention, others might need more. We are refining the protocols and targets to allow clarity for both patient and clinician.

This questionnaire would allow us to accumulate information and introduce the ethos of prevention to our patients. It is not intended to replace the interview process, but complement it. We want to use it as a motivator, updating it and showing the improvement to the patient.

It helps to look at the motivation protocols for patients

As research and thinking develops, practice protocol should effectively be updated to reflect the changes, says Mhari Coxon

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Clinical 23

About the author

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is a dental hygienist practising in Central London. She is chairman of the London British Society of Dental Hygiene and Therapy (BSDHT) regional group and is on the publications committee of its journal, Dental Health. She is also clinical director of CPD-forDCP, which provides CPD courses for all DCps. To contact her, email mhari.coxon@cpdfordcp.co.uk.

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Dental professionals on a mission

Barbara Koffman reports on her experiences on Christian Relief Uganda’s most recent dental mission and details how you can get involved in future relief missions

On our mission to Uganda in March this year, we were fortunate to have five UK members in our dental team: Paul and Aliya (GDPs), Michelle (a practice manager/dental nurse) and Michael (non-dental, but on his second trip with CRU and already trained in sterilisation techniques). In Uganda, we were joined by two UK gap-year students, Todd and Lucie. Todd was directed to us by the oral health charity Dentaid to undertake research on infant oral mutilation (IOM). This is a traditional practice in several East African countries, in which the deciduous canine tooth buds are gouged out as a “cure” for “tooth worms” which the village healers believe cause diarrhoea and sickness in an infant. They teach that the baby may die if this barbaric treatment is not given. Dentaid has set up an Action Group to combat this widespread practice of which I am a member.

Lucie volunteered to act as dental nurse. Dental therapist Elizabeth (resident in Uganda) and her hygienist friend Christi-na joined us for a clinic at Elizabeth’s Hope Ministries project at Bwerenga. At various times we were augmented by the services of 16 dental professionals resident in Uganda who were available at different times throughout their stay.

Pain-relief clinics were set up in nine different rural areas of southeast Uganda, working in churches, schools and health centres; as well as in a Government Rehabilitation Centre for convicted child criminals and street children.

Possible treatments

All the equipment has to be transported in our vehicles and also by boat, so it is limited to hand instruments and forceps, elevators etc, local anaesthetics, Duraphat varnish and glass-ionomer cements, non-electric sterilisers and three Dentaid portable dental chairs. This enables us to set up a clinic with desig...
‘I consider it most important for each volunteer to have opportunities for rest and relaxation as well as work, so there is plenty of opportunity for sight seeing’

The service we can give covers screening, extractions, scaling and atraumatic restorative treatments (using hand instruments to excavate cavities and then filling the cavity with glass ionomer cement).

Patients with more complex needs are referred to the nearest health centre for further help. (This can mean using CRU funds to transport the patient and to pay for their treatment.) Last September we found a little boy suffering from Burkitt’s lymphoma, an aggressive cancer, and were able to organise hospital treatment for him. We saw him this time and he is vastly improved.

I consider it most important for each volunteer to have opportunities for rest and relaxation as well as work, so there is plenty of opportunity for sight seeing.

Find out more?
We have a further trip planned for 22-29 November 2010 to climb Mount Elgon, an extinct volcano and the fourth highest mountain in Eastern Uganda. Along with the clinical team, I will be taking a team of volunteers to provide oral health education and IOM lectures. All necessary training for this will be provided. For more information, visit www.christianreliefuganda.org, email bkoffman@ru@hotmail.com or call 07970 165798.

Christian Relief Uganda wishes to thank Derek Hampton of the Actron Group of Satelec UK Ltd of St Neots for his generosity in arranging the long-term loan of an ex-demonstration Trans’Care Max portable dental unit for use in the dental missions to Uganda.

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For further information please visit our website: www.beverlyhillsformula.com.

With the Alkapharm ‘learning lunch’

The Alkapharm ‘learning lunch’ focuses on professionally recognised procedures for the successful, day to day prevention of cross contamination within the dental surgery environment. Learning Lunch is designed as a refresher for the whole team and covers the day to day as-
pects of cross-infection control in the dental surgery. This short training course designed for the whole team takes just two hours and can be scheduled either during the practice lunch period or at the beginning/end of the clinical day.

“Currently being offered to practices free of charge” Learning Lunch helps meet the requirements of the GDC re-certification scheme by updating knowledge and skills for the benefit of the practice’s patients and the whole clinical team for which attendees can claim 2 hours of verifiable CPD.

For further information or to arrange a ‘learning lunch’ for your practice telephone Alka-pharm on 01785 714019 or e-mail: enquiries@alkapharm.co.uk

Superb Digital Imaging with Schick Technologies

The Cottage Dental Practice in Cheadle Hulme, Cheshire, focuses on all aspects of cosmetic dentistry, providing a pain-free and comfortable service to patients in every age group.

“We have found the Schick Digital Imaging System to be superb for our three surgery practice,” says senior partner Dr Richard W Hale. “The equipment is very quick and easy to use, providing great quality images.”

Schick Technologies’ CDR range – celebrated for its superior image quality – includes the Wireless, Wired and PlusWire options to cater for every dentist’s unique requirements. Images are transmitted directly to the PC, oriented and dated automatically, and the size and shape of the sensors themselves ensure optimum patient comfort.

Schick Technologies also offers the new CDRElite, developed in line with customer feedback and a panel of leading dental experts, the USBCam which attaches directly to PC, and OPG solutions to digital cephalometric X-ray. Clark Dental, trusted for over 30 years for excellent service and expertise, provides comprehensive installation, training and aftercare for all equipment.

For more information contact Clark Dental Wickford Essex Office on 01268 751146 or email enquiries@clarkdental.co.uk

Clean injection with Rotor

Blackwell Supplies’ innovative and fully autoclavable Rotor Syringe range uses quality stainless steel and unique Peek thermoplastics. These light, moulded components, with a secure snap-fit assembly, maintain mechanical strength, stability and stress cracking resistance when exposed to the repeated, long-term high temperature autoclave cycles necessary for infection prevention.

Eliminating the use of barbs, the Rotor S/A Syringe design uses the elasticity of the cartridge and thumb disk to induce carefully and easily controlled aspiration, and allows the dentist to check the correct position of the needle.

They also stop leaking anesthetics and are resistant to a broad range of chemicals. The range includes the 2.2ml and a 1.8ml self-aspirating, imperial hubless needle-accepting syringe and is compatible with the Astra Self-Aspiring Cartridge. Blackwell Supplies’ Rotor Syringe range helps you achieve best practice pragmatically, combining effective infection control with durability and ease of use.

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

Trying to sell equipment? Taking a long time? Costing an arm and a leg in advertising?

Then you need to take a look at www.inventorycircle.com.

The recently launched site has been designed to connect dentists across the globe who want to buy and sell:

• Time sensitive (soon to ex)pire supplies
• Returned equipment and supplies
• Used equipment
• Refurbished equipment
• End of line supplies

And, as a seller it costs you NOTHING to advertise your equipment. You only pay a small percentage once the item has been sold. Truly payment by results. What have you got to lose?

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

Ian Pope, Managing Director for Dürr Dental, commented, “The evolution of VistaScan technology is not dissimilar to that of the mobile phone for those of us old enough to remember the brick-like Motorola prototypes of the 1990’s. Although the original models worked, they were rather cumbersome and looking at the elegant models of the twenty first century you can’t imagine ever having had such a model.

For more information please call without obligation on 01556-526700

Inaugural Meeting of UK Kois Study Club

The first meeting for the UK Kois study club was held recently at Heathrow Airport. Twelve delegates gave up their Sunday to attend the club that is for those who have attended at least one Kois Module in Seattle. The aim of the group is to provide support and guidance to all participants of the Kois courses.

Ken Harris was the keynote speaker and is the first UK dentist to complete all nine modules of the Kois programme in Seattle and will be the first UK mentor of the Kois teaching centre in Seattle. Ken gave us a fine lecture on the Kois Deprogrammer.

After lunch, case presentations were given by Kunal Suri, Josef Diemar, Rob Jukes and Amjad Malik. The meeting was concluded by an excellent presentation by Paul Shenefine on ‘bridging the gap’.

It was a thoroughly enjoyable day and a fantastic learning experience was had by all.

A big thank you to Bhavin Bhatt, Shamiek Popat, Ken Harris and Paul Shenefine for doing all the hard work in organising the Study Club.

For further information please contact Bhavin – drbhavinbhatt@gmail.com or Shameek – info@rosebankdentalc.co.uk

Looking to sell your practice?

Wouldn’t it be good if you could sell your practice for FREE? (You’re probably aware of how much it could cost in advertising).

Well now you can! Visit www.practicemy.com where you can list your practice for sale absolutely FREE.

You can post all details of your vacancy as well as contact details and web address. You can even post a video showing potential buyers the practice!
Intra-oral Digital System

We are delighted to introduce the Velopex Digital Intra-oral System featuring both USB and Wi-Fi products with both size 1 and size 2 sensors. All sensors have a hard wearing cable connection: the cable is attached on the back of the sensor for easy positioning in the mouth and a flexible anti-traction sheath helps to prevent the cable from being damaged when bent. The package includes:

- Velopex “easy use” Software
- Interface Modem
- Carry case
- Positioning devices
- Sensor and cable
- Full instructions
- 24 Months Warranty
- USB or Wi-Fi connection between modem box and computer

USB connected systems come with a 3M cable length between sensor and modern interface, Wi-Fi systems come with an 80cm cable length (can be mounted on chair - close to patient).

The cable and sensor housing can be replaced on a service exchange basis as long as the sensor is NOT damaged. Systems can be supplied with 2 sensors of different sizes and one interface modem.

BioHorizons are pleased to announce their first ever European Congress in Portugal reached full capacity at 550 delegates. After a hugely successful Global Symposium in Chicago in June the company was looking forward to holding a similar event for European dentists in October but never believed the delegate numbers would reach these heights.

With the weather in Portugal close to 50 degrees, the delegates flocked from all over Europe and forward to holding a similar event for European dentists in October but never believed the delegate numbers would reach these heights.

For further information on this and BioHorizons comprehensive range of implants and regeneration products please contact the UK office directly on 01544 752560, email: info@biohorizons.co.uk or visit our website at www.biohorizons.com.

NOW to find out how they can get involved with the campaign; download free material for their practices and even read the blog being written by an orthodontist to describe his practice will be gearing up for NOW.

To participate in NOW or to find out more, please visit www.nowsmile.org

Oral cancer - Routine tests save lives

New ViziLite® Plus helps the dental practitioner see what eyes alone may not. Available in simple, easy to use disposable kits. The system utilises chemiluminescent technology to help identify early epithelial changes that could be precancerous. By identifying oral abnormalities, the patient can be referred immediately and confidently for further treatment. Using a unique 'Tbi' marker system, precision is guaranteed in marking and documenting lesions. ViziLite® Plus has quickly become a critical element of the dental surgeon's preventative practice, contributing to the accepted fact that better screening really does save lives.

ViziLite® Plus is available in a 40-unit pack £622.78 plus VAT or in 20-unit pack £311.40 plus VAT. Call Panadent 01689 88 17 88 to ask about special offers or to order your pack.

Exciting New Product Range Launched at the BSDHT Exhibition

One of the industry’s leading developers of dental products took the opportunity of the BSDHT Oral Health Conference and Exhibition, held in Bourne-mouth on the 16th and 17th of October, to launch an exciting new product.

Suffering from xerostomia can be a significant detractor from patients' quality of life, with the lack of saliva often causing serious oral health conditions.

Available from Curaprox, Xerostom is a new oral hygiene product line especially formulated to bring relief. The combination of ingredients works to replenish moisture in the oral cavity, soothing the tissues whilst cleaning and protecting the mouth from harmful bacteria.

Used for just seven days, Xerostom will significantly increase unstimulated salivary flow rates, leading to a decrease in thirst. As a result patients can enjoy an improved quality of life, with the chance of suffering from periodontitis.

The Xerostom range comes in a variety of applications to suit all requirements, is suitable for diabetics and is now available from Curaprox UK.

For more information please call 01189 862084, email info@curaprox.co.uk or visit www.curaprox.co.uk.

Supporting The Entire Dental Team!

Smile-on in conjunction with the NHS West Midlands Workforce Deansery was delighted with the response from the recent DNSTART free program and training package that was given to all practices in the West Midlands region.

To help the teams get started, there were also several free information and training evenings around the West Midlands Region with delegates receiving a complimentary buffet and 1.75 hours of CPD.

DNSTART was designed primarily for new dental nurses and is also an excellent refresher course for the entire team. Offering 10 hours of verifiable CPD, DNSTART explores the role of the Dental Nurse within the following areas:

- Health And Safety
- Infection Control
- Medical Emergencies to radiographs
- Record Keeping
- Surgery Routine

Smile-on is proud to support all dental professionals by offering flexible education and accessible learning to help build fulfilling and successful dental careers.

For more information on DNSTART call 020 7400 8899 or email info@smile-on.com.
Blowing your own trumpet

In part one of this three-part series, Dr Solanki highlights why it’s essential to spend some time and money advertising your services.

The boxes on your checklist have been ticked. You’ve attended all the courses (and hung the certificates). It’s officially time for you to bring your own brand of life-changing smiles to patients across the country. But what happens if this is the same story as hundreds of other dentists? After a few months you haven’t noticed an upturn in profits, how can this be changed? How will you stand out from the crowd?

Have you told any of your potential patients that you are qualified to do many dental treatments including aesthetic work and that you want to be doing more of it? How about the equipment that you use and your specialist team that will work hard to ensure any time spent at the practice will be relaxing, comfortable and worthwhile?

How can you expect patients to take advantage of your new/improved services if you haven’t told anybody about them?

If you are relying on dentists to refer to you, how are you going to explain to your colleagues that not only is your work of an outstanding calibre, you are also at the forefront of customer care?

Meeting at conventions and training/educational workshops is a great opportunity to make introductions to other professionals, but it is also precious time away from the practice and networking may not be completely appropriate as you have your own goals to achieve from attending classes of this nature.

Are you a lab that offers dentists products that could save them time and money? Is your premises a modern approach to working with a dental laboratory and you have an excellent roster of technicians at your disposal, working with the latest materials and hi-tech equipment?

Many dental professionals are willing to spend tens of thousands of pounds on new hi-tech equipment or continuing education yet will be reluctant to make a small investment in advertising, marketing or creating a quality website. Consider this, by making a small investment:

- You have control over how people view your practice
- An excellent opportunity to stand out from the crowd
- The chance to entice new patients and benefit financially

Marketing doesn’t have to be an expensive exercise, a big campaign or even time consuming. How are you going to reach your audience? What is the point of having a shiny new instrument if it never gets used?

In the next part of this series, we will look at simple and effective marketing ideas, targeting your audience and whether your practice is ready for the push.

About the author

Dr Solanki

studied medicine at the University of Oxford followed by a PhD, having come from a business-orientated family he followed his passion of starting up a dental marketing company with its strengths in online search marketing in early 2007. Dr Solanki now offers dedicated marketing strategies for dental practices on a referral only basis.
All you need to know is we’re the dental legal experts.

And here is how to get in contact with us.

For a FIXED FEE quotation please call FREEPHONE 0800 542 9408
dental.team@cohenramer.co.uk
www.cohencramer.co.uk/services-to-dentists-services.html
Beverly Hills Formula

Helps to prevent Plaque Tartar and Sensitivity

HIGHEST STAIN REMOVAL - LOWEST ABRASION

- Whitening
- Extra Gentle
- Maximum Strength
- Fight Cavities
- Stronger Teeth
- Fresher Breath

Need Advice?
Sensitivity, Whitening and Stain Removal experts:

www.beverlyhillsformula.com