BDA fights the good fight

Dentists up and down the country are eagerly wait- ing to see if the High Court is going to rule in favour of an appeal by the Department of Health, that gives health bosses the right to terminate dental contracts without cause or notice.

The DH lodged the appeal earlier this year after Eddie Crouch, an orthodontist in Birm- ingham, won a Judicial Review which said that primary care trusts were wrong to insert a clause in the NHS dental con- tracts allowing them to termi- nate the contract without cause or notice.

The DH was battling it out in the High Court, against the British Dental Association (BDA) which is backing Dr Eddie Crouch, as Dental Tribune went to press.

A spokesman for the BDA said: 'The judge has retired to make his decision. We have no idea yet as to when this is going to be.'

The BDA has challenged the legal appeal saying such notice clauses are unlawful and unre- asonable.

Back in April 2006, South Birm- ingham Primary Care Trust in- cluded a without grounds termina- tion clause in Dr Crouch's contract.

If the DH wins the appeal, PCTs would have the power to end dentists' contracts with as little as one day's notice.

Every right-minded person can see that this is totally unreas- onable and would destroy the vi- ability of family dental practices.

How can dentists plan for the fu- ture if they have no security? A success for the Department of Health would be bad for dentists,

bad for patients and disastrous for the health of the nation.'

A reversal of the original High Court judgment will apply to all Personal Dental Service agree- ments and will leave dentists in a very vulnerable position.

Money Matters

Small change
A PCT in Cornwall has wasted £50,000 on renting empty, purpose- built NHS dentist rooms over the last two and-a-half years.

Xmas credit? This Christmas the credit card will be swept world over, so it's worth knowing what deals are out there before you start.

Mr Dean
Working in the Navy, launching dental courses, supervising train- ing—is there anything he can't do? Meet Professor Lambert-Humble.

‘Botched’ reforms fail 1.2m people
More than 1.2m fewer people saw an NHS den- 2008, shows that in the two- year period up to the end of June 2008, 26.8m people — which equates to 52.7 per cent of the population, saw an NHS dentist.

The percentage of people seen by an NHS dentist varied from area to area with a higher percentage of people tending to see an NHS dentist in northern strategic health authority (SHA) areas compared with those in the south of England.

The report, NHS Dental Sta- tistics for England: Quarter 1, 2008, shows that in the two years up to the end of June 2008, 26.8m people — which equates to 52.7 per cent of the population, saw an NHS dentist.

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Working in the Navy, launching dental courses, supervising train- ing—is there anything he can't do? Meet Professor Lambert-Humble.
Clawback payments reach £120m

Around half of dental practices have fallen short of the targets and will have to pay back £120m to the NHS because all the targets agreed with local health authorities.

'The 'botched contract' is forcing dentists to give back £120m to the NHS because all the targets agreed with local health authorities.

The British Dental Association fears these clawbacks may put some practices out of business and could lead to more dentists quitting the NHS.

Figures obtained under the Freedom of Information Act by DPAS, provider of dental insurance that supports practices in other countries, reveal that although thousands of patients are still on waiting lists for NHS treatment, five million fewer treatments were carried out in 2007-08 than were budgeted for by the health service.

In Leicester, for example, more than 25 per cent of UDDAs (units of dental activity) have not been delivered and 21 dental practices face repayments of £50,000 or more. Across the country, 89 per cent of primary care trusts responded to a survey that found a total of 414 contracts where targets were missed by £50,000 or more.

Peter Ward, the chief executive of the BDA, said that dentists who failed to meet their targets in the first year were likely to have failed to do so again last year, creating a 'rollover effect'.

He said: 'Once again this highlights problems with a target-driven contract that contains one crude measure of performance, which has long been criticised by the profession and patient representative groups.'

Quentin Skinner, the chairman of DPAS, said: 'For those dentists who fell rather short of the mark, the future for them in the NHS certainly looks bleak.'

Mike Penning, Shadow Health Minister, said: 'These figures show, yet again, why we need to rip up Labour's botched contract and move towards a registration system based on clinical need, one that is targeted at preventing dental ill health rather than reacting to it. The BDA requested an amnesty for dentists who had completed a significant amount — but not all — of their units of dental activity (UDA) for 2006/07.

However the Department of Health has said it will not consider waiving financial clawbacks for dentists.
Editorial comment

Making a stand

Chief executive for the BDA Peter Ward spells it out loud and clear that ending the contract without any notice is no more than a ticking time bomb for the profession. It is a statement which sums it all up. As we sit here and wait the outcome of this farcical appeal, some of you out there are functioning on a low simmer. For the implications of the over rule could be catastrophic. Living on the edge is no fun for dentists or patients – the anxiety would keep you awake. And what’s the point of family dental practices making any future plans with the burden of a looming contract termination at any second? It takes guts for someone like Dr Eddie Crouch to take on the big boys, but thank god there’s someone out there brave enough to do it. He signed the contract in dispute because how else could he continue NHS care without it? But instead of shutting up and getting on with it he’s making the right noises and making a stand. The BDA is there now lending support at a crucial time – a professional body showing its true colours not just to Dr Crouch but to the whole profession at last. But a ‘success’ for the Department of Health would cause ripples of destruction in the profession and crushing news for patients.

Adequate rewards?

The NHS Information Centre highlights some pretty damning evidence. With 1.2m fewer people seeing an NHS dentist in the two years up to June this year things are certainly not looking up. But with an increase on treatments per patient what does this mean? Are dentists carrying out more treatments because they have to, and if so are they getting rewarded adequately? Last month one dentist told Dental Tribune he gets paid the same amount of money for doing either one filling or ten fillings. The report makes sense then doesn’t it, but that doesn’t mean that the profession is happy, especially when some of you have to pay back cash? The repercussions are obvious, NHS practices will fail, and more NHS dentists will leave in their droves. As more dentists shun the NHS, more patients will be forced into private dentistry, but the lucky few who bag themselves an NHS dentist are getting their fillings in while they still can. At least there are some happy NHS patients in England.

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Cornwall throws £50,000 to waste

A primary care trust in Cornwall has spent £50,000 in the last two and-a-half years on two empty and unused NHS dentist rooms.

The news follows Dental Tribune’s report that the St Austell MP, Matthew Taylor, discovered that the purpose-built rooms were lying vacant because the Cornwall and Isles of Scilly Primary Care Trust (PCT) could not find a NHS dentist to use them.

When Clays Area Health Centre opened in January 2006, it included provision for an NHS dentist. However the dentist who had planned to use the facilities decided not to set up a practice in the surgery. It has now transpired that the PCT has paid rent on the space in the Clays Practice in Roche for nearly three years at a cost of £1,500 per month – totalling £52,500.

The money was spent from January 2006 when the practice opened, until November 2008 to retain the rooms.

Peter Knibbs director of the PCT said: ‘The cost of setting up a new dental service is considerable and the resource was not available initially. In order not to lose the space, the decision was taken to cover the rental costs of the dental rooms in order to permit development in a planned strategic fashion.

This is now factored in to the dental strategy and is presently being developed.

GDC warns against bone harvesting

The General Dental Council has issued a warning to dentists after it found some are carrying out bone harvesting without appropriate training.

A spokeswoman for the General Dental Council (GDC) said: ‘Only dentists who have completed appropriate post graduate surgical training or those enrolled on an appropriate post graduate surgical training programme should carry out the harvesting of bone from sites outside the mouth.’

She added: ‘Those who are considering carrying out bone harvesting from extra oral areas must also check with their defence organisation that they have appropriate indemnity cover.’

The GDC does not approve courses in bone harvesting and it is dentist’s responsibility to ensure they are appropriately trained and competent to carry out a procedure, otherwise their registration may be at risk.

Cumbrian preventative care

A new dental clinic in Cumbria is offering free dental and hygiene treatment to anyone who has been waiting to get an appointment with a dentist for over a year.

Total Dental Ambleside is offering the treatment to adults and children living in the Ambleside area.

The free treatment includes a scale and polish or training those enrolled on an appropriate post graduate surgical training programme should carry out the harvesting of bone from sites outside the mouth.

The free treatment includes a scale and polish to help get rid of potentially damaging plaque which may have built up.

Total Dental Ambleside is based in the Millans Park premises in Ambleside.

Chloe Booth, director of Total Dental, said: ‘Although we are a private clinic, we are dental professionals and believe that every one should have access to adequate dental care.’

Recent findings by the BDA revealed that children suffer on average 1.5 rotten teeth by the age of five, partly because many families have difficulties enrolling at a dental practice and so fail to have regular check-ups.

New regulations for Welsh private dentists

New regulations mean all dentists offering private treatment in Wales have to register with the health regulator for Wales. The Private Dentistry (Wales) Regulations 2008 come into force from 1 January 2009 and dentists have to pay £50 to register. This applies to all dentists, including non-Wales nationals, locums and vocational dental practitioners.

The Dental Inspectorate Wales (HIW) is the healthcare regulator for Wales and from next year, it will be responsible for inspecting and regulating private dentists and their practices in Wales.

It will check that private dentists meet national minimum standards which reflect the same standards of care that dental practitioners who provide NHS funded care are required to meet.

The regulations will ensure that private dental treatment in Wales is regulated to the same high standards as NHS treatment, according to the chief dental officer for Wales, Dr Paul Langmaid.

He said: ‘Uniformity of regulation between NHS and private care is important as many patients often choose to supplement their NHS care with private treatment, often from the same dental practice.’

From December 2008 the application form will be available to download from the HIW website www.hiw.org.uk

Dr Halley is the first of only seven dentists worldwide to graduate from the Master’s Course in cosmetic dentistry at the Rosenthal Institute at the New York University College of Dentistry.

New president for BACD

Dr Halley is the principal of Cherrybank Dental Spa, a private practice in Perth, Scotland and her primary interest is cosmetic and advanced restorative dentistry.

Dr Halley has written various articles on subjects ranging from clinical case studies to practice management and she frequently lectures throughout the UK.

She teaches hands-on programmes across the country in association with the Californian Centre for Advanced Dental Studies.

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The British Academy of Cosmetic Dentistry has appointed Elaine Halley as its new president.

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A dental teaching hospital in Wales has become the first in the UK to find a way of making crowns and bridges using titanium.

Up till now, dental work has had to involve gold because it was thought that porcelain couldn’t bond with any other metals.

However the dental teaching hospital in Heath, Cardiff has found a way to bond porcelain to titanium. The discovery will help to reduce the hospital’s spending on gold and also benefit patients because the implants will be lighter.

Roger Maggs, the senior chief production manager at the dental hospital, said: ‘People have tried for years to bond porcelain to titanium but it has never worked; it has always fractured during the cooling process.

We have managed to get around this problem and have been able to bond porcelain to titanium to use in implants for patients.’

The dental hospital currently spends up to £50,000 a year on gold. Staff at the hospital hope to develop the technique for the production of crowns and bridges, but it could also be used in the production of dentures for patients with missing teeth.

The diploma course in dental implantology is already taking on students for the new course being run next year. The diploma course in dental implantology is run by Perio-Implant Europe Ltd and the 15 modules are taught by a range of experts including Dr Apollonius Allen, Dr Andre Saadoun, Dr Roger Levin, Dr Pascal Valentin and founder Dr Nadeem Zafar.

The course which runs from 24 April 2009 to 15 February 2010, also features an advanced bone grafting course. For more information call 01276 469960.
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The Priors Dental Practice in Penkridge, Staffordshire, was last night named as the second winner of the British Dental Association (BDA) Good Practice Scheme Practice-of-the-Year Award.

The award, open to all members of the BDA Good Practice Scheme, recognises outstanding commitment to patient care by the whole dental team. The winning general dental practice is also a specialist referral centre for orthodontics, endodontics and prosthodontics and is to open a dedicated implant suite offering live implant teaching in 2009.

The 15-strong team received the award at the third annual BDA Honours and Awards Dinner in London, which is supported by the British Dental Trade Association (BDTA). The evening also featured presentations to individuals by the BDA in recognition of service to dentistry and the BDA, along with a range of awards presented by the BDTA and dental care professional associations.

The President of the British Dental Association Gordon Watkins said: ‘This event has become a true celebration of the dental team, giving recognition to the commitment and talent of some very special individuals. We were delighted to be joined by so many friends and colleagues from across dentistry to mark these achievements.

‘The Good Practice Scheme is recognised as a benchmark for excellence with 1,000 practices now in the scheme.’

The honours and awards presented were as follows:

• BDA life membership to Derek Debuse, Adrian Flower, John Hobkirk and Gary Whittle.
• BDA honorary membership to Sir James Carlisle
• BDA Fellowships to Ralph Davies and Patrick Denning
• The BDA Certificate of Merit for outstanding contribution and services to the BDA: Barry Donald and Rosemary Longhurst
• Entry on the BDA Roll of Distinction: Mary Newing and Anwar Tappuni
• The BDTA Award to mark outstanding contribution to the dental industry: John Davis
• The 2008 British Association of Dental Nurses’ Outstanding Contribution to Dental Nursing Award: Elena Graham
• The Dental Laboratories Association Significant Achievement Award: David Smith
• The British Dental Practice Managers’ Association Outstanding Achievement Award: Bridget Crump
• The Dental Technologists Association Award in recognition of an outstanding contribution to dental technology: John Goodman and Dame Margaret Seward.

The BDA hands out awards to the profession in style
A flexible friend

If you need to borrow money, Richard Lishman shows you what to look for when shopping around for the best credit card deal

With the cost of living rising, many of us are turning to credit cards to fund our lifestyles. So, if you are not one of the lucky people able to clear their balance each month, you may well be familiar with the credit card balance transfer rates on offer.

When looking at your credit commitments, your first port of call should be to try renegotiating with your existing credit card providers as this may well be the cheapest option. If they have attractive rates for new customers, call them and ask to switch to that rate – for the cost of the phone call you may be able to knock 9% per annum off your interest rate – on a balance of £5000 this would be £450.

However if the above option doesn’t work, the following may help you decided on what to do next...

The best deal

After completing research recently, I found 102 ‘0% balance transfer offers’. But how do you work out which deal is going to be the best for you?

Firstly, check how long the 0% rate for. Some cards give you an end date, while others a monthly term.

Secondly, check whether there is a fee and find out how much it is. Of the 102 deals I found during my research, only three don’t have fees and they also carry the shortest 0% period. Perfect for those who know they will have cleared the balance in say six months. The remaining 99 deals carry fees of between two to three per cent of the balance you are looking to transfer and the longer the 0%, the higher the fee.

If you believe you will be able to clear the balance by the end of the interest-free period, then these deals are perfect. However, if this is not the case, there is an alternative.

Avoiding a penalty

Certain credit cards offer balance transfer rates for the life of the balance, and of the 12 deals of this type on offer, the rates vary from 4.9% to 12.9%. These rates are more comparable to those of personal loans and offer greater flexibility than most loans as they can be repaid without penalty, at any time. Some of the transfer rates do carry fees however they may work out more competitive in the long run if you feel that it may take several years to clear the debt.

There are also 67 cards available offering 0% on purchases for the first few months, and again these are perfect if you know you will be able to clear the balance during that time. If you are opting for this type of deal, make sure you check what the rate will revert to at the end of the interest free period as this is likely to be quite high.

Know your rates

The key to this is to know what rate you are paying and when that rate will end, if you are switching from interest free deal every nine months, you may find that due to the fees involved when transferring, you are better off taking a card with a lower rate for the life of the balance. However, the most important point is that whatever the rate, try and maintain at least the minimum payment each month and if you are struggling with payments, always speak to the card provider, as they may be able to help!

*Research completed July 2008

About the author

Richard T Lishman is a Partner at money4dentists, a specialist firm of independent financial advisors who help dentists across the UK manage their money and achieve their financial and lifestyle goals. Money4dentists are also members of the ASPD.
Thriving in an economic downturn

R ecession. There aren’t many words in the English language that evoke such a variety of strong emotions from business owners, ranging from fear to uncertainty. Others may take refuge in their ignorance, either knowingly or not. This is because the success or failure of each of these as well as the opportunity the current economic climate presents to the dental practice owner.

Fear can be a healthy response to a potentially threatening stimulus. It can also be an unwarranted reaction disproportionate to the actual circumstances and cause the business owner to make decisions that stifle the economic growth of the business. Many dentists will be tempted to weather the storm by parking their business shell while they ‘weather’ the recession storm. Savvy dental practice owners will see this portion of the economic cycle as an opportunity to thrive while others brace for the worst.

Uncertainty may be the most stressful emotion of all. All the fearful and blissfully ignorant have a plan. The uncertain practice owners are paralyzed by an inability to move in any direction, or they go one way and then the other, wasting both time and resources.

Others will choose to ignore the obvious events occurring in the economy and their ramifications to the local marketplace, oblivious to or refusing to acknowledge how they are affected by it.

Many of these dentists have the ‘head in the sand’ mentality if they don’t think or talk about it, then they will not be impacted by it.

The answer to all three of these responses to a recession is a large dose of reality. What are the facts? We know that a barrel of New York light sweet crude oil has for the first time eclipsed $90.48, resulting in our patients paying more than £2.58 per gallon at the gas pump.

The sub-prime mortgage crisis has affected lending to both suppliers and consumers, in addition to the highest foreclosure rate in recent memory. Real estate values have plummeted, as has the value of the dollar; inflation and unemployment have risen; the overall growth of the economy has ground to a halt.

Possibly the most important statistic of all is perception, or consumer confidence, the ultimate determinant in what people do with their resources, not helped at all by the timing of a presidential election year and an unpopular war overseas. Economic downturn or recession—choose your term—nearly all the indicators point to economic conditions that directly or indirectly affect the business of dentistry.

Are there opportunities for the practicing dentist to endure or even prosper in such a climate? The fact that there are can be substantiated by what I have observed and practiced. I work with all over North America both in this present downturn and previous ones as well. I’ve compiled these key methods for success into the following five strategies.

Five strategies to make the recession irrelevant

1. Adjust to the marketplace.

Take what the market gives you and make what it wants. Your response to the changes occurring all around us should reflect the needs and wants of the marketplace. Increasingly, in this economy and culture, when it comes to health care, two things motivate people: affordability and convenience.

Money, and how to make the best personal use of it, is on the minds of many Americans at the moment. Take a drive down the highway, or a walk through an airport, and you don’t get the feeling that Americans are using less fuel, despite escalating prices. Sacrifices are being made elsewhere. In general, patients are less likely to commit to full-mouth reconstructive dentistry, but will have smaller areas of their mouth restored as they seek an affordable compromise between the big case and allowing deterioration to continue.

If the dentist sees this temporary downsizing as an unacceptable compromise for the patient, the patient will simply go somewhere else to get the more affordable option. The dentist that ends up treating the patient will see this trend for what it is, an opportunity to give people what they want now, while acknowledging they will likely commit to the full case or a variety thereof in the future.

The key here is to make dentistry affordable for the patient. That doesn’t mean we discount the treatment, but we work within the patient’s perceived budget. Phasing the treatment plan, using creative outside financing options such as Care Credit®, giving patients other treatment options (only after they ask), and as a last resort, just keeping patients in the practice re-care system until they are ready to proceed with comprehensive care.

While affordability speaks to money, convenience addresses time. Increasingly, people want to squeeze more out of each day, and they want their dental appointments to work within their schedule, not yours. If you can make their visit and their subsequent appointments as convenient as possible, you will be able to capture and retain more than your share of the market.

Of course, to today’s patients other factors, like trust, caring and excellence, matter. Combining these with affordability and convenience for the patient, while accepting the fact that you may need to do less dentistry or work with more patients for this economic cycle allows you to capitalize on some of the more down time, when past modes to attract patients may bring you less return.

2. Use targeted marketing.

A healthy flow of new patients makes you bulletproof. If you accept the premise that the average size case will be smaller in this economic downturn, then you will need more patients to supplant what will be lost. You are also likely to need more patients as patients fall out of the re-care system and postpone treatment.

New marketing methods, both internal and external, will help you reach more patients at a time when past modes to attract them may bring you less return. The message of your marketing must establish you as distinct from the dentists they are already familiar with and set you apart as someone worth visiting in the eyes of your prospective patients.

The good news is that this is the best time to market your practice for the following reasons:

• There will be less competition as many dentists fail to see the potential and are reticent to make the investment.
• As a result of less competition in the marketing arena, marketing will be less expensive.
• When patients are placing more emphasis on affordability and convenience, they are more susceptible to the call to action from marketing (even if they currently have a dentist).
• When the economy rebounds, the prominence established from marketing will help you take maximum advantage of the upturn and allow you to dominate your marketplace.

3. Sharpen your saw:

Enhance the distinction between your practice and others by refining key systems. One of the great things about capitalism is that when demand for services goes down, competition goes up and the quality of services and products generally improves. Economic downturns tend to expose practice weaknesses. Scheduling systems require more focus, acceptance must be optimized, the highest possible level, and team improvement is paramount.

If you are less busy, then you have some time on your hands, time to work on your practice. Even if you don’t have extra time, then your efforts to build your team, improve systems and improve leadership will separate you from the pack even more during an economic downturn.

4. Expand your services.

A healthy flow of new patients makes you bulletproof. If you accept the premise that the average size case will be smaller in this economic downturn, then you will need more patients to supplant what will be lost. You are also likely to need more patients as patients fall out of the re-care system and postpone treatment.

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5. Focus on profit:

Profitability is the ultimate contingency plan. The typical reaction when times are lean is to downsize, freeze all spending and wait out the recession. Instead, the focus should be on maximizing profit as a continuous process against the inevitable ‘down’ month or two that accompany a recession.

Spending is only one component of the profitability formula, and the equation for this is: (production X collection rate) – expenses = profit. Systems that positively impact any component on the left side of the equation lead to more profit. When times are lean, cash is king. Protecting cash flow by focusing on the bottom line gives you the resources to take advantage of the opportunities available in this economy.

Planning for more profitability starts with a budget. The budget allows you to determine how much you need to collect and produce and, therefore, allows you to set goals.

It is a dynamic instrument that is evaluated periodically and updated as necessary with the same process of keeping the business on track for maximum profitability.

Conclusion

A dental practice is not immune to the ebb and flow of the general economy. The degree to which it is adversely impacted by a recession is determined by its response to the marketplace and its needs, taking its marketing methods to a new level, refining key practice systems, expanding patient services, and focusing on practice profitability.

About the author

Anthony F. DDM, a nationally recognized clinician, consultant, lecturer and author. He has an extensive background working in corporate dental practice and has a unique insight into the dental industry. In 1990, Dr. DDM received a Master of Education in Business Administration with a Corporate Management concentration. To find out more about Sunrise Dental Solutions, visit www.SunriseDentalSolutions.com or contact Dr. F. directly at (800) 750-0757 or Tony@SunriseDentalSolutions.com.
Humbled to meet you...

Professor and dean of Kent, Surrey and Sussex (KSS) Deanery, Professor Stephen Lambert-Humble has dedicated his life to dentistry, forged firstly through his training and then working in the field with the Royal Navy all over the globe. Now, Prof Lambert-Humble is busier than ever spearheading new dental courses and initiatives, supervising the training of our future dentists, and advising on many dental committees and boards. Yvonne Gordon reports.

Professor Stephen Lambert-Humble, 61, was the first dental dean for the UK armed forces. Originally studying at the Royal London Hospital, he then spent more than 50 years in the Royal Navy, working his way up to Surgeon Captain in the Royal Naval Dental Service where he was a general dental practitioner, but also training dental nurses and hygienists, moving on to become Dental Practice Adviser.

In this capacity, he trained the Royal Navy’s Vocational Dental Practitioners and eventually became dental dean for all the armed forces.

He says: ‘Working in dentistry in the Navy was an exciting way of practising the profession. The best years I had were in Hong Kong where I treated UK Servicemen and their families, and Hong Kong and Gurkha servicemen, as well as looking after the British Embassy staff in Beijing. It was both an insight into Chinese culture and the differing mouths in different cultures, which are influenced by diet and ethnography. The Chinese eat far less refined sugar and carbohydrates. I was proud to become the first UK dental dean for the armed forces.’

Prof Lambert-Humble retired from the Navy early in 2005, because he wanted to continue his work in the field of training. He says: ‘One has to retire any way at around 55 in the service, so I began to look for a post elsewhere.’

If the politics were right, the country he would have most liked to live in would have been South Africa, which he visited while serving at sea where he looked after sailors’ teeth on several ships in the 1970s.

He says: ‘All the people, black and white, whom I met, were fascinating and the countryside fabulous.’

One of the few countries he has not visited is South America. But he did organise the dental part of an expedition and publish a report on the work of a group of servicemen who visited the upper reaches of the Amazon, taking dentistry to isolated villages.

Work portfolio

In his deanery post, Prof Lambert-Humble is funded by the NHS to provide vocational dental training, look after senior house-officers’ training, amongst other things, and to provide Continuing Professional Development for dentists across the South East coastal area. He has extended his work to cater for the whole dental team and is the lead dean nationally for dental care professionals. His working day varies considerably.

He says: ‘In my job there is no such thing as a typical working day. For two days a week I am out of the office. For example, I was recently in Brighton for the National Dental Tutor’s Conference, which I organised, and then in Manchester at the National Examination Board for Dental Nurses, where I am a director, and past chairman. I have several national and local roles which take me out and about to many meetings.’

In the office I deal with many issues by email, phone and letter, have regular team meetings, plus business manager meetings and one-to-ones. I interview Fitness to Practice and overseas dentists and also organise many educational programmes.’

Prof Lambert-Humble’s role is predominantly one of leadership, organisation and management for four days a week, but on the fifth day, he is director of the Division of Dentistry at the University of Kent. He is also a Consultant in Dental Public Health (DPH) for which he is also Lead Dean, gaining an MSc in DPH with honours, in 1981.

He says; ‘In my role as Lead Dean for DPH I meet with consultants and am part of the Specialist Advisory Committee which manages the discipline meeting twice a year and regularly by e-mail. I am also closely associated with the Faculty of General Dental Practice (UK) where he represents COPDEN (The Committee of Postgraduate Dental Deans and Directors), and has been a Board member and twice Vice-Dean. He loves engaging with staff and students at KSS Deanery.

He comments: ‘I have lots of contact with dental trainees and tutors which I really enjoy. At the start I thought I would miss clinical dentistry, but it is very rewarding to watch students as they progress through their courses, and develop into competent professionals. It gives me a great buzz and is what motivates and drives me. Although my job is to commission, performace-manage and quality assure, I make sure I have my feet on the ground with the trainees.’

Meanwhile, Prof Lambert-Humble was also responsible for setting up an innovative accredited training programme for dental nurses - DN START, and its predecessor DNART. He says: ‘When regulation of dental nurses was being talked about in 1998-2000, I was chairman of the National Examining Board for Dental Nurses and we were very concerned that there would be registration, without many nurses having access to training. So I came up with the idea for the Dental Nurse Access to Registration Training course, which was then funded by the Department of Health.'
Dental technicians have only just been brought into the fold by the GDC. A group was training in Canada and the GDC looked at the gap between that course and what was needed in the UK.

He wrote and delivered the course, as a result of which 120 trainees are now able to register in the UK. He is now producing a new course which will bring up to date 2,500 more experienced clinical dental technicians to registration. ‘All of them can now become a proper part of a dental team.’

Never one to stand still, Prof Lambert-Humble has also set up a Masters degree in Primary Dental Care at the University of Kent, as well as a BSc in Primary Dental Care for Dental Care Professionals at the same university. In addition, he is in the process of writing a BSc in Dental Practice Management.

He says: ‘My aim is to professionalise everyone and set wide and clear career pathways for everyone.’

He thinks some dental schools can be a bit inward-looking and are often not involved enough in the community and the real world of general dental practice.

He comments: ‘Although students come out well-qualified, they still need considerable induction training into the real world of practising dentistry, which Vocational Training provides.’

He thinks that maybe dental training should mirror medical training, which also has a five-year course and then gives two degrees, a Bachelor of Medicine, and a Bachelor of Surgery (MBBS). In Dentistry, he feels dental undergraduates should get a dental therapist qualification after three years (a BSc in Dental Practice) and then after a further two years training, a BSc in Dental Surgery.

On this, he says: ‘This would also enable them to easily get their outreach experience in the workplace (General Dental Practice) as a dental therapist, and would also allow dental therapists to do a top-up degree in Dental Surgery to become a dentist, whereas now the therapist has to go back to university for five years.’

Nevertheless, he thinks patients’ needs are quite different nowadays and training has changed accordingly.

Skewed focus

‘Training has changed hugely in some areas through the years. We no longer have as many patients without teeth. Mouths are much healthier, but we still tend to concentrate on dealing with disease, whereas we ought to concentrate more on prevention.

We also have much more educated patients partly as a result of the Internet, who ask about the alternatives and want much more direct involvement in their treatment.

‘The shape of the dental profession is also very different. When I trained in the East End in the late 1960s/early 70s, there were 10 female students out of a course of 50. Most of the students were white males. Immigration from various parts of the world changed the ethnic mix, and now over 50 per cent of dental undergraduates are female.

‘That means the shape of the profession is changing as a greater percentage of women work part-time.’

‘Also, team delivery nowadays is very different. When I qualified, many dentists didn’t even have dental nurses. Now the dental team includes dental nurses, hygienists, dental therapists, dental technicians and clinical dental technicians, all of whom are specialists in their own way.’

On the future of dentistry, he believes it is vital to look ahead. He explains: ‘In the future we will see fewer dentists, but a larger team of dental professionals. This will mirror the nurse-practitioners who complement GPs in today’s doctors’ surgeries.

‘In dentistry there is a tendency just to plan for the problems of today. But if we look into the crystal ball regarding future treatment, we will need the right manpower for that. Many dentists now do implants and cosmetic work.

‘Bio-technology is moving the profession rapidly forward however, and a Kings College professor recently told me that we now have the technology to grow new teeth, but not quite yet in a natural tooth-shape, which will take about ten years. So within 20 years there will be new skills needed. We need to plan for them.’

Technological change is crucial. We can be painting out tooth decay in the future, not drilling, so less skill would be needed for that.

‘There are huge changes afoot in bio-technology, in demands from patients and in team-work.’

Prof Lambert-Humble stresses that basic human qualities are essential to be a good dentist. He says: ‘The most important qualities in a trainee dentist, apart from the technical know-how, are a gentle, caring and compassionate manner. Trainee dentists need to learn to be professional in attitude and appearance and consider everyone with whom they are working. It is vital that they become team players with a “we” not a “me” attitude.

‘If someone has those skills then the practical skills can be easily learned. It is rare for dentists to have poor technical skills. When undergoing treatment, patients are in a very vulnerable position and dentists need to be aware of this and communicate accordingly.’

The GDC is currently considering re-validating dentists and subsequently all members of the dental team every few years, examining their development and competence in four domains - clinical, professional, communication and management & leadership skills.

With Prof Lambert-Humble at the helm of KSS Deanery, patients can rest assured that their teeth are in the safe hands of the dentists of the future.
Exploring the gaps

O

cay so there’s a credit crunch going on so is the wrong time to sign up for courses right? Wrong! If you’ve got gaps in your appointment book then you need to find out why.

Nobody teaches you how to run a business, or tell you how to really make money in this profession. Welcome then to a course launched especially to address these issues.

Now in its third year the Eastman CPD Finance and Practice Management Course focuses on the practical application of financial and management techniques to dental practices. It looks beyond the theory and explores the practical applications of how to manage your practice more profitably.

Spread over five months, and suitable for the newly qualified to those thinking of retirement, the six-day course helps practice owners and associates understand financial and employment issues. It is specially designed so participants have the time to apply new practice techniques, and discuss them with the group at each subsequent meeting.

As well as addressing fundamental principles, terminology is explained, and then applied to dental practices. The interactive days involve analysing sets of accounts, and debating whether to buy the practice they relate to. Participants would also learn to prepare budgets, set fees and prepare employment contracts.

At the beginning of each day participants are invited to ask questions on any subject they want help with. The day is then structured to address the specific needs raised.

The course also examines employment law, where participants review adverts, recruitment questions, offer letters, references including contracts for salaried staff and associates.

Each day will be led by professionals with extensive experience of working with dentists. The principal teachers include;

For further information please contact the programme administrator Marjorie Kelly on: 020 7905 1234 or email: m.kelly@eastman.ucl.ac.uk.
I’m watching you

Patients are very astute when it comes to determining how much you care about them and their treatment, says Mike Wanless, who says there are ways of showing how to show them your sympathy effectively.

EARLIER in this series it was stated that patients assess us largely by how they perceive we care. In this article, we will look at how we can show that we care. You care for your patients as do all your fellow students, and although some of us are naturally better at showing it, it’s a skill that can be learned by anyone. So how can we show that we care?

When patients assess us they make value judgments about what we are like as a person. As human beings, we all do this all the time. Albert Mehrabian (1971) conducted research into how people decide if they like another person. This research is often misquoted, but has been successfully applied to other value judgments. When deciding if we like someone it is based on three communication channels, as we decide if we like the messages they convey to us.

We base approximately seven per cent of our judgment on the words the other person says. Thirty per cent is based on paralinguistics which is how we speak. This includes voice tone, whether our voice is monotonous or goes up and down, loudness, speed of speech, accent and the little words we say like ‘um’ and ‘ah’. The remaining 55 per cent is made up by body language, including facial expression. So how can we demonstrate that we care through body language?

Showing the signs

If you imagine that you are looking at yourself in a mirror, what sort of face are you pulling when you try to show that you care? Using facial expression appropriately is a strong indicator of caring. Have you ever had a conversation with someone who shows very little facial expression? If so you may have sensed them as being cold or uncaring. It does not mean that they were uncaring, but that is how they looked. Maintaining good eye contact is also an indicator of caring, particularly if the person is talking to you.

Gestures and body position also convey strong messages. A closed body position (with arms and/or legs crossed) can be read as indicating defensiveness. Simply uncrossing makes us more open. Opening our body movements also indicate openness and genuineness. Just watch the hand movements of a politician. Many are trained in how to use their hands to show what a genuine caring person they are.

In future articles, we will look at how we can show that we are listening to what patients tell us. We will also look at how we can respond verbally and nonverbally to show that we appreciate how they feel, which is a powerful tool in relaxing the nervous patient and developing rapport.

Reference

Queen’s School takes the throne

Queen’s University Dental School in Belfast was rated as the top institution in the UK for the study of dentistry, by The Times Good University Guide 2009. Professor Donald Burden, head of dentistry at Queen’s, revealed some of the secrets of the success of this highly prestigious, ‘small and friendly’ institution to Dental Tribune.

We have very strong links with the community and the local dental profession, many of whom contribute to the course.

What is the course structure?

A unique feature of the school is that the first two years of the course are shared with the medical school, but taught with a dental emphasis. So there is cross-fertilisation between the two disciplines. We see that as one of our strengths.

The course is structured so that students learn about dentistry and human diseases in year three and start clinical dentistry in specialty areas in year four. Students are exposed to clinical dentistry throughout the course. In year five they go on to study Total Dental Care, which is also integrated at each stage.

We have a strong focus on teaching and the development of resources to support learning. Our local dental committees are also involved in teaching. Many of our former students come back to their alma mater, which provides us with excellent resources. We also have well-developed peer-mentoring systems in place.

Our first year consists of a foundation upon which the rest of the course is built. Modules include an introduction to genes, molecules and processes which enable cells to form tissues and organs. Population social settings are also introduced.

Alongside this, we run an introductory clinical course where students learn how to approach patients and how to undertake examinations. We also run courses on the principles of disease and of treatment, and courses on the medical social sciences.

The third year continues with the subjects of the previous year and introduces a greater clinical component. If a student decides not to continue, they can withdraw from the dental course after third year with the award of an ordinary Bachelor of Medical Science degree if all professional exams have been passed.

In the fourth and fifth years students gain further experience in all the specialties of dentistry, with particular emphasis on the development of clinical skills, before they sit the final exam.

What are Queen’s University’s entrance requirements?

We look at academic achievement based on exam grades, in fact last year our entrance requirements were higher than those for medical school. We require three A-grades at A-Level, one of which must be chemistry and one A-grade at AS Level. We also use the UK clinical aptitude tests. We do not interview all applicants, but use the interview process selectively.

Do you help students find placements?

Our students are much sought after and most of our graduates will go on to work as general dental practitioners or dental specialists providing dental care for the people of Northern Ireland. We have excellent links with our local postgraduate deanery. Most go on to become general dental practitioners, but considering our size, a fair number go on to work in dental hospitals. For a small school, there is a disproportionately high number who

Why do you think that Queen’s University dental school was nominated as the top UK dental university?

First of all, we were delighted to receive the recognition, especially as we are one of the smallest UK dental schools, taking only 45 students a year, which makes this achievement even more remarkable. This top ranking position recognises the dedication and commitment of the staff in Queen’s Dental School. It also highlights the high standards achieved by our dental students.

We scored very high in the ranking measures used by the Times Higher in its assessment criteria.

These include the caliber of students, which is very high at Queen’s. As we are small, we can pick the crème de la crème.

Employment prospects are excellent for graduates, which is related to their high quality and good progress during the course.

Again, due to our size, we have the ability to gain a good knowledge of our students and provide excellent pastoral care and support. We know all our students by their first name, which larger numbers don’t always make possible.

Students provide us with very positive feedback. We always make sure we listen carefully to them and involve them at every stage, if there are any changes made to the course.

In addition, all our staff are very enthusiastic, hard-working and committed, and overall, this creates a friendly, educational environment. Since our top listing, there has been an increasing interest in the course from the international community.

How does Queen’s compare to other dental schools?

It is small and friendly, about half the size of a traditional UK dental school, which allows good staff/student relations and produces a high standard of graduate. We are the sole dental school in Northern Ireland.

Visiting external examiners always comment on our high level of training.

The dental course is a very popular course and we are very oversubscribed, with most of our students coming from Northern Ireland and the UK and a small number from abroad.
What are the main challenges you face in delivering the University’s curriculum?

‘It is quite complicated to deliver the curriculum set down by the General Dental Council. The balance is achieved by trying not to overcrowd the curriculum. There is a strong emphasis on practical skills and contact with patients as well as some outreach teaching in community dentistry and oral surgery.’

What is the ratio of men to women on the course?

‘We tend to have more women on the course, from about 55 per cent to 60 per cent, because they tend to do better in exams. It is seen as an attractive career option in which they can control their working hours. Many applicants have the choice between applying for dentistry or medicine.’

What qualities do you look for in your students as well as the technical abilities?

‘It is possible to take most students and train them in technical skills, given that they have the required level of academic ability. In the course, we emphasize the importance of the caring professional, who wants to look after others. Professionalism and the right attitude are essential. Students need to develop a high level of effective communication and good empathy skills.’

Queen’s University dental school is driving towards the development of an international research-led dental school in the next few years. Earlier this year, the UK’s first Centre of Excellence for Public Health Research was launched at the university, with a focus on nutrition and lifestyle.

‘The £5 million centre focuses on an integrated approach to health and social services and is researching the economic, social and biological factors which cause chronic diseases as well as looking at the main causes of inequalities in health experiences. It was awarded funding following a competitive process and is the first of five in the UK to be launched. Others will open in Cambridge, Cardiff, Newcastle and Nottingham.

Queen’s also features in the top ten in the UK for several other subjects, including Social Work (2nd), Pharmacology and Pharmacy (4th), Celtic Studies (5th), Chemical Engineering (6th), Agriculture (7th), Mechanical Engineering (7th), Electrical and Electronic Engineering (8th), Aeronautical and Manufacturing Engineering, and Food Science (9th) and Social Policy (10th). Overall Queen’s University was rated 31st in the Times Good University Guide, up two places from last year.

Queen’s University offers the best prospects for students.

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For further information on all of our aesthetic courses, testimonials, National locations and dates visit our website www.cosmetologyuk.com / Tel: 0845 11 22 999

Each delegate receives our free consumables kit, “Clinic in a Box”. This starter kit can earn you up to £1000.00. It also demonstrates what exactly needs to be ordered when purchasing your equipment for the first time.

Anyone wishing to find out more about studying at Queen’s can visit the University’s Ask Queen’s website at www.qub.ac.uk/home/ProspectiveStudents/AskQueens/
The power of attraction

Attracting new patients can often feel like an uphill struggle, especially for the dentist setting up their own practice. If this is something you are currently facing, perhaps it’s time to take a step back and consider a new approach.

Denplan Trainer Lil Niddrie explains: ‘Dental practitioners can’t afford to sit back and be complacent.

‘They need to recognise that they are business owners and managers as well as professional health practitioners. Like any commercial business, their practice needs to make sure that it hangs on to its existing customers and attracts new ones too.’

Studies carried out over the last 15 years repeatedly confirm that one of the key things dental patients want from their practice is to be treated like people, not just a row of teeth.

With the new NHS contract making it increasingly difficult for dentists to meet their UDA targets, increasingly more dentists are converting to private practice. With competition for private patients rising, recognising the importance of offering your patients great customer care can make a big difference to the success of your practice.

Competition for patients does not only come from other practices, but also from new NHS facilities and now some of the best practices, but also from new NHS facilities and now some of the best.

Next steps

Knowing what matters to your clients means you can focus on shaping a practice that addresses their priorities and on communicating what you offer effectively. Understanding

Know your clients

First and foremost, you have to keep your existing patients feeling happy and valued. The secret to retaining your current patients lies in getting to know them. What they like about your practice, what they don’t like, and what’s important to them are important questions to ask.

One of the easiest ways to find out is to ask your patients to fill out a simple questionnaire. Have a prize draw for a bottle of champagne to encourage patients to complete the questionnaire. Ask questions such as: ‘What’s the longest time you are happy to wait in reception? Do you get the appointment times you want when you call? When choosing a dentist, what’s most important to you – price, service or location?’

If delivering fantastic customer service is a key target for the New Year, why not take a training and development course to help you and your team. Some companies offer a range of training courses, which are specific to your practice’s needs and can even incorporate a module focused on customer care. Some of these courses can also count towards verifiable Continuing Professional Development (CPD) when undertaken in accordance with GDC requirements.

OSSEONTEGRATED IMPLANTOLOGY COURSE

Osseointegrated Implantology Courses

Sunday 15th March – 20th March 2009 Inclusive

This intensive format is ideal for delegates who wish to participate in a course over 6 consecutive days – Fee £2200

Topics covered include:
- examination and treatment planning• dealing with the patient within the practice• anatomy, physiology• biomaterials• sterility• surgical templates• surgical techniques (to include bone augmentation and advanced surgical techniques)• implant impression techniques• jaw registration• articulation• periodontal consideration (to include maintenance protocol and guided tissue regeneration)• Connecting teeth to implants• Detailed literature review.

There will be guest speakers on the following subjects;
- Dr Joe Omar on ‘Medical Emergencies’
- Dr Alan Cohen on ‘Medico – Legal Aspects’
- Mr Sean Goldner on ‘CT Scanning’
- Mr Keith Rowe on ‘Laboratory Techniques’

There will be hands-on session on the surgical, prosthetic and laboratory phases, and the delegates will attend a CT scan appointment with one of the patients on the course.

This course is suitable for the application of all different osseointegrated implant systems. Delegates who complete the course are eligible for the ICOI Fellowship, without further examination. This course carries 36 hours of CPD accreditation.

Course accredited for MFGDP, MGDS, and FFQDP. Colleagues are welcome to arrange to come and view our practice.

For more details please contact our Practice Manageress.
A ll members of the dental team can now access 21st century unlimited verifiable CPD online, including the new core subjects, while automatically having this time recorded. This inclusive package is only available from 4everlearning.com, according to Dr Jonathan Rosen BDS, managing director of the company.

Continuing Professional Development (CPD) is now mandatory for the whole dental team, from dental nurses to technicians to dentists. With the recent introduction of specific core subject requirements, verifiable CPD is now a significant part of every dental professional’s working life.

When we look at the new requirements for core CPD, the subjects outlined make good sense. If we agree that CPD is required for core CPD, the working life.

CPD is now a significant part of subject requirements, verifiable introduction of specific core development (CPD) is now mandatory for the whole dental team, according to Dr Jonathan Rosen BDS, managing director of learning.com, according to Dr Jonathan Rosen BDS, managing director of the company.

An online solution to unlimited verifiable CPD including 21st century learning.

| *Gain competency certification in Tooth Whitening from one of the UK’s leading Prosthodontic Specialists* |
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| Great team building opportunity |
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| Learn the proficiency skills required for this profitable clinical procedure |
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Only £297 for 4everlearning members. Non members welcome at £417. Price includes free transfers from Turin, 3 nights accommodation and chalet half board plus the certificated competency course**

Ski two countries in one day (France and Italy) in one of Europe’s largest ski resorts. The Milky Way has 450km of interconnected pistes and the snow is always great!

Due to heavy demand for places early booking is strongly advised. Don’t delay, book today.

This course is guaranteed to be both informative and fun and will earn you 12 hours of verifiable CPD.

21st century learning

An online solution to unlimited verifiable CPD including the new core subjects for all members of the dental team

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There are also free online courses in all subjects including clinical and management topics. These can be CPD core specific or general verifiable CPD in nature. Users simply choose and develop their personal development portfolio while complying with clinical governance for the practice and staff development.

The 4everlearning website has patented intelligent programme that delivers verifiable CPD records and labels these core subjects, as well as the time spent actively learning on the website, as verifiable CPD. Members often comment on the convenience of being able to gain access to verifiable CPD from anywhere, now even from their mobile phones.

Another one of the many benefits of 4everlearning.com membership is the added bonus of not having to keep written records or store certificates for five years. Everything is automatically and securely logged, and at the touch of a button can be printed and sent directly to the GDC for proof of verifiable learning.

Busy dental professionals appreciate the convenience of easy access to unlimited verifiable CPD, helping them to achieve their personal development needs. 4everlearning is being recognised for its educational benefits for the whole team and this is witnessed by the rapid growth in membership from all sectors of the profession.

The 4everlearning website allows members to search and learn from thousands of verifiable clinical links and abstracts. These are carefully vetted by the 4everlearning clinical team to make sure they meet with the educational aims and objectives of providing varied, relevant and appropriate high quality online verifiable CPD, for every dental team member.

The convenience of being able to learn from any internet access point, at any time, in as little as 15 minute chunks, means that 50 or more hours of verifiable CPD could be gained a year, just by studying one hour a week. No tests or quizzes, just pure verifiable CPD time automatically logged and verified while the vast online website resources are explored. Instead of being at a lecture earning verifiable CPD for listening to the speaker, users can study online, at any chosen time and place.

There is a £995 membership offering that will provide all the above, plus access to the 4everlearning website, as verifiable CPD.

Dr Jonathan Rosen (B.D.S Y.U. Manc) is the managing director of the UK based 4everlearning.com dental education website designed for the whole dental team. He is experienced in UK and wider EU dentistry and is committed to providing 21st Century educational access for 21st Century dental teams. Full details of membership benefits and options, including a special practice membership offer, are explained on www.4everlearning.com.
more about them is also the key to attracting new ones. For example, if price is an important factor to your current patients, then you can assume your new patients will also be interested in price. With a clearer picture of the type of patient that values your practice, you are also better placed to choose the best way to communicate with potential new patients.

Great service for your existing patients will also help you attract new patients, as they will tell their friends and colleagues. A word of mouth recommendation is far more powerful than any advert and is a real indication of how effective your customer care is. Why not ask your new patients to fill in a short questionnaire to find out where they heard about you. This would also be a great opportunity to find out how they rate your customer care.

Alternatively, do you need to spread your net a little wider? Where would be the best location either for an advert promoting your practice or for your practice marketing literature? Again, knowing your patients can help you decide. If your best customers are retired 65-year-old couples, placing leaflets featuring young pretty people in your local gym is probably not the best way to go about getting them!

Getting your marketing efforts right can deliver important cost benefits for your business. If you invest £1,000 on advertising, you do this on the basis that you get a return on it – the number of patients who think positively about you, who ring you or come in, or who have a particular treatment as a result. If no patients do, then the advertising money you’ve spent is wasted.

Essential training

Training courses are also available for dentists on topics such as marketing and power of effective branding. This type of event not only provides an ideal opportunity for team members such as practice managers to meet and learn together, but will also benefit the development of your practice.

If the idea of leaving your surgery to attend a training course seems like a risky option, some companies also offer the opportunity to undertake training in your local region, or even coming to your practice for more tailor-made sessions.

It’s clear that understanding what your current patients look for in a dental practice is key to winning their loyalty. It can also help you target potential new patients more effectively and ensure you get more impact from your marketing spend.

Given these enticing benefits, effective training and development is a key tool for attracting new patients and continuing practice improvement.

About the author

Lil Niddrie joined Denplan in 1993. She has worked in many areas of the company to support dental practices. Now a trainer for Denplan, Lil now combines her knowledge and experience to deliver a wide range of training. Lil is also a qualified practitioner of hypnotherapy, Emotional Freedom Technique and Neuro Linguistic Programming.
The ADI biennial congress has become a major event in the dental implant meeting world.

The unique combination of high quality science and dedicated streamed programmes for the entire dental implant team has elevated the status of the ADI Congress to a prominent position in the world meeting arena. Added to which, innovative evening social events and an extensive technical exhibition attract over 1,000 attendees every two years. This major event enables members, implant team staff and professional colleagues to renew friendships, discuss topical issues and catch up with the latest developments in this constantly growing specialty.

12 key international speakers have been invited to present the plenary scientific programme with 9 international and national speakers presenting the specialised DCP programmes for the two full days 7 and 8 May. On Friday 9 May, delegates have a further opportunity to extend their knowledge by attending a choice of tailored industry workshops and masterclasses.

Dental implantology is a team specialty – the 2009 Congress programme continues to uphold and endorse this ethos. The recent compulsory DCP registration recognises the important role played by the trained team. By attending the ADI Congress, every delegate will be assured of receiving verifiable CPD, crucial for individual maintenance on the GDC register.

The aims and objectives, as for all ADI educational programmes, are to enable all participants to have a greater understanding of how the outcomes of surgical and prosthetic advances in every aspect of implant therapy from treatment planning to long term maintenance can influence success rates in every day practice and thereby lead to greater patient satisfaction.

The Association of Dental Implantology UK is a non-profit making registered Charity dedicated to the provision of ongoing education to the profession and to raising the awareness of standards in the practice of implant dentistry for the benefit of the public. Membership is open to all who have an active interest in dental implants. Established over 20 years ago to meet the needs of the GDP eager to learn about osseointegration techniques, current membership stands at over 1,700. The ADI extends its membership services to encompass the entire dental implant team and offers tangible benefits to dental implant professionals at all levels of ability.

The recent complimentary introduction of ADIA, a dedicated implant audit system has been ground-breaking for the ADI whilst its opinions with other professional bodies such as the GDC working group on standards, demonstrates the high regard in which the Association is held.

Through the broader spectrum of regional evening Study Clubs, intensive masterclasses and practical workshops, national members forums, major implant meetings combined with complimentary issues of the bi-monthly Dental Implant Summaries and EDI journal, active clinical web forum, patient information brochures and regular Newsletters with scientific reviews, the ADI continues to offer the active professional a plethora of implant activity.

New members are welcome. Go to www.adi.org.uk or call one of the ADIs friendly team on 020 8487 5555.

BOOK NOW @ www.adi.org.uk
Reflecting on what you do
Changing the way you work might seem an easy undertaking, but for the individual clinician, it can seem hard to know where to start.

If you are motivated to take the time to reflect on a particular aspect of clinical practice it is also quite likely that you could be motivated to consider changing your point of view and the way that you work. Converting thoughts into action may not necessarily be complicated or difficult to achieve when viewed externally, but the task can sometimes seem insurmountable to an individual clinician. It is a matter of perception.

If you can accept that it would be logical to change your behaviour, hopefully the desire to adopt a scientific approach would also prevail – and so the clinician adapts existing protocols in the light of reliable new information. Beyond any personal inclinations, there can be other driving forces that can influence the rate at which the adaptation happens; the speed being commensurate with the authority of the source.

• Legislation (for example, Health and Safety)
• Advisory documents from recognised bodies of opinion (for example, NICE)
• Advice given during didactic teaching
• Peer reviewed dental articles
• Sales pressure from dental supply companies.

Instead of initiating a comprehensive review process under huge pressure of time, it would seem more sensible to regularly reflect on our own practise of dentistry to see how it measures up to the latest information disseminated from these different sources (of varying authority and attractiveness).

Varying results
Doing no harm is the ethical concept, which drives our professional life. Even if every clinician does their very best work when treating patients, there will still be a spectrum of different outcomes; there are too many variables to be eliminated. Any spectrum of acceptable standards will reflect the local availability of materials, equipment and training, but in general terms that standard improves with time. An awareness of the local and currently acceptable standards is essential if you want to avoid working in an outmoded style. This situation can be particularly relevant if you train in one environment for a while and then move on to work in a new practice; the high standards of your education must be allowed to prevail.

The more years you spend in practice, the larger the evidence base in dentistry that will accumulate, and since it is always accessible via the internet, it could be argued that a failure to keep abreast with the latest developments and to consider ‘if’ and ‘how’ they could be incorporated in your own clinical procedures might result in a sub-optimal treatment for patients. If this resulted in avoidable harm to the patient, not only would there be a breach of the fundamental ethical concept of ‘do no harm’, but it could also be interpreted as clinical negligence by omission.

Boosting career satisfaction
A career in dentistry is approximately 40 years. By adopting a reflective approach to the practise of dentistry throughout that career you can avoid such an accusation.

Indeed most members of the profession already do this to a greater or lesser extent. Interestingly, the more often you take the time to view your own understanding of topics, the easier and more natural the process becomes. In addition, the level of personal satisfaction derived from your work will increase – and the same will be true for the team around you.

This article was adapted from On Reflection published by Dental Protection in 2008.
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In the ever-evolving world of the new GDS contract, many more practitioners are looking for ways to remove themselves from government involvement and enter the private sector. For many, this can be a very daunting step.

Factors to consider
1. One should be planning a different level of customer service and practice environment (Figures 1, 2 and 3). These small differences are the things that patients will notice and not the quality of the dentistry. It is important to remember though, that there is greater clinical freedom as a private practitioner to choose the best treatment options for your patients. It is our role to give patients the pros and cons of all treatments, but ultimately, it is up to the patient to choose the level of care they feel is right for them once they have been given all the information.

2. Ensure that the whole team is on board with your decision and support your reasons for changing to private funding. A move away from the latest NHS treadmill will undoubtedly allow for a less stressful way of working for the whole practice team, and a move to private practice could be structured so that they benefit from increased pay and conditions. Team training and communications are essential to a successful private conversion.

Converting to private practice
Dr Jay Padayachy and Dr David Bloom of Senova Dental Studios consider the ways of converting from NHS to private practice and the various payment modalities available. They also discuss their own experience of conversion, pointing out the various pitfalls and highlighting what to avoid.

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<thead>
<tr>
<th>Course</th>
<th>Dates</th>
<th>Fee (plus VAT)</th>
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<tr>
<td>Smile Design</td>
<td>19/20th Sept 2009, 10/11th Oct 2009</td>
<td>£5200.00</td>
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<tr>
<td>Occlusion - Level One</td>
<td>25th April 2009, 26th April 2009</td>
<td>£995.00</td>
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<tr>
<td>PCD’s certification in Dental Whitening</td>
<td>May 2009</td>
<td>£173.00</td>
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Places are limited - Book early to avoid disappointment
To secure your place please contact info@coopr8.com tel: 01923 655404
5. Discuss the move with your financial advisor and accountant. An assessment of your hourly rate is essential for fee setting, be it for fee-per-item or a form of monthly plan. Look at all the practice operating costs, which should include for example, your drawings, pension contributions and any other expenses you may require for making the move, including the potential for further postgraduate education to ensure you are offering the best that modern dentistry can offer to your patients. Now look at the number of chair hours you will actually work each year to ensure you have allowed for some holiday time. Divide the former by the latter to work out your hourly rate and set your fees using this (see below for payment options).

4. Discuss the move with your colleagues. Many dentists are very happy to offer encouragement and specific advice. A good forum for this is the Yahoo group GDPUK that allows contact with a broad range of experiences in this respect. Attend lectures and management seminars arranged by many of the dental education seminar companies.

5. Understand your patient database. It is likely that you will see fewer patients than under your existing contract, so a loss of some patients is not a problem. The ones who value the service you provide and understand the rationale for the changes you are implementing will stay with you. There have been many practices that have made a successful conversion in deprived areas. This is certainly something we experienced ourselves with the location of our original practice in north Watford where we had managed to build patient loyalty to high levels despite the low socio-economic status of the surrounding area.

What are the benefits?
Moving to private practice allows dentists to take control over their practices. It allows for properly funded preventative dental care to be offered to patients in a fashion conducive to improving oral health. As more time is spent with patients, the daily throughput of patients is reduced considerably, allowing them to be seen on time and to feel that the whole environment is now geared towards patient care that changes the overall patient experience for the better. This in turn reduces all of the various time-sensitive pressures on the whole practice team, helping to turn the conversion into a virtuous circle. It also helps all of the practice team develop skills in whichever direction is appropriate.

Payment modalities
1. Fee per item. This is the most transparent way of working out estimates for patients as they pay only for treatment carried out. This works very well for many practices (including ourselves). However fees do need to be set correctly. Private dentistry now needs to be budgeted for by the patient and hence becomes more of a discretionary spend, and in harsher economic times, visits to the dentist may become less regular, resulting in cash flow fading away. Thus the patient needs to understand the treatment plan you are recommending and how it will benefit them in the short, medium and long term with other options discussed, including the pros and cons. Ways need to be made to enable the patient to afford the dentistry. This can be either by giving a 5-10 per cent courtesy discount for payment upfront, which will also help reduce the number of no shows or cancellations in your diary. Alternatively payment plans should be made available whereby they have treatment spread out over...
12 months interest free or interest bearing over a longer time span. Companies providing such services include Direct Dental Finance (www.directdentalfinance.com). However ensure that whichever company you choose they provide on-site finance training for all of your staff.

2. Maintenance plans. In effect the patient is registered with the practice and pays for their routine 6 or 12 monthly exams and bi-annual hygiene visits and radiographs over a 12 month period by direct debit. This helps them spread the cost of this routine treatment and also encourages them to attend on a regular basis. By being committed members of your practice you may also choose to give them a discount off any treatment they need or want as a goodwill gesture. However beware some patients may raise objections to having to pay for any extra hygiene visits they may need if they are periodontally susceptible or if they need to be seen three or four times a year. Thus you and your staff’s verbal skills need to be sufficiently developed to deal with these situations. It is important that patients understand exactly what they are getting when they do sign up as they may have friends who are on a full-blown capitation scheme. Again it is important to have your fees set correctly. Various companies are available to help you with this, including Dental Payment Administration Service (www.dpas.co.uk) and Smilecare (www.smilecare.org.uk). The advantage of using these companies is the plan is crucially branded with the practice’s own brand, reinforcing the practice marketing message and taking advantage of the patient goodwill that already exists. From the outset it is your own plan rather than nationally branded, and what the plan offers is entirely determined by you to suit the practice profile.

3. Full-blown capitation. This was certainly the modality of choice in the late 1980s and early 1990s when practices were nervous of going private and wanted to sweeten this for their patients by offering to cover any necessary treatment for a fixed monthly amount. The level payable was dependant on which group they would be classified in. Laboratory fees, cosmetic and specialist treatments were excluded. Hence fee setting was even more important especially with a high-risk patient.

Unfortunately, some companies were more concerned that the dentist signed up large numbers of patients at the incorrect cost to ensure they received more administration fees. This was certainly of no benefit to the dentist who may then have felt aggrieved to provide the level of care the patient actually needed; we know we are being controver-

If so, then it’s time to speak to the real experts at DPAS.

DPAS has been the lowest cost, major provider of practice branded dental plans since 1996. How many times have our rates risen since then? Never. Having DPAS administer your practice branded dental plan will cost exactly the same today as it did then.

With over 97% of our clients ranking our service as ‘good’ or ‘excellent’, and with the most competitive pricing structure of the major plan providers, isn’t it time you talked to us?

Contact DPAS on 01747 870910 or visit www.dpas.co.uk.
if you are doing a 10-unit smile
ate a real grey area. For example,
want-based than needs-based
tients are demanding more
the capitation scheme.
find a dentist who also was part of
ing to another area and wanted to
problem if the patient was mov-
perpetuating the ways of the NHS
tients in a full-blown capitation
do the best they can for their pa-
sial in writing this and there are a
great many good dentists who do
do the best they can for their pa-
tients in a full-blown capitation
However, this is a way of
perpetuating the ways of the NHS
whereby only treatment deemed
necessary by the dentist was cov-
ered. This would create a real
problem if the patient was mov-
ing to another area and wanted to
find a dentist who also was part of
the capitation scheme.

And now in this age where pa-
tients are demanding more
want-based than needs-based
dentistry, such schemes can cre-
ate a real grey area. For example,
if you are doing a 10-unit smile
makeover (Figures 4 and 5) for
someone and they have already
heavily restored premolar teeth,
which you have discussed with
them on a previous occasion and
recommended crowns as part of
their scheme. If they want to
address their cosmetic concerns
and you recommend a mixture of
veneers and crowns, do you carry
out the veneer work on the front
teeth as fee-per-item and the pre-
molars as crowns as previously
recommended as part of their
scheme? Or is it all new cosmetic
because you may be building out
the buccal corridor at the same
time? Certainly no one at the cap-
itation company will be able to
help as they receive their
monthly administration pay-
ment and will say that it is up to
you to make that call.

What did we do?
When our practice moved
away from the NHS in the early
1990s, many patients were signed
up under a full-blown capitation
scheme. We moved companies
after a number of years as a result
of increasingly high administra-
tion charges and branded the
scheme as our own rather than a
well-known brand name. It has in
fact been shown that patients re-
main loyal to their dentists and
practice team and not to a na-
tional brand name, and in fact
dentists register more patients
on their own scheme as a result.

After a number of years still of-
fering full-blown capitation, we
decided we could not offer the
level of care or options to our pa-
tients that we wished to. We were
now placing an increasing num-
er of bonded inlays and onlays
rather than amalgams and even-
tually crowns. This was not envis-
aged when we set up the original
capitation scheme. After much
discussion, we decided to stop and
offer a maintenance plan only.

Deciding to change was hard,
but once we had made that deci-
sion, we were greatly helped by
the administrators of our prac-
tice-branded scheme, Dental
Payment Administration Service,
who helped with the letters and
leaflets we sent out to our patient
base. This also gave us the oppor-
tunity to change from 20-minute
hygiene and 10-minute exami-
nation appointments in the den-
tist diary, to 60-minute hygiene
appointments, which included
the dentist’s examination in the
hygiene diary thus creating more
productive use of our time in our
operator.

Key to success
A successful dental practice is
one that delivers its clinical serv-
ces within a framework that bal-
cances:
• Offering treatments at rates, that
when delivered across the target
cohort, covers the oper-
ating costs of the practice plus a
reasonable post-tax profit.
• Identifying, registering and re-
taining the required numbers
of patients to whom to deliver
these treatments.
• Delivery, taking into account all
required resources including
chair-side hours, premises,
equipment, people and work-
ing capital.

Only with these three ele-
ments in harmony, does a prac-
tice truly have the building
blocks of success.

About the author
Dr David Bloom,
a graduate of the Newcastle-upon-
Tyne Dental School, has been a
principle at Senova Dental Studios
since 1990, focusing on compre-
henive restorative and cosmetic
dentistry. A full member of the
British Academy of Cosmetic Den-
tistry, David is also President of
the RACD and began his appointment
in November 2007. He is a member
of The British Society of Occul-
ital Studies, The British Society of
Restorative Dentistry, The British
Dental Association and is a sus-
taining member of The American
Academy of Cosmetic Dentistry
(AADC). He is also a fellow of the
International Academy of Dental
Facial Aesthetics. David is on the
editorial board of The Journal of
Cosmetic Dentistry – the official
journal of the American Academy
of Cosmetic Dentistry, and clinical
director of CO-OPT8 seminars and
instructs and lectures on all as-
pects of cosmetic dentistry in the
UK and the US.

About the author
Dr Jay Padayachy,
a graduate of the Newcastle-upon-
Tyne Dental School, has been a
principle at Senova Dental Studios
since 1998 focusing on compre-
henive restorative and cosmetic
dentistry. He’s a full member of
the British Academy of Cosmetic Den-
tistry and is on the board of direc-
tors. He is a member of The British
Society for Occulital Studies, The
British Society of Restorative Den-
tistry, The Pankey Association, The
British Society of Periodontology
and The American Academy of Cos-
mic Dentistry of which he is a
sustaining member. He is also a di-
rector of CO-OP8 seminars and
lectures on all aspects of cosmetic
dentistry in the UK.
Dental Tribune

United Kingdom Edition • December 8-14, 2008

Industry News

27

Staying Ahead Of The Game

BioHorizons have relocated to Wellington Business Park in Crowthorne, Berkshire!

Leading manufacturer of the revolutionary Laser-Lok® implant system, BioHorizons, has moved to bigger and better offices due to its significant market growth. The new, bigger offices are the optimum solution that will enable BioHorizons to satisfy the growing customer and clinician demand. The large amount of storage space allows for even more innovative products to be stocked on the premises permitting the company to provide complete customer satisfaction with next-day delivery achieved for over 90% of orders received.

The core values of BioHorizons are Science, Innovation and Service. The benefits of the new premises, coupled with the recent expansion of its sales team is allowing BioHorizons to reach out to a much larger client base.

Chris Netherclift, the General Manager said, “these new offices allow us to take the next step forwards in establishing BioHorizons as one of the leading implant companies in the UK.”

For further information, please call BioHorizons on 01544 752 560, email: info@biohorizons.com or visit www.biohorizons.com.

Light Up Your Practice With Admor

Lighting up the interior and exterior of your practice is easier with Admor. Our new range of illuminated signage is now available in the 2008/2009 Admor Interiors Directory.

The extensive range of illuminated signs will make an impressive impact on your practice as the chic and contemporary signs add clarity and style. These visually attractive signs are available in a wide range of colours and are highly effective. They can be supplied with a wall or ceiling mounting with vinyl graphics applied or etched onto the sign.

Admor’s signs are the ideal addition to the interior and exterior of your practice; they can be unique and bespoke suiting your specific requirements. Your practice will benefit from a state-of-the-art professional appearance with signs placed in reception, surgical rooms and the entrance of the practice.

Admor has an impressive reputation that has spanned over 50 years. Our service is second to none and is dedicated to providing new and existing customers with original and innovative products that maximise the potential of their practice.

For more information on the complete range of products available from Admor, please call 01243 555 078 or visit www.admor.co.uk.

Autumn offer on advanced GIC manufactured in the UK

SmartCem™2 Self Adhesive Resin Cement

SmartCem™2 is a self-adhesive cement from DENTSPLY, indicated for the cementation of composite, ceramic and metal-based inlays, onlays, crowns, bridges and posts.

The real benefit of SmartCem™2 is the application and handling compared to the other self-adhesive cements on the market. Because it uses an automix delivery system, it means you have the hassle associated with hand mixing and ensures you always have enough material to hand (unlike capsules where you can easily run out of material mid-way through the procedure).

The “gel-phase” of SmartCem™2 ensures easy clean-up of mate-rial and can be initiated quickly with a few seconds of a curing light, reducing the waiting time and ensuring a quicker total procedure.

SmartCem™2 is available in five shades (light, medium, dark, translucent and opaque) to ensure an aesthetic result.

For more information on SmartCem™2 or to arrange a free on-site demonstration, please contact DENTSPLY on 044 (8880) 072515.

NEW VeloMep X/F Speed Dental X-Ray Film

Velopex is proud to announce the latest addition to the range of high quality imaging products for Dentistry.

Velopex X/F Speed Adult Dental X-ray film is available in packets of 150. This speed of film reduces the amount of radiation needed to produce exceptional quality images – compared to E or D speed Dental X-ray films.

Packaged in soft and gentle plastic–coloured pink–the film packets are patient friendly whilst retaining the solidity required to avoid retakes due to bending.

The packs are tightly sealed to allow the use of cold sterilising solutions – post exposure – without leaking.

This new film complements the Velopex D speed and VeloMep X speed film ranges as well as the VeloMep Digital x-ray systems to give a unique and comprehensive ability to take Dental Radiographs in what every way you choose – time after time.

For more information please call Velopex Sales on 020 8965 2915, or your normal Dealer.

Great offer available on Kemdent InstrumentSafe

InstrumentSafe is one product within the new, high quality range of Kemdent Cross Infection control products. It is available in a 1 litre dispensing unit and 5 litre and 10 litre refills. InstrumentSafe is a pre-sterilisation concentrate which is aldehydes-free. It is an easy-to-dispense concentrate that is suitable for both thermo-labile and thermo-stable instruments.

InstrumentSafe can be diluted to different concentrations depending on the time available. 40 ml of InstrumentSafe makes 1 litre, 4% concentration soak. This concentration kills harmful bacteria including HCV/BVDV, vaccinia are Tuberculous and Hospitalism prophylaxis after 15 minutes of soaking. InstrumentSafe kills MRSA.

Kemdent customers require high quality, value for money products. Kemdent pride themselves on a range of cross infection control products which have no overpowering odour, are safe and pleasant to use, are gentle on the user but above all powerful against harmful bacteria.

For further information on special offers or to place orders call Helen on 01705 779236 or visit our website www.kemdent.co.uk.

Achieve Results With Artio™

Artio™ has arrived at DENTSPLY. The new range of instruments has been developed to accommodate the clinician with its ergonomically designed handle with excellent grip.

The super-lightweight instruments have tips made from Ash Cryosteel, a cryogenically treated metal that is highly resistant to wear, for extra durability.

All of the instruments are colour-coded for specific uses, such as Burnishers and Pluggers in Aqua and Carvers in Orange Carbide.

Mr. Bill Sharpling of Kings College London Dental Institute has sampled the new Artio range and was impressed with the results. He said, “After trying the Artio instruments I found them to be very easy to work with. They are lightweight and comfortable to use with a superior level of grip due to the nature of the handle design. In practice the other advantages were that the colour and style made it quicker and easier to identify when sorting, cleaning and repackaging as part of the decontamination and infection control process.”

50th from the sale of all Artio instruments will be donated to the Mouth Cancer Foundation. Visit www.mouthcancerfoundation.org for more information.

For more information about the DENTSPLY range of superior dental products, call Freephone 0800 072 5515.

IQVivadent Ltd

All ceramic restorations from IQVivadent

IQVivadent offer a choice of all-ceramic options, enabling Dentists to provide...
their patients with the perfect all-ceramic restoration for every indication. 

The IPS e.max system enables Dentists to provide beautiful single or multiple unit all-ceramic restorations using a range of high strength materials, including zirconium oxide; the final restorations offering an exceptional balance between strength (up to 900MPa), colour saturation and translucency. Their poli capability, surface gloss and wear behaviour are equally outstanding. It is recommended for crowns, bridges, inlays and onlays in both the anterior and posterior regions.

Dentists can provide their patients with the benefits of IPS e.max either at the chairside using IPS e.max CAD CT blocks or indirectly via their Laboratory.

The IPS Empress system is another popular choice for crowns, inlays, onlays and veneers. It is available as IPS Empress Esthetic, the laboratory pressed ceramic system and IPS Empress CAD blocks for use with Cerec and InLab CAD/CAM Technology.

Both IPS e.max and IPS Empress are available in a wide number of A-D shades including four new BL Bleach Shades.

Ivoclar Vivadent also offer a superior range of luting cements for use with their all-ceramic restorations. These include adhesive luting cements Variolink II, Variolink Veneer and Multilink Automix.

To locate the nearest Laboratory offering you the benefits of IPS e.max, IPS Empress Esthetic visit TheLabfinder.co.uk website.

For further details contact your local Ivoclar Vivadent Representative, visit www.ivoclarvivadent.com or telephone 0116 284 7880.

Gift wrapped smiles

Philips Oral Healthcare has launched two seasonal promotions to encourage patients to give a gift wrapped smile this Christmas.

One for you, one for me: Because so many Sonicare enthusiasts have requested a way to share the secret of their improved oral health with other members of their family, and others have to negotiate with a partner to see who gets the FlexCare when one travels, Philips has produced a festive gift box which contains two FlexCare handles at a special festive price.

White Christmas FlexCare is Philips’ flagship sonic toothbrush and it positively bristles with features to initiate better cleaning and encourage greater use. Yet it is so simple to use that at the touch of a button, patients can select from several pre-programmed personal care settings and modes to clean, massage and stimulate.

Philips has the festive season wrapped up so if you want more information visit www.sonicare.co.uk or call 0800 0567 222.

Periodontics

The handpiece of the R&S Ultrasound Scaler is cast from titanium alloy to ensure sound mechanical function and durability. With little heat generated during operation the handpiece is ergonomically designed to reduce hand fatigue and provide a comfortable scaler to use for long periods of time.

The scaling tips are designed to ensure easy cleaning of the teeth and are available in an assortment of patterns so subgingival tartar is now easy to eliminate. Replacement tips are competitively priced from just £19.95 + VAT, in a range of 5 patterns for ease of use. The lead wire of the R&S Scaler is made from silica gel, it is soft, flexible and most importantly, durable.

With electric-magnetic controllable water, the R&S Ultrasound Scaler is easy to use and will not drench your patients making the whole scaling experience more comfortable for you and your patients.

For further information contact Dental Sky please call 0800 294 4700.

Ivoclar Vivadent Ltd Cervitec Plus and Cervitec Gel Optimum targeted protection from bacterial attack

Ivoclar Vivadent's New Cervitec Plus and Cervitec Gel provides targeted protection for caries prone patients where conventional oral hygiene procedures are not enough. They can be targeted at specific “problem” areas.

Containing chlorhexidine and thymol, Cervitec Plus varnish provides protection against decay by reducing the risk and incidence of bacterial activity on dental surfaces. With a high moisture tolerance it thoroughly wets tooth surfaces and adhesives tightly, simplifying application; and penetrates particularly caries susceptible complex surface structures (cusps and exposed dentine), where it forms a depot. Closing and scaling dentine tubules, it is extremely effective in treating hypersensitive cervical areas. Accurately and economically applied for effective targeted protection, it is easy to use, invisible, quick, painless and does not produce staining usually associated with chlorhexidine.

Cervitec Gel is for patients who are a high caries risk, or who suffer from gingivitis, periodontitis or denture stomatitis. It contains 0.2% chlorhexidine and 0.2% sodium fluoride. It can be applied directly to the gingiva and mucosa or the inner surfaces of dentures using a toothbrush or interdental brush. It is suitable for use in the surgery as well as at home and enhances the effect of Cervitec Plus, which is applied professionally.

Both products play a significant role in keeping teeth, crowns, bridges and implants in good condition.

Scaling Made Simple with the R&S Ultrasonic Scaler

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To locate the nearest Laboratory offering you the benefits of IPS e.max, IPS Empress Esthetic visit TheLabfinder.co.uk website.

For further details contact your local Ivoclar Vivadent Representative, visit www.ivoclarvivadent.com or telephone 0116 284 7880.

Gift wrapped smiles

Philips Oral Healthcare has launched two seasonal promotions to encourage patients to give a gift wrapped smile this Christmas.

One for you, one for me: Because so many Sonicare enthusiasts have requested a way to share the secret of their improved oral health with other members of their family, and others have to negotiate with a partner to see who gets the FlexCare when one travels, Philips has produced a festive gift box which contains two FlexCare handles at a special festive price.

White Christmas FlexCare is Philips’ flagship sonic toothbrush and it positively bristles with features to initiate better cleaning and encourage greater use. Yet it is so simple to use that at the touch of a button, patients can select from several pre-programmed personal care settings and modes to clean, massage and stimulate.

Philips has the festive season wrapped up so if you want more information visit www.sonicare.co.uk or call 0800 0567 222.
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More than 400 dental professionals from across Yorkshire last month attended an event designed to show them just what they can achieve for their patients in an hour. The event, Quick Implants, was held at the Brooklands Hotel in Barnsley, after the overwhelming response meant that the original venue had to be changed.

Hosted by Rockingham House Dental Practice, a private practice in an ex-mining village, the record-breaking turnout confirmed the interest generated by a practice in an ordinary location providing extraordinary dentistry.

The purpose of the evening was to demonstrate the ‘Teeth-in-an-Hour’ and ‘All-on-4’ concepts, based on computer guided implant placement. Attendees learned how it is often possible to place implants with flapless surgery and immediate restoration. The high degree of patient comfort in the post-operative period, because of the keyhole approach, was stressed as a major benefit of the technique. Dr Sharif Khan, who chaired the session, explained how the use of NobelGuide allowed implant treatment with virtually no disruption to busy working and social lives.

Several patients attended and spoke to delegates about their experiences. Their treatment ranged from a single tooth to full arch restoration using the All-on-4 technique with NobelGuide computer-based planning. All of them felt that the treatment was very simple and easy. One patient remarked, ‘Having the implant and crown was as quick and simple as having a filling’.

John Wibberley, of Waters Edge Ceramics and Optident Labline, explained the technical procedures that occur in the laboratory. He explained how the ability to plan the case accurately from both prosthetic and surgical viewpoints gave the optimum results in terms of both function and aesthetics. He said, ‘I’m really pleased that so many technicians chose to attend. NobelGuide allows technicians to liaise directly with dentists about optimum implant positioning from a restorative perspective and represents a major leap forward in prosthetically driven implant placement. The huge turnout proves that technicians are embracing these new developments and the improved communication between laboratory and clinic that they allow.’

Dr Sharif Khan, clinical director at Rockingham House Cosmetic and Implant Dentistry, said: ‘The overwhelming success of this event is proof of the profession’s interest in providing the latest treatments. This session underlined just how much implant dentistry has evolved in line with software developments. The turnout shows how committed dentists are to implementing the latest methods and techniques, to provide implants quickly and comfortably for their patients.’

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Howard Cohen & Co, members of the ASPD, are proud to introduce new member of their Dental Team

Howard Cohen & Co are delighted to welcome Mr Sunil Abeyewickreme who is joining their busy and expanding Dental Division.

Mr Abeyewickreme qualified as a barrister in 2004. He has previously been employed by the BDA to advise their members on general legal issues but specialising in Employment Law. He is joining Howard Cohen & Co as part of their specialist team offering advice and assistance to dental practitioners on:

- Employment Law
- NHS Contracts
- Associates
- Expense Sharing and Partnership issues
- Industrial Disputes

Howard Cohen & Co are members of the ASPD, a Leeds based national solicitors practice providing comprehensive range of legal services to the Dental Profession in all parts of the Country.

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.

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