Fluoride could cause emergency dentistry

A new study has suggested that infants who are given fluoridated water could be at greater risk of needing emergency dentistry in the future. The research, carried out by Stephen Levy and published in the Journal of the American Dental Association, observed that babies who were fed formula milk had a much greater chance of suffering from dental problems compared to infants who were fed only on cow’s milk or breast milk.

Disposible dental drill hits the clinics

According to reports, US-based manufacturing company Azeric, has started selling its disposable, high-speed, plastic dental drill after landing $961,000 in new investments. According to their reports, the disposable dental drill will “give dentists the option of a single-patient use disposable high-speed handpiece with optimum performance.”

CQC Forum

GDPUK has launched a further new forum for dentists to discuss issues related to the CQC registration and on-going process, on the website http://www.gdpuk.com. The forum has been made possible by the sponsorship of Apolline Ltd, a company specialising in aiding dental practices with CQC registration and on-going compliance. The lead moderator of the new forum is Keith Hayes, well known on GDPUK, who is Clinical Director of Apolline Ltd. Their website is at http://www.apollineuk.com/

News in Brief

No change, no work
People who refuse to look after their teeth by failing to brush properly or limit sugary drinks should be refused expensive dental treatment on the NHS, a government adviser has suggested. Prof Jimmy Steele, Head of School and Professor of Oral Health Services Research at University, said providing expensive treatments when patients will not improve their own dental hygiene are a “waste of personal and public money”. Crowns and root canal work should not be offered to patients who persist with bad habits after they have been warned their dental health is suffering. However, proposals to extend this to all self-inflicted diseases and injuries have not gained universal support and Prof Steele is working on a review of the dentistry contract.

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Action on mouth cancer

Following the success of last year’s campaign, Mouth Cancer Action Month officially began 1st November at the Houses of Parliament. Organised by the British Dental Health Foundation (BDHF) in association with partners such as Denplan and Smile-on, the event was a great success, with many areas of the profession and trade present to help generate awareness of the disease.

Dr Nigel Carter, Chief Executive of the BDHF, opened the event. He stressed the importance of early detection and warning signs. Dr Carter spoke largely of the success of last year’s campaign and his hopes for this year’s Action Month.

Following him, BDHF president Daniel Davis welcomed the assembled guests and gave context as to why the campaign is so important, with one person every five hours dying in the UK from the condition. Subject matter experts were led by Prof Crispian Scully and the initiative was spearheaded by Prof Stephen Lambert-Humbie. Other speakers at the event included Denplan’s Henry Glover and Smile-on’s Noam Tamir. Noam officially launched a new educational resource, Oral Cancer: Prevention, Examination, Referral, which has been developed by Smile-on in conjunction with K&S Deane, BDHF and Dental Protection as well as Deputy GDO Sue Gregory.

Noam said: “If we save the life of only two people per year in the UK we would feel that all this effort was worth our while. I do believe that we can save the lives of thousands of people”.

Finally, Dr David Conway took centre stage to conclude the formal part of the event with the results of some significant research carried out by Glasgow University. The research findings were very sobering and struck a chord with everyone in the room. Covering the study of class, gender, diet and education, Dr Conway covered a range of mouth cancer risk factors and his ending quote from George Orwell’s The Road to Wigan Pier on inequality encapsulated his research.

The reason behind the campaign is a simple one: early detection saves lives. It is hoped that throughout the month dentists practices across the country will provide free screenings for patients and teach their staff to recognise the warning signs. Dentists play a vital role in detecting mouth cancer in patients, and although the thought of referring a patient who has a consistent ulcer or red patches to hospital may spark fear, it’s better to be safe than sorry.

“Mouth cancer is easier to treat if caught early on, and survival rates also improve massively with early detection. Health professionals can play a key part in this, by educating their patients and performing regular oral examinations.” Dr Nigel Carter said.

The call to action reflects the importance of early detection. 9 in 10 people survive mouth cancers caught early on, however, the five year survival rate remains as low as 50 per cent.

The campaign will focus on raising awareness of mouth cancer among the public, and will point out the significance of self-examination. Educating people on the early warning signs of the disease, the common risk factors, self-examination, and the importance of regular screenings, will save lives.

You and your practice can take part in Mouth Cancer Action Month: with the Blue Ribbon Badge Appeal, posters, fundraising, and press releases throughout the month, raising awareness couldn’t be easier. See the full story on pages 10 – 11 for more information.

Dr Nigel Carter of the BDHF
Editorial comment

The issue of mouth cancer is dominating the dental press, with November being Mouth Cancer Action Month and the high-profile launch taking place at the Houses of Parliament, bringing together all facets of the profession, trade, academia, politics and press in the common cause of raising awareness of the condition.

It's not just the fact that it is a form of cancer – mouth cancer seems to rip at the very heart of being human. Victims look so different not only because of the treatment required but areas of the face often need to be cut away; necessary functions such as swallowing and eating become a nightmare as salivary glands are destroyed through radiotherapy; and the fear that comes with the high mortality rate of oral cancer due to it often being discovered too late take a terrible toll on sufferers and their families.

If every dental practice engaged in screening their patients and saved the life of just one per practice through early detection or reduced a person's chances of developing the disease through patient awareness, wouldn't it be worth the time?

Send me your stories of getting involved in the campaign - lisa@dentaltribuneuk.com.

Tunnel Dentition

The news of the trapped Chilean miners' gripped the hearts of nations across the world as thousands followed their ordeal; however, since their rescue, their problems aren't quite over.

Many of the rescued Chilean miners are now suffering from gum disease due to a lack of toothbrushes. All 33 miners had been unable to brush their teeth until rescuers were able to get much needed supplies down into the mine.

During the first 17 days underground none of the 33 trapped miners were able to brush their teeth and the absence of toothbrushes resulted in gum disease for a number of the men.

“The world has been transfixed by the plight of the 33 Chilean miners trapped nearly half a mile underground since August 5th and it was heartening to witness their rescue,” a spokesperson for oral healthcare products Eludril and Elgydium told reporters.

“It is anticipated that all 33 will make a full recovery but living in a tunnel for nearly 10 weeks has obviously taken its toll on their physical and mental health. One of the many health problems they now face is that of gum disease.

Since the men were rescued, one of the first priorities has been full dental check-ups, including the removal of plaque to help restore the health of their gums.

The issue of gum disease that the miners now face will undoubtedly remind the public how quickly gum disease can develop when you don’t brush your teeth. Hopefully their story will demonstrate the importance of proper dental healthcare and the benefits of regularly brushing your teeth.
Help the homeless this Christmas

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To build on the success of 2009, when more than 260 patients received dental treatment, Crisis is looking for qualified dentists, dental nurses and hygienists to help run the Dental Service at Crisis at Christmas this year. Shifts run from 9am to 5.30pm from Friday 24th December through to Wednesday 29th December with a minimum of two shifts.

Mary first volunteered with

health checks, housing advice, training and further education opportunities.

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her husband Alan in 2008 and the experience had a profound effect on them both. She said; “volunteering for the dental service has been a great privilege, being probably the most professionally and emotionally rewarding experience of my entire year. Suddenly being released from the normal box of the dental surgery, the opportunity of being able to help people, knowing that we are offering a vital service to people who can find access to dentistry difficult, is immensely rewarding, emotionally if not financially. Losing the normal time constraints of the practice of dentistry allows the opportunity to chat to the guests and other volunteers, a truly rich experience.”

Celebrity smiles not always perfect

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nering with the Department of

political interests of the society,

which represents the

Committee, which represents the

most recently he

done for the society over the

past ten years. Most recently he

took on the role of Chairman for

the orthodontic practice committee, which represents the political interests of the society, liaising with the Department of

the normal time constraints of

my entire year. Suddenly being

released from the normal box of

the dental surgery, the opportu-
nity to improve the aesthetic look

of patient’s teeth, making them

whiter and straighter, however,

recently these ideals have some-

what changed.

With regards to the ideal look, in the past having a large gap between your front teeth was seen as an unattractive trait; however models, such as Jess Hart, Lara Stone and Georgia Jagger, who have a natural gap in their teeth, have turned their natural gap into the “must have” look.

Because of this sudden craze, cosmetic dental procedures such as fillings and model
craze, cosmetic dental proce-
cedures such as fillings and mod-
els are having brackets inserted
between their front teeth to wid-
en the gap. Dentists in America have even reported that veneers with slight staining, grooves and overlaps are also growing in popularity.

However, the gap between their teeth may not be seen as such a bless-
ning and many result in opting for treatment to correct their gap. The sort after look is now the “character face”, and having a gap between your teeth is said to be the must-have orthodontic trait du jour.

Celebrities such as Kanye West have also made fashion statements with regards to their teeth. Recently, reports detailed that Kanye asked his dentist to pull his bottom row of teeth out and replace them with diamond ones.

According to reports, Kan-
ny’s latest accessory will send out the message that it is ok to replace your natural teeth with implants. In fact, den-
ts are continually trying to encourage people to maintain good oral health and keep hold of their natural teeth.

Over the years, preserving the patients’ natural teeth has become a message that is wide-
ly stressed by many dentists and cosmetic dentists alike, with the notion of pulling a tooth com-
pletely out being the absolute final option.

Dr Richard Jones receives the President’s Cup

O

and Primary Care Trusts on orthodontic issues. Dr Jones also played a pivotal role in repre-
senting the BOS in negotia-
tions regarding the national NHS contract in orthodontics.

It is for these reasons that Dr Jones also picked up the President’s Cup, which is presented annually to an individ-
ual selected by the president of

the BOS for outstanding service.

Mrs Zoë Tickner, practice manager at Total Orthodontics, was delighted to learn that he had picked up not one but two awards at the four-day conference which was held at The Brighton Centre.

The Special Service Award was presented to Dr Noam Tamir by the British Orthodontic Society in recognition of the work he has done for the society over the past six years. Most recently he took on the role of Chairman for the Orthodontic Practice Committee, which represents the political interests of the society, liaising with the Department of

contamination Guidance in Ortho-
dontic Practice”, where she outlined the required standards in decontamination for orthodontic practices and how to achieve best practice.

Zoe’s prize, which included a cheque for £500, was presented to her by Des Creighton, the UK Sales and Marketing Manager for 3M Unitek.

De Richard Jones receives the President’s Cup

Smiles all round at the BOC

Orthodontist Dr Richard Jones celebrated a dou-
ble win at the British Or-
thodontic Conference in Bright-

On last month, winning both the

President’s Cup, which is

presented annually to an individ-
ual selected by the president of

the BOS for outstanding service.

Mrs Zoë Tickner, practice
manager at Total Orthodontics,

also had reason to

celebrate after taking first

place in a National Orthodontic

Conference. Dr Jones also picked up the

President’s Cup, which is

sponsored by 3M Unitek, aims to recog-
nise best practice in orthodon-
tic nursing. To reach the final

Zoe’s, who is also the group nurs-
ing manager at Total Orthodontics,

was asked to submit an

outline for a proposed presen-
tation on a topic of her choice. Five finalists were then selected to present at the British Ortho-
dontic Conference.

Zoe’s chosen topic was ‘An
Introduction to HTM 01-05 De-

health checks, housing advice, training and further education opportunities.

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Leslie Murphy, Chief Execu-
tive of Crisis, said; “Crisis
At Christmas would be im-
possible without the time and
dedication shown year in,
year out by our thousands of

volunteers. They provide invaluable companionship and

services to some of society’s most vulnerable people, but also gain much from the experience in return.”

To find out more about vol-
unteeing at Crisis At Christmas email: cvcvolunteering@crisis.
org.uk or apply online: www.
crisis.org.uk/volunteering. If

you do not have internet access
call: 0844 892 8960.
Dentists can avoid complaints escalating through clear communications

The Parliamentary and Health Service Ombudsman’s review of complaint handling by the NHS published this week serves as a reminder for dental practices to pay close attention to their complaints procedures, says Dental Protection. It also highlights the importance of good, clear communications as a means of avoiding complaints escalating, and that local resolution is the best approach.

Hugh Harvie, Head of Dental Services, said, “Patient complaints are a common issue with which we frequently assist members – last year we received more than 4,000 enquiries about complaints handling in general practice.

“Our experience of complaints escalating due to poor communication mirrors the findings in the Ombudsman’s report. We regularly see letters of response from clinicians which are defensive in tone, or simply fail to acknowledge the patient’s concerns. Issues such as poor explanations, incomplete responses, and factual errors are factors that can prompt a patient to take the matter higher, particularly if they feel their complaint is not being taken seriously.

“We also know that an apology is often what the patient is seeking, along with assurance that what they have experienced will not happen to anyone else. This is evident from the Ombudsman’s report, where the leading recommendation was for the patient to receive an apology, followed by action to put things right.”

To coincide with the Ombudsman’s report, Dental Protection has revised its range of advice booklets on handling complaints. Members of the dental team can download an advice booklet specific to the region of the UK in which they practice (England, Wales, Scotland, and Northern Ireland). They are free of charge to members and non-members alike and available here www.tinyurl.com/33eu2do.

Morris and Co expand

Specialist Dental Accountants Morris and Co are on the move. Their Chester home of 25 years has been exchanged for purpose-built offices next to the Cheshire Oaks Designer Outlet Shopping Centre near Ellesmere Port. The move has many advantages for Morris and Co and their clients, with the extra space to cater for the firm’s ongoing expansion.

The Morris and Co dental team consists of 21 people led by Senior Partner Nick Ledingham supported by three colleagues, Bob Cummings, Sara Parrott and Chris Shaw. Between them, they work for many hundreds of dentists throughout the UK.

Nick Ledingham, who is also Chairman of the National Association of Specialist Dental Accountants, said: “Although we do most of our work electronically, we still have to keep meticulous paper records on behalf of our clients. The need for storage space to house our paperwork and reference library combined with the need for space for team members makes the move imperative.”

DENTSPLY ACADEMY WEBINAR PROGRAMME

WEBINAR PROGRAMMES

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

Obliteration of the cleared and shaped root canal system
19:30, 2nd November 2010

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

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

Visit www.dentalwebinars.co.uk to find out more and to book your place.
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Consultation expected to lead to piloting of new dental contracts in 2011

Dentists’ leaders in Northern Ireland have welcomed the launch of the long-awaited consultation on piloting new dental contract arrangements.

The Health and Social Care Board's consultation runs until 51 January, 2011. It is expected to lead to the piloting of general dental services, orthodontic and oral surgery pilots next year with new contracts being developed for 2013 pending successful evaluation.

While pleased that progress is being made, the British Dental Association in Northern Ireland believes that much hard work lies ahead before and during the pilot phase.

Peter Crooks, Chair of the BDA Northern Ireland Dental Practice Committee, said:

“The BDA has long argued that we need new arrangements for dental care in Northern Ireland.

“Practices need a sustainable future as businesses with a working environment for dentists and their teams which deliver the modern, preventive care our patients seek.

“The HSCB’s consultation signals, I hope, progress towards that goal. Continued engagement with BDA Northern Ireland is the key to success. The Government needs to listen to the views of the profession and work with the BDA to ensure the future success of pilots.”

Countdown to new vocational qualifications for the health sector

Skills for Health is urging healthcare employers to be preparing for the introduction of new health and health-related vocational qualifications for the sector from January 2011.

More than 25 new vocational qualifications – including replacement NVQs – will be launched in the New Year on the Qualifications and Credit Framework (QCF), the new framework for all vocational qualifications in England, Wales and Northern Ireland.

With two months to go until the new health vocational qualifications go live, employers are being urged to update their training and development plans, and to explore how the new framework can help them develop a more productive and flexible workforce delivering better patient care.

Skills for Health Director for Qualifications Strategy, Anne Eaton, said: “The QCF and these new vocational qualifications present a genuine opportunity for employers to be smarter and leaner in their training and development activities.

“The flexible unit-based approach of the QCF, employers will be able to get greater impact from limited training budgets, while also designing their workforce training and development activities more closely around patient need.

“It will also benefit staff, who will be able to learn at a pace that suits them and to transfer credit between qualifications to avoid having to repeat their learning.”

Skills for Health has worked with a range of partner organisations during the last year to ‘transition’ existing vocational qualifications to the new framework. The new health and health-related qualifications to be published to the QCF include Awards, Certificates and Diplomas at both Level 2 (equivalent to GCSE at grades A-C or BTEC First Certificate) and Level 3 (equivalent to A Level or BTEC National Certificate/Diploma). Subjects range from Health Informatics to Emergency Care Assistance, Maternity and Paediatric Support and Optical Retail Skills.

The new qualifications are approved by the Qualifications Regulator for use in England, Wales and Northern Ireland and are recognised by regulators and workforce development organisations as the benchmark for the sector.

Within Scotland where the QCF does not apply, qualifications will continue to be regulated by the Scottish Qualifications Authority.

Skills for Health will continue to work with employers and Awarding Organisations to develop new qualifications for the framework in the future.

* Skills for Health is holding workshops in England, Wales and Northern Ireland during November and December to help healthcare employers explore the QCF and new vocational qualifications, and the benefits they offer. For further details, see www.skillsforhealth.org.uk/events

GDC’s new CEO and Registrar takes office

The UK’s dental regulator the General Dental Council (GDC) has today welcomed its new Chief Executive and Registrar Evlynne Gilvarry.

Evlynne is joining the GDC from the General Osteopathic Council (GOsC), the statutory regulator of osteopathy in the UK, where she’d worked as Chief Executive and Registrar since November 2007. Previously she worked in various senior policy and management roles at the Law Society, the regulator and professional body for solicitors in England and Wales. She is a qualified lawyer and mediator.

For media enquiries, please contact Moira Alderson on 020 7009 2756 or email malderson@gdc-uk.org
A profession, not a job

Dental Tribune Speaks to Chief Dental Officer for Wales, Dr Paul Langmaid

At the recent launch of Smile-on’s new office in Cardiff, Wales, I took the opportunity to speak with Dr Paul Langmaid (pictured), Chief Dental Officer for Wales. Dr Langmaid was appointed CDO for Wales in November 1997. He graduated from Cardiff Dental School in 1975 and undertook house officer posts in oral and maxillofacial surgery at Cardiff Royal Infirmary and University of Wales Hospitals, and in paediatric dentistry at Cardiff Dental Hospital, before going into general practice in Cornwall in 1976.

He has worked in the three main components of NHS dentistry (general dental services, community dental services and hospital dental services) and also in Israel and Romania. From 1986 to 1992 Dr Langmaid worked for the Overseas Development Administration as a Technical Co-operation Officer in the British West Indies. In July 2010 Dr Langmaid was awarded a CBE in the Queen’s Birthday Honours List for services to dentistry.

I asked Dr Langmaid about the latest dental health initiatives which have been seeing success and how dentistry has been progressing through the political agenda in Wales. He replied: “Dentistry in Wales is still regulated by legislation for England and Wales unlike Scotland and Northern Ireland, so we are closer to developments which are going on in England. Of course they are accelerating at the moment with all sorts of workstreams in the Department of Health, guided by Dr Barry Cockcroft (CDO England). Other members of my team have been closer to the details of the development there and we’ve also got a political difference now between the government in Wales and the government in England and that’s hard to predict how that will affect what we do. In fact it’s almost impossible to predict because it will be down to Ministers to decide on what they wish to follow from what has been developed in England.

Exciting “Some of the most exciting work we’ve done over the last few years in Wales is a programme for teaching children both in nurseries and school aged pupils up to the age of seven or eight, on how to brush their teeth, using toothbrushes and fluoride toothpaste. Wales is unlikely to have water fluoridation any day soon because it doesn’t have the regulations that England passed in order to permit a public consultation, but our Minister is very supportive of helping children in school settings to look after their teeth and value them. After a trial of ‘Design to Smile’ in Wales (cf ‘Brushing for Life’, in England, Scotland Smiles in Scotland), in some of the worst areas of tooth decay in Wales or in places where children don’t have access to a toothbrush or share one. As a result of these trials, which were evaluated by the Department of Dental Public Health, Cardiff University Dental School, we secured more than £5m to use across Wales in 2009/10 and that’s going to be £3.4m in 2011/12 so everybody will have the opportunity to use fluoride toothpaste and toothbrushes – in junior schools there will be brushing buses there for children to keep their toothbrushes in school and they will get a toothbrush to take home. I went to the launch in Gwent (Newport) on an estate and I had to give a talk to about 100 children between the ages five and eight.

“It was a fantastic experience. It was very impressive and the Community Dental Service (CDS) that delivers this on the ground, right across Wales are our partners, our agents and our friends – we still have a Community Dental Service in Wales and it’s still called that. I think that the CDS is a most important thing and in my view the best thing for dentistry our Minister [Edwina Hart], has supported in the last couple of years.”

Access Dr Langmaid added: “In terms of access, dentistry in Wales is nothing like the problem that it was in England – it never was that bad. When John Redwood was our secretary of state in 1997, he invested £3.5m in dentistry to help fund the schemes we put up were the precursor of the PDS Schemes in England – that was a success story for Wales. I was the Deputy Chief Dental Officer then and it was the Chief Dental Officer David Heap... who was the father, mother and midwife of it all.”

“I’ve been fortunate because I’ve been able to see it grow; see the benefit was that we could use the funds that could be transferred by new arrangements into the CDS so they could employ people to do general dentistry. That still runs but it’s now what you would call a PDS because that’s basically what it is.”

Putting patients first

Looking to the future, Dr Langmaid discussed what he would like to see in dentistry in Wales: “What I champion and what I want to see is that dentists put patients first, that they utilise the funding that is made available for CPD, post graduate courses that meet GDC requirements; that we continue to make these available for all members of the dental team, and that as professionals they see it is important to continually improve your knowledge through attendance at courses, through utilising opportunities with providers of healthcare education – mean that’s a no brainer - and other verifiable and non-verifiable post graduate information. Younger dentists have grown up with access to the internet, online resources and the Minister is still happy to fund post-graduate education which is done in groups – not as a longer – because I think the ability to chat to your colleagues in a safe environment and learn from their mistakes is valuable.

“I still champion a profession that I was very pleased to join in 1975 and I am a strong believer that it is a profession and not a job and the standards that have allowed the public to trust you have to be maintained at all costs; education is a part of that recognition and you have to do the right things even if nobody is looking. You should be self-starting and undertake self-examination, the more modern terms is re-reflection and you should be ‘doing that’.

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- The micro-textured surface ensures a good grip on instruments.
- The gloves contain no Natural Rubber Latex proteins to ensure that no Type I immediate hypersensitivity reactions occur in individuals who are sensitised to Natural Rubber Latex.
Innovation, integration and education at Showcase 2010

This year’s BDTA Dental Showcase proved to be a successful and thoroughly enjoyable event. The exhibition attracted over 13,000 members of the dental team to London’s Excel centre and there were more than 340 stands and there were many opportunities for visitors to obtain valuable CPD hours. The theme for this year’s event was ‘Working in Harmony’ and was symbolised by the impressive sounds of barbershop quartet ‘Rockaholix’ who welcomed visitors into the exhibition hall. The Showcase pavilion was a further demonstration of the Showcase 2010 theme, as dental associations representing all members of the dental team appeared together. This year Showcase brought together a variety of new initiatives; the Live Theatre provided demonstrations of the latest dental technologies and innovations and the Knowledge Hunt saw that almost 500 visitors searching for answers to questions as they walked around the hall, gaining one hour of verifiable CPD in the process.

The BDTA also welcomed a group of MPs from the All Party Parliamentary Group for Dentistry on Thursday morning. Furthermore, feature lectures and seminars covering the core subjects recommended by the GDC were also offered at this year’s Showcase and were extremely popular.

For the first time, Dental Lab Day at Showcase took place and attracted well over 150 technicians/lab owners and trade representatives who had the opportunity to listen to specialist lectures and representatives from the industry. The initiative was a joint collaboration between the DLA, DTA and BDTA.

The BSDHT also held their AGAM and CPD event on the Saturday of Showcase and were delighted with the number of hygienists and therapists in attendance.

Stand award winners announced

The winners for this years Showcase 2010 stand awards took place in collaboration with the UK’s leading exhibition and events magazine Exhibiting. The Editor of Exhibiting magazine judged stands on criteria, which included presentation, professionalism, stand layout and appearance, and judged the staffing and range of products/information on display.

There were three winners in total and each will receive a full page advert in one of the leading dental magazines. The winners and highly commended stands in each category were as follows:

**Large stand category**

The winner of the ‘larger stand category’ was Denplan; those that were highly commended were; Colgate, Molnar, Kuraray, Practice Plan.

**Medium stand**

The winner of the ‘medium stand’ category was Liquid Smile; the highly commended stand was Nichrominox.

**Small stand**

The winner of the ‘small stand’ category was First for Medical Training and those that were highly recommended were Wisdom Toothbrushes and Munroe Sutton.

Choosing a mouthrinse has often meant choosing between effective enamel protection and effective plaque reduction. Until now, New Listerine Total Care Enamel Guard contains 225 ppm fluoride with high uptake and comparable re-hardening in vitro to formulations with twice the fluoride. Add this to its ability to kill bacteria associated with dental caries and reduce plaque by up to 52% more than mechanical methods alone and you can see why you should consider adding it to certain patients’ oral care routines.

**NEW**

**Effective enamel defence. Superior plaque control.* Combined.**

**TOTAL CARE ENAMEL GUARD**

05849

**Unsurpassed Plaque Reduction**

**All-round protection for enamel**

**Listerine Antimicrobial Mouthwash**

Choosing a mouthrinse has often meant choosing between effective enamel protection and effective plaque reduction. Until now, New Listerine Total Care Enamel Guard contains 225 ppm fluoride with high uptake and comparable re-hardening in vitro to formulations with twice the fluoride. Add this to its ability to kill bacteria associated with dental caries and reduce plaque by up to 52% more than mechanical methods alone and you can see why you should consider adding it to certain patients’ oral care routines.

**Superior to other daily-use mouthwashes**

1. Study 103-0193. Data on file 1, McNEIL-PPC, Inc.


GDPUK Roundup
Tony Jacobs discusses this month’s hot topics

GDPUK is busier than ever in the autumn, with over 9,000 different colleagues visiting the site during the month.

Colleagues reading the forum are also looking forward to the upcoming GDPUK Conference in Manchester see www.gdpuk.com/Conference2010. Concerns about the CQC and HTM0105 continue to dominate discussions; these are clearly the topics at the top of the agenda for all dentists.

The Enhanced Criminal Record Bureau check for dentists demanded by the CQC has raised ire amongst forum members, for many reasons. CQC spokes-

ers have always stressed that the role of the registration was to protect the public with regard to the premises – are they safe for the public and are processes and procedures correct? - In other words, regulating the provider. The GDC remains responsible for making sure the public is treated and cared for by suitably qualified professionals, the performed. So why the CQC needs to make all dentists have a further CRB check is questioned. All the forms necessary for this must be taken personally, by every single dentist, together with passport, photos and further proof of identity to a Crown Post Office. There are only 27 of these Post Offices in England, and many dentists will have to spend time travelling and queuing at that office, possibly a full day. For example, for the whole of Yorkshire, about two thousand dentists, there is one such Crown Office, in Leeds. Imagine the queues if all 2,000 visited on one day! As one senior, notable colleague wrote in the forum “what sort of moron sits in this?”

Back to the HTM 0105 document that continues to dog the profession: One concern has been that washer disinfectors, in their final heat cycle, bake proteins onto stainless steel instru-

ments. In letters to colleagues in response to specific enquiries, the

DII are now rebutting this, hav-

ing commissioned research at the University of London. This research will be published in due course. Some GDPUK correspondents still believe that it is best not to buy or use one of those machines, and that it is not need-
ed to reach “essential require-

ments” but required to reach “best practice”.

In the same vein, a dentist wrote (in a dental discussion in another dental publication) that after 55 years in practice the latest wave of regulations, paper-

work and interference were too much, and retirement beckoned - even though the dentist insisted he enjoys his daily work, and finds helping patients daily to be rewarding. I found it uncomfort-

able to read that so many agreed with his sentiments.

Creating new documents for consent to various procedures have been discussed, and will be shared in the files section of GD-

PUK. Apparently, when questions about this are put to lawyers, these days, they insist that risk of death is placed as the number one risk at the start of all these documents. Patients could have a reaction to local anaesthetic, and this reaction could ultimately be fatal, so perhaps this warning should be to all dental consent documents? Would you be comfortable warning every patient of this? That is a sobering thought for us all.

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About the author

Tony Jacobs, 52, is a GDP in the sub-
turfs of Manchester, in practice with partner Steve La-

rues at 406Dental (www.406dental.

com). Nowadays, he concentrates on GDPIK, the web group for UK den-

tists to discuss their profession online. www.gdpiuk.com. Tony founded this group in 1997 which now has around 7,000 unique visitors per month, who make 15,000 visits and generate more than a million pages on the site per month. Tony is some GDPIUK.com is the liveliest and most topical UK dental website.

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‘If in doubt, get checked out’

Dental Tribune’s Laura Hatton sets the scene for Mouth Cancer Action Month in November

As the front page shows, this November Mouth Cancer Action Month officially began at the Houses of Parliament and was hosted by the British Dental Health Foundation (BDHF). Along with the Mouth Cancer Foundation, the campaign will be raising awareness of mouth cancer. The BDHF will be promoting the campaign and tagline ‘If in doubt, get checked out’ to raise awareness of the disease.

Currently in the UK, mouth cancer kills one person every five hours, and less than half of those diagnosed with the disease survive beyond five years of diagnosis.

Recent studies have shown that drinking, smoking, and unhealthy diets have doubled mouth, throat and food pipe cancer cases in young people. Furthermore, links between oral sex and mouth cancer have recently been discovered.

These worrying figures show that action needs to be taken.

So far the Mouth Cancer Foundation has organised its annual sponsored Mouth Cancer 10KM Awareness Walk and throughout November wristbands, t-shirts and posters will be available to help promote Action Month, all of which sport the blue logo.

Denplan are also taking part in Mouth Cancer Action Month and in a bid to ensure that the campaign receives maximum exposure they are distributing approximately 30,000 MCAM posters to dentists, doctors, hospitals, PCTs and many other health professionals across the UK. Encouraging people to visit their dentist or GP to check any areas of concern in the mouth, the posters highlight the key facts and risks associated with mouth cancer.

Awareness Stepping into reality, the high profile case of Michael Douglas has recently brought oral cancer out of the shadows and into the news and health experts are hoping that the public will start opening their eyes to the existence of mouth cancer – too many people are simply convinced it could never happen to them.

"Many people have not heard of mouth cancer, and do not realise how common it is – latest figures show that over 5,300 cases are diagnosed in the UK in a year." 

Another worrying fact that came out of the study was that 40 per cent of the people who took part in the study decided to self-manage their symptoms.

Dr Carter said: “Public awareness of oral cancer and the associated risk factors appears to be too low here in the UK. An awareness of the risk factors and symptom recognition by the public is a critical issue in determining survival rates, as early detection greatly improves the chances of survival.

To boost this information that early diagnosis saves lives, the BDHF is encouraging people to take part in the Blue Ribbon Badge Appeal to raise both funds and awareness of mouth cancer.

How your practice can help Throughout Action Month dentists can play a vital role in saving lives by providing routine screenings for mouth cancer and to educate themselves on the symptoms of mouth cancer so they can inform their patients and help save lives. Denplan has provided a template which practices can send to the press so they can advertise that they are offering free screenings. The template is available at www.denplan.co.uk.

Dentists can also take part in the Blue Ribbon Badge Appeal to circulate awareness. Once they have registered they will be posted a kit which includes:

- One collection box
- 25 X enamel blue ribbon lapel
Badges.

- An official Mouth Cancer Action Month poster for your waiting room
- Full set of instructions.

The badges can either be sold to raise money or they can be given away to help raise awareness: Either way, the badges play a central role in the campaign - sparking questions and debates and most importantly, awareness.

Dental practices can help raise awareness in so many ways! In Leeds, a ten strong team from Opident cycled the Leeds-Liverpool Canal in May to raise awareness and funds for the Mouth Cancer Foundation.

Alongside the many fundraising events and the Blue Ribbon Badge Appeal, the public are also being encouraged to play their part through self-examination; using the case of Michael Douglas, the BDHF are appealing to the public to be aware of early warning signs of mouth cancer. Like previous years, Action Month aims to lay bare the reality of mouth cancer and re-inforce the knowledge that early detection saves lives.

Regular professional check-ups and self-examinations are the best route to early detection of mouth cancer. If it’s diagnosed within the early stages, survival chances improve to more than 90 per cent. With this statistic in mind, there has never been a more important time for practice teams to support Mouth Cancer Action Month.

A reason to smile

Sometimes the facts and figures of oral cancer can over shadow the human element of cancer and the reality of the disease can be lost under numbers, percentages, medical terms and possible outcomes, all of which are far from an understandable reality. In response to these issues, Smile-on has teamed up with BDHF, KSS Deaneys and the Dental Protection Legion (DPL) to coincide with MCAM and promote the BDHFs tagline ‘If in doubt, get checked out.’ The programme, ‘Oral Cancer – Prevention. Examination. Referral’ aims to raise awareness of oral cancer and to most importantly increase screening.

In effect, it restores the component of reality and understanding and provides interactive learning and video diaries. One video retells the story of Ralph Goodson, who survived oral cancer; the happy ending is a definite mean to ensure that early detection does save lives.

The 90 minute programme, which was advised by Fiona Clarke, the in-house advisor, and Prof. Scully and Prof. Saman Warnakulasuriya, is interactive with videos and animations and aims to offer an extensive oral cancer learning resource for healthcare professionals. The programme is divided into 4 topics; The Facts, Team Approach, Examination Procedure and Case Studies. There are sections on communication techniques – discussing cancer prevention with patients, demonstrative videos to carrying out an oral mucosa examination, clinical images and information on

Alongside the many fundraising events and the Blue Ribbon Badge Appeal, the public are also being encouraged to play their part through self-examination.

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*Source: CRUK.

*See what you are missing...
Disinfection and decontamination

Dental Tribune looks at the issue of decontamination and cross infection control

One of the biggest topics for discussion at this year’s Showcase was the issue of decontamination and cross infection control. A quick look at the exhibitor’s list showed the sheer scale of the sector in market terms, and the number of products aimed at providing some form of disinfection and decontamination available is staggering. From the smallest detail of antibacterial plastic covers for door handles to whole room disinfectors designed to run overnight and clean every surface within a surgery environment.

But what does a dental practice actually need to ensure patient and team safety? Gone are the days when a quick dip in hot water and a shake would do for handpieces between patients (it is to be hoped I am exaggerating the point here, but you know what I mean). As science delves ever deeper into the study of the earth and all its inhabitants, so more is uncovered about the development of bacteria and blood-borne diseases, as well as the development of diseases in the oral cavity and their importance in systemic disease. In addition there is the development of Hospital Acquired Infections which are of relevance in the surgical setting of the dental practice.

Where must practices go for guidance?

HTM 01-05

The main topic within the subject of disinfection and decontamination at the moment is HTM 01-05 and the various arguments for and against. The history of this now seems long and bloody; in reality the Memorandum document was only released in November 2009.

The Foreword from Chief Dental Officer for England Dr Barry Cockcroft gives the Department of Health’s viewpoint as to why the Memorandum document is important:

Patients deserve to be treated in a safe and clean environment with consistent standards of care every time they receive treatment. It is essential that the risk of person-to-person transmission of infections be minimised as much as possible.

This document has been produced after wide consultation and reflects our commitment to improving standards in dental practices.

We believe that – by building on existing good practice – this guidance can help us to deliver the standard of decontamination that our patients have a right to expect. The policy and guidance provided in this Health Technical Memorandum are aimed at...
establishing a programme of continuous improvement in decontamination performance at a local level. The guidance suggests options to dental practices within which choices may be made and a simple progressive improvement programme established. It is expected that by the end of the first year of the implementation of this guidance, all primary care dental practices will be working at or above the essential quality requirements described in this guidance.

This guidance is intended to support and advance good practice throughout primary care dentistry including that delivered by general dental practices, salaried dental services and where primary care is delivered in acute settings.

**Definition**

The document discusses two levels of standards - essential quality requirements and best practice. Within HTM 01-05, the two levels are defined as:

**Compliance – Essential quality requirements** - This terminology is used within this Health Technical Memorandum to define a level of compliance expected as a result of its implementation. Guidance contained within this document will assist dental practices in maintaining these requirements and developing towards higher levels of achievement in this area over time. The use of an audit tool will assist dental practices in reaching the necessary standards.

In order to demonstrate compliance with essential quality requirements to external bodies (for example the CQC, PCTs and SHAs), practices will be expected to provide a statement on plans for future improvement.

**Compliance – Best practice** - Best practice refers to the full level of compliance that may be achieved immediately or via a documented improvement from essential quality requirements.

For the Department of Health, dental practices should be maintaining the essential quality requirements by the end of this year, with a view to incorporating best practice wherever possible, especially when refurbishing or building a practice. Timescales are unclear for adherence to any higher standards as it seems to depend on the framework being used by the individual PCTs. The HTM 01-05 document highlights what the Department of Health considers as progress towards best practice:

- Install a modern validated washer-disinfector of adequate capacity to remove the need for manual washing.
- Improve separation of decontamination processes from other activities and enhance the distinction between clean and dirty workflows.
- Provide suitable storage for instruments, which reduces exposure to air and a possible risk of pathogenic contamination.
- Best practice will include the development of a local quality system focused on safe and orderly storage of instruments. This will ensure that instrument storage is well protected in the appropriate clean room against the possibility of exposure of stored instruments to contaminated aerosols. In addition the guidance approach will ensure that commonly used instruments are dealt with on a first-in first-out principle and less frequently used instruments are stored for clear identification and reprocessed if not used within the designated storage periods.

**Sufficient Evidence**

So, with all the talk of prions, MRSA, ultrasonics and washer/disinfector, where does a practitioner stand? It is a very confusing environment where there are claims and counter claims about the validity of the evidence used as the basis for the HTM 01-05 guidance. Recent announcements by the British Dental Association as to the level of evidence in the HTM 01-05 and the position of the Department of Health having been that there is sufficient evidence for the recommendations show that there is clear disparity between the government and the profession.

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**Example layout for two decontamination rooms**

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**Use of a washer-disinfector is recommended in the HTM05 document**

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Enough is enough

Having too many patients on your books can be just as detrimental to your dental practice as having too few, says Simon Hocken

Clients often ask me about key numbers they should monitor in their practices every month in order to effectively manage and monitor the success of their practice. One such critical number, and one which is rarely mentioned, is the size of their patient list (and that of their associates).

I believe that large patient lists are counter-productive and restrict practice profits, and might lead to one or all of the following situations:

- Patients are unable to make an appointment for treatment
- New patients have to wait weeks to get a new patient consultation
- The practice profits fall consistently year on year
- The dentist gets bored of having to carry out relentless check-ups
- A decision is made that means some of the patients should only receive a check-up every 12 months or, worse still, every 18 months.

Strangely, the full-appointment block scenarios above are likely to make the dentists feel more secure, which is ironic, as they should really be sounding the alarms! All of these situations will reduce the effectiveness of the practice and potentially reduce the profits.

How it goes wrong

I was working with a client recently who is a very capable and ambitious restorative dentist. We were looking at the average daily production (gross) that he earns for every day that he works. Despite having a (private) practice focused on restorative work, he was shown to be grossing around £1,000/day. This is not enough gross to allow his practice to create the ‘right’ profit for him so, together, we analysed his situation. We looked at factors such as:

- Were his fees high enough?
- Was he charging for items of treatment or for his time?
- How much discount was given?
- Was he experiencing high ‘no-show’ rates?

All of these variables looked fine, so we considered his patient-list size and what follows is the source of his low profitability:

This dentist works a four-day week. He likes to take around eight weeks’ holiday every year, and he needs at least a couple of weeks to fulfill his desire to learn new clinical and business skills. So, this leaves him 42 weeks to actually practice dentistry and run his business, (this is made up of 168 days doing

Before we look at the solutions, let’s model this situation some more as it’s very common and I’d like you to consider your own situation.

If you work a little more often than my client, say, four days a week, taking six weeks holiday a year and a week to do your CPD (and a week to have Flu), you will be working 44 weeks/year, that is 176 days/year clinical. If your ‘check-ups’ take 15 minutes and you see patients twice a year then:

1. If you look after 1,000 adult patients, you will spend 67 days (leaving 109 days to do clinical dentistry/year or nine days/month)
2. If you look after 1,500 adult patients, you will spend 100 days/year doing check-ups (leaving 76 days to do clinical dentistry/year or six days/month)
3. If you look after 1,500 adult patients, you will spend 135 days a year doing check-ups (leaving 45 days to do clinical dentistry a year or 3.5 days a month)
4. If you look after 2,000 adult patients, you will spend 150 days a year doing check-ups (leaving 30 days to do clinical dentistry/year or five days/month)

If you are doing 10-minute check-ups, then you can rework the figures. But how do you find enough time to selling any significant treatment plans in a 10-minute check-up?

Let’s look in more detail at the dentist, who is, for example, looking after 1,200 adult patients. If his fee for a ‘check-up’ is £50, he will spend 80 days a year earning £6000/day. In my client’s practices, we find that the average surgery’s has a taxed cost (outside of London) of around £450 a day. This therefore creates £450 a day profit, the equivalent of an annual taxable income of £76,200. However, if this dentist is an associate on a 50 per cent contract, then when they are performing ‘check-ups’, the associate and the owner will receive £450 each: A good day’s pay for the associate, but a day with no profit for the principal.

Too much responsibility

I apologise for all the ‘sums’, but I think you can see now that attempting to look after too many patients is bad for your profit. I believe that private practitioners should consider the following:

1. Maximise their patient list at 1,000 adult patients
2. Monitor this monthly, patients will be leaving the list all the time and list size will demonstrate how many new patients they need in order to replace the leavers
3. Zone their diaries so that they do a maximum of 1.5 hours ‘check-ups’ per day
4. Zone their diaries so that every clinical day has a ‘New Patient Consultation’ included
5. Consider instigating ‘check-ups’ lead by their hygienists for their patients who are dentally fit and stable
6. Decide that once their list grows in excess of 1000 patients either:
   A. Employ an associate to see the new patients
   B. Allocate a substantial number of their list of patients to an associate for them to maintain and for the principal to see the new patients!

Creating the right patient list size per dentist in your practice and monitoring this on a monthly basis, is essential to creating an effective practice that makes a satisfying profit.

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Creating the right patient list size per dentist in your practice and monitoring this on a monthly basis, is essential to creating an effective practice that makes a satisfying profit.

Remember: too many patients per dentist can actually become just as big a problem as too few.

About the author

Dr Simon Hocken, founding partner of Breathe Business, has a wealth of experience as a successful private dentist and business coach, helping clients recognize developing trends, increase turnover and find the perfect balance between their personal and professional lives. Breathe Business is a unique leading coaching and consultancy company which specialises in working with dental principals and their teams in order to develop and grow their practices. For more information, contact Dr Simon Hocken and the Breathe team by calling 0845 200 2209 or emailing info@breathebiz.co.uk.
Journey into Space

Roger Gullidge, Joint Managing Director of Paradigm Design, explains how you may find that there is often more room in a practice than first meets the eye.

For a good number of practices one of the most practical problems is finding the space to work to optimum efficiency. Ironically the problem is often a symptom of success, because it can directly relate to and be exacerbated by, growth in the business.

Of course, it is easy for us all to be wise after the event, but, it always pays to think ahead and not simply cater to meet perceived immediate needs. In this article, I would like to give you some practical guidance on ‘finding space’ and demonstrate that there is often more of it that you may think! I would not claim to have invented a dental Tardis, but in my experience the majority of practices do not use the space available to best effect.

Starting from scratch

If you are at the stage of moving premises or buying your first practice, then I urge you to take a number of considerations into account, beyond simply the appeal of the building. Take a little time to think seriously about the following:

- area, location and environment in which you want to work
- type of patients to treat
- type of dentistry you do now and may want to do in the future
- staff recruitment and training facilities
- number of associates, now and in the future
- specialist treatments and equipment
- hygienist services
- retailing of oral health products
- referral considerations
- RDU requirements
- practice computerisation
- existing patients (if appropriate)
- existing staff (if appropriate)
- competition
- family and lifestyle

This list is not intended to be comprehensive and a number of the points may not be completely relevant to your particular circumstances. The point I want to make is that the type and size of the building you ideally need is governed by factors that are not immediately obvious. It is not simply down to the number of surgeries you can fit in.

Finding the right premises

Once you are at the stage that your planning is complete you should share it with your advisers.

From a business point of view, this will include your accountant and any other management consultants you work with. In terms of finding the right property you need to utilise the services of an architect and/or designer who understands dentistry. The specificity of the practice makes this essential. Your architect/designer will need a sound working knowledge of practice work flow, dental procedures, equipment siting and the various legislation and regulations that apply to dentistry.

At Paradigm, we always recommend undertaking a feasibility study. A small cost is involved, but it will unquestionably help avoid potentially costly errors being made. Our advice is also to avoid the often well intentioned guidance of estate agents and builders in relation to the suitability and potential of a building. They may be good at their jobs, but this rarely, if ever, includes an understanding of the myriad of rules and regulations that require a comprehensive degree of specialist knowledge and expertise.

Your feasibility study will take account of a wide range of issues that will include:

- type and age of property
- suitability for purpose
- potential for growth
- access
- transport and parking
- local demographics
- competition
- Planning and Building Permis sion and time scales
- outline budgets and funding required

Principles into practice

I have recently been working with Dr Ajiaz Steel, a dentist in Streatham and what we have achieved is a good example of what I have been talking about and clearly demonstrates the value of setting clear objectives and assessing the true potential of a building.

Ajiaz has practised in Streatham since 1999, but his existing premises were considered unsuitable for the development and expansion he had in mind. In 2005 he started looking for new premises and after a number of false starts, focused on the type and location for the high visibility high street position he wanted.

Without labouring the point, whilst the building ticked all the boxes in relation to location, there were problems that required creative thinking in order that they could be resolved. One of the practical problems (and one that is often too easily dismissed early on) was site clearance. In a busy high street location removal of several hundred tonnes of rubble could not simply be a matter of parking lorries outside. By some judicious planning we overcame the difficulties with a minimum of disruption to the local community.

And maintaining a dentist’s good relationship with the community must always be a priority.

As our first on-site meeting, Ajiaz had a number of advisers with him, including his builder. A builder will assess the potential of a building based on previous experience. This experience will rarely include understanding actual construction and structure.

Additionally, a builder’s assessment of what can and can’t be done may be influenced by previous Local Authority Planning rulings that went against him, simply because they were incorrectly or inadequately submitted. In these circumstances, builders will often tend to make decisions too early and, as was the case in Streatham, fail to understand space planning potential.

However by utilising what the builder considered unusable space and correcting his lack of knowledge about access, we have worked with Ajiaz to create a stunning two level practice.

A good architect will work closely with Planning Authorities.

Nothing should be done without pre-consultation and patience will be the key, particularly in situations where an architect and designer will sense he or she doesn’t have to take “no” as an answer.

Finally, a word on costs. This can be a complex subject, particularly if, once the project is underway, you change your mind. In short you then leave yourself open to the infamous ‘EOTs’ (ex- tras on top) and these can be crippling. Once again, it pays to work closely with your architect/designer and ensure that your contract with the builder does not include penalty clauses over which you have little or no control.

The project for Ajiaz effectively realised 135sq m of usable space, whereas 74sq m might have been considered its limit! We worked closely with Planning Authorities, overcame problems and brought the project in on time and budget. Most important- ly Ajiaz now has a practice with high street presence, attracts new patients and is a joy to work in.
Broadening horizons

Being able to meet the demands of adult patients for orthodontic treatments means there is now a significant potential market, says Andrew McCance

Dental professionals in the UK are experiencing more and more requests from their patients for teeth-straightening treatment as they begin to see the benefits of it, from both an aesthetic and a health point of view.

As many dentists are no doubt fully aware, tighter restrictions on national healthcare budgets mean that access to free orthodontic treatment for patients is becoming increasingly limited. Recent policy changes mean that patients’ treatment needs are now assessed using the Index of Orthodontic Treatment Need (IOTN); the NHS usually only funds treatment in cases classed at grade four or five level, whilst grade three treatments are considered on a case-by-case basis. Although children under 18 are currently treated free, in Ireland, plans are underway to introduce a charge for all except the most severe cases of orthodontic treatment, including those of children.

No funding

The situation for adults seeking state-sponsored orthodontic treatment is even worse, with NHS funding virtually nonexistent. The British Orthodontic Society (BOS) has made it clear to patients that, ‘in principle, adult orthodontic treatment can be provided under the terms of the NHS, provided the need for treatment is sufficient.’ In practice:

“NHS contracts held by many orthodontists do not include adult patients. In some areas there are no orthodontists at all with NHS contracts to treat adults.”

This trend within the public dental care sector runs counter to the increase in the number of adults interested in undergoing orthodontic treatment, with some reports currently putting the figure of growth in this sector as high as 560 per cent. According to one magazine, an orthodontist in Manchester reported a 560 per cent growth in adult orthodontic patient numbers between 2005-09, compared with the previous five-year period.

Making sacrifices

This trend is borne out in an Ipsos-Mori survey, which found that one in five adults now believe that their teeth would benefit from straightening with braces. Meanwhile, the British Lingual Orthodontic Society suggests that anecdotal evidence obtained from members indicates that people are prepared to make financial sacrifices in order to have treatment; they see it as a valuable investment in their health and overall appearance.

However, with the Department of Health clear on its policy to not fund treatment undertaken for work that is deemed ‘not clinically necessary,’ many patients eager to have the treatment for cosmetic reasons are left with little option but to go private.

Going private

Naturally, this is good news for privately-owned practices, which can access patients who are happy to fill the widening gap in available public sector care. However, this market does not have to be the sole preserve of Orthodontic Specialists. In some cases, patients wanting access to teeth straightening procedures may not live near one of the 1,200 orthodontists currently on the UK specialist register. Many also do not want to compromise their lifestyles or appearance during treatment if they don’t have to.

For example, the percentage of men seeking orthodontic work is increasing and, for whatever reason, they are less likely to use visible methods of treatment. Here, systems utilising removable clear positioners offer an alternative option that is more discrete whilst still providing the improved smile aesthetic that has become so desirable.

Systems utilising invisible braces or aligners, such as Clearstep, offer GDPs a means to provide their patients with a wide range of treatments that don’t require prolonged specialist training or expensive new equipment. Instead, a familiarisation with the system and continued technical support mean that patients can be retained in-house rather than being referred away.

Efficient treatment

In order to provide appropriate support to general practitioners without any previous orthodontic experience, Clearstep ensures that every case undertaken by a GDP is submitted to its diagnostic faculty. Using patient records gathered by the treating practitioner, each case is diagnosed and treatment is planned by a specialist orthodontist.

The reports generated provide a clinical presentation for each case, incorporating that incorporates the patient’s objectives, while providing the most suitable treatment options available. The treatment planning will review the needs of the case and incorporate additional appliances from the five elements of the Clearstep System, should they be required. By combining treatment mechanics, the patient is offered the most efficient treatment in terms of timescales and cost.

Being able to meet the demands of adult patients for orthodontic treatments means there is now a significant potential market, and one that is currently treated free, in Ireland, plans are underway to introduce a charge for all except the most severe cases of orthodontic treatment, including those of children.

No funding

The situation for adults seeking state-sponsored orthodontic treatment is even worse, with NHS funding virtually nonexistent. The British Orthodontic Society (BOS) has made it clear to patients that, ‘in principle, adult orthodontic treatment can be provided under the terms of the NHS, provided the need for treatment is sufficient.’ In practice:

“NHS contracts held by many orthodontists do not include adult patients. In some areas there are no orthodontists at all with NHS contracts to treat adults.”

This trend within the public dental care sector runs counter to the increase in the number of adults interested in undergoing orthodontic treatment, with some reports currently putting the figure of growth in this sector as high as 560 per cent. According to one magazine, an orthodontist in Manchester reported a 560 per cent growth in adult orthodontic patient numbers between 2005-09, compared with the previous five-year period.

Making sacrifices

This trend is borne out in an Ipsos-Mori survey, which found that one in five adults now believe that their teeth would benefit from straightening with braces. Meanwhile, the British Lingual Orthodontic Society suggests that anecdotal evidence obtained from members indicates that people are prepared to make financial sacrifices in order to have treatment; they see it as a valuable investment in their health and overall appearance.

However, with the Department of Health clear on its policy to not fund treatment undertaken for work that is deemed ‘not clinically necessary,’ many patients eager to have the treatment for cosmetic reasons are left with little option but to go private.

Going private

Naturally, this is good news for privately-owned practices, which can access patients who are happy to fill the widening gap in available public sector care. However, this market does not have to be the sole preserve of Orthodontic Specialists. In some cases, patients wanting access to teeth straightening procedures may not live near one of the 1,200 orthodontists currently on the UK specialist register. Many also do not want to compromise their lifestyles or appearance during treatment if they don’t have to.

For example, the percentage of men seeking orthodontic work is increasing and, for whatever reason, they are less likely to use visible methods of treatment. Here, systems utilising removable clear positioners offer an alternative option that is more discrete whilst still providing the improved smile aesthetic that has become so desirable.

Systems utilising invisible braces or aligners, such as Clearstep, offer GDPs a means to provide their patients with a wide range of treatments that don’t require prolonged specialist training or expensive new equipment. Instead, a familiarisation with the system and continued technical support mean that patients can be retained in-house rather than being referred away.

Efficient treatment

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Managing expectations

For many patients, dental treatment is an absolute necessity. This is especially true for those undergoing endodontic procedures. Not only will the patient experience pain during the initial treatment, but they must also be made aware that there will be the additional costs of subsequent restorative procedures. As a result, it can only be expected that the patient will have high expectations as to the outcome of their treatment.

With this in mind, I find that it is vitally important to discuss treatment costs with the patient and the prognosis of their treatment. We are biological systems, not machines; things don’t always go according to plan, so patients need to be made aware that success rates are never 100 per cent. It is the dentist’s duty to explain this clearly and simply as possible that teeth are complex systems, potentially full of nooks and crannies harbouring bacteria that may be inaccessible to treatment.

Risk of failure

Although endodontic treatment does boast a very high success rate – 95 per cent in a vital tooth and around 80 per cent in a retreated tooth – it is always worth hearing in mind that this means on average one in every five retreated teeth will fail. No dentist really wants to talk about failure from the outset but patients should always be made aware of this fact before treatment is undertaken.

As such, well-informed patients must decide for themselves whether they should choose implants, a bridge or endodontic treatment as their best course of action. Only then will they be able to give their full consent for whatever treatment they choose. Consent is so vitally important that in some areas of the United States, dentists actually film their patients giving consent for treatment. In the United Kingdom the dentists are put under more and more pressure to take responsibility for the patient’s treatment expectations.

Photographic evidence

Showing patients images of their teeth can go a long way towards helping them see how difficult treatment can be. That said, in most cases the ‘nitty gritty’ of surgery, anatomy and tooth formation are irrelevant for most patients. Before treatment, patients will usually want to know whether or not the procedure will be painful, how long it will take and what it will cost.

Aside from these three factors, any more information tends to make patients nervous and often only serves to massage the practitioner’s own ego rather than put the patient at ease. In our quest to appear intelligent and credible, we could unwittingly do more damage than good by focusing on the minutiae of each aspect of a patient’s potential treatment. Too much information can really be less than helpful. Let’s face it, if you read the warning leaflet that comes in a box of aspirin, you’d never want to take a painkiller again!

A good team

Having the right staff is also fundamentally important. If the practitioner has not explained a procedure as effectively as possible to the patient, they will usually turn to other members of staff for reassurance which could potentially lead to mixed messages being given. Fortunately, I myself have never been let down by a member of staff. It is vital that you instil the confidence in your team (as they should in you) to act in a professional and considerate manner with all patients who set foot in the practice.

Practitioners should remember that the very best communicators possess the knack of making seemingly complex subjects simple. In my opinion, this is a skill all dentists should work on if they are to get the best response from their patients both before and after surgery has taken place. Try to avoid the urge to impress the patient in the chair with your comprehensive knowledge. A warm, empathetic chairside manner is enough to show you care. My motto has always been: treat patients as friends and friends as family. This way, patients will be armed with sufficient information to enter into treatment confidently but realistically.

Listen to your patients and provide them with all the information they need.

‘Before treatment, patients will usually want to know whether or not the procedure will be painful, how long it will take and what it will cost.’

About the author

Dr Michael Sultan BDS MSc DFO is a specialist in Endodontics and the Clinical Director of EndoCare. Michael qualified at Barts and the London in 1986. He worked as a general dental practitioner for five years before commencing specialist studies at Guy’s hospital, London. He completed his MSc and in Endodontics in 1993 and worked as an in-house endodontist in various practices before setting up in Harley St, London in 2000. He was admitted onto the specialist register in Endodontics in 1999 and has lectured extensively to postgraduate dental groups as well as lecturing on Endodontic courses at Eastman CPE, University of London. He has been involved with numerous dental groups and has been chairman of the Alpha Omega dental fraternity. In 2008 he became clinical director of Endocare a group of specialist practices. Dr Michael Sultan can be contacted for advice regarding patients or any issues raised by the articles on michael@sultan

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dopro.co.uk or call 020 7224 0999.
Lights, camera, action!

Let’s hope that the future of dentistry lies in cost-effective, evidence-based changes, says Neel Kothari

As a recent venturer into the world of practice ownership, the burden of regulation upon our profession is absolutely clear to me and seems disproportionately unfair. Of course it is possible to implement anything under the umbrella of ‘patient safety’; but without looking at a thorough cost-benefit analysis we will always struggle to deliver good value for money.

Spending cuts in action

Since we have inherited a Coalition Government, it seems the inevitable cuts have finally arrived. An example of this can be seen in Oxfordshire, where the local council are following Swindon’s example by switching off their entire network of speed cameras based on recent evidence that has shown no increase in road traffic accidents. Isn’t it peculiar how the ‘evidence’ told us that speed cameras save lives, but after the country realised that there is no more money left to spend, it is the ‘evidence’ that is now telling us that they are not needed. If an independent body were to look at this evidence, I wonder whether they would have come to the same conclusion?

Of course ‘safety’ is paramount, but in the dental world does HTM 01-05 or the mandatory registration with the CQC (with eventual cost to the profession) really improve patient care? Well under the political umbrella that is known as ‘patient safety’ the answer is arguably yes, but what is seriously questionable is whether the cost justifies the risk, after all with both of these measures the financial burden is heavily heaped upon the profession, leaving many in the profession questioning why we are bothering to fix something that is not broken?

Contract criticism

For years, both of the main opposition parties actively criticised the 2006 contract, not just in its content, but also in the way it had been implemented. In opposition, the Tories released ‘Transforming NHS Dentistry’ which pledged to ‘slash bureaucracy’ to improve access to NHS dentists. The then Shadow Health Secretary Andrew Lansley said ‘I am announcing that a Conservative Government will immediately cut waste and bureaucracy and restore access to an NHS dentist to the million who have lost one under Labour’.

Not that I am impatient, but under a Coalition Government the current rhetoric is a little bit more subdued, with Earl Howe, saying that the government will review the details of the ‘system we have inherited’. After a raft of hastily implemented changes in the past few years, let’s hope that the future of dentistry lies in cost-effective, evidence-based changes that take the profession along with them, as opposed to the turbulence we all felt back in 2006.

About the author

Neel Kothari works as a principal dentist at High Street Dental Practice in Sawston, Cambridgeshire and provides both NHS and private dentistry. Since his graduation he has regularly attended postgraduate courses and is currently enrolled on the Diploma of Implantology course at the Eastman Dental Institute.

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Since the GDC amended its regulations to allow dentists to trade as limited companies, a continuing debate, much of it ill-informed, has been taking place among dental professionals who are unsure how to proceed. When it comes to making radical change, inertia is part of the human condition, and undoubtedly some effort is required to convert a sole trader practice to a limited company. Existing business arrangements, which may include loans, leases, staff contracts, hire-purchase agreements and service contracts, need to be changed into the name of the new company. The new company must also have its own bank account and before working within the NHS will need to inform their PCT of their intentions. One natural side effect is the opportunity to review existing contracts and update them where necessary.

Fortunately, these formalities are a one-off and in most cases the practice manager can carry out most of the administration: All changes can be carried out without major disruption in the practice, and without compromising the continuity of patient care. The immediate incentive is added value – increasingly, limited company practices offered for sale are attracting a premium of up to 15 per cent, in particular those with PCT contracts in the name of the limited company with no restrictions.

Capital Gains Tax
Selling the practice to a limited company, as part of incorporating, will mean paying Capital Gains Tax (CGT), since the value of the practice at the time of incorporating, and that of the goodwill in particular, is certain to be greater than the original purchase price.

Current CGT rates are 10 per cent of the capital gain on the first £1,000,000, and 18 per cent thereafter. However, the CGT paid can be recovered – and profited upon – by tax savings over the years following the incorporation.

For legal and tax purposes, a business owned by a sole trader has no separate identity and is deemed to form part of the individual’s personal affairs. Establishing a limited company brings into being an additional
legal entity and taxpayer with its own legal obligations and tax liabilities. Although this may have little day-to-day impact on the dentist, it does require additional accounting procedures, which will be reflected in increased professional fees.

These additional costs need to be seen in the context of the overall tax savings and other benefits of incorporating. Before committing to incorporation, a detailed assessment should be completed, comparing the raised running costs of a limited company with the projected tax savings in order to inform the final decision.

Tax allowances for motor vehicles owned and driven by sole traders are markedly different to those registered to a limited company, and depending on the vehicle's cost and CO2 emissions it may be preferable for ownership to be retained by the individual. Although this is a relatively minor matter in the overall financial and fiscal context of incorporating, it should still be taken into account.

A complicated business

Many dentists are wary of incorporating as they fear complications or tax disadvantages should they ever wish to sell their practice(s). There is one transfer scenario where such complications could occur.

If a purchaser takes over the shares in the company that owns the practice, there is very little difference from a tax point of view for the vendor between him/her being as a sole trader, or him/her being the owner of the shares in a limited company.

However, the vendor's tax position will be less favourable if the purchaser wishes to buy the business (the practice) out of the limited company but not the company itself.

This is best illustrated by a hypothetical example.

Bob is a dentist who established his practice from scratch and after 10 years decides to incorporate; his practice goodwill is valued at £400,000, and this is the price paid by the limited company.

Several years later, Sue, another dentist, agrees to buy Bob's practice and pay £600,000 for the goodwill.

If Sue buys Bob's shares in the limited company, Bob becomes liable for Capital Gains Tax on the £600,000 at the CGT rates applicable at that time. (Currently, 10% on the first £1,000,000 per taxpayer per lifetime and 18% thereafter.)

However, if Sue buys the goodwill out of the limited company but does not take over Bob's shares, it's the company that makes a capital gain of £200,000 on the £400,000 price it paid Bob when it bought the practice. Limited companies pay Corporation Tax on all their profits, including capital gains, and so the company must now pay Corporation Tax on the £200,000; depending on any other profits it may have made, it will be levied at between 21% and 28% (2009/2010 rates).

In order for Bob to then pay the 10% or 18% personal CGT on the gain that he receives after the corporation tax has been paid, the company will need to be wound up. However, this potential tax downside should be considered in light of likely tax savings over the course of the working life of the dentist to give it a proper context.

It should be stressed that this situation is unusual, since there are usually benefits to the pursuing dentist in maintaining the trading continuity afforded by taking over the company's contracts and any other business arrangements which are already in place, including any PCT contract i.e. by purchasing the shares in the limited company.

Potential purchasers are sometimes wary that undisclosed company liabilities may surface post transfer, but these can be resolved by warranties in the sale agreement supported by the setting up of an escrow account with a proportion of the purchase price held there for an agreed period after sale.

There are various and varied facets to incorporation, and it may not suit the circumstances of every principal or every practice, so it's vital to take into account the long-term effect of incorporating, with or without professional advice in each case. It's also important not to be deterred at the outset by minor difficulties that will be vastly outweighed by tax and other advantages in the medium and longer term.

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A good investment?

Self Invested Personal Pensions (SIPPs) may be popular in the financial press, but are they really suitable for all dentists? David Leaf finds out.

Since “pension simplification legislation” took effect in April 2006, the interest in SIPPs has gathered momentum as investors have become increasingly interested in the concept of managing their own investment portfolio for pension provision.

Taking investment control is one issue – making a success of it is another! Some entrepreneurial dentists who have taken an adventurous investment strategy may now have cause for regret following the economic crisis.

However, for other dentists, SIPPs do provide an excellent investment opportunity, providing greater control of their pension planning prior to retirement, and ultimately their retirement income and death benefits in retirement.

Investment opportunities

If your basic requirement is to set up a pension with a modest level of investment with a strong financial institution, a stakeholder or personal pension does offer a cost-effective solution.

However, SIPPs offer wider investment scope and are essential if you want to invest your practice freehold into your pension portfolio.

Case study 1

Dr Jones runs his practice from a commercial freehold property with a value of £150,000. He has no borrowings and wishes to maximise his tax relief claim for pension investments in the current tax year.

One option open to Dr Jones is to invest his practice property as a pension contribution into a SIPP. The attraction to him is that he will benefit from tax relief on the property invested to his pension.

For example, in the current tax year 2009/10 he can choose to invest 50 per cent of the property value (ie £75,000) which he can fully set against his taxable profits of £140,000 and obtain tax relief at his highest rates.

Tax relief at source to £93,750 grosses the net investment of £75,000 of the property to the SIPP up. This element of the tax relief is paid directly to the SIPP by HM Revenue & Cus...
toms (a boost to the SIPP bank account of £18,750).

As a high rate tax payer, Dr Jones will also save a further 20 per cent tax against his balancing payment due to be paid 31 January 2011 – a further tax saving of £18,750.

As Dr Jones has only used half the value of the property investment in 2009/10 he can repeat the exercise with a similar investment in the subsequent tax year 2010/11, investing the remaining share of the property to the SIPP.

Over the two tax years of investment Dr Jones receives a boost to his SIPP bank account of £57,500 tax repaid by HMRC and a further £57,500 in tax savings against his subsequent tax bills. Clearly, this is extremely attractive for tax relief benefits. However, the other side of the coin needs to be considered in terms of the potential drawbacks of tying up the property within the SIPP.

Dr Jones has to appreciate that the property is now a part of the pension fund assets and will be administered as such by the trustees. This effectively means he will not be able to sell the property as his personal asset – ie it will be tied in with pension rules and regulations for the payment of benefits.

The tax-relief incentive

There are complex HMRC rules relating to the level of contribution allowable. This has been further complicated by the Budget earlier this year. However, for those dentists who fit the criteria and appreciate the benefits and drawbacks, SIPP property investment could be an attractive option.

Other reasons for investment
SIPPs provide extensive investment choice far wider than available from any one fund manager or pension provider. The facility and ability to spread investment amongst a wide range of fund managers, deposit takers and financial institutions makes them even more desirable to investors as they consider the impact of financial risk following the banking crisis. SIPPs are at the forefront for many investors pension planning and are likely to grow in numbers and funds under management for pension investors in the future.

The importance of independent financial advice (IFA) cannot be over-emphasised with regard to SIPP investment strategy. You need an IFA that can provide you with a full overview of the market, as well as investment strategy advice including asset allocation, rebalancing of portfolios and fund reviews.

For those investors considering a property investment it is important to have an adviser with experience and knowledge of SIPP Property Investment. Only a limited number of SIPP providers actually offer the full range of investment options for property investment, so it is important to work with those that offer flexibility and expertise.

If you would like to receive more information about SIPP investment strategies including property investment, you can request more information and advice by contacting David Leaf at Practice Financial Management Limited. Please telephone 01904 670820 or email david.leaf@pfmdental.co.uk.

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About the author

David Leaf is an independent financial adviser and a founding Director of Practice Financial Management Ltd (PFM) member of ASPD. David holds Chartered Financial Planner Status, the premier financial planning qualification, awarded only to a small percentage of UK financial advisers.

ASPD members offer professional, objective and practical advice and services, based on experience within the industry, to dental practices and other businesses within the dental sector. ASPD members include solicitors, accountants, banks, financial advisers, valuers and sales agencies, insurance brokers and leasing and finance companies.
Invest...don’t gamble
Thomas Dickson gives some financial advice

As I write this, a new coalition government, led by David Cameron, has announced its intention to reform income tax structures and consider cutting corporation tax. Slightly further afield, the European Union is on tenterhooks as it waits to see what effect the recent rescue bid for Greece will have on the value of the Euro. The financial markets are always quick to react to political flux and no doubt, these political developments, both in the UK and in Europe, will be reflected economically.

While speculation is always rife, nobody actually knows what is going to happen, or indeed how macro-economic trends could impact on assets closer to home, such as dental practice valuations. The reality is that the markets will always be volatile and reactionary - one week going up (“FTSE up 5.16 per cent due to Euro Aid package for Greece”) and the next, plummeting (“FTSE loses £100bn in a week.”)

So, should we really worry about short term trends and does it matter to the average dental professional who might be considering investing in the stock market?

If you are a day trader or one of those rare dentists who likes to indulge in a spot of spread betting or FOREX trading, then financial speculation based on guesses about future outcomes is bound to excite you. However, what you really should be doing is gambling. This can have its rewards but also clearly puts you at a greater risk of experiencing financial losses.

Investing in the stock market does not have to be about gambling, though. Those interested in reaping more modest but steadier rewards need to be prepared to play the long game. For the majority of people, this option holds far more appeal.

Recent research conducted by Morningstar looked at investments made in the UK stock market over a series of 10 year increments spanning the period between 1984 and 2009. The survey revealed that on average, during each decade, investors never lost their money. Put another way, had you invested during any one of the 181 possible 10 year time frames, you would not have lost money.

My advice would therefore be to ignore all the hype surrounding the latest ups or downs in the market and consider those investment returns that can be made over the long term.

However, the way you choose to invest is largely down to preference. This brings us to another matter: risk tolerance.

Risk Tolerance
People react differently to risk. Some see it as an opportunity, while others, as a threat to their security. Still others are prepared to take risks in one area of their life, but not in others. Risk tolerance is the level of risk a person will willingly accept and is best thought of as a continuum ranging from risk aversion to risk-seeking behaviour.

Earlier, I mentioned the day traders and speculative who enjoy trading in the short term. Clearly, this type of investor has a high risk tolerance. However, research shows that the majority of people are more risk-averse than risk-seeking. Faced with a choice between a certain profit and an uncertain but probably larger profit, a sizeable majority chooses the certain (but probably smaller) profit.

Given the results of the Morningstar study, it would seem that this caution is well-placed and a more conservative approach involving lower risk investments, over the long-term is much less likely to lose you money.

However, the whole issue of financial risk is a difficult one. On the one hand, low risk tolerance prevents many people from doing as well as they could financially. On the other, some of life’s most unpleasant financial surprises arise when people expose themselves to a level of risk beyond that of their comfort zone, i.e. their risk tolerance. It therefore depends very much on your risk tolerance profile – a psychological trait that can now be measured using psychometric profiling techniques.

Although psychological profiling has not with it’s share of controversy, it is now widely accepted as a useful tool for assessing people’s overall behavioural tendencies. This includes investment risk, which can now be measured using Risk Profiling systems such as Finanmetrics. If you are interested in learning more about your risk profile, you should contact your independent financial adviser, who may well have access to such tests.

Types of investment
Risk tolerance naturally determines the type of investment people feel most comfortable in making.

Investments usually take the form of one of two types: unit trusts and shares. In terms of risk, the latter usually involves more risk than the former.

Because investment shares are a more direct form of investment – buying shares in a listed company, for example, their market value can fluctuate fairly substantially. This makes them a slightly riskier form of investment than unit trusts, which spread risk by buying shares in a range of companies, which is then managed through one fund.

As an investor, you would buy units in that particular unit trust fund and hope that the difference between the performances of high and low risk shares helped to balance out the overall value of each unit over time. However, it is worth noting that the overall degree of risk is likely to depend on the investment strategy of the trust: is it in established companies or smaller, riskier emerging markets?

Clearly those investors who are risk-averse would be advised to not only opt for longer-term investments, but also consider investing in unit trusts, rather than shares.

So, assuming that you are able to invest in the stock market, and hold on to that investment for ten plus years, and are willing to ignore those commentators who think you should sell this tomorrow or buy that now, you’ll probably end up making some money.

At that stage, your main problem will be how to reduce the tax on your capital gains – but that is the subject of another article, especially if the government decides to raise the thresholds in this area.

The figures above are for guidance only, to reflect the position at the time of writing. The value of investments can go down in value as well as up. It is therefore important that you understand the risks and your commitments.

Essential Money Limited is authorised and regulated by the Financial Services Authority.

About the author
Thomas Dickson was educated in Hong Kong and studied at Aston University Birmingham and in Tokyo. Thomas started working as a financial adviser in 1985, became an independent financial adviser in 1996, and is now a director of Essential Money Limited. Essential Money provides independent financial advice to dentists throughout the UK. Thomas is a member of the Advanced Financial Planning Certificate at the Chartered Insurance Institute and is a Certified Financial Planner. For advice, call Essential Money on 0121 485 5860, email Thomas@essentialmoney.co.uk or visit www.essentialmoney.co.uk.
Kilimanjaro – the challenge awaits
This time next year an intrepid team of Bridge2Aid trekkers will have returned from an epic trip climbing Africa’s highest mountain – and you could be one of them!

There are few moments in life that will stay with you through your years, but reaching the top of Kilimanjaro is one of them. The mountain is immense! Located in Tanzania, it is 49 miles long by 24 miles wide and soars above the Rift Valley to a staggering 19,555 feet. Conquering it is a challenge that draws trekkers from across the globe.

Tanzania is also the base for Bridge2Aid, the UK dental and community development charity that operates the ‘Dental Volunteer Programme’ which takes volunteer dentists, hygienists and nurses to Tanzania four times a year to train local health workers in emergency dentistry.

Bridge2Aid’s Chief Executive Mark Topley said; “It has been a privilege to hear the stories told by the climbers from our Climb Kili events over the past three years. It is such an amazing place and the sense of achievement experienced by the climbers is mirrored by the stories of what we have been able to achieve through the funds raised by Climb Kili.

“Over the past four years we have been able to expand our training of Clinical Officers in Emergency Dentistry from just 15 trainees in 2006 to almost 50 in 2010. We just could not have done that, and in turn treated so many thousands of people, without the funds raised by our climbers.”

Simon Roland, a dentist from London climbed Kili in 2007 and is now a trustee of Bridge2Aid: “Climbing Kili was a tough but wonderful experience. We met some great people and had a fantastic time together as we all battled to make it to the top of the mountain over five arduous but very rewarding days. The end result was a great sense of achievement whilst at the same time raising money for a very worthy cause. I heartily recommend everyone to take part in 2011”

Book your place
To take part in ‘Climb Kili’ participants need to raise at least £2,950 – sounds a big amount, and it is, but very achievable and B2A will provide lots of support to help you not only reach the target but exceed it. As well as a fundraising pack and advice on the phone, there are also training weekends between now and the challenge when participants will receive fundraising advice and swap ideas with other climbers, many of whom will have raised amounts like this before.

To find out more, contact Naomi at the Bridge2Aid UK office on 01243 780102, email fundraising@bridge2aid.org or visit www.bridge2aid.org.

Helps patients to quickly understand the range of treatment options available and effortlessly increases patient acceptance. Contains over 200 high quality animated sequences covering preventative, restorative and oral hygiene treatments and there is a special feature for Orthodontists. Fully integrated into R4 so that every animation or leaflet given to the patient is recorded automatically into the patient notes forming an important part of the clinical audit and provides proof of explanation. Includes patient leaflets on over 120 subjects, with much of the text supplied by the BDHF, which can be customised to the practice in seconds and given to the patient or emailed to them along with the animations. Sketching on the animations comes as standard and requires no additional hardware. Developed in the UK using UK terminology and UK products.

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4EverLearning gets record sign-ups for “Hands-On With Waterpik®” BDTA Show Review

DENTSPFLY tails its stand to reflect devoted dental professionals at the BDTA Showcase

For further information please call John, Bishop of Blackwell Supplies on 020 7224 1457, fax 020 7224 1604 or email john.pennington@blackwellsupplies.co.uk

Intelligent design at the BDTA

The Straight Talk team visited the stand and was delighted with the response from delegates at this year’s BDTA Dental Showcase. 

For more information or to book an appointment with your local DENTSPLY Specialties representative, please call 0114 254 3500 or visit www.s4dental.com

DENTSPLY’s unique water flow system. The Waterpik® Water Flosser impresses delegates!

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Material 2010” from the American Dental Advisor*.

3. Luminous Laser: Luminous Laser’s Laser Light therapy was well-received and is the world’s first contact, near infrared laser designed to light-activate Biodentine. It replaces the time-consuming and labor-intensive use of the curing light, and can be used on the easiest surfaces including carious lesions, receded dentine, and surgical sites.

4. Gallery®: Gallery® is a high-impact dental breakthrough that can be used to treat any sensitive teeth, removing the need to use anaesthesia. It is the first non-invasive teeth whitening technique and can be used in under 5 minutes.

5. Dopperr®: Dopperr® is a portable laser used in dental practice for the removal of brown stains, such as cigarette smoke, from the enamel. It is a quick and efficient way to improve patients’ smiles.

6. R zrobić: R zrobić is a French phrase that means “to do” in English. It is a popular saying in Poland and is often used to express the idea of taking action or getting something done.

7. Geocaching: Geocaching is a fun and exciting activity that combines technology and adventure. Participants use GPS devices to find hidden caches around the world, which often contain small trinkets or treasures.

8. Guideposts: Guideposts is a nonprofit organization that provides resources and support to veterans and their families. They offer programs and services such as counseling, education, and employment assistance.

9. The Sun: The Sun is the closest star to Earth and is the source of most of the light and energy that reaches our planet. It is a medium-sized star and is located in the constellation of Taurus.

10. The Moon: The Moon is Earth’s natural satellite and is the fifth largest moon in the solar system. It is an important target for Earth-based and space-based observations.

11. The Earth: The Earth is the third planet from the Sun and is the only known planet with life. It is a rocky planet with a thick atmosphere and oceans.

12. The Sun’s core: The Sun’s core is the region at the center of the Sun where nuclear fusion occurs. It is a very high-temperature region and is the source of the Sun’s energy.

13. The Earth’s atmosphere: The Earth’s atmosphere is the layer of gases that surrounds the Earth. It is a thin layer of gases that surrounds the Earth and is essential for life.

14. The Earth’s surface: The Earth’s surface is the region that is exposed to the atmosphere and is the home of most life on Earth. It is a diverse and complex region with a wide range of features.

15. The Earth’s history: The Earth’s history is a long and complex story that includes the formation of the Earth, the evolution of life, and the effects of natural disasters and human activity.

16. The Earth’s future: The Earth’s future is a subject of much debate and concern. It includes the effects of climate change, the potential for life on other planets, and the need to protect the environment.

17. The Sun’s energy: The Sun’s energy is a source of power that is essential for life on Earth. It is a source of light and heat that is used to power plants, heating systems, and other devices.

18. The Earth’s resources: The Earth’s resources are the natural materials that are available on the Earth. They include minerals, water, and other resources that are essential for human survival.

19. The Earth’s movement: The Earth’s movement is a term that refers to the movement of the Earth’s surface. It includes processes such as plate tectonics, volcanic activity, and earthquakes.

20. The Earth’s atmosphere: The Earth’s atmosphere is a layer of gases that surrounds the Earth. It is a thin layer of gases that surrounds the Earth and is essential for life.
New NSK LED Line Up

 NSK are delighted to launch an extension to their LED range that now encompasses options across a full range of machines and handpieces. Many practitioners are already experiencing the powerful benefits of LED using NSK LED coupling with the Labo-LED, Kai™ and Sterno™ series. The laser LED range is available in NSK’s premium Ti-Max X-series turbines and S-Max turbines with LED integral are available from NSK. The LED Ti-Max X-series turbines are available at 3, 5 and 7 handpieces, while the S-Max turbines range from the XS60 to the most powerful XS95 for both W&H® and Bien-Air®.

To order your copy please contact Quality Endodontic Distributors Ltd on 01733 451946, e-mail sales@qendol.co.uk, fax 01733 361342, visit www.qendol.co.uk or contact your local QED salesperson.

Industry News

NSK Unveil New LED Line Up

Grandio®3 – SD = tooth-like

The Dental Directory has recently launched the Ninth Edition of its Endodontic Catalogue with a new distinctive cover. It contains many new product lines. It is illustrated throughout, with a clear and easy to read layout detailing all the components of Endodontic armamentaria. With every item cross-referenced with a bar code, it can also be subsequently upgraded to both Cephalometric as well as 3D imaging.

The seventh edition of the Imax Touch can be slaved onto the surgery pc screen for setting exposure parameters. The Imax Touch also take a USB memory stick, for transferring data outside of a network. The twin laser positioning system helps the operator get excellent images consistently. The resulting radiograph can be viewed, zoomed and diagnosed on the Imax control panel, before detailed examination using the Quovation Quovia software program.

For more information, or a demonstration of the Quovision imaging software, please contact

mark Chapman
Director Sales & Marketing
Mobile: 07734 044877
E-mail: mark@velopex.com

Onwards supported by Velopec

Onwards Touch Panasonic unit in Wimbledon

Turbines and Contra angles from the Ti-Max X-series are now available to rent from NSK for only £24.32 + vat per month. Call Jane White on 0800 6341909 or visit www.nsk-uk.com

Real Patients, Real Evidence

Three new studies show increased benefits for oral health

Philips is challenging dental professionals with the question “Does your patient love their toothbrush?” If they are using a manual toothbrush, the answer is probably a revolting “no”. If proof were needed that encouraging patients to switch from a manual toothbrush to a Philips Sonicare power toothbrush can significantly improve their oral health, a set of new clinical studies show even more reasons. The data from the three studies reinforce the efficacy of using a Philips Sonicare power toothbrush to clean teeth and reduce gingivitis.

The Philips Sonicare brand is a leader in oral health care, and is backed by more than 173 publications and abstracts representing clinical and laboratory studies conducted at more than 50 universities and research institutes worldwide. Philips Sonicare power toothbrushes are proven to promote and improve good plasticity without having the tendency to stick to the instrument. In addition, Grandio®3 includes exceptionally long-lived memory on exposure to ambient light with very short decay times during subsequent polymerisation. It is possible to reliably cure the material in 10 seconds per layer, eliminating the need to re-cure as for many resins.

VOGC GmbH, P.O. Box 76, 72457 Calwshausen, Germany, www.vocc.de
Sales Manager UK: Tim McCarry, Mobile: 07705-769-613, tim.mccarry@vocc.de

The Dental Directory’s current product catalogue and Henry Schein Minerva’s Dental Software, EXACT™ from Software of Excellence, can have a dramatic impact on patients through new and exciting features, making it easier to attract, retain and treat more patients through online marketing, email and text communications, 3D tooth imaging and patient archiving against appointments. Now, the powerful information and statistics stored within EXACT® can be used to make arrangements and monitor patients through their entire dental care journey, improving treatment plan uptake is improved by FTAs, un-booked surgery time, recall effectiveness and treatment plan uptake is improved in your practice.

The Dental Directory has again recently compared 199 of its branded products with real dealer Henry Schein Minerva, whose results revealed a saving of $3.20 (7%) on average, a staggering 28.8% more expensive than stated. The price comparison compared 199 identical products from The Dental Directory product catalogue and Henry Schein Minerva’s Dental Product Guide 2010/11.

The Dental Directory 28.8% cheaper

With everything your practice needs under one roof and at the best possible price, enhancing patients’ experiences, increasing treatment plan acceptance and ensuring you achieve profitable results in an efficient and effective manner, leaving you more time to concentrate on delivering excellent clinical care.

For more information call 0845 357 3572 or visit www.samedental.co.uk

Three new studies show increased benefits for oral health

Bobby®3, the new, universal nano-hybrid restorative for all classes of cavity. It meets the highest demands for restorations in anterior and lateral regions. Grandio®3 is suitable for class I to V restorations, reconstruction of traumatically injured teeth, to cover isolated and splintering of loosened teeth, conical shapes of implant screw necks and to enhance aesthetics of porcelain crowns, and the fabrication of composite inlays. Grandio®3 cures not only the supermatt-material properties and the is tooth-like material on the market, due to its physical parameters and their interaction with each other.

Thanks to its smooth consistency, the material is readily packable and possesses good plasticity without having the tendency to stick to the instrument. In addition, Grandio®3 includes exceptionally long-lived memory on exposure to ambient light with very short decay times during subsequent polymerisation. It is possible to reliably cure the material in 10 seconds per layer, eliminating the need to re-cure as for many resins.

The study found that nearly a third of parents let their children skip brushing if they’re in too much of a rush, whereas in free days they kids often skip part of their morning brushing routine, simply to avoid the hassle.

The National survey of 1022 parents of children aged between 4 and 10 showed that:

o 30% of parents say between 7am and 9am is the most stressful time of the day.

o 25% of parents say their children don’t want to brush their teeth in the morning.

o 19% of parents say they let their children off brushing their teeth simply because they’re too rushed or stressed.

A third of parents let their childrenskip brushing

Equipped with the latest software and an experienced design team, Admor can produce an array of eye-catching printed practice marketing items, all at cost-effective rates. Using the latest print technology, Admor can offer an efficient, cost effective service for practices looking to run and update your practice stylishly and efficiently, together with credit cover. It contains many new product lines. It is illustrated throughout, with a clear and easy to read layout detailing all the components of Endodontic armamentaria. With every item cross-referenced with a bar code, it can also be subsequently upgraded to both Cephalometric as well as 3D imaging.

To date, results have shown that having once tried the technology the overwhelming majority of patients don’t want to go back. 88% of patients believe the oscillating-rotating toothbrush helped them improve their brushing technique.

To start working with The Dental directory call 0800 585 586 or speak to your local Dental Directory Business Consultant.

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All dental health practitioners deserve optimal protection

As a dental professional you’re committed to giving your patients the most attentive care, while protecting them and yourself from infection. Recent guidelines* highlight the serious risks of infection during dental procedures and the need for better hand hygiene, including the correct use of gloves. Ansell’s Micro-Touch® range of versatile and innovative products covers all dentistry examination applications. With high levels of comfort, dexterity and breathability, Micro-Touch® gloves are manufactured to strict specifications to meet EN 455 norms for exam gloves.

Ansell Micro-Touch®. Because all healthcare workers and their patients deserve optimal protection.

Esthetics meets Aesthetics
Suzy Roland looks at the changing face of cosmetic dentistry at the 2010 conference

Cosmetic dentists in the US have traditionally been regarded as pioneers in their field, with their European counterparts following in their footsteps. Now, the balance has been re-addressed and our peers across the Atlantic are increasingly looking towards Europe for advice, education and inspiration.

This year’s September meeting of the British Academy of Cosmetic Dentistry was a testament to this recent shift and unique in the fact that it brought together some of cosmetic dentistry’s premier organisations for the first time ever: the American Academy of Cosmetic Dentistry, the Dental University of Paris Study Group; the European Society of Cosmetic Dentistry; and the German Academy of Cosmetic Dentistry.

The conference, held in London, celebrated both the similarities and the differences between the way the two continents prac-
tise cosmetic dentistry, whilst offering delegates the chance to share their knowledge of the latest techniques and materials on the market. The event also enabled those present to attend lectures from world-class dental professionals and educators, to network and make new friends.

Throughout the three-day event clinicians honed their skills at the workshops and hands-on sessions taking place, networking with suppliers and exploring the latest equipment available in the trade exhibition hall.

Along with a full programme of lectures and seminars, dental professionals were also treated to social events in outstanding surroundings. The historic House of Commons played host to the social highlight of the international meeting, the elaborate Welcome Reception, and the glittering Gala Event closed the conference with an incredible evening of five-star dining, entertainment and dancing.

For more information about membership entitlements, including access to next year’s conference, please contact

Suzy Rowlands on 0208 241 8526 Or email suzy@bacd.com
A ONE YEAR MODULAR COURSE IN RESTORATIVE DENTISTRY 2011

Now in its fourth successful year, this course has revolutionized the teaching of restorative dentistry. The combination of an increase in knowledge and practical skills will bring high quality dentistry into your ‘comfort zone’. There is one single feature that all delegates who have completed this one-year course have acquired – confidence!

Set in central Leeds, the course utilizes the high spec phantom head room in The Leeds Dental Institute for all its practical sessions.

**Weekly Themes:**
- **Fri 7th Jan:** Intro: Occlusion 1
- **Sat 29th Jan:** Occlusion 2
- **Sat 26th Feb:** Anterior Direct Composite Restorations
- **Sat 12th March:** Posterior Composites and Bonded Amalgams
- **Sat 9th April:** Dentures; Full and Partial
- **Sat 14th May:** Endodontics
- **Sat 25th June:** Crown Preparations 1
- **Sat 9th July:** Crown Preparations 2
- **Sat 19th August:** Implants
- **Sat 17th Sept:** Smile Design and Veneer Preparations
- **Sat 8th Oct:** Bridgework
- **Sat 12th Nov:** Periodontology
- **Fri 9th Dec:** Posts, Treatment Planning and Practice Marketing

**Course Fee:** £450 +VAT per course day, 84.5 hrs CPD

To view the full dates for all available courses, please visit: www.thenorthofenglanddentalacademy.com

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References:

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