**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 Nick 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) were 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 people over 60, though young people are developing it. People who smoke and drink alcohol to excess are 30 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.”

Eurostar Draw

Visit Smile-on at the BDTA Dental Showcase on stand L60. Be the first to preview the latest and best in education for Dental Teams. Send an email to info@smile-on.co.uk to reserve your free demonstration, your glass of fizz 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 Tuesday, 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 7400 8989

**News**

**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 Silesia, Poland.

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: “I started to get, is it, the knowledge 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.”

**Feature**

**Impact India**

Dentist Neil Sikka recounts his experiences on board the Life-line Express

**Vol. 3 No. 27**

**November 9-15 2009**

**The World's Dental Newspaper • United Kingdom Edition**
Introducing a
dental technology
so advanced,
it revolutionises
preventive care.

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

Open Wider!
A bookshop has come up with a novel dental Christmas idea for any- one buying a present for the dentist, dental nurse or dental receptionist in their life.

Open Wide (compiled by John Trevers & Martin Orskew and available from Wychwood Books) is a finely-produced se- ries of 18th and 19th century sa- tirical dentistry illustrations de- picting the history of dentistry in an informative and humor- ous fashion by great Victorian caricaturists such as Thomas Rowlandson, George Cruik- shank 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 an- esthetics. In those days, the blacksmith in many rural commu- nities 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 Pri- mary Care Trust, said: “Pro- fessor 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 appro- priate new contract platforms can maintain the progress we have seen since then.”

Phobics could pose medico-legal risk
The Medical and Dental De- fence Union of Scotland (MDDUS) has warned de- ntsists about the potential risks of phobic patients.

An article in the latest issue of its magazine, Sammors, states that some patients’ fear of visit- ing the dentist is generally re- garded as a trivial problem, with patients who cannot cope with treatment often thinking they are being silly.

However, the piece empha- ses that such apparently in- significant 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 den- tal 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 pa- tients as potentially engendering an increased risk for dentists, following treatment. The organi- sation wants to remind dentists that if this specific group of pa- tients 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 updat- ed 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: “Pho- bic patients may claim that they have not consented to the treat- ment suggested.

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

He added: “As well as com- pleting appropriate training, pra- tices providing conscious se- dation must consider having an automated external defibrillator available for use should the need arise.”

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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 27-58, 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 deaneary.

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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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, customer service has to be first class. We would like to congratulat Denplan for its excellent performance. We hope this initiative will inspire other call centres to improve their levels of customer service to reach the standards set by our Top 50 members.”

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 - 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: “Whilst BADN recognises the importance of protecting children and vulnerable adults, expecting dental nurses to pay yet another registration fee is unreasonable and unrealistic. Denial 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 Richard 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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HIGHEST STAIN REMOVAL - LOWEST ABRASION

✓ Whitening ✓ Fight Cavities
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✓ 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.”

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NHS access awareness

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 7917.

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.”
OH statistics highlight child caries prevention needs

Oral 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 preventative 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 by 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 Cockroft, 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 1.11 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.”

Nigel Carter stressed that the focus of reforms was to move from a system which only rewarded giving necessary treatment but also encouraged disease prevention.

He said: “We published Delivering Better Oral Health in 2007 and have already sent second editions to all dentists in primary care. So this should now be an 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 establish new services under the improving access programme.”

Innovative
He said innovative schemes around the country were distributing fluoride varnish and free fluoride toothpaste for disadvantaged children. The Brushing for Life scheme was expanding and children’s toothpaste was more effective in tooth decay reduction.

Susie Sanderson, chair of the BDA’s 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 average number of decayed, missing and filled teeth is 3.45. That is very disappointing.

“It’s clear that preventative approaches to oral health care, including measures such as water fluoridation and targeted prevention programmes, have the potential to address the inequality these statistics illustrate. It’s important that dentists are supported as they continue to work hard to improve 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.

About 2.3 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 – 50.9 per cent.

In Middlesbrough, more than half of five-year-olds – 55.4 per cent were shown to suffer dental decay in at least one tooth, compared to just one in five – 17.7 per cent – in Eastrippling, Yorkshire.

The survey showed that nearly 50 per cent of Plymouth’s five-year-olds have suffered tooth decay. 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 Plymouth had at least one tooth decayed, missing or filled. However, this is still a slightly lower percentage of five-year-old children with tooth decay than the national average, which is 50.9 per cent. It is also a lot better than the south-west’s worst area, Bristol, which has 58 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 demonstrated relatively low levels of dental 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 disappointing 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 better. Water fluoridation would help. But even though tooth decay 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 through the integration of any of the following measures.

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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/Direct+debit.htm. They can even set up a multiple Direct Debit mandate which enables them to pay the fees of several registrants from one bank or building society account.

Until 31 December, dentists can also join the growing numbers who are choosing to pay by credit or debit card online at the eGDC portal or over the phone. Letters with payment instructions and telephone numbers have been sent out to dentists, although these may be delayed because of the postal strike. More information will also be available on 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.eGDC.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.”

ARF call from GDC

The oral health inequalities Policy is available at: www.bda.org/inequalities.

‘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 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.
All aboard the good ship Learning

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

Postgraduate 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.”

‘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.’
- John F Kennedy
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 premier 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
- Anterior 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
The MSc in Restorative & Aesthetic Dentistry is a golden opportunity to experience the challenge of a high-quality course, using 21st-century technology to make your journey more accessible for clinicians.

The programme will be supplemented by attendance at residential courses to complete the hands-on portion of the course. The residential course content includes:

- Year 1 - Clinical photography; Aesthetic recontouring; Bleaching; Direct completion; Colour & shade; Occlusion; Restorative; Single-appointment; Complex cases; Interdisciplinary treatment
- Year 2 - Tooth loss; Removable replacement; Fixed replacement; Treatment planning; Tooth replacement; Restorative gingival techniques; Treatment planning complex cases; Delivery of complex cases; Interdisciplinary treatment

Online learning
- The majority of the learning resources will be online. The programme will combine webinars, 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 activity 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

The ESP in Restorative & Aesthetic Dentistry is a gold opportunity to experience the challenge of a high-quality course, using 21st-century technology to make the journey more accessible for clinicians. For more information about the MSc in Restorative & Aesthetic Dentistry, contact the Education Program Manager Nola Mather on 020 7400 8989 or e-mail info@smile-on.com.

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Whitening - webinar-style

*Dental Tribune* recalls the recent webinar presented by Dr Trevor Bigg

It was virtual standing room only at the recent Trevor Bigg 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
50/11/09 – Preventing Periodontal Disease with Baldevs Cheana and Sarah Murray
01/12/09 – Advanced Endodontics with Julian Webber

For more information about future webinars contact Smile-on 020 7400 8898 or go to www.dentalwebinars.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 Trainees 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-attender, 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.
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.

About the authors
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 practitioners, whether an individual or team needs. She also offers courses for the organisation of policies and procedures. Telephone 0114 2533110 for details.
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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-type 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 5 in 1 syringe.
6 A contraster won help night light incisal effects, especially in a close up 1:1 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 BACD accreditation shots (some examples shown in Figs 7 and 8) are a good starting point and we take these views together with two further views (lips at rest and retracted 2:1 of teeth in occlusion) for all new patients as a matter of course. They also provide an invaluable medicolegal 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 medicolegal records ie during whitening. (Fig 10)

8 Attend a hands-on photograph course to hone your skills and make digital photog-raphy 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.

9 Extra hard di se space will need to be found. Ensure that this drive is also part of your backup protocol.

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About the authors

David Bloom is a graduate of the Newcastle-upon-Tyne Dental School, and has been a principal at Senova Dental Studios since 1998, developing a large practice with an emphasis on comprehensive restorative and cosmetic dentistry. A past president of the British Academy of Cosmetic Dentistry (2007-2008), he is also an accredited member of the BACD, and a clinical director of Coopr8 Seminars, instructing and lecturing on all aspects of cosmetic dentistry in the UK and the U.S. (www.coopr8.com).

Jay Padayachy is a graduate of the Newcastle-upon-Tyne Dental school, and has been a principal at Senova Dental Studios since 1998. He’s a full member of the BACD and is on the board of directors. He is also a clinical director for Coopr8 Seminars.
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New status equals new target market?

Many dental nurses are spending unnecessarily large amounts of money on CPD. But they needn’t, advises BADN chief executive Pam Swain

There is only one professional association in the U.K. which is run by, for and on behalf of 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.
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Troubleshooting is not a comforting time.
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 Kherisagar, 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 Bhilauri 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).

For more information, contact dentists, makers: Phone: 033 4141 8200 Fax: 96705 929 info & online shop: www.champions-implants.com

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 rating 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 Vishwan, 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 Pratha 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-emergency 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).
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 sufferers 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

BA Ultimate S Turbines

- BA International high speed turbine with a new design, ceramic bearings, triple spray, push button, very light, new type of glass rod for the fibre optic range, thermodisinfected and autoclavable up to 135°C.

**BA670L “S” Standard Head**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>BA670LKS</td>
<td>Kavo fitting with Light</td>
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<td>BA670LSS</td>
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<td>BA670LNS</td>
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<tr>
<td>BA670NS</td>
<td>NSK fitting without Light</td>
<td>£379</td>
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<tr>
<td>BA670WS</td>
<td>W&amp;H fitting with Light</td>
<td>£479</td>
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<tr>
<td>BA670BS</td>
<td>Bien Air fitting with Light</td>
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**BA675L “S” Medium Head**

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<td>£379</td>
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**BA678L “S” Mini Head**

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<td>BA678LWS</td>
<td>W&amp;H fitting with Light</td>
<td>£479</td>
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**BA Ultimate S Contra-Angles**

- BA Ultimate S optic contra-angle, small head, push button, titanium body, cellular fibre optic rod, standard INTRAMatic LUH connection, autoclavable and thermodisinfected.

**BA200LTS Red Band**

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<th>Code</th>
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<td>BA200LTS</td>
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**BA40LSS Blue Band**

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<td>BA40LSS</td>
<td>Blue band, direct ratio 1:1, single spray</td>
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**BA60LSS Green Band**

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<td>BA60LSS</td>
<td>Green band, speed reducer 6:1, single spray</td>
<td>£499</td>
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**Offer 2** Any order over £2,000+VAT qualifies for a pack of FREE NPH Single Use Handpieces worth £299

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*No repair or maintenance costs until 2011*, excludes accidental damage and misuse. Offer valid until 30th November 2009. Offer must be mentioned at the time of ordering.
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 predominantly 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 since she could not afford to have the ceramic crowns. The patient had a full upper denture.

A case study
After applying the local anaesthetic and in this case I decided to apply it locally both buccally and lingually, I prepared the teeth to the desired shape.

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 Coltène called Synergy. Synergy is 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
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.

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.

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
- Show patients the way to brush

_Dental Tribune_ highlights an innovative motivational device developed by accident!

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

_Sirona Dental Systems Ltd_,
7 Devonhurst Place,
Heathfield Terrace,
Chiswick, London W4 4JD
Telephone: 0845 0715040
e-mail: info@sironadental.co.uk
www.sironadental.co.uk

_BDTA Showcase demonstration…_
_Sident Dental Systems _ Stand V13
_Henry Schein Minerva _ Stands 506/508

**Dental Tribune** United Kingdom Edition - November 9-15, 2009

**Product Profile** 27
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? The choice is yours.

For further details, advice on the most suitable solution for your requirements or to arrange a demonstration please contact Southern sales manager: Harry Kim 07854 974931 or e-mail: info@e-wootech.co.uk

How can one size fit all?

The best 2 in 1 solution for Implant Specialists

- PaX-Duo 3D
  - 2 in 1 system: true Panoramic + CBCT (auto switching)
  - Variable FOV incl. 55x, 8.5x, 8.5x.5, 12.8x.5
  - The smallest flexible voxel size (0.08mm - 0.2mm)
  - MAR (Metal Artefact Reduction) Mode
  - Pulsed scan type X-ray giving extremely low dosage

Visit us at the BDTA Dental Showcase Stand L02

Caring Insight

E-VOO Technology

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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 powerhouse 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 trails and finally to the first viable product.

“Trials of Sylc were conducted at Johns Hopkins University in the United States. All studies showed a significant reduction in sensitivity and a higher level of patient comfort. Feedback from patients included the appreciation of its neutral, non-taste. The spray was meant to be far more direct, so it did not get all over the...”
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 discol-ouration, however it has the added benefit of impregnating the tooth surface to reduce sensitivity. The particles are able to embed themselves into the tu-bing 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 pa-tients with good oral health Sylc just needs to be applied every six months, so it is very convenient to introduce its use into a pa-tient's routine examination."

"The efficacy and cost-ef-fective benefits are down to the density of the particles – as they are heavier than other prophylactic 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 prod-uct 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 benefi-cial in terms of comfort and ef-fect. 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."
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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.

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Visit Molar on stand F12 to find out more. All customers spending over £22000 will get a FREE scanner keyboard and those spending over £26000 will get a FREE clinical keyboard – only with orders placed at BDTA Showcase. For more information visit www.microminder.com or call 0845 004 1069.

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The Teflon portfolio of oral hygiene products, now also includes the recently acquired Oraldent brands Gentigel, Citros, Porowave, Spafend and Sawaro all of which will be featured on the stand. Why not come and discover these and our range of sales and educational support materials.

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Dental Showcase Nov 09 - NEC Stand no. G14

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.

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British Society of Dental Hygienists and Therapists
Promoting health, preventing disease, providing skills

BDSHT – BECAUSE SOMETHING SIZES MATTER
The British Society of Dental Hygienists and Therapists (BDSHT) is the largest UK organisation representing the ambitions and satisfying the professional needs of dental hygienists and therapists. As such two visits to BD9 Showcase is completely without parallel.

In 2010, BDSHT 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 superb opportunity it affords you to network with colleagues from around the world.

BDSHT members access valuable CFP from a variety of sources including a bi-monthly journal, regional meetings, annual dental health conference and training events. They also benefit from invaluable professional support and advice. BDSHT are the exclusive UK & Ireland agent for the IOA and you can visit us at stand L12.

For more information visit Stand V14 or contact Ceramic Systems Limited on 01932 582930, e-mail ceramicsystems@btconnect.com or visit www.ceramicsystems.co.uk

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Dental Tribune
United Kingdom Edition
November 9-15, 2009
Industry News

Sident

Sident Dental Systems

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

Siderona Specialists, Sident Dental Systems offer the choice from the complete range of CEREC® Dental Systems and Digital Imaging products – including the very latest Galileo 3D digital cone-beam equipment, their extensive range of Siderona handicap lifts.

When providing potential patient clients is invited to visit The Courtyard, Sident state-of-the-art training and showroom facility in Chertsey, they will be able see the complete product range in action. They will then be able to identify the best solution for their individual needs, allowing Sident Design Specialists to incorporate their desires into the most appropriate and ergonomically efficient Surgery or Practice layout.

Through their partner, Infinity Finance PLC, they can take the headache out of financing new equipment and installations, with finance packages tailored to individual requirements at very competitive rates.

For further information visit Stand V13 or call Siderona Dental Systems on 01932 580000 or email john.jesshop@siderona.co.uk

Quality Endodontic Distributors Ltd

Visit Stand C01 for all the latest endodontic innovations

Quality Endodontic Distributors Limited will be displaying their full complement of endodontic products, and adding some exciting new ones which will enhance their already comprehensive range. Many of these products will be shown for the first time, so make sure that you visit the QED Stand C01.

They will be exhibiting a range of endodontic electric motors and obturation units including the Hot Start® handfile and Tip Down for dura packing cordless obturation devices and the New Style Optima Max. QEDs range of famous oven based instruments will be on display also. These include Dentsply’s, both hand tips and ovens bifilar blades, which can be used from patient to patient.

Finally their very experienced team will be on hand to demonstrate all these products and more, making the ideal time to be well prepared for endodontics.

For further information telephone Quality Endodontic Distributors Ltd on 01733 439999, email sales@qedendom.co.uk, fax 01733 363240 or visit www.qedendom.co.uk or contact your local QED Salesperson.

Seiko

Seiko: Innovative and Inspirational Education Solutions At The Dental Showcase

Recognising the need across the dental industry for education and training solutions that are flexible, involving and inspirational. Seiko is on the course for cutting edge software and training tools. At the 2009 BDTA Dental Showcase delegates are invited to discover the latest approaches at stand U3.

Seiko provides access to everything the dental team needs to meet their industry obligations and advance their skills, whatever level they are at in their career. Solutions include the Dental Photography Course, bringing dental photography training so close to the patient one of the most popular: Clinical Governance: Designed to enable total compliance with Healthcare Industry obligations and advance their skills, whatever level they are at in their career. Solutions include the Dental Photography Course, bringing dental photography training so close to the patient one of the most popular: Clinical Governance: Designed to enable total compliance with Healthcare Industry

The Smile-on team will be ready to advise on all programs including the popular:
- DENTSTRAT and DENTNET it providing vital knowledge for dental nurses, studying for the National Certificate or NVQ level 3 in Oral Health Care and is also used as an update programme for established nurses.
- Clinical Governance: Designed to enable total compliance with Healthcare Commission standards

Discover your inner Orthodontist at the 2009 BDTA Dental Showcase

Delegates visiting Chaytor at BDTA Dental Showcase on the 12th to the 14th of November 2009, NEC Birmingham will learn how they can develop their orthodontic knowledge and experience, enhancing their skill set and improving their service to patients – and creating a new route to financial success.

Visit Stand T15 and discover what’s new with Chaytor.

Stylish Dental Eyewear from Hogan at BDTA 2009

Blackwell Supplies will be exhibiting the new range of stylish eyewear and exclusively developed infection control products at the BDTA Dental Showcase at the NEC Birmingham on the 12th to the 14th November 2009.

At the Blackwell stand delegates will be able to discover the artistic quality and magnification capability of Hogan High Quality Loupes. The unique MagnaArm design reduces the weight of the loupes on the nose by 70% for less neck strain and fatigue. The high quality designs are designed with precision in mind to suit all clinical requirements from general dentistry to endodontics or surgery.

Blackwell are always on hand to explain the efficacy of the exclusively developed Blackwell range of alcohol free disinfectants which offer significant advantages over alcohol based products whilst achieving excellent infection control.

For essential items that no surgery should be without, don’t miss the opportunity to visit Blackwell Supplies friendly team at BDTA 2009.

For more information please call Wright Connor on 0800 86 88 99 or visit www.wrightgroup.co.uk

Kalvo Gendron: Proud to have offered the Professional Dental Excellence for over a Century

One of the many famous names in dentistry, and a byword for excellence throughout the industry. Kalvo celebrates in its 100th Anniversary in 2009. Kalvo, during their first century of manufacturing and service have prided themselves on their consistent commitment to supplying the most advanced, high quality products and services. At Dental Showcase they will again be exhibiting a full range of equipment.

From restorations to long standing products, Kalvo opened its Centenary Year by announcing the introduction of 100 years of Kalvo innovation and quality - 100 reasons for dentists to trust Kalvo in the next 100 years.

To find more visit the Kalvo stand on P8 or contact Kalvo on 01944 732 000, email sales@kalvo.co.uk or visit www.kalvo.co.uk

Eastman to Present Excellent Education Solutions at BDTA 2009

Delegates to the BDTA Dental Showcase (NEC, Birmingham, 12-14th November) can discover educational courses to take their knowledge and career to the next level.

The Eastman stand, R12, is the ideal setting for expert advice on continuing education through well-established and highly regarded courses.

Within the Eastman, the team will be outlining the expertise of the Eastman’s education specialists who inherently understand what they and their colleagues need from their equipment.

Using the Eastman brand, a byword for excellence throughout the industry, for over a century. The Eastman stand, R12, is the ideal setting for expert advice on continuing education through well-established and highly regarded courses.

For further information telephone Quality Endodontic Distributors Ltd on 020 7905 1234 or email academic@eastman.ucl.ac.uk

Kalvo: Celebrating 100 years of innovation and quality

Kalvo is a proud member of the Dental Products Association (DPA) and the UK’s largest Endodontic Association (UKEDA) and their standing has been further enhanced by exhibiting at all major UK Dental Trade Shows and the CADCAM/Materials exhibition at Dental Showcase.

Kalvo is a market leader in terms of quality and innovation and are often the first to bring new technology to the market. Kalvo’s entire range of endodontic products and infection control solutions is designed to suit the needs of the individual practice.

Kalvo’s specialists will also be more than happy to discuss training options, and the wealth of new materials available to support the innovative developments in technology and software, making the year’s Showcase a truly amenable event.

For further information please contact: +44 (0)1733 450 652, email info@nobilbecare.co.uk or visit www.nobilbecare.co.uk
**Exhibition Stand NE3: Talking 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 2016, GlaucusUK/Metabolic Syndrome Healthcare (GDS) is hosting a special edition of Talking Points in Dentistry at the British Dental Trade Association (BDTA) Dental Showcase.

The lecture will be delivered by Professor John Creane from Peninsula, a modern and progressive dental school, and will set focus on dry mouth. It will take place in Concourse Suite 34 three times throughout the day on Friday 10th 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 GDS: Aquafresh Fresh & Berry Enamalux™ is a fluoride toothpaste for the whole family, which helps lock out plaque acid and helps lock in vital minerals, to give teeth the protection they need to last a lifetime.

**Bromel and its Benefits**

Bromel is the Swiss multiplier.

In the past, bromel has been used as an anticoagulant agent, a digestive aid, and an anti-inflammatory agent. It has also been used to treat hypertension, diabetes, and osteoarthritis.

However, the health benefits of bromel are not confined to the above. Bromel has also been shown to have a positive impact on the immune system, which can help to reduce the risk of infections.

Bromel is also a natural anti-inflammatory agent, which may help to reduce the pain associated with arthritis, and it is also thought to have a positive impact on the heart and blood vessels.

Bromel has also been shown to have a positive impact on mental health. It has been found to help reduce stress and anxiety, and to improve mood and mental clarity.

Bromel is also a natural diuretic, which can help to reduce the risk of kidney stones.

Bromel is also a natural bronchodilator, which can help to reduce the risk of asthma.

Bromel is also a natural analgesic, which can help to reduce the pain associated with arthritis.

Bromel is also a natural anti-oxidant, which can help to protect the body against the damaging effects of free radicals.

Bromel is also a natural anti-angiogenic agent, which can help to reduce the risk of cancer.

Bromel is also a natural anti-inflammatory agent, which can help to reduce the risk of inflammation.

Bromel is also a natural anti-oxidant, which can help to protect the body against the damaging effects of free radicals.

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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 go, precise, high-tech in-surgery systems allow the dentist to prepare 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 Blaivas sets a new standard in measurement accuracy by capturing prep 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 Minieta is the recognised distributor for CEREC in the UK, so come and see the system in action at stands 106 and 110 Dental Showcase 2009. If you would like to see in-surgery demonstration please contact Henry Schein Minieta on 08430 12 24 41 or visit www.henryschein.co.uk

Bannock-Saddle Seat Confirmed Product of Choice

Bannock will be demonstrating the revolutionary Saddle Seat at the BDTA Exhibition 2009.

Pre-Approved Finance

With pre-approved finance from Bannock in place you will have more time to locate and order your chosen equipment at Showcase.

You can order your equipment direct from one or several suppliers allowing total flexibility and eradicate Bannock as your method of payment.

Wish to re-tend your BTHC propose to increase the VAT rate from 5th January 2010, adding further to any costs that you may encounter whilst at work

Call us on 01561 821003 where we are available to discuss your finance options, or email info@bannockmedical.co.uk

Alternatively visit us on Stand N11 at Showcase.
Celebrating 110 years of ‘Investing in Better Dentistry’
Don’t miss your chance to win up to £1 million

The theme at this year’s BDTA Dental Showcase 2009 is the celebration of 110 years of ongoing commitment from DENTSPLY to improving standards in dentistry.

For the first time, DENTSPLY will be holding an exclusive ‘Investing in Better Dentistry’ event throughout 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 also online entrants will be automatically entered into the draw and invited to this fabulous event.

Visitors to the DENTSPLY stand will also be invited to take advantage of the special BDSA promotions with discounts and savings across a wide range of quality DENTSPLY products.

For more information call DENTSPLY on 01322 873 330.

For better dentistry
DENTSPLY

English Rugby Star Will Greenwood Endorses
Innovative Product

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

Capped 5 times and scoring 31 tries for his country, Will Greenwood will have his World Cup Winners Medal, 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 articulating teeth from clashing, the custom-fitted mouthguard relieves pressure on the temporomandibular joints, preventing the excessive production of performance-suppressing hormones.

Having played in the World Cup winning team of 2003, Will Greenwood is familiar with having to be at the peak of physical ability.

He will be explaining the benefits of the UA Performance Mouthguard™ to visitors to his stand.

Please visit Stand G04 to see hundreds of actual client samples, speak live to President Karen Galley about your practice issues and goals and see why so many practices are turning to TANDEX by visiting Stand D16.

Innovative Product
TANDEX

TANDEX invites dental professionals to sample best ever ‘FLUXX’ brush at BDTA 2009

At this year’s BDTA stand, TANDEX is inviting members of the dental team to sample FLUXX, their leading interdental cleaning brush brand.

As the name suggests, FLUXX is more flexible: easier to handle, more combustible to the tooth and genuinely more effective than other competitive interdental cleansing products.

Recent neurological research, carried out by TANDEX, has been astonishing, with patients demonstrating that emotion ultimately achieves patient compliance. The more patients perceive 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 Lymbic system where the brain region is responsible for building up preference to a brand.

One of our senior management team will personally handle your sale and see to it that we provide a unique service to clients that sets us apart from our competitors due to:

- The level of service through our continuous involvement from the initial idea to completion.
- Our availability to clients (not just 9 to 5 Monday to Friday).
- The vast experience of our senior management team.
- Our contacts & relationships with other relevant professionals.

Please visit our website: www.bitetech.co.uk
Contact us on: M: 07740 721885; T: 01935 822442
Email us at: info@bitetech.co.uk

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United Kingdom Edition • November 9-15, 2009

36 Industry News
Daily use of the KaVo ESTETICA E70 in the dental practice - case report

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

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 Basle (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.'
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 L05 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 DDNET 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 DDNET 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 verifiable CPD. DDNET 2 has been developed by the award winning education provider Smile-on Ltd in conjunction with CDPEND and KSS Deaneary.

“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”

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. Sit 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 Deaneary and Smile-on. Smile-on will be giving out free demonstrations of the programme accompanied with a glass of bubbly.

5. 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 overcome 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 DCPhiles, created in association with the UCL Eastman Dental Institute. DCPhiles 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 8805.
Poor posture is a major cause of pain and tiredness for many professionals. It needn’t be...
Research has shown that the Bambach Saddle Seat makes a real difference to posture, resulting in more comfort and fewer aches and pains. Try it for yourself. After all, prevention is better than cure.

Look after your body, you’ve nowhere else to live

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Sensodyne Pronamel rehardens enamel
Sensodyne Pronamel helps remineralise and reharden acid-softened enamel, with its optimised fluoride formulation and low abrasivity. Sensodyne Pronamel is also specially formulated for people with sensitive teeth, while offering effective cleaning and breath freshening. Use twice a day, every day.

Now introducing new Sensodyne Pronamel Gentle Whitening toothpaste
A toothpaste that provides the acid erosion benefits of Sensodyne Pronamel, with the added benefit of gently yet effectively removing stains, restoring teeth to their natural whiteness.

So when you identify the signs of acid erosion, you can recommend Sensodyne Pronamel or Sensodyne Pronamel Gentle Whitening.

Acid Erosion.
A way forward.

Visit www.gsk-dentalprofessionals.co.uk


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