Horse Dentist Awarded
Equine dentist, Andre Majerski, 61, was honoured by the International Fund for Animal Welfare at the House of Lords in October. He has helped with animal welfare on Greek islands for seven summer holidays. He says he takes his time to ensure the animal is relaxed. His love of animals came from learning to ride ponies bareback as a child in his native Bulgaria.

Mr Majerski was steered towards an equine dentistry course at Cambridge after his daughter’s father-in-law became chairman of the Greek animal welfare fund. He said: “The satisfaction I get, is from knowing that when I first see a horse or donkey they have problems and are in discomfort, but when I leave them they are better than when I found them.”

Eurostar Draw
Visit Smile-on at the BDTA Dental Showcase on stand L45. Be the first to preview the latest and best in education for Dental Teams. Send an email to info@smile-on.com to reserve your free demonstration, your glass of fizzy and entry into a Eurostar draw.

New MSc from Smile-on
University of Manchester has teamed up with Smile-on to produce a world-class distance-learning MSc in restorative and aesthetic dentistry. The course will be delivered through combining an internationally-renowned faculty with cutting-edge webinars - the learning delivery method at the core of this MSc. A live internet feed provides fully interactive lectures at home, in real-time.

A Smile-on spokesman said: “Many dentists would love to pursue an MSc in restorative & aesthetic dentistry, but have been unable to do so through traditional methods. This distance learning MSc fits around you. With our MSc, attending lectures is as easy as switching on your computer.”

Smile-on has organised a free introductory webinar for would-be participants on Thursday, November 10, at 7.30pm, at the venue of your choice. The lecture is given by Dr Chris Orr, course director, and a world-leading aesthetic dentist.

To book, email your details to info@smile-on.com or phone 020 7000 8989

www.dental-tribune.co.uk

Bans Boost Mouth Cancer Campaign
Mouth Cancer Action Month’s timely launch as MPs vote to ban tobacco vending machines and point of sale displays

The British Dental Health Foundation (BDHF) has welcomed the decision to ban tobacco vending machines before this month’s Mouth Cancer Action Month. MPs voted in October to ban tobacco vending machines and retain the ban on tobacco displays at point-of-sale.

The British Dental Health Foundation (BDHF) - whose support for the bans put forward the oral health case for tobacco control measures - praised the decision.

BDHF chief executive, Dr Nigel Carter, said: “Our Mouth Cancer Action Month campaign began Sunday, November 1 so this news is a great boost.

“Tobacco is linked to three-quarters of mouth cancer cases and also worsens gum disease.”

“Banning tobacco vending machines is a landmark decision, which will help keep tobacco out of children’s hands. The point-of-sale display ban is proven to help prevent impulse purchases so this vote is very welcome.”

The campaign promotes lifestyle choices such as quitting smoking, cutting down on alcohol and eating healthily. Mouth cancer kills about one person every five hours in the UK, with about 1,800 dying each year. It is diagnosed annually in more than 5,000 people, an overall rise of 40 per cent in ten years.

US research shows chronic gum disease may also present a high risk for mouth cancer.

This could provide a clue to the rise in mouth cancers where no traditional risk factors such as tobacco, excessive alcohol and the human papillomavirus (HPV) are present. There are now more deaths from mouth cancer than cervical cancer or testicular cancer.

The five year survival rate for sufferers of mouth cancer is 50 per cent. About 70 per cent of cases are detected late, but early diagnosis improves survival chances to more than 90 per cent.

Mouth cancer usually affects older but, though more young people are developing it, people who smoke and drink alcohol to excess are 50 times more likely to develop mouth cancer.

Research now suggests that HPV - transmitted by oral sex - could soon rival tobacco and alcohol as the main cause of mouth cancer.

The Mouth Cancer Foundation is announcing the winner of the third annual Mouth Cancer Voice Awards on November 16. It wants to encourage young people not to take their voices for granted.

Founder, Dr Vinod Joshi, said: “We want all students to know that mouth cancer exists and what symptoms to look out for in order to help with early detection. If in doubt, get it checked out.”

In the US, the Oral Cancer Foundation (OCF) has donated a screening device for free clinics at Phoenix, California’s Native Health clinic in a country-wide scheme.

The scheme is funded by OCF partner, the Bruce Paltrow Oral Cancer Fund, in memory of producer/director, Bruce Paltrow who died of oral cancer.

OCF founder, Brian Hill, said: “Our intent is to identify free clinics and health service providers in areas that have a high concentration of people who are both at risk for oral cancer and without the financial means to pay for comprehensive oral exams.”

Because of reported links between oral cancer and the sexually-transmitted HPV, screenings are provided for everyone 16 and above. ■

Native Health’s dental director, Dr Mahasin Hangalay, added: “The community we serve has the highest rate of tobacco usage of any major demographic group in the country, an extremely high poverty rate and very poor access to health care.”
Phobics could pose medico-legal risk

The Medical and Dental Defence Union of Scotland (MDDUS) has warned dentists about the potential risks of phobic patients.

An article in the latest issue of its magazine, Sannox, states that some patients’ fear of visiting the dentist is generally regarded as a trivial problem, with patients who cannot cope with treatment often thinking they are being silly.

However, the piece emphasises that such apparently insignificant fears can sometimes have serious implications. The article cites studies which show that a significant percentage of the UK population is anxious about dental treatment, despite advances in the delivery of dental care. A small proportion of these patients displays a genuine phobia of the dental set-up.

The MDDUS warns that practising dentists should be aware of these particular patients as potentially engendering an increased risk for dentists, following treatment. The organisation wants to remind dentists that if this specific group of patients is treated using conscious sedation – including inhalation sedation, intravenous drugs or oral sedation – it is necessary that the dentist has appropriate training, which should be updated regularly. This is also the case for dental nurses assisting with care in the practice.

Aubrey Craig, head of the dental division of the UK-wide MDDUS (pictured) said: “Phobic patients may claim that they have not consented to the treatment suggested.”

“Their phobia could prevent them from rationally comprehending what is being explained and discussed with them. Therefore it is essential that the dentist takes additional time to obtain valid consent from them before treatment.”

He added: “As well as completing appropriate training, practices providing conscious sedation must consider having an automated external defibrillator available for use should the need arise.”

This new volume paints a vivid picture of dental quackery in a bawdy, sometimes grotesque way.  

WIN a copy of Open Wide! Answer the following question - “Who else in rural Georgian England doubled as a tooth drawer?” Mail your answer to info@wychwoodbooks.com with the subject heading Open Wide. The winner will be picked at random from all correct entries. The deadline for entries is 12pm Friday November 20. To purchase a copy of Open Wide go to www.wychwoodbooks.com or call 01451 851 860.

Open Wider!

A bookshop has come up with a novel dental Christmas idea for anyone buying a present for the dentist, dental nurse or dental receptionist in their life.

Open Wide (compiled by John Trevers & Martin Orskey and available from Wychwood Books) is a finely-produced series of 18th and 19th century satirical dentistry illustrations depicting the history of dentistry in an informative and humorous fashion by great Victorian caricaturists such as Thomas Rowlandson, George Cruikshank and John Collier.

The prints, each of which is complemented with a detailed description, caricature the agony which toothache sufferers faced before the use of anaesthetics. In those days, the blacksmith in many rural communities doubled up as a tooth drawer, using practices such as hot coals, string, forceps, and pliers. One print even shows children being given a few shillings for ‘live teeth’!

Mark Pulford, dental commissioning lead for Heart of Birmingham Primary Care Trust, said: “Professor Jimmy Steele was given a copy of Open Wide at one of his evidence gathering meetings for his recent dental service review, in Birmingham. Those present at the meeting, including myself, signed the copy purchased as a memento.

“The collection of dental prints graphically depicts the way dentistry was practiced in the old days.”

Pulford added: “Hopefully dental access programmes, Steele Review pilots and appropriate new contract platforms can maintain the progress we have seen since then.”

Desensitise Clean Rebuild Enamel ... in one easy step!

Phobias are a common problem among dental patients. An estimated 9% of the UK population is afraid of dental treatment, but it is thought that only 4% of these people actually seek help with their fear. The rest may choose to tolerate their phobia, or stop attending the dental surgery and risk losing their teeth.

A new product, Ospray, has been designed to help with dental phobias. Ospray is a cleaning gel that can help to stop the teeth decaying, and come in one easy step!

Available http://www.ospray.com
Editorial comment
All roads lead to Birmingham...

This week sees the annual gathering of the profession and the trade – BDTA Dental Showcase. This exhibition gives everyone involved in dentistry a chance to get together and discuss burning issues, complex cases and generally gossip about each other!

It is of course also an opportunity for clinicians to indulge their not-so-secret passion for impulse purchases of new dental gadgets and products. Far be it from me to be seen to encourage this behaviour, but for a sneak preview of what’s going to be on offer at the event take a look at our preview pages 27-38, which begin with a look at two very different products making their debut at Showcase. See you in Birmingham!

Free start

Dental education company, Smile-on, treated all practices in the region to a free copy of DNSTART, in conjunction with the NHS West Midlands workforce deanery.

Designed as an interactive induction programme, DNSTART enables trainee dental nurses to work in the dental practice before taking up a place in an accredited institution.

Primarily aimed at new dental nurses, DNSTART can also be used as a refresher course for the entire team and offers 10 hours of verifiable CPD.

DNSTART explores the role of the dental nurse within the following areas, which include: health & safety, infection control, medical emergencies, radiographs, record-keeping, surgery routine and working within the dental team.

Market leader, Smile-on, a trusted name in healthcare education, is proud to support all dental professionals by offering flexible education and an accessible learning programme to help build fulfilling and successful dental careers for the whole team.

For more information on DNSTART call 020 7400 8989 or email info@smile-on.com.

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* Graphical representation based on SEM photography; for illustration only
Centre stage for call centre

Denplan is celebrating achieving second place in both, Call Centre Focus (CCF) magazine’s European Call Centre Awards and the, Top 50 Call Centres for Customer Service, awards. The latter is the largest ever call centre benchmarking exercise, conducted by independent market research company GfK Mystery Shopping and commissioned by Call Centre Focus magazine. Denplan came second for the second year running, with a score of 94.78 per cent. First place went to F&C Investments with 94.95 per cent, with last year’s winners, First Direct, in third place, with 91.75 per cent.

The annual Call Centre Awards, which are in their 14th year, reward individuals and companies which have made the most impact over the previous 12 months. Staff at Denplan were thrilled to be commended in the, Best People Practice, category. The dental payment plan company was ranked as ‘highly commended’ at the awards and was pipped to the post only by Cable & Wireless.

Julia Dawson, director of customer services at Denplan, said: “Both of these customer service accolades are testament to the hard work and dedication by the customer advisor and customer services teams here at Denplan. Everyone here really values the great service we offer and to have all our hard work recognised is just wonderful, especially given the quality of the competition.”

Simon Thorpe, programme director of the, Top 50 Call Centres for Customer Service, awards, added: “Customer service is becoming more important than ever, as consumers are more careful about where and how they spend their money. Companies are realising that in order to retain customers during difficult financial periods,

Dental nurses support RCN stance on Safeguarding Authority scheme

The British Association of Dental Nurses (BADN) has expressed its support of the Royal College of Nursing’s (RCN) stance on the Government’s Independent Safeguarding Authority (ISA) scheme.

The ISA requires anyone working with children or vulnerable adults in England, Wales and Northern Ireland to pay £64 registration fee to join the vetting and barring scheme. This fee must be paid on top of professional regulation fees to - in the case of dental professionals - the General Dental Council. While recognising the importance of the protection of children and vulnerable people, the RCN is concerned about the scheme’s cost and the lack of right to appeal unless there is a mistake in the law. The ISA has been described as a “tax on employment” which gives too much power to the ISA and not enough responsibility to the individual.

RCN chief executive Dr Peter Carter said that public protection needed to be carried out in a fair, effective and efficient way. He said the RCN was particularly concerned that the ISA barring process might be unfair, without adequate safeguards against ill-founded allegations, therefore leaving nursing staff with no effective right of appeal.

BADN president Angie McBain said the association fully endorsed the RCN position. She said: “While BADN recognises the importance of protecting children and vulnerable adults, expecting dental nurses to pay yet another registration fee is unreasonable and unrealistic. Dental nurses - many of whom are working part time and on minimum wage - already have to pay £96 to the GDC, as well as for CPD and indemnity. Many are having to leave the profession as they can no longer afford to work as dental nurses. Having to pay an additional £64 will be the last straw for many dental nurses.

“BADN also share the RCN’s concerns about the duplication of regulation and the potential unfairness of the barring process and appeal procedures.”

The first phase of the scheme - which commenced on October 12 - defines it as a criminal offence for individuals barred by the ISA to work or apply to work with children or vulnerable adults. Employers also face criminal sanctions for knowingly employing such individuals. BADN are calling upon the GDC, as the regulatory body for dentistry, to support dental professionals and to work with other regulatory bodies and professional associations in the healthcare sector to resolve the matter.

Following the Soham murders in 2002, the Home Secretary commissioned Sir Michael Bichard to lead an independent inquiry into child protection measures, record-keeping, vetting and information sharing. In 2004, the inquiry’s recommendations led to the Safeguarding Vulnerable Groups Act 2006, which recognised the need for a single agency to vet all individuals who want to work or volunteer with vulnerable people. The Independent Safeguarding Authority (ISA) was created to fulfil this role.

New employees do not need to start applying for ISA registration until July 2010 and ISA registration does not become mandatory for these workers until November 2010. All other staff will be phased into the scheme from 2011.

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THE DENTAL PRACTICE MANAGEMENT SPECIALISTS

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WHITENING

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SENSITIVE MAXIMUM STRENGTH
WHITENING

Beverly Hills Formula

NATURAL WHITE
Plaque | Cavities | Tartar + Enamel | Extra Gentle | Fresher Breath

HIGHEST STAIN REMOVAL - LOWEST ABRASION

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

Need Advice?
Sensitivity, Whitening and Stain Removal experts:

www.beverlyhillsformula.com
A dental education centre has installed a state-of-the-art water purification system for its infection control and decontamination training suite. Premier dental training facility, the London Dental Education Centre (LonDEC) chose compact, cost-effective and user-friendly water purifier, the BIOPURE7/15 from ELGA Process Water.

The BIOPURE system, which is specifically designed for the dental industry, supplies up to 15 l/hr of purified water to LonDEC’s washer disinfector, two autoclaves and ultrasonic bath – all from one mains water feed.

Bill Sharpling, director of LonDEC, explained: “LonDEC’s high specification facilities are designed to meet all training requirements from technical and clinical to nursing and dental hygiene. We have 27 phantom head training units, a 45-seat lecture theatre, a pseudo dental surgery for medical emergency training, and an infection control and decontamination training suite. Effective decontamination is central to LonDEC’s activities. Many course delegates look for ideas on how to update their own decontamination processes in light of recent HTM01-05 guidelines. Our infection control and decontamination training suite includes a ‘dirty’ and ‘clean’ room which demonstrates best practice and what dental practices should aspire to have.”

A campaign has been launched to raise awareness of those dental surgeries offering NHS treatment and to challenge the misconception it is hard to find an NHS dentist in Leicester. Staff from NHS Leicester City’s Patient Advice and Liaison Service (PALS) will be signposting people to those dentists accepting new patients via a dedicated dental line, 0116 205 7017.

Toby Sanders, NHS Leicester City’s Director of Primary and Community Care, said: “There is a belief it’s difficult to find an NHS dentist but in Leicester this is no longer true. We’ve invested in dental services to make it easier than ever before for people to get an appointment. There are dozens of dentists across the city waiting to see NHS patients and we want people to take advantage of this.

Dentist Philip Martin is chair of Leicestershire and Rutland Local Dental Committee and has a dental practice in Leicester. He said: “There are many high quality NHS dentists available to people in Leicester and as local dentists we are all keen to support good oral health. We are sure this campaign will encourage people to make an appointment now and to continue to see a dentist regularly in the future.”

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Dental Centre Purifies Water

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OH statistics highlight child caries prevention needs

O
eral health charity, the British Dental Health Foundation (BDHF) has responded to statistics from the National Dental Epidemiology Programme (NHS DEP) for England on the oral health of five-year-olds, released in October.

They reveal that one third of five-year-olds have decayed, filled or missing teeth (DMFT). The survey, during the 2007/08 school year of nearly 140,000 five-year-olds, covered 147 out of 152 PCTs. It revealed 51 per cent showed obvious signs of tooth decay - three in every 10 children of that age.

The charity concluded that the dental health of five-year-olds could be greatly improved and is urging the Government to focus more on prevention of oral health problems. It is also calling for a system to reward dental practices which carry out preventive measures, in line with the Steele recommendations, as well as an extended water fluoridation scheme.

BDHF chief executive, Dr Nigel Carter, said the whole problem of tooth decay could be avoided: He explained: “Water fluoridation schemes targeting areas of high decay across the UK could reduce decay at a single stroke. A nationwide Prevention in Practice award scheme, recognised in PCTs, could also make the difference and help level decay experience across the UK.

“We hope a future Government of whichever party will retain this focus on better oral health for the nation’s children.”

Huge improvement

Dr Barry Cockcroft, chief dental officer for England, said the comparison of the mean DMFT average showed that 69 per cent of five-year-olds were caries-free, compared to 61 per cent in 2005/06, a positive increase of eight per cent.

He said: “This is a huge improvement with an overall dmft average of 1.13 per child.”

But he accepted there was a need to do more about the 50 per cent of five-year-olds with three to four decayed teeth.

He added: “This problem must be tackled through social and educational methods; it is not enough just opening more practices”.

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He added: “This problem must be tackled through social and educational methods; it is not enough just opening more practices”.

About 2.5 percent of five- year-olds overall showed signs of sepsis, which varied widely in different areas. For example, 3.4 per cent in London, compared to 1.6 per cent in the southeast coast and West Midlands SHAs.

The survey showed that tooth decay varied from less than a quarter of children in the south- east coastal region to 40 per cent of five-year-olds in the north- east. On a national level more children were free from obvious dental decay – 69.1 per cent – than with decay - 30.9 per cent.

In Middlesborough, more than half of five-year-olds – 53.4 per cent - were shown to suffer dental decay in at least one tooth, compared to just one in five – 17.7 per cent - in East Riding, Yorkshire.

The survey showed that nearly 50 per cent of Plymouth’s five- year-olds have suffered tooth de- cay. Members of Plymouth’s oral health team are handing out free toothbrushes and toothpaste in schools with higher rates of decay.

It stated that 28.5 per cent of the children surveyed in Ply- mouth had at least one tooth decayed, missing or filled. How- ever, this is still a slightly lower percentage of five-year-old chil- dren with tooth decay than the national average, which is 30.9 per cent. It is also a lot better than the south west’s worst area, Bristol, which has 38 per cent of five-year-olds with tooth decay.

The report revealed that Bristol has the highest percentage of children with dental abscesses or sepsis in the south west, at 5.1 per cent - more than double the national average of 2.5 per cent.

However, five-year-olds in South Gloucestershire demon- strate relatively low levels of den- tal decay, with just fewer than 21 per cent of youngsters suffering from it, with an average of less than one dmft. Although child tooth decay figures for the district were the best in the south west, they also revealed a relatively high proportion of filled teeth.

More emphasis

Specialist practitioner, Jeremy Kaufmann, who runs the private children’s practice Mr Dentist in North London, said it was disappoin- ting there was still so much tooth decay. He said: “Children still eat too much sugar and the NHS contract does not put enough emphasis on prevention, although toothpaste is much bet- ter. Water fluoridation would help. But even though tooth de- cay is still high, the overall trend is going down, which is good news.”

It was concluded that the dental health of five-year-olds could be greatly improved the integral part of PCT commissioning. Jimmy Steele quite correctly confirmed our wish to focus on prevention which will form an integral part of Steele pilots as they evolve. Use of the toolkit is already included as one of the key performance indicators in the new dental access programme template contract, which some PCTs will be using as they estab- lish new services under the im- proved access programme.

Innovative

He said innovative schemes around the country were distribut- ing fluoride varnish and free fluoride toothpaste for disadvan- taged children. The Brushing for Life scheme was expanding and children's toothpaste was more effective in tooth decay reduction.

Susie Sanderson, chair of the BDAs Executive Board, said: “This research highlights the significant gap between five- year-olds in England with the best and worst oral health. It shows that, among the almost 40 per cent of children who are not free of dental disease, the aver- age number of decayed, missing and filled teeth is 3.45. That is very disappointing.

“It’s clear that preventive ap- proaches to oral health care, in- cluding measures such as water fluoridation and targeted preven- tion programmes, have the poten- tial to address the inequality these statistics illustrate. It’s important that dentists are supported as they continue to work hard to im- prove the nation’s oral health and eradicate this inequality.”

Parents were asked to give permission for their children’s teeth to be examined for the oral health study, which could have resulted in those with the worst dental health not choosing to come-forward.
‘Growing chasm’ claim in oral health inequalities

A “unacceptable and growing chasm” exists in the UK between those with good and poor oral health, according to the British Dental Association’s (BDA’s) Oral Health Inequalities Policy which is published today. The policy highlights the close association between low socio-economic status and poor oral health, calling for more focus on preventive care. It also says there should be a more integrated approach to oral health from health and social care providers. Furthermore, the paper argues greater priority should be given to particular patient groups, including those with disabilities, older people and the prison population.

The contributions of alcohol and tobacco to oral health inequalities are stressed by the paper, particularly as risk factors for oral cancer. It calls for resources to enable dental professionals to take a more preventive approach, including counselling patients on the dangers associated with alcohol and tobacco products, referring patients to smoking cessation schemes and the extension of the ability to prescribe nicotine replacement therapy (NRT) to a wider group of health professionals.

Professor Damien Walmsley, Scientific Adviser to the BDA, said: “There has been a significant improvement in the nation’s overall oral health over the last 30 years, but despite that we still see a huge disparity that is all-too-often related to social deprivation. It is completely unacceptable that in Britain, in 2009, such a wide gap should exist.

“Much good work to address this problem has begun, and this report commends a number of schemes such as Brushing for Life and Sure Start that are starting to make a difference. However, a great deal of work remains to be done and it is vital dentists are supported in doing it.”

The Oral Health Inequalities Policy is available at: www.bda.org/inequalities.

ARF call from GDC

The annual retention fee (ARF) payment period for the UK’s 36,900 registered dentists has kicked off in the run up to the 31 December deadline.

The General Dental Council (GDC) has taken the decision not to increase the fee this year. It remains at £438.

The GDC hopes dentists will take advantage of the opportunity to set up a Direct Debit to pay their fee. Last year almost 60 per cent of dentists did. It not only takes a financial commitment off their mind, but also reduces administration costs for the GDC, as it endeavours to use the fee as sensibly as possible. Direct Debits need to be set up by 13 November; payments will be taken on 3 December.

Professionals can download a form from the GDC website at www.gdc-uk.org/Current+registrant/Annual+retention+fees/Annual+retention+fees+-+frequently+asked+questions.htm.

GDC Director of Operations, Edward Bannatyne, said: “If you haven’t set up an account on eGDC yet, go to www.gdc-uk.org. We have improved the account creation process since last year’s ARF collection, so making your payment online will be much easier. Registering on the site can now be done instantly, meaning there’s no wait for a letter containing a password, providing you have an ID verification code. If you don’t have your code you can request one on the site, by SMS or by letter. Remember if you ignore the deadline and don’t pay, you will lose your place on the register and will have to go through our restoration process and pay an additional fee in order to be able to practice legally.”

The World’s First Online MSc in Restorative & Aesthetic Dentistry

“Convenience” The majority of the learning resources on this programme will be online. The masters will combine interactive distance learning, webinars, live learning and print.

“Ownership” The programme is designed to encourage the student to take responsibility for their own learning. The emphasis is on a self-directed learning approach.

“Community” Students will be able to communicate with a diverse multi-ethnic global community of peers, with who they will also share residential get-togethers in fantastic settings around the world.

“Opportunity” This innovative programme establishes the academic and clinical parameters and standards for restorative and aesthetic dentistry. Students will leave with a world recognised MSc.
All aboard the good ship Learning

*Dental Tribune* focuses on the theme of post-graduate education in dentistry

Post graduate education is a vital issue for dental professionals wanting to further their careers. It’s not just a CPD thing, it’s an ambition thing; a desire to take your career as far as you can and develop your clinical skills to the highest level.

There is so many ways in which dental professionals can participate in Post-graduate education. Clinicians in particular have so many avenues to explore; which specialism (Endodontics, Aesthetics, Restorative etc), which qualification (Diploma, MSc etc); full or part-time course, the choices are endless!

With this in mind *Dental Tribune* has taken a very short look at some of the choices people could make with regards to post-graduate education. Of course, this is not just limited to degree courses; practices also need to be trained in compulsory regulations such as Clinical Governance.

In this issue we have taken a look at an innovative course which incorporates all the benefits that 21st century technology has to offer. The MSc course in Restorative & Aesthetic Dentistry is a blend of world-class educational curriculum by the University of Manchester with the technological expertise of Smile-on, a provider of online and distance learning programmes. This article gives an overview of what students can expect from this course as well as a taster of the delivery modes of the course.

Following on from this we have an article reviewing the recent webinar by clinician Dr Trevor Bigg on the subject of whitening. As the main delivery mode of the MSc is webinar, this review details how it works and the benefits of a live and interactive presentation, as well as reviewing what was also an extremely entertaining and informative lecture!

Finally we take a look at the subject of Clinical Governance and its place in dental practice. Jane Armitage, award-winning Practice Manager at the Thompson & Thomas practice in Sheffield, looks at how Clinical Governance can help practices keep ahead of policy and procedure and ensure that they continue to develop and improve their services to patients for excellence in patient care and team development.

A final thought from the 55th President of the United States, John F Kennedy – “Let us think of education as the means of developing our greatest abilities, because in each of us there is a private hope and dream which, fulfilled, can be translated into benefit for everyone and greater strength for our nation.”

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Global learning in a virtual classroom

For today’s busy clinician comes the UK’s first online post-graduate degree in Restorative & Aesthetic dentistry. *Dental Tribune* has more

Two of the UK’s most respected education and academic organisations have joined forces to provide an innovative, technology-driven MSc in restorative and aesthetic dentistry. This programme brings together a high class international faculty for a modern and global classroom.

Smile-on, the UK’s prominent healthcare education provider and the University of Manchester, one of the top 25 universities in the world, have had the insight to collaborate in providing students with the best that today’s technology has to offer - post-graduate education - lecturers, online technology, live sessions and support.

The aims of the MSc are simple - to provide an innovative programme which enhances current knowledge and clinical skills in aesthetic restorative dentistry; to present sound academic theory and high quality practical training in aesthetic concepts by world class mentors; to provide students with the confidence and ability to enhance their current clinical practice by incorporating the latest advances in technology and research ensuring aesthetic, functional and long lasting restorative care; and to deliver learning using the latest technology enabling students to access the course regardless of place or time zone whilst maintaining their dental practices.

The syllabus covers a wide range of subjects, broken up into seven units of differing lengths and credit value, totalling 1,800 Hours and 180 credits:

*The syllabus covers a wide range of subjects, broken up into seven units*

**Unit One: Foundations of 21st Century Practice (150 Hours/15 credits)**
- Anatomy
- Basic disease processes
- Current concepts in diagnosis
- Foundational occlusion
- Foundations of material science
- Imaging and radiology

**Unit Two: Aesthetic Foundations (150 Hours/15 credits)**
- Comprehensive patient assessment
- Patient communication
- Record keeping
- Clinical photography
- Treatment presentation
- Medico-legal aspects
- Practice management
- Aesthetic treatment planning
- Colour and shade

**Unit Three: Anterior Aesthetics (300 Hours/30 credits)**
- Bleaching
- Anterior direct composite
- Aesthetic recontouring
- Simple orthodontics
- Restoration of the endodontically treated tooth
- Veneers
- Sliced veneers/¾ crowns
- Crowns

**Unit Four: Posterior Aesthetics (150 Hours/15 credits)**
- Direct composite
- Inlays/onlays
- Crowns
- Bridges

**Unit Five: Complex Treatment (300 Hours/30 credits)**
- Tooth loss
- Removable replacement
- Fixed replacement
- Treatment planning tooth replacement
- Periodontal plastic surgery
- The role of orthodontics
- Restorative gingival techniques

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sself-directed learning approach. The emphasis of the MSc is on a
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integrated learning programme,
learning and print to create an
distance learning, webinars, live
The majority of the learning re-
don the course.

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gives a Masters degree that spe-
own time. This type of self-di-
learning for the students in their
study methods and assessments,

Part-time distance learning
- The majority of the learning re-
sources will be online. The pro-
gramme will combine interactive
distance learning, webinars, live
learning and print to create an
integrated learning programme,
using the best of new media and
technology.

Ownership - The pro-
gramme is designed to encour-
age the student to take respon-
sibility for his/her own learning.
The emphasis of the MSc is on a
self-directed learning approach.

Residential - The type of
teaching will be distance on-
line self-directed learning. In
addition, activities on this pro-
gramme will be supplemented by
attendance at residential courses to complete the hands-
on portion of the course.

Resources - Students will
have access to The University of
Manchester's online library.
Methods of assessment in-
clude: Multiple choice questions,
administered after live/distance
and interactive lectures; Docu-
mentation and pictures sub-
mitted for assessment for case
studies; Individual assessment
by Aesthetic Master’s Faculty to
demonstrate clinical competen-
cy and theoretical mastery.

The way this MSc is being
taught is what makes it so special
for students. The mix between
the online technologies and tra-
ditional teaching modalities is
such that there is something for
everyone!

Seminar/Webinar - Each
lecture is typically 1-2 hours
long with assessments to be
completed during the unit. Lec-
tures may be taken online (live-
distance learning). In all cases,
the examination is required to
complete the requirement. Each
lecture hour is assigned a one
hour credit and its associated
coursework and assessment is
assigned a 0.5 hour credit. (A we-
binar is a type of web conference,
with a difference, as it is live and
interactive. The direction of the
presentation is primarily led by
the presenter/speaker however,
audience participation is integral
and indeed necessary for a more
useful and interesting experi-
ence. A webinar is ‘live’ and in-
teractive with the ability to give,
receive and discuss information.

Case Studies - Photographic
documentation and written de-
scriptions of clinical cases will be
submitted online in a standard
pre-formatted template file for
assessment purposes. The images
will include before, after and sig-
nificant steps in the treatment.
Detailed guidelines for case pres-
entation and photography will be
provided. Each case is examined
anonymously by a minimum of
2 instructors (and a third, in case
of disagreement), marked and re-
turned to the participant with an
evaluation and comments.

Readings - Each article is as-
signed a one-credit value (equiv-
alent to one-three hours).

Tutor Sessions - The MSc
programme will provide both
regularly and irregularly sched-
uled online chat forums led by
members of the faculty. These
will be at the time convenience
of the tutor and will be recorded
and may be viewed by candi-
dates anytime thereafter.

Research Project/Disserta-
tion - A member of the faculty
will be assigned to the candidate
depending on the selected dis-
sertation topic area. This mentor
will be responsible for guiding the
candidate through the thesis
development, writing, and pres-
entation process.

Residential Courses/Hands-
on Lectures - The MSc offers
e more than just a modern learn-
ing experience. Students will be
able to communicate with a di-
verse multi-ethnic global com-

in Restorative & Aesthetic Den-
tistry, contact the Education Pro-
gram Manager Nola Mather on
020 7400 8989 or e-mail info@
smile-on.com.

The MSc in Restorative &
Aesthetic Dentistry is a gold-
en opportunity to experience the
challenge of a high-quality course, using

The majority of the learning
resources will be online. The
programme will combine we-
binars, hands-on sessions and
e-learning modules to create an
integrated learning programme,
using the best of new media and
technology. Students can interact
with these components through
the secure online Education
Support Platform (ESP) system,
which will guide you towards your
goals through a detailed ac-
tivity timeline. The ESP provides
the following:

- Student profile
- Learning plan
- Personal development plan
- E-learning modules
- Webinars
- Case study & photo uploading
- Dental literature
- Messaging system
- Multiple choice questions
- Tutor assessment
- Progress tracker
- Resources

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challenge of a high-quality course, using 21st-century tech-
nology to make the journey more
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Whitening - webinar-style

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**Fresh Air & Electric Versions**

Dental Tribune recalls the recent webinar presented by Dr Trevor Bigg

It was virtual standing room only at the recent Trevor Bigg's webinar on tooth whitening. Organised by Smile-on and Dentsply, the webinar attracted a capacity crowd, with a waiting list of people hoping to catch this first class seminar delivered live and interactive over the internet.

This was my first webinar experience and I was privileged to be on location with Trevor and the broadcast team to see first-hand how much work goes in to making this type of seminar work to such a high standard. The international feel of the delegates was what struck me first; the audience was a truly global one with delegates logging on from New Zealand, the United States, India and United Arab Emirates to name but a few of the far-flung locations. Naturally the UK contingent was well supported, with many delegates logging in early to chat to old colleagues and student friends.

Simply put, a webinar is a type of web conference with a difference, as it is live and interactive. As with ordinary seminars, the direction of the presentation is primarily led by the presenter/speaker however, audience participation is integral and indeed necessary for a more useful and interesting experience. Trevor used this interactivity to great effect, seamlessly answering delegates questions, which were presented in a chat room style, whilst delivering the presentation.

Trevor discussed the use of whitening in practice and gave the delegates practical hints and tips on a variety of topics, including how to assess patients and avoid problems. He also touched on the latest position from the General Dental Council with regards to the legality of tooth whitening procedures.

The clever use of pre-recorded video enhanced his presentation, as it allowed Trevor to demonstrate his points accurately and clearly without being distracted by actually having to perform the procedure at the same time.

One of the real benefits to this type of seminar is the ability to review it whenever you wish. If you’ve missed something, you can go back to it at a later date - there are no missed points whilst trying to feverishly write down everything on the slides.

This webinar was the second in a five-webinar series; this can form a fantastic reference for clinicians about a wide variety of dental issues:

17/09/09 – Impression Taking for Dentures with Justin Stewart
15/10/2009 – Whitening with Trevor Bigg
24/11/09 – Endodontics with Julian Webber
5/11/09 – Preventing Periodontal Disease with Baldeep Chana and Sarah Murray
01/12/09 – Advanced Endodontics with Julian Webber

For more information about future webinars contact Smile-on 020 7400 8889 or go to www.dentalswebinars.co.uk.
Clinical governance: A worthless exercise or not?

Practice manager Jane Armitage looks at the need for Clinical Governance in the dental practice and answers the important question: ‘is it all worth it?’

Clinical Governance was introduced in 1998 to improve the quality of care provided. The introduction of regular audits added to the quality by showing if your standards had slipped, maintained or improved in the practice.

The system was built on a framework with regular checks to ensure continuous improvement.

But has it worked? Personally, it has been one of the best devised frameworks I have had to work with in almost 40 years in the profession. It is a reflective learning process.

Everyone would like to think that the systems they have in place are the best, however are they ever checked, and are the systems audited? In my opinion, I work to the standard that all practice policies and procedures are in place and are regularly reviewed, I maintain separate folders for Clinical Governance, BDA Good Practice, Health & Safety, Vocational Train- ers etc, and ensuring that if a policy is changed I will change it in all the relevant folders.

I like to manage my organisational workload to a standard that allows me the assurance that should I receive contact from a particular source my paperwork is up to date; and I would feel confident to be ready for inspection as and when. We all work differently, so I realise that for some practices this could appear to be a time consuming exercise, however in most circumstances the relevant paperwork will be in the practice - it probably just requires organisation.

Auditing Referrals
This is the one area that I have found Clinical Governance useful. Ask yourself what system you have in place to audit referrals. Only last week did we have a problem with a child’s referral that had slipped through the net. The letter had been sent by ourselves, but not received by the orthodontist.

It is our policy that every three months a member of staff will spend time contacting the relevant referral centre and ask for up to date information of patients we have referred in the last three months. In the referral book we will log the response, ie on waiting list, Non-attendee, Letter not received. Obviously, in the instance I referred to earlier, this contact flagged up that although we had a copy of our referral letter, the orthodontist had never received it.

This has its advantages as it is one way we can keep track of patient referrals and minimise patients’ complaints. There is nothing worse for a patient than thinking they are in the system for treatment and then finding out they’re not!

Appraisals/CPD Logs
We carry appraisals out annually (or more frequently should it be a new member of staff). The outcome of appraisals can have an effect on your business, so this system is another important tool. A Professional Development Plan for each member of the team should summarise the appraisal.

This year, when I distributed the appraisal forms to staff, I also requested that a copy of non-verifiable and verifiable CPD would need to be brought to the appraisal interview.

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Acid Erosion.
A way forward.
An example of the appraisal system working for both the team member and the practice includes:

One of our nursing team is excellent with communication. As she is a long serving member of the team, the patients know her and feel comfortable with her. This had been highlighted in the appraisal process, so we agreed a training plan and the role of Care Nurse Co-ordinator developed within the practice, with her becoming one of the first qualified Co-ordinators in the country. Since we have used the services of this role, private revenue has vastly increased. For me this is a win-win situation - patients are happy as they feel comfortable asking questions, the member of staff has used her qualities and increased her knowledge and as a practice manager I am happy as the turnover has increased.

I aim to carry our appraisals around the same time that contracts are reviewed. This kills two birds with one stone, ensuring that both the appraisal scheme and contracts are reviewed annually.

CPD Logs
For the first time this year at the appraisal I have given each registered member a booklet containing templates for recording non-verifiable and verifiable CPD, plus ensured they received a copy of CPD verifiable questions that they can work towards.

Staff CPD is of course mandatory for all registered dental nurses. So how do you ensure staff have done the required hours? Firstly it’s not my responsibility but I would argue that, as a principal you should be doing the work you trained for without having to think about CPD for others.

There are several companies offering CPD for dental nurses in various mediums, from an A4 folder to high-tech online and distance learning via CD-Rom. I have chosen to purchase CPD that covers all members of staff. On arrival of the manual, I photocopy it and each member is given a copy. On completion of the company validates their answers and issues a certificate. On arrival of the certificate I request a copy to keep in their personal file. Non-verifiable documented hours are also stored.

Evidence of GDC registration plus dates of Hep B Booster is also recorded as a template which I use alongside my Clinical Governance checks.

Summary
Every successful business aims to provide consistent quality for its customers. Gone are the days of purely relying on your systems to work and not fix things until they are broke. Patients’ expectations have increased and the only way for any practitioner to go is to keep one step ahead.

So, does Clinical Governance work? Yes I think so, providing it’s done and reviewed regularly.

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Jane Armitage is practice manager at Thompson & Thomas dental practice in Sheffield. With almost 40 years in the profession, Jane holds the Certificate plus two Diplomas in Higher Dental Practice Management Practice. She is a four-time winner of Practice Manager of the Year at the Dental Awards, a BDA Good Practice Assessor as well as a BDA Regional Consultant. This month Jane will receive the BDA Certificate of Merit for services to the profession at the BDA Honours & Awards.

Jane now offers a practice consultancy service to other practices, focusing on either individual or team needs. She also offers support for the organisation of policies and procedures. Telephone 01142 531351 for details.

About the authors
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10 top tips on clinical digital photography

Drs David Bloom and Jay Padayachy offers tips on improving your knowledge of digital photography and how it is beneficial to both practice and patients

1 Invest in a digital SLR camera rather than a prosumer or point and shoot. Whilst the latter are fine for full face pictures and possibly natural smile views, they do not have the depth of field for close-up photography. The image sensor should be a minimum of six megapixels to ensure good quality images with no pixilation, even when they are blown up to the size of a 17” computer monitor. For dental photography, the best two cameras are currently made by Nikon and Canon as they have sensors which best reflect the type of images we need to demonstrate our work (see www.bacd.com for current recommendations). The newer models are also able to take the views in a raw and jpeg format, which is important if you are considering embarking on the BACD accreditation journey, whereas with older cameras you will need to take the picture in raw and convert to jpeg. (Fig 1)

2 Use a dedicated macro lens for the reason described. Use a 105mm macro lens and not a 60mm one as again the required depth of field will not be achieved. Depth of field ensures that the entire image is in focus. So, when taking a 2:1 retracted view, it is equally important to have the incisors as well as the pre-molar teeth in focus. (Fig 1)

3 Use a separate dedicated flash source, ie such as a ring flash or hot shoes (twin light source). A ring flash is suitable for most dental uses, however laboratories may find that hot shoes provide the best images of lab work outside the mouth to avoid the casting of shadows.

Ideally, the lens and ring flash should be manufactured by the same company ie if using a Canon ring flash. (Fig 1)

4 Cheek retractors are essential for all intra oral shots including occlusal views. Whilst one-piece ones are available, we prefer individual ‘C’ shaped retractors and not ‘fish eye’ shaped ones. (Fig 2)

5 Use high quality mirrors for occlusal or buccal views. These must be treated with care as they scratch very easily. To prevent fogging you can hold it over a bowl of steam before use, or puff air from the 3 in 1 syringe
to delay the mirror whilst it is in the patient’s mouth. (Figs 5 & 6)

6 A contrast will win every time with respect to the lighting effects, especially in a close-up shot. These again are prone to scratching and are not inexpensive. An alternative can be made cheaply by cutting out black card from stationery suppliers into the correct shape - then they have the advantage of being disposable. For something more robust, shaped hard black plastic can be used. (Figs 5 & 6)

7 Consistency of the views (how the picture is framed) is important if showing before and after images so that like for like can be compared. The 12 RADC accreditation shots (some examples shown in Figs 7 and 8) are a good starting point and we take 2 to 3 of each for all new patients as a matter of course. They also provide an invaluable medico-legal record of the patient’s mouth when they first attended. Other views would of course be taken for orthodontic purposes, to highlight dental techniques or for laboratory communication (Fig 9) or for medico-legal records if an emergency arises. (Fig 10)

8 Attend a hands-on photography course to hone your skills and make digital photography an effortless task. There is a steep learning curve but once mastered, the 14 standard views we take can be done in as little as three minutes.

(co-excerpted text)

CO-OP.R8 SEMINARS PRESENTS

HANDS-ON CLINICAL PHOTOGRAPHY

Speaker: Peter Gordon
LDTRCS; MFDSRCP (UK), Joint Author of Dental Photography and Honorary Clinical Teacher UCL Eastman Dental Hospital in conjunction with Dr David Bloom BDS and Dr Jay Padayachy BDS

Saturday December 12th 2009

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About the authors

David Bloom is a graduate of the University of the West of England Dental School, and has been a principal at Senova Dental Studios since 1990. He’s a full member of the RADC and is on the board of directors. He is also a clinical director for Co-op Seminars.

Jay Padayachy is a graduate of the University of the West of England Dental School, and has been a principal at Senova Dental Studios since 1998. He’s a full member of the RADC and is on the board of directors. He is also a clinical director for Co-op Seminars.
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One unwelcome side effect of having a DCP Register (or, a list of the names and addresses of around 60,000 people who have a CPD commitment to fulfil) is that companies with something to sell can buy it and bombard registrants with junk mail. And do they ever!

Companies offering CPD have caught on to this cheap and cheerful means of pestering dental nurses in particular; leading many of them – already panic stricken at the thought of CPD, deadlines, cost, etc. – to fork out large sums of money they can ill afford, often for very little in return.

More disturbing trend is the number of dental organisations who – until recently – considered “the girls” interchangeable, replaceable and of no importance whatsoever; but who (now there is money to be made from dental nurses) are falling over themselves to open their membership to dentistry’s latest cash cow.

Fighting for recognition

As someone who has spent the best part of the last 20 years fighting for recognition for dental nurses – and being opposed, blocked at every turn or just plain ignored by these same associations who now want to let dental nurses in through their hallowed doors so they can take their money, whilst at the same time continuing to deny dental nurses’ right to decent salaries, proper working conditions, funding for CPD etc – just the thought that some dental nurses will be taken in by these wolves in sheep’s clothing makes me angry.

But some will. And there will always be some dental nurses who think that joining an association run by dentists instead of by dental nurses makes them more ‘important’. All those dental nurses who say things like: “Of course, I’m not just a dental nurse any more – I’m a…” and don’t join BADN because ‘it’s just for dental nurses’ will rush to be parted from their money by the men in suits. And more fool them.

All I can say is – just because an association starts using the word ‘dental’ instead of ‘dentist’, or ‘professional’ instead of ‘practitioner’ doesn’t make them supportive of, or even interested in, dental nurses. They might take your money – they need it to prop up their ailing white elephants in Mayfair – but when it comes to the crunch, will they stand up and fight for you?

There is only one professional association in the UK, which is run by, and on behalf of dental nurses – its whole reason for existence is to fight for, support and promote dental nursing and dental nurses – and that includes those now working as practice managers, receptionists, tutors, managers... whatever. The membership package includes a professional journal, indemnity cover, verifiable CPD, legal advice – so you don’t have to pay out more money for any of those things – as well as advice, support, information and a wide range of discounts and other benefits. Don’t be fooled by cheap imitations.

To join BADN, phone 01253 338360, email join@badn.org.uk, visit www.badn.org.uk or stand L21 at Showcase.

There is only one professional association in the UK, which is run by, for and on behalf of dental nurses. Its been doing that for 70 years – its whole reason for existence is to fight for, support and promote dental nursing and dental nurses – and that includes those now working as practice managers, receptionists, tutors, managers... whatever. The membership package includes a professional journal, indemnity cover, verifiable CPD, legal advice – so you don’t have to pay out more money for any of those things – as well as advice, support, information and a wide range of discounts and other benefits. Don’t be fooled by cheap imitations.

To join BADN, phone 01253 338360, email join@badn.org.uk, visit www.badn.org.uk or stand L21 at Showcase.
Staying public versus going private

Richard Lishman discusses the financial pros and cons of converting to private practice and whether now is a good time to make the change.

The uncertainty caused by the recession has damaged the financial industry across the board as we all know, and dentistry has not escaped the downturn in optimism for the immediate and medium term.

Many practice principals are expressing concern about their situation, and over the last few months at money4dentists we have become used to questions from clients such as: 'Should I convert to private practice?' or 'Is this a good time to buy (or sell), or is it better to wait until things improve?'

With the dental industry still in the process of adapting to the 'new' NHS contract and other changes on the horizon, not least those driven by the rapid advances in clinical procedures and the application of new technologies, dentists are facing their own, unique challenges as the recession continues.

There are two sides to every argument, and before coming to a decision to transfer to the private sector, the positive and negative aspects of the change must both be weighed in the balance. It should also be remembered that the individual circumstances of each practice, and each principal, will be different, and so the weight attached to the arguments will vary in each case.

Loss of income
The first item in the negative column must be the immediate loss of guaranteed contract income, coupled with the fear of losing patients who may not be sympathetic to the change. There is also the question of whether the local area will support another private practice, and for some there will be apprehension at the idea of becoming totally independent.

For some there will be apprehension at the idea of becoming totally independent
their own resources. Likely to be of less immediate concern, but still important, you will no longer qualify for the NHS pension scheme, maternity pay or death benefits.

On the positive side, making the change gives you complete freedom to control and organise your practice and work load to suit yourself. There will be no more contract deadlines or claw backs, and you will have greater, if not unlimited, earning potential and less external bureaucracy to deal with.

There are various ways to alleviate the downside, well proven by other practices, which have already taken the decision. Most patients will have no wish to leave the practice and their primary concern is usually how they will pay for their future treatment, bearing in mind that the general public suffers from a widespread misconception that private dental fees are beyond the means of those on low or middle incomes. Communication is key, and more of our clients are turning to monthly payment schemes which suit their own circumstances and reflect the in-house savings in administration costs. This does involve the purchase of specialist software, and requires the cooperation of a bank to support the direct debit payments, but experience has shown that this is a practical and profitable way forward for both the practice and the patients.

Another option is to introduce a private charging system similar to that of the NHS with fees initially set at a comparable level. Adjustments can be made later to reflect the higher quality of the treatment you are offering as a private practice and when patient retention is less of an issue.

Get professional advice
Although the decision to convert is down to the individual principal, a comprehensive assessment is vital and this is best provided by professional advice. To ensure a smooth and financially viable transition, your circumstances should be interpreted by an experienced specialist with extensive knowledge of the industry.

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Evident... it’s all about quality
The Lifeline Express is ready to depart

Dentist Neil Sikka embarked on a mercy mission on board the Lifeline Express in India. Here is an account of his travels.

India is a vast and varied country, with a population of a billion, of which 70 million are disabled – more than the population of the U.K. I was looking forward to returning to my homeland and to work alongside those on the Lifeline Express. While the word Delhi may conjure up images of crowding, poverty and sickness, Delhi domestic terminal was like any other European airport – all Jasper Conran designed hotels, five-star cuisine, designer shops and even a place to catch a coffee and a chocolate muffin. It seems – Delhi has changed incredibly since my last visit three years ago.

After an evening of a good meal (where I choked over the wine list as luxury items costs three times as much as London but everyday living is less than one third), I caught the red-eye flight from Delhi to Jabalpur in Madhya Pradesh.

Touching down in Jabalpur was a complete contrast. A solitary, simple, small plain concrete terminus greeted us surrounded by a barren, dusty land.

Jabalpur is just like many other small towns in India. Low rise, an army presence and an air of tolerance from all those who go about their daily routine, especially when it comes to the traffic! Most importantly, it has a railway station!

Lifeline Express

Neelam Kherasagar, general manager of Special Projects for Impact India, met me and took me immediately to the Lifeline Express. The train was parked in the sidings, where a platform had been specially built, and consisted of six or seven brightly painted wagons. There were families milling around, waiting for their turn for treatment, not worried about the baking platform and 45 per cent oven-like heat. A quick tour revealed two operating theatres, three beds in each, with waiting and recovery areas, three large, gleaming, industrial autoclaves, lecture room, stores, office, changing, staff room and finally the dental room, all wonderfully air conditioned!

I was introduced to Zelma Lazarus, the charismatic CEO of Impact India. She explained that the Lifeline Express was here to provide free treatment for all, but it could only be successful with the support and cooperation of the local community. Local hospitals had been contacted many months prior to arrival and teams of local orthopaedic, eye, cleft lip and ENT surgeons agreed to “donate” their time. The local Bilkarni Dental College was also supporting the project. Led by the director Dr Dhiranwani and his team, they would be assisting me for the duration of my visit.

Get things moving!

However, as only certain types of operations could be performed on the train, all patients had to be screened prior to commencement. The orthopaedic team alone saw more than 3,000 patients to find 200 suitable cases! Zelma explained that the only way to really “get things moving” was to go straight to the “District Collector”. He is the area head of local government and in India holds a position of considerable power and influence. He agreed to mobilise his network of officials to ensure that all the town and outlying villages would be aware of the visit. The Collector also wanted to meet “the dentist from London” and so at the duly appointed time he arrived for the inaugural ceremony for the dental suite. He assured me that he was committed to spreading the word and promised me many patients for the next day. To prove his point he brought along the local television station to do an interview with me (which was shown that night).

In the nicest possible way he explained that in India, when a doctor says he starts at 9am he never arrives before 10!

The following morning I was raring to go. I hadn’t been this excited about going to work for years. So at 09.00 hours on the dot I arrived at the platform ready, willing and able, only to find the place virtually deserted. Colonel Vishwes, who runs the The Lifeline Express, invited me into his office for a cup of tea. In the nicest possible way he explained that in India, when a doctor says he starts at 9am he never arrives before 10!

As a result patients never turn up before 10.15.

The team from the dental college arrived at 09.50. I had thought they would send a dental nurse to assist me but to my surprise two dentists, Dr Mangesh Ghate and the newly qualified Dr Pratibha Patel, a hygienist, Amus, and our nurse, Reena, welcomed me. Dr Ghate explained that as it was my first day they wanted to ensure I was fully supported! He proposed that as it was likely to be very busy we should concentrate on those most in need. Dr Patel and he would initially screen the patients and any non-urgent cases would be asked to return at a later date. Anyone else would be given a written prescription for treatment. This was of enormous assistance as my Hindi is terrible and most patients were speaking a local dialect (one of the 1,500 in India).

Patients

True to the Colonel’s word, at 10.15 the first patients arrived and by 11.00 we had a queue of 20 people. We turned the lecture facility into a waiting and post-op room. Extractions and scaling were the order of the day. Many patients had never visited a dentist in their life and most had travelled enormous distances to be treated. By lunchtime I had removed more teeth than I had in the past ten years. I was thankful for

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the pristine ultrasonic scaler, which enabled me to provide some first-time scaling. All those I treated were incredibly grateful and remained stoic despite the considerable pain they had been in (probably for some years).

Some of those I examined had difficulty in opening their mouths and, on further investigation, I noticed clinical changes on the buccal mucosa consistent with chewing tobacco and betel nut. Dr Ghate later confirmed that they see many cases of Submucous Fibrosis at the dental clinic. I remained for the next two days when it was time to hand over to Dr Ghate and his team who would be continuing the service for three weeks.

**Staggering**

By the end of my two days, we had seen and treated 62 patients for dental problems, a number which rose to an impressive 354 at the end of the three-week clinic. The medical teams on the Lifeline Express also treated 405 patients with eye problems, more than 100 for cleft lips, 85 patients with ear problems, and 211 suffers of polio; in total a staggering 1,154 patients were treated.

Impact India’s ultimate aim is to raise awareness in communities to the benefits available to them by encouraging them to demand treatment at local and regional health centres. Most poor Indians are illiterate and unaware of their right to treatment. For instance, in Madhya Pradesh, those below the poverty line are entitled to £500 of treatment a year, paid for by the state. While funds are available to treat those below the poverty, less than 10 per cent of allocated finance reaches those in need.

On my final day I asked Zelman what ultimate dream for the Lifeline Express would be. "Neil, I hope that one day the train becomes defunct. If we can educate and inform people of their rights, treatment will be fully provided locally and our train will be surplus to requirements.”

Here’s hoping...
November Offers

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<tr>
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**BA678L “S” Mini Head**

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<td>BA678WS</td>
<td>W&amp;H fitting with Light</td>
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**BA40LSS Blue Band**

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**BA60LSS Green Band**

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<td>BA60LSS</td>
<td>Green band, speed reducer 6:1, single spray</td>
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Every day, as a dentist, I am confronted with treatment problems and challenges. With time you learn what works and what doesn’t and you start using your experience to solve these problems.

In the last few years, I have started using composite crowns more often as a compromise for when the patient cannot afford porcelain bonded or ceramic crowns or to fix a broken tooth temporarily. Essentially, the results achieved are so pleasing the patient does not return for an alternative crown.

I use this solution predominately in the front, but I have performed the same procedure on a few pre-molars and the results were very satisfactory.

Advantages of the direct-composite crown technique:
- Start to finish by one operator
- Saves time for the patient with a same-day crown
- Less expensive for the patient (you can afford to charge less)
- Less expensive for the dentist (less time and no lab bills involved)
- Easy technique
- Easy to correct if you do not like the shade or the shape.

Disadvantages include:
- Composite is not as hard-wearing as ceramic or metal crowns.
- Can discolour with time (but can be polished to refresh)

In this patient case this lady visited the practice enquiring about the possibility of enhancing the look of her lower teeth that have become discoloured and deteriorated. (Fig 1)

After discussing the options she agreed to have them restored with composite crowns. The patient had a full upper denture.

Choosing the crown form is the tricky part. I tend to give this step most time; because the shape I give this crown form will be the final shape the tooth will have hopefully for many years to come.

I use strip-off crowns from DE Healthcare Products and I shape the crown forms to fit the prepared teeth and use a diamond bur to adjust the crown neck. The tooth is then treated with the etching agent and after drying, the bonding agent is applied — in this case I use Densply Prime and Bond.

I have been using a composite from Coltene called Synergy. Synergy is very easy to work with as it does not stick to the instruments for normal fillings and it has a smooth consistency. It is also easy to polish after curing. I then fill the crown form with composite and place it over the prepared teeth, removing any excess composite with a probe. (See Fig 3.) Finally, I light-cure the composite and remove the crown form.

The patient was very pleased with the results and when reviewed several weeks after the treatment she had no symptoms to report. The composite crown is not to replace lab made crowns, but is an excellent solution when you are looking for quick and affordable treatment.

Dr Jacob Krikor discusses how the use of composite crowns can be a more affordable treatment option for both the patient and the clinician.

Treatment with composite crowns

Dr Jacob Krikor graduated from Dental School (Odontologen) in Gothenburg, Sweden in 1998. After working in general practice for two years, he moved to the UK and now has his own practice in Bexhill on-Sea. He is especially interested in cosmetic dentistry and has been in general practice since graduating. Jacob is also the founder of two websites: www.askyourdentist.com for patient information and www.odonti.com, which was created to make life easier for dental professionals. To contact him, email drjacobkrikor@odonti.com.
Show patients the way to brush

Dental Tribune highlights an innovative motivational device developed by accident!

One of the main problems for dental professionals is instructing their patients in the right oral health routine. It isn’t easy to be sure patients are brushing effectively, and it is hard for patients to know if they are cleaning all the areas of the mouth effectively.

There has been a gap in oral health education aids that can really show the patients what they need to be doing for optimal oral health. Mouth models are good for explanation, but the patient can’t really get a feel for what they are doing in their own mouth. What is really needed is a way to visually represent what patients are doing that can be used as a motivational tool by the dental team and be clear for patients. This is where Oralinsights comes in.

Oralinsights is a portable interactive system that allows a dental professional and patient to view the patient’s tooth brushing in real-time 3D. Consisting of a computer, tracking system, headset, measurement probe and software, Oralinsights has been developed to be a modern and motivating system which really helps to correct and educate patients.

The benefits for patients include:
- An insight into how well they brush their teeth
- Showing exactly where the brush goes and for how long
- Help to change their brushing technique for the better
- Patients are able to make adjustments in technique by watching the screen as they brush in real-time 3D
- Teaches children the best way to brush before they acquire any bad habits
- Children find it easy and enjoyable to learn from the interactive screen and by ‘doing it for themselves’

Benefits for practices include:
- A unique and exciting product that is proven to be popular and effective with both adults and children alike
- An additional benefit to patients with which to successfully market your practice
- An opportunity to improve levels of preventative care
- Fewer problems allows greater time for more patients or

Using the system in practice is extremely easy. The patient wears a lightweight headset. The dental professional then takes a 3D image of the patient’s mouth and saves it to the system. The patient then brushes their teeth as normal, while the system tracks the position and motion of the brushing action to create a mouth map. This map will highlight the areas that have been less well brushed, as well as the length of time in any particular area, and generates a report. Using the interactive on-screen facility, the patient is then shown, while brushing, how to improve their technique and where they need to concentrate their efforts. It has been shown that more than 50 per cent more plaque is removed from normal brushing in problem areas after only one session with Oralinsights. It is very time efficient too, as each session lasts for approximately 10 minutes.

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‘Oralinsights has been developed to be a modern and motivating system’
Product Profile

We have always believed that the digital imaging requirements of dentists vary from practice to practice. So we offer a range of options and systems to meet the needs of every one, be it general or specialist. Be it large, medium or small. Our competitors take a different approach, preferring the single solution route.

Only you can decide who has it right. But a few facts may help you make that decision.

Unlike others, we design, manufacture and develop our software entirely in house. Our painstaking attention to detail is reflected not only in the quality of our products, but in the support, after sales care and training we provide (we even have our own training centre). In short we control every aspect of manufacture and distribution, leaving nothing to chance.

We should also add that, because of the way we work, our prices are also extremely competitive. You will always get a premium product but you will not pay a premium.

So there you have it. If you are thinking of investing in dental imaging equipment do you want choice or no choice?
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Through the Bioglass

_Dental Tribune_ looks at a thoroughly British development making its debut at Showcase...

Dental products are constantly evolving as new technologies make their way to market. More efficacy, cost-effectiveness, biocompatibility and patient comfort are just some of the driving forces behind new product development.

Whilst this type of development often comes from companies, every once in a while something new comes from the research being undertaken within the university system that breaks boundaries. Sylc from OSpray is just such an example.

Sylc is a therapeutic bioglass prophylactic powder which has been developed by a team of biomaterials engineers and dentists from Imperial College London and Kings College (Guy's Hospital) London. Ten years in the making, the technology has its origins in maxillofacial surgery, reconstructing faces after an accident or cancer. Sylc is a 100 per cent calcium phosphosilicate bioglass material – a powdery substance of bioactive materials that as they combine with saliva or water, forms hydroxyapatite crystals (HCA) that become entrapped into the collagen of dentin and biologically bond into the mineral surface to promote regeneration of dentin and damaged tooth surfaces. Sylc has been developed to provide a wide range of clinical benefits including cleansing, polishing, desensitising, brightening, remineralising and anti-microbial properties.

In-vivo and in-vitro published studies demonstrate Sylc is not only clean teeth more efficiently than existing materials, but also rapidly combats sensitivity and promotes remineralisation of tooth surfaces. Patient response is very positive, with much higher levels of comfort being reported.

Richard Whatley, Europe & Asia Business Director for OSpray Ltd, a technology start-up company funded to commercialise the development of the use of air propelled bioglass powders for prophylactic and therapeutic treatment for minimally invasive in dentistry, spoke to _Dental Tribune_ about the product. “Sylc has been 10 years in the making – from the original research and development, through the clinical trials and finally to the first viable product.

“Trials of Sylc were conducted at Guy’s in London and also at the University of Maryland in the United States. All studies showed a significant reduction in sensitivity and a higher level of patient comfort. Feedback from patients meant the appreciation of its neutral, salt-free taste. The spray was meant to be far more direct, so it did not get all over the patient.”

Trials conducted at guys in the University of Maryland in the United States were significant in activity and a high level of comfort. Feedback from patients meant the appreciation of its neutral, salt-free taste. The spray was meant to be far more direct, so it did not get all over the patient.
tient’s face and clothes. Clinicians reported positive feedback too – there was highly significant reduction in sensitivity and rapid stain removal.”

Richard added: “The way it is used is very simple – it is sprayed on using a standard air polisher (no specialist equipment is needed) one centimetre from the tooth surface. The powder can remove stain and discoloration, however it has the added benefit of impregnating the tooth surface to reduce sensitivity. The particles are able to embed themselves into the tooth and block the hot and cold sensations that cause the pain of sensitivity.

“It is biocompatible and is able to form a long-term barrier in just one application. For patients with good oral health Syle just needs to be applied every six months, so it is very convenient to introduce its use into a patient’s routine examination.

“The efficacy and cost-effective benefits are down to the density of the particles – as they are heavier than other prophylaxis powders they are able to produce more energy at the same speed. This is why they are able to remove stains more rapidly whilst not using as much in gram terms.”

Clinicians trialling the product have been really pleased with the results they have been getting with the product. Bash Patel, a dentist with practices in Swiss Cottage and Plumstead, commented: “The new Syle Polishing Powder, which was provided a trial basis for the removal of extrinsic tooth stains and also for desensitising teeth, has been extremely successful.

“Patients find it very beneficial in terms of comfort and effect. The powder has less scatter than some of its competitors and I’m sure other dentists who use it find it has a similar benefit.”

Syle is being launched at this month’s BDTA Dental Showcase at the NEC in Birmingham. The product comes in the form of two 185-gram bottles, with each bottle contains enough Syle for more than 20 full mouth applications. With an RRP of £75 for the two bottles, Syle is expected to be a fantastic revenue generator for practices.

“Clinicians reported positive feedback too – there was highly significant reduction in sensitivity and rapid stain removal.”

Richard commented: “Sensitivity is an increasing problem for patients – at least 20 per cent of the overall population is expected to suffer significant sensitivity. This increases to almost 100 per cent as the population gets older.

“In addition, we are currently undertaking studies to validate the efficacy of Syle in reducing sensitivity pre- and post-bracketing.”

To find out more about Syle and how it can be of benefit to your patients, visit the J&J Dental stand (M10) at Showcase, where you can take advantage of some special show offers for the product. More information can be found on www.ospray.com, or by contacting J&J Dental on 01458 758 908.

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Imagine an incredibly light instrument, refined, at once efficient and rugged. Inspired by the latest technological breakthroughs in the most demanding environments, the Bora L Blackline incorporates a carbon fibre handle. Utilising a natural white light similar to daylight, the L1D has a service life 10 times longer than that of a traditional light bulb. Add to this two Bien-Air monoloc optical glass roots, all users with 15 separable all-navel tips, and you have an instrument designed to give you satisfaction, for a long time.

£2,100.00

Critical price: £2,610.00

Includes 5 Bien-Air Blackline 1 handlers with 15 free all-hole couplings, 1 free long-life pack, harness and focus lenses free included.

valid from October 1st to December 31st 2009

Birmingham NEC = Stand 509

Bien-Air UK Ltd
63 The Street, Capel, Surrey RH3 8NZ
Tel: +44 (0) 1736 711 302 / 617 030 / 617 030
Fax: +44 (0) 1736 711 444
ba.uk@bienair.com www.bienair.com
Buy now to save an extra 2.5%
...and while your at it, get the best in price, product range and service too!

With our huge range of 25,000 products, free next-day delivery, choice of ordering systems, and our continual campaigns to offer Dentists the very best value for money. The Dental Directory has always been the place to order your dental sundries, consumables and equipment.

Our Equipment Department have a skilled team waiting to help you through the minefield of product selection, planning and installation. They can also help to spread the costs with attractive hire purchase agreements that take advantage of the reduced VAT rate, so now really is the time to make that investment in large equipment or a surgery refit.

Dedicated Orthodontic and Oral Hygiene Product Managers are available to offer specialist products and advice that can not only save you money, but also increase your practice revenues. And our nationwide team of Business Consultants are on hand to offer advice and recommendations designed to increase your profits and reduce costs through our unique cost reduction programmes.

So, while all dental dealers can give you the 15% VAT rate until December 31st, don’t you want the best in price, range and service too?

For further information call
0800 585 586

Equipment
Facial Aesthetics
Oral Hygiene
Orthodontics
Handpiece Repairs

Remember, the VAT rate is likely to rise to 17.5% at the end of the year, so beat the increase and buy now to save an extra 2.5%!

Trust…

for Added Value

The Dental Directory, 6 Perry Way, Witham, Essex CM8 3SX. Tel: 01376 391100 Fax: 01376 500581 www.dental-directory.co.uk

* The Government reduced VAT by 2.5% in December 2008. They have committed to return the VAT rate to at least 17.5% from 1st January 2010.
Clinical keyboards, the perfectly smooth keyboard offering a breakthrough in maintenance plans, Micro Minder have now expanded their range with new 21st century dental practices and supporting over 1800 practices with their IT having always supplied the most reliable, valuable and modern hardware for dental practices and other professional workplaces. Micro Minder will be giving away the expanding range of dental electronics, Micro Minder will be giving away the Visit Microminder on stand S03 at BDMA Showcase. Contact - Graham Brown, uk@zhermack.com, UK Tel. 07870 690811.

Visit Microminder on stand S03 at BDMA Showcase. To celebrate 20 years in Dentistry this year and to showcase their new and expanded range of Dental Electronics, Micro Minder will be giving away the perfect keyboard offering a breakthrough in maintenance plans. Micro Minder have now expanded their range with new 21st century dental practices and supporting over 1800 practices with their IT. Dental practices and other professional workplaces. Micro Minder will be giving away the expanding range of dental electronics, Micro Minder will be giving away the Stand F05.

The year at Dental Showcase the Dental Star will be bigger and better than ever! So why not drop in to meet the team over a coffee and enter the Prize Draw and you could be the lucky winner of a 50" Samsung Flat Panel HD TV. The draw will be open until 2pm on Saturday 14th November 2009 when, as keeping with this year’s ‘Treasures of Dentistry’ theme, the winner will be picked at random by Captain Jack Sparrow of the Caribbean fame!

This year they will be displaying their latest ranges of Tofflemire footgear and ClearNite slippers, available only from Dental Sky. To visit the stand to see the vast range of colours, styles and patterns. Also exclusive to Dental Sky are the Medibow, NIL Clinix and Dentin-Worthe brands with several new additions this year including the great value C.M.A. indexed-locator endodontic rotary file system. Working demonstrations will be running through the duration of the exhibition. Reaching for the Sky.

New and Innovative, Invocad Vivident, Stand G11

From the brand new Empress Direct Composite System to market leading IPS e.max System - this year we really have the products and solutions to help in your Practice and Laboratory.

We also will have details of over 15 new product additions, including AdheSE One, Filtek-Shield – designed with simplicity in mind, Glassy... we try to guarantee you will not revert back to using it before! New technology will be on show including developments with our CAD/CAM materials, a new and unique Denture Tooth; Phonares as well as additions to our award winning curing light range, Bluephase. We know how important CPD is, in 2009 Invocad Vivident invested more time than ever before in Courses for Dentists, Hygienists and Technicians... We have further expanded the course calendar for 2010 to include a number of special events, details at the show.

Finally, every hour, Invocad Vivident will give away a prize, from a New Empress Direct Kit to you!...JUST!...Visit the exhibition stand and enter!

British Society of Dental Hygienists & Therapists

BDHT – because sometimes size matters

The British Society of Dental Hygienists and Therapists (BDHT) is the largest UK organisation representing the ambitions and satisfying the professional needs of dental hygienists and therapists. As such no visit to BDMA Showcase is complete without a visit to the BDHT stand.

In 2010, BDHT plays host to the International Symposium of Dental Hygienists in Glasgow. Find out more about the event and how you can take advantage – not least from the opportunity it affords you to network with colleagues from around the world. BDHT members access valuable CPD from a variety of sources including a bi-monthly journal, regional meetings, annual oral health conference and training events. They also benefit from invaluable professional guidance and you can’t visit us at stand L12.

Visit Molar on stand H12 at this year’s BDMA. There’s lots to see and do!

Reaching for the Sky.

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For more information about how the Dental Business could help you, call 0161 298 5995 or email info@theDentistrybusiness.com.
Sident Dental Systems

Looking for Sirona Equipment, visit Stand V13
Visit Sident Dental Systems, the UK’s leading provider of Siemens/Sirona equipment, on Stand V13 for the ultimate Sirona Experience.

Sirona Specialists, Sident Dental Systems offer the choice from the complete range of leading brands for the Dental Practice of today. Visit Stand V13 and see how Digital Imaging, the latest additions to our world-class range, can provide a greater service to patients.

This year, dentists are invited to explore and embrace the art of orthodontics. Whether they choose to treat every malocclusion that an orthodontist might see on any one visit, or Space Closure, Alignment, Finishing and Detailing, Extras) and incorporates the latest orthodontic technology.

The Clearstep System is organised clearly into 5 key elements (Pre-Alignment, Visit Stand T15 and discover what’s new with Clearstep.

Birmingham will learn how they can develop excellence and constantly be striving to bring high quality dental products, Colbine Whaledent is a name the dentists can rely on to provide the best possible care. The Clearstep System is organised clearly into 5 key elements (Pre-Alignment, Visit Stand T15 and discover what’s new with Clearstep.

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Birmingham will once again be buzzing with excitement when thousands of dental professionals descend upon the NEC to see what’s new and happening in the industry. This year is particularly poignant for takers Belmont as they will be using this occasion to celebrate the golden jubilee of their UK business. Moreover, there are some other new developments that the company will be revealing at the Show! Without wanting to give too much away, rest assured that all of these, range from simple one-step solutions to full-blown ideas, will be on display in Concourse Suite 34 three times throughout the day on Friday 13th December and lecture attendance will qualify attendees for one hour of verifiable CPD.

Visitors to this year’s BDTA Dental Showcase at the NEC Birmingham from 12th-14th November will also be able to find out more about two products from GC. Aquafresh Fresh & Mint Extravagant™ is an everyday toothpaste for the whole family, which helps lock out plaque acid and helps in vital minerals, to give teeth the protection they need to last a lifetime.

Increase Your Expectations with Bien-Air

Bien-Air has not left momentum over the past 50 years with its range of high-quality Swiss products.

The implant motor system, Chiro 2, with LED microscope and 20:1 handpiece features integral irrigation and the world’s smallest handpiece head for absolute precision.

New to the range is the Blackline turbine. Thanks to the carbon fibre bearings these incredibly light handpieces offer improved resistance to wear, friction, torsion and impact.

With an easy to use, intuitive display the Optima M 1 INT converts your air-driven system to an upgraded electric operation; allowing for limitless Endodontics to be covered with a standard 1:1 contra-angle handpiece. Most other operation systems use Burs in a contra-angle machine with just two contra-angle (1:1) and (1:5) instead, replacing several conventional instruments saving time and expense.

For a limited period Bien-Air is offering triple or quadpacks during a variety of options. You can now enjoy using superior, Swiss-quality turbines and contra-angle handpieces at even lower prices.

These products are simply an overview of what Bien-Air has to offer. For further information please contact Bien-Air on 01793 770090 or visit www.bienair.com

Kerr’s NSA has been busy developing new and innovative products such as:

- Carisolv now available in the UK - number 1 brand in North America in this category. Fast, easy-to-use, intermediate level disbonding is effective against T, H, N, B, F, H, VR, viruses, bacteria and fungi.

- Kerr-Endo SHP’s new Sympatico HC, a bio-equinvalent composite-vestacan for anterior and posterior use.

- Demi, stand-alone, dental LED curing light, with breakthrough Periodic Level Shifting (PLS) technology delivers a true 5-second cure for universal composite shades A1 and up.

- Take1 Adven Aminosiloxane/AP (APS) combines the optimum physical properties: strength, elasticity, dimensional stability and the ability to drier in detail anywhere in environment.

As we and our patients become even more conscious of prevention, take a look at the Phineas range of barrier products, food-fight disposable tips that provide complete separation of the air and water supply. Porostar for sharpening periodontal instruments and Ceramic prophylaxis paste and Discoluster toothpaste both with Petra technology, amongst other technologically advanced products.

To see how you can benefit from Kerr’s products please telephone 01733 501293 or visit www.kerrdental.com

CEREC AC Bluescan - Seen in a new light

Sirona UK is a specialist division of Sirona Dental Systems GmbH, which for the last 5 years has supplied and supported CEREC 3 CAD/CAM all-ceramic restoration system.

With product simplicity key to the success of any dental practice, Sirona are now proud to launch their new CEREC AC Bluescan imaging unit making the CEREC easier than ever to use for the dentist.

CEREC has significantly improved the quality of treatment for patients as well as enhancing efficiency of the practice - CEREC cut only takes five minutes per tooth and your patients, but also lab bills which can run in to a costly additional £50 per tooth.

In addition to inlays, crowns and veneers, the crown software fully automates the process of making perfectly fitting, highly aesthetic crowns, with excellent compressive and tensile strengths.

Sirona UK’s mission is to deliver satisfaction to the dental team and training in various training methods supported by CEREC Specialists who are dedicated to your success.

For further information please contact Sirona Dental Systems on 0442 571 5040 or e-mail info@uk.sirona.de

Exhibition Stand NO1: Taking Points in Dentistry Regional Lecture to take place at the British Dental Trade Association (BDTA) Dental Showcase.

As part of its national Talking Points in Dentistry programmes, which will celebrate its 25th anniversary in 2010, GlisteningSmiles Consumer Healthcare (GSC) is hosting a special edition Talking from the Front at the British Dental Trade Association (BDTA) Dental Showcase.

The lecture will be delivered by Professor Have Cravar from Peninsular, a modern and progressive dental school, and will focus on dry mouth. It will take place in Concourse Suite 34 three times throughout the day on Friday 13th December and lecture attendance will qualify attendees for one hour of verifiable CPD.

Innovations from Kerr

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- Carisolv now available in the UK - number 1 brand in North America in this category. Fast, easy-to-use, intermediate level disbonding is effective against T, H, N, B, F, H, VR, viruses, bacteria and fungi.

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To see how you can benefit from Kerr’s products please telephone 01733 501293 or visit www.kerrdental.com

Take the Kent Express Price Challenge on Stand P01 at the BDTA Dental Showcase

Kent Express are committed to ensuring that you get the best prices for your purchase at Dental Showcase with the Kent Express Price Challenge - Kent Express will match or beat any advertised price - or you will be sent £100 of M&S vouchers free! However, there are many other reasons to visit Kent Express – you can benefit from great ale offers and promotions on many of their latest dental products, and as you would expect from Kent Express they will have come great great goodie bags available too!

Plus, if you are a member of Partner Points, the Kent Express reward programme you will be given the opportunity to convert your points at the show to Shop to Free!

Showcase is a always a fantastic opportunity for you to kit yourself and your team in the latest Hypos, Uniforms, and the on stand dressing room provide the: convenience for you to try before you buy.

Don’t miss our add Kent Express to your ‘Must Visit List’ – We look forward to seeing you there.

For more information or to register for Partner Points contact Kent Express on 01643 876787 or visit www.kentexpress.co.uk

It’s all about quality...

Our logistics are custom-made by leading supplier Exactcare® and from looking at their superior design and craftsmanship it’s clear to see why Exactcare® is the quality’s in your tips. Exactcare® tips and loquets offer considerable choice and are available in various versions. Exactcare® is also showing Exactcare®’s newly developed short baried 4×2 mm magnification loupe, the lightest and most balanced high magnification loupe on the market today.

Also on show are a selection of Danielle consumables, including binding agents, flowables and impression materials together with an abrasion equipment.

Evident is also launching a brand new Fibre Post System with differing configurations. Very special offers will be available on order placed prior to the show.

Our dedicated and experienced team of consultants, that includes operating practitioners, will be on hand to provide technical information, advice and guidance.

Come and visit us at stand Q02 at 2009’s BDTA Dental Show in Birmingham and see it in all its glory or we are unable to join us feel free to call 0800 2351111 for more information or visit Evident’s website at www.evident.co.uk

Transform your practice into a business at stands R01 and S05

There are many reasons why Softmoc of Excellence’s EXACT® TM is the most practical service management system in the UK, but don’t just take our word for it, come and see for yourself at the year’s BDTA Dental Showcase in Birmingham. And there’s a very special bonus for you, if you upgrade to EXACT® at Showcase you will receive a £2000* voucher to spend with us or Henry Schein Nineve.

This year’s Dental Showcase is the perfect opportunity to see the new and advanced features of one of the most important pieces of technology a dental practice could have; helping you retain your patients and improve practice to patient relationships.

EXACT® is proven to significantly improve the performance and efficiency of all dental practices, helping even the busiest of practices run smoothly. To find out more visit www.Software of Excellence at stands R01, S05 and T04 at the 2009 BDTA Dental Show in Birmingham or call 01908 218 999.

*Based on a minimum spend. Terms and conditions apply. Visit stands R01 / S05 for more details.
Dental Business Solutions
01644 260011
www.dbs.org.uk
info@dbs.org.uk

Smilecare
01484 855 2102
www.smilecare.org.uk
info@smilecare.org.uk

Smilecare offers patient payment plans developed to be a bespoke option for practices wanting to provide a prevention based care plan, crucially branded to practices own brand, repositioning the practice to market 'manage and taking advantage of patient goodwill' that already exists. From the outset it is your own plan, what it offers is entirely determined by you to suit the practice prescribing profile, underpinned by as much support as necessary, through regular training.

Our relationship with Dental Business Solutions, which has over 30 years of experience of advising the dental profession, enables Smilecare to offer a highly professional, financially advantageous solution to your Care Plan requirements.

CEREC – one CAD/CAM in a new light
CEREC is one of the world’s most popular CAD/CAM systems, with over 15 million restorations having been placed through Cerec since its launch. This way to use, precise hi-tech in surgery allows the dentist to discover and produce highly aesthetic, long lasting all-ceramic restorations in their surgery, in one single appointment.

The new CEREC AC acquisition centre makes restorations even more friendly, precise and efficient ensuring CEREC’s seamless integration within your normal workflow.

The advent of CEREC Blavanc sets a new standard in measurement accuracy by capturing press images in highly detailed and digital format using a powerful blue light emitting diode (LED). The resulting optical impression delivers an unprecedented level of precision for either single-tooth or multiple unit restorations.

Henry Schein Minerva is the resourced distributor for CEREC® in the UK, so come and see the system in action at Stands 106 and 708 Dental Showcase 2009. If you would like us in surgery demonstration please contact Henry Schein Minerva on 08430 10 24 41 or visit www.henryschein.co.uk

BOTA – SUPPORTING YOUR AMBITIONS
A challenging economic climate and your new healthcare professional status as a registered dental technician makes it even more vital to learn about new techniques and keep up to date with developments in the dental industry.

BOTA Dental Showcase presents the latest information, education, products and services under one roof, and a visit to DTA's stand will ensure you get the most from your day away from the bench.

Membership of the British Dental Technologies Association gives you access to unlimited support and a free-to-monthly, 38-page Publication containing news and a half-hour of cover Verifiable CDP.

BOTA will be demonstrating the revolutionary Saddle Seat at the DTA Exhibition 2009.

It is a clinical report that an electrophysiological and electrodynamical study by 4th year dental students at Glasgow University confirmed Bambach’s Saddle Seat as product of choice when dentists wish to combat and prevent lower back pain whilst at work.

The paper entitled ‘A study of back pain in dentistry’ revealed that 86% of survey respondents reported back pain at some point in their career thus indicating the severity of the problem. Almost all respondents felt pain on work as a direct cause of this pain and nearly half (a staggering 45%) chose the popular Bambach Saddle Seat as a treatment and prevention measure (see link: http://www.bambach.com/1965/409/)

The Bambach Saddle Seat is a scientifically designed and proven solution, endorsed by the Australian Physiotherapy Association, as it helps the pelvis attain its preferred neutral position.

To find our further information including details of Bambach’s 30-day trial, call 0800 581108 or visit www.bambach.co.uk

Make a Date with Henry Schein Minerva
If you’d like to practice more profitably you should be working with Henry Schein Minerva, who not only provide an extensive range of materials but work in complete partnership with you to develop a more successful practice.

Henry Schein Minerva’s team of experienced consultants can offer advice on every aspect of running a successful practice, recommending and helping you implement solutions that are tailored to suit your individual and practical needs. And, as your practice grows from strength to strength, Henry Schein Minerva will continue to play an important role in your business, supporting you in achieving your personal and practice goals.

2009 BOTA Showcase in Birmingham is the perfect opportunity to meet the team and find out how Henry Schein Minerva can help make your dreams of a successful, profitable practice become a reality.

Visit Henry Schein Minerva at the BOTA Showcase in Birmingham at stands 106 and 708 if you are unable to attend, go to www.henryschein.co.uk or contact Henry Schein Minerva on 08430 10 24 41.
**P&G Professional Oral Health**

P&G will be showcasing their new Professional Only Packs at this year’s BDTA Dental Showcase. P&G know that professional-only products sold in practices are often demonstrated to patients to ensure they’re being used correctly. They also know that this makes it easier for patients to recognize in this they will include a free educational DVD and the whole Oral-B range of seven replacement heads with every Professional Care and Thruput power product sold.

The launch of these packs coincide with some upgrades. At the top is a new Triumph SmartGuide which has been re-branded Triumph 5000 Smartguide. Next is a Professor Care 3000. This model has been re-engineered and has the addition of a large sensor on the rear of the handle that will illuminate if too much pressure is applied. Next is Professor Care 500 which offers more basic functionality.

Oral-B recognizes that different individuals have different needs and preferences, and those are the steps of the range. The addition of Professor Only packs is a further benefit to both patient and practitioner.

**Dealing with the challenge of using Dentsply products…**

Beverley Hills Formula / Purity Laboratories – come and see us at the BDTA Dental Showcase, stand D01. Upgrade to the healthier side of whitening and stop gingivitis before it starts. The best recommendation for bright white teeth is the everyday use of Beverley Hills Formula from Purity laboratories, because the range offers a unique combination of anti-bacterial agents, low abrasives and anti-plaque polishes to protect and whiten teeth and gums to provide innovative, high quality, niche products in the oral hygiene market. Beverley Hills Formula toothpaste proven to effectively remove tooth staining and offers maximum whitening power, whilst maintaining extremely low abrasion (lower than many non-whitening toothpastes). Paraffin, Perhametic, Vitamin E, Flax Oil and Zinc ions research and the gums, white lymphatic and higher fluoride level of 1400 ppm help to strengthen, remineralise and harden tooth enamel for carry protection. The mouth feel that assures white, smooth to touch and remain cleaner. For further information please visit our website: www.bhwhilfomail.com

**TANDEX invites dental professionals to sample ever FLEXI’brush at BDTA 2009**

At this year’s BDTA stand, TANDEX are inviting members of the dental team to sample FLEXI’brush, their leading interdental cleaning brush brand. As the name suggests, FLEXI’ is more flexible, easier to handle, more comformable to the tooth and genuinely more effective than other competitive interdental cleaning products.

Recent neurological research, carried out by TANDEX, has been astonishing, with patients demonstrating that emotion ultimately achieves patient compliance. The more patients preferred the look and feel of the brush - the more likely they are to use it, meaning more effective cleaning taking place over a prolonged period of time.

Furthermore, the same neurological studies have demonstrated that TANDEX triggers a reaction in the Ventral Striatum, part of the Limbic system where the brain region is responsible for building up preference to a brand.

Discover why so many practices are turning to TANDEX by visiting Stand D01 and asking to feel the difference in or by contacting the TANDEX team on info@tandex.dk to find out more about TANDEX www.tandex.dk

**Dental Showcase 2009 is the celebration of 110 years of continuing commitment from DENTSPLY to improving standards in dentistry**

For the first time, DENTSPLY will be holding an exclusive ‘inviting Better Dentistry’ event alongside the showcase where practitioners will hear more about DENTSPLY’s investment into the dental industry and have the chance to mingle with the team over a glass of bubbly. It’s not too late for any registered dental professional to be in with a chance of a big prize! Simply visit www.dentsply.co.uk, complete a brief 5 minute questionnaire, and all online entrants will be automatically entered into the draw and invited to this fabulous event.

Visitors to the DENTSPLY stand F03/F04 can also take advantage of the special BDMA promotions with discounts and savings across a wide range of quality DENTSPLY products.

For more information call DENTSPLY on 01932 837 330.

**V palate E & I-ROD stand no L22**

Any practice planning to upgrade to, or enhance existing digital imaging needs to visit the stand of the World leaders, Satelec & W&G.

The company designs, develops and manufactures all its products and software in house and boasts a range that previously meets the needs of practices large and small.

Delegates will be able to view the complete Palate range at Showcase, from the small and versatile Pal-Fibre through to the state-of-the-art Pal-Rot 3D. All offer exceptional image quality and value for money for the general practitioners through to the referral and Specialist Dental Clinics.

Special offers only at Showcase

When you buy the Pal-Fibre system you will be upgraded FREE to the ‘Intelligent’ with an added Alnico and PC.

There is also a 2 for £1 offer on internal digital radiography

E-WOO Technology UK Ltd, Axiom House, The Centre, Feltham, Middlesex TW13 811 1660 Web www.e-wootech.co.uk Email info@e-wootech.co.uk

**English Rugby Star Will Greenwood Endorses Innovation Product**

Under Armour Performance Mouthguard™ is extremely excited to have England rugby legend, Will Greenwood, appearing at the Dental Showcase stand on the Friday of the 2009 BDTA Dental Showcase.

Capped 5 times and scoring 15 tries for his country, Will Greenwood will have his World Cup Werren Metal, be signing autographs and giving his endorsement to the innovative UA Performance Mouthguard™

Visitors to the stand will have the chance to win a signed England shirt when they enter the prize draw.

Building on centuries of knowledge and 15 years of rigorous research, the UA Performance Mouthguard helps athletes in any sport unlock their full potential.

By preventing or athlete’s teeth from clenching, the custom-fitted mouthguard relieves pressure on the temporomandibular joints, preventing the excessive production of performance-sapping hormones.

Having played in the World Cup winning team of 2003, Will Greenwood is a firm believer in the ability of physical activity for more information on Under Armour Performance Mouthguard™, please visit The Dental Directory Stand or email us at sales@e-wootech.co.uk.
The author of the following article, Dr. Silke Spiller, was born in 1968 and completed her dentistry degree from 1987 to 1993 at the University of Ulm. She subsequently was a scientific assistant at the Department for Conservative Dentistry and Periodontology at the Friedrich Alexander University in Erlangen. After she received her doctorate, Dr. Spiller worked at the Department for Pediatric and Adolescent Dentistry at the Public Dental Clinics in Basel (Switzerland). From 2001-2004, she helped out at various practices as an assistant dentist in the Ulm area before she established her own practice at 89073 Ulm, Schelergasse 6.

Dr. Silke Spiller is a member of the DGZMK (Deutsche Gesellschaft für Zahn-, Mund- und Kieferheilkunde, or the German Society for Dental, Oral and Maxillofacial Surgery), the DGK (Deutsche Grüne Kreuz, or the German Green Cross) and the Kemptner Working Group.

At our practice, we have been testing out the new ESTETICA E70 treatment unit by KaVo since October 2008. During this period, I have found the unit to be highly useful in daily use.

The approach for using the E70 is precisely tailored to the everyday needs of a dental office. Frequently required functions can be reliably and intuitively controlled using direct keys. We found the suspended chair very attractive. It allows you to get much closer to the patient during treatment than conventional units. This approach is much more ergonomic, and it lessens body fatigue during extended treatment sessions.

We have also been using the new KaVo wireless foot control with the E70 and have found it highly useful in daily work. The foot control can be placed anywhere since there are no annoying cables: There is no restriction due to finite cable length, your assistant is never in your way and members of the dental team have no cable over which to trip. It is also useful that you only have to charge it once every three months.

The integrated endodontic function has saved an enormous amount of time and effort. The ergonomics and workflow are significantly better than with stand-alone devices, since these always have to be placed alongside the dental unit, and they are always somewhat difficult to access. In addition, you do not need to switch back and forth between different foot controls, as the two devices are completely and seamlessly integrated.

The ability to integrate multimedia systems is also particularly attractive. The E70 allows you to integrate display systems into your workflow and make them accessible to patients: You can incorporate a video interface for a surgery microscope, intraoral camera, digital x-rays, pictures from a digital camera, etc.

The automated, standardised hygiene functions of the E70 significantly reduce potential sources of errors. A consistently high standard of hygiene can be ensured during a normal working day, in which chair hygiene is frequently the responsibility of different employees. Since the hygiene guidelines for dental practices are becoming increasingly strict, this simplifies the workflow and saves a great deal of time.

The E70 leaves both the dentist and patient with an equally favorable impression. The chair is very stable, even when weight-challenged patients shift their position mid-treatment. The materials from which the treatment centre is manufactured are processed expertly, and the surface quality of the unit is outstanding. Overall, patient feedback has been highly positive.

Dr Silke Spiller gives her feedback about her experience with the ESTETICA E70 treatment unit in practice

Dr Silke Spiller
New thinking in education

Visit the Smile-on stand to discover the latest products designed to make CPD easier in practice

At the 2009 BDTA Dental Showcase exhibition, held this year November 12-14 at the NEC in Birmingham, visit the Smile-on Stand 105 to find out more about the wide variety of healthcare education and practice management programmes the company has to offer every member of the dental team. The team on the stand will be delighted to assist you with any queries you may have and discuss your practice’s individual CPD needs to see how they can help.

At this event, Smile-on is launching four new ground-breaking products to help dental professionals keep up-to-date with the latest thinking and evidence base for high-quality clinical care. These launches include:

1. Join us on the Dental Directory Hospitality Stand P13 on Friday 13th November at 3pm for the launch of DNNet 2, an interactive training programme designed to help training dental nurses studying for the National Certificate or NVQ level 5 in Oral Health Care Dental Nursing and as an update for established nurses. The benefits of DNNet 2 are impressive offering a flexible education update for established nurses and for training nurses, the best curriculum by leading experts with real life scenarios, preparation advice for examination and registration and all the tools to make a fulfilling and successful career in dental nursing as well as over 50 hours of certifiable CPD. DNNet 2 has been developed by the award winning education provider Smile-on Ltd in conjunction with COPDEND and KSS Deanery.

“...will be delighted to assist you with any queries you may have and discuss your practice’s individual CPD needs to see how they can help”

2. Our new online platform for all your CORE CPD requirements. Dental professionals will be able to pay an annual subscription and receive access to all your CPD needs. We’ll alongside other complimentary learning situations such as seminars, webinars or ‘in practice’ training sessions. It has been developed in conjunction with UCL Eastman Dental Institute, KSS Deanery and Smile-on. Smile-on will be giving out free demonstrations of the programme accompanied with a glass of bubbly.

3. The latest release in our Communication in Dentistry Series, Volume 2 – More Stories From the Practice developed in association with Dental Protection Ltd. Find out what antics the Briar Patch Dental Practice have been up to now and how they have overcame their communication issues. Smile-on will be giving out free demonstrations of the programme accompanied with a glass of bubbly.

4. The new online podcasts DCPhites, created in association with the UCL Eastman Dental Institute. DCPh will be able to download affordable CPD to their music players and listen on the go.

Smile-on will be taking people through demonstrations of these exciting new products as well as the existing programmes such as the Msc Restorative & Aesthetic in conjunction with the University of Manchester, Key Skills in Primary Care and Posture.

Book your free demo slot and secure your entry into our free Eurostar draw. Email info@smile-on.com or call 020 7600 8888.

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