Gum disease and anaemia
A new study suggests that chronic periodontitis may cause a reduction in red blood cells and haemoglobin leading to the blood disorder anaemia. The research, published in the Journal of Periodontology, found that more than a third of people suffering from severe gum disease had haemoglobin levels below normal concentrations. Following a six-month course of treatment they improve their oral health, all patients had improved levels of red blood cells, haemoglobin and all other clinical measures used to assess the health of the blood. The research also suggested that women with severe gum disease had a higher risk of anaemia, compared to men. Less than three in ten men had anaemia, compared to over four in every ten women.

Dental cost
One in five people are delaying having dental work carried out because of the cost of treatment according to the findings of the Adult Dental Survey. But the results of the survey, which was carried out in 2009 but has just been published in full, suggest even modest charges can prevent people seeking treatment and can widen dental health inequalities. The findings also confirm research by the British Dental Association (BDA) carried out earlier this year in England, which found concerns about the economic climate are leading patients to cancel dental appointments and defer treatments they need. Dr Nigel Carter, chief executive of the BDHF, said: “Dental care should not be viewed as a luxury. Looking after your oral health can reduce the risk of getting infections.”

The NHS Employers organisation and the General Practitioners Committee (GPC) of the BMA have agreed changes to the General Medical Services contract for 2011/12 for England, Scotland and Wales.

The new contract states that: For 2011/12 the overall value of GMS Contract payments will rise by 0.5 per cent, to support practices in meeting the costs of increased expenses, including pay increases for employed staff with a full time equivalent salary of less than £21,000. This uplift will be delivered in England through a 2.53 per cent increase in the value of a QOF point (from £123.29 to £130.51).

This increase in the value of a QOF point is intended to deliver the full 0.5 per cent expenses increase. There will be no increase to global sum payments or to the value of DESs.”

The British Dental Association (BDA) has said however that the Department of Health’s announcement of a 0.5 per cent increase in contract values for general dental practitioners in England for 2011/12 is a pay cut that will negatively affect their ability to invest in patient care.

The BDA demonstrated in its evidence to the Department of Health that expenses in dental practice are increasing sharply, but the BDA has said that their warning has been disregarded.

Dentists are also being asked to implement new best practice guidance for preventing oral disease in children in support of the Government’s aim of reducing levels of oral disease in younger patients. Where it is considered appropriate, parents will be offered the opportunity for their children to have fluoride varnish applied to their teeth.

John Milne, Chair of the BDA’s General Dental Practice Committee, said: “The level of this uplift is simply not enough. Dentists across England are working really hard, through a period of uncertainty, to deliver high quality care to their patients.”

“They are contending with a growing mountain of pointless bureaucracy and escalating costs on top of the effects of the efficiency savings imposed last year. They need help to address those problems.”

“The NHS rightly seeks to improve the quality of dental services and to increase the emphasis on disease prevention, but this cannot be done in an environment where not only are dentists incomes frozen, but the continued failure to reimburse expenses puts practices under severe financial pressure.”

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News in Brief

Justin Bieber’s gone dental
Teen singer Justin Bieber has cornered a previously uncharted market with the launch of his very own singing toothbrushes. The electric toothbrushes, which are to be launched on July 1st 2011 from Ashtel Dental, will come in two designs: one with Bieber’s big tan and a tongue scraper, and the other blasts out Somebody To Love and Love Me. Each song lasts two minutes. According to reports, there are other Bieber-themed oral care merchandise, which has been produced by the company; these include an adult toothbrush, floss and travel kit – which includes a mini hourglass timer and a tongue scraper.

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Social Media

Giving and gaining
Amarjit Gill looks back on a visit to Chitrakoot pages 9-10

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Rita Zamora discusses social marketing on Facebook pages 14-15

Practice Management

Doing it by the book
Jonnie James discusses employment regulations page 18

Lab Feature

Working in partnership
Dental Tribune talks to Nicola Farnfield about relationships pages 23-27

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Is the ‘uplift’ really a pay cut for dentists?

BDA warns that percentage increase may not be all it seems

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Call for ideas about Scope of Practice

The General Dental Council wants to hear from dental professionals as part of its review of one of its key documents - Scope of Practice.

The guidance was first published in January 2009. It clearly sets out the skills and abilities that each registrant group should have, as well as listing the additional skills registrants may develop after registration.

In the introductory section of the guidance it states that the lists will be reviewed regularly to ensure that they are still relevant to the dental team.

An online feedback exercise is being launched to find out whether Scope of Practice has achieved its original aims and whether the lists still accurately reflect the scope of practice for all our registrant groups. Any feedback we receive will feed into the development of the formal consultation that will run later this year.

Questions the GDC is asking include:

• Whether dental professionals agree the lists accurately reflect the work that should be carried out by a particular registrant group?
• Are there any skills that they think should be removed from these lists?
• What barriers dental professionals have encountered when trying to increase their scope of practice?

Soft drinks don’t degrade orthodontic wires

According to a new study in Acta Odontologica Scandinavica, researchers have said that sugared soft drinks and juices do not appear to degrade the physical and chemical properties of nickel titanium orthodontic wires.

The ADA recommends that a thyroid collar be used on everyone, but specifically on women of childbearing age, pregnant women, and children, because studies have shown that repeated dental X-rays can increase your risk for thyroid cancer.

A question of radiation

It has been reported that our exposure to radiation is seven times higher than it was in the 1980’s. Much of this radiation exposure comes from CT scans, X-rays and various other forms of medical imaging, including exposure during dental check-ups.

However, with the development of new methods and practices throughout the dental industry patients are being exposed to levels of radiation.

One report quoted Erika Benavides, DDS, PhD, clinical assistant professor in the department of periodontics and oral medicine at the University of Michigan, School of Dentistry: “It’s in line with, or even more advanced than other fields of medicine,” Erika said.

However, the problem seems to be that dentists don’t seem to be investing in all these new low radiation methods.

Both the American Dental Association and the Food and Drug Administration have issued guidelines for how often adults and children should be getting X-rays and as recent reports have highlighted, healthy adults without many risk factors only need a dental X-ray every three years.

The ADA recommends that a thyroid collar be used on everyone, but specifically on women of childbearing age, pregnant women, and children, because studies have shown that repeated dental X-rays can increase your risk for thyroid cancer.

Tooth-friendly soda

An Arizona endodontist has come up with an idea for a tooth-friendly, all-natural fizzy soft drink.

The drink, which is called Kuri, is currently undergoing the final touches by Dr Tung Bui and a student from the University of Arizona, Alex Deo.

According to reports, the prototype they have created is a citrusy drink that uses only natural sweeteners, including xylitol, which studies have shown fights caries, and it also reportedly has zero calories.

With recent feedback being positive, Dr Bui told reporters that he hopes to sell the new drink in local grocery stores and dental offices, especially those that have lately taken to offering refreshments.

Dunmurry dentist wins business award

Philip McLorinan (Principal Dentist & Owner) from Dunmurry Dental Practice has won Young Entrepreneur at the Lisburn City Business Awards. The Practice was also a finalist in the Business Growth category.

Philip received the award from Kerrie McIlwaine of First Trust Bank, one of the sponsors, during a gala dinner held at Lagan Valley Island Civic Centre on 19 April.

The judges were looking for an outstanding individual who demonstrated exceptional vision and leadership in the establishment and development of an owner-led business.

The judges commented: “Philip impressed the judges with his commitment to the on-going development for himself, his team, his business and even the industry; his motivated and determined individual with a strong track record of achieving business goals.”

Philip opened Dunmurry Dental Practice in 2004 as a single surgery practice and since then has grown the business into one of the largest in Northern Ireland with six surgeries and a team of 17 staff, offering offer a wide range of dental and cosmetic treatments, providing NHS and Private health care.
Editorial comment

Well here we are! No sooner do we get a hugely successful Clinical Innovations Conference under our belts than we have BDA to contend with! This week will see more than 3,000 dental professionals descend on Manchester’s Central Convention Complex to hear leading speakers on a variety of topics, ranging from clinical to political and everything in between.

The big news is of course the appearance at the event of the Secretary of State for Health, the Rt Hon Andrew Lansley CBE, who will be delivering a speech and is also scheduled to participate in a question and answer session after his address.

With the monumental reforms going on in the healthcare sector, and the changes more specifically happening in the dental sector, this really is a great chance to grill the Minister over his thoughts about dentistry and its place in the wider NHS. I’m looking forward to it...

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Mum’s gum disease treatment safe for baby

According to a new study published in the Official Journal of the American Academy of Paediatrics, pregnant women can safely be treated for gum infections without having to worry about their baby’s health.

There has been widespread concern among dentists that treating the problem could cause bacteria to get into the mothers’ bloodstream, which in turn could harm the babies’ development.

Gum disease is a particular problem during pregnancy because hormonal changes appear to make a pregnant woman more susceptible to developing it; however, the standard antibiotic-based therapy is not recommended because it stains the baby’s teeth.

What’s more, dentists have shied away from aggressive teeth-cleaning, which is also effective, out of fears they’d help the bacteria get into the bloodstream. In principle, that could harm the brain development of the foetus.

However, according to the new study these fears are baseless.

Michalowicz, a dentist at the University of Minnesota School of Dentistry in Minneapolis, and his colleagues tested more than 400 two-year-olds, who’d been born to mothers with gum disease.

Half the mothers had been treated with aggressive teeth-cleaning during pregnancy, while the rest had not.

The researchers found that the children did just as well on language, motor and mental tests regardless of whether their mothers had been treated.

The BDA event is also the perfect place to sign up for our upcoming specialist titles coming to the UK: Implants, Roots and Cosmetic Dentistry. For a special price of just £50, these titles can be sent to your practice, keeping everyone up to date with the latest in implants, endodontics and cosmetic techniques. For more information call 020 7400 8969 or come see us on Stand A21.

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Scientists declare CUS an autoimmune disease

Dentsply International has been the first to confirm that Cronic Ulcerative Stomatitis (CUS), a rare and chronic condition in which the mouth becomes sore and inflamed, is caused by the body’s immune system attacking the mucosal lining of the mouth.

The scientists at Tufts University near Boston claim to have found evidence that the so-called Chronic Ulcerative Stomatitis (CUS), characterised by recurring painful ulcers, is mainly caused by an autoimmune response of the body that destroys the binding of cells inside the surface tissue layer of the mouth.

According to the scientist, only a dozen cases of CUS have been reported worldwide since the condition was first clinically identified in 1989 but more patients could be affected due to the extensive testing procedure and low awareness among dental clinicians. They said although prior or it was known that affected patients had specific autoantibodies, researchers were not able to determine how much these actually contributed to the condition. With help of the new findings, CUS could now be classified as an autoimmune disease in order to allow better management of the symptoms.

Due to its unique resistance to standard medication like corticosteroids, successful treatment of CUS has been achieved only in some cases through hydroxychloroquine, a prescription drug primarily used to prevent malaria as well as to treat rheumatoid arthritis or lupus. By better understanding the mechanisms linking the autoimmune response to ulcerative sores, new treatment approaches could be developed to manage the condition, the scientists said.

So far, CUS has been found primarily in middle-aged Caucasian woman. It can only be diagnosed by surgical biopsy using immunofluorescence microscopic examination in an outside lab. In normal clinical settings it can be taken for oral erosive lichen planus or another more common chronic condition affecting mucosal surfaces and also considered to be an autoimmune disease.
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Pupils defy dental checks

A recent report has revealed that thousands of primary school children in Scotland are missing out on routine dental checks.

The blame has been handed to parents who are failing to give permission for the examinations and also to those pupils who refuse to open their mouths for the dentist, as a result, targets to inspect the teeth of all five and 11-year-olds are being missed.

Even though experts have stated that rates of tooth decay among young people are at their lowest levels ever, the report has shown that four health boards, including Greater Glasgow and Clyde and Lanarkshire, are behind the rest of the country with their efforts.

One report stated that four health boards, the Childsmile campaign, which introduced daily tooth brushing to nursery schools across the country and primary schools in the most deprived areas, is thought to have contributed significantly to this success.

However, there according to reports there still remains a problem with gaining access to an NHS dentist in Scotland. This was a serious problem in some regions in the past, and although this has improved since the dental action plan was introduced, NHS Grampian, where there has long been a shortage of NHS provision, and NHS Dumfries and Galloway, are still failing to hit the target ratio of one dentist per 1,750 people.

One report stated that incentives to attract dentists to barren spots have been offered during the last five years and Mr Lamb said they had worked in many places.

Taking the fear out of local anaesthesia

Researchers at the University of Uberaba in Brazil have come up with a simple solution to solving needle anxieties in children: The Angelus Alligator disposable syringe cover.

Hiding needles from children is often a difficult thing to achieve, and if not done well can lead to stressful and often unsuccessful experience. However, the effectiveness of the Angelus Alligator was presented during a poster session at the recent International Association for Dental Research (IADR) meeting in San Diego along with some accompanying clinical data.

One report stated that according to Maria Angelica Hueb de Menezes Oliveira, DDS, a professor in the department of pediatric dentistry at the university’s dental school, the only thing a child will see prior to receiving local anaesthesia is a cartoon-looking device made of flexible rubber that fits over the needle and syringe, hiding them from young patients’ eyes.

“Our experience with children who were undergoing treatment at the Children’s Clinic: School of Dentistry revealed that the patients were more cooperative due to less stress and fear, as they did not even realize that they were having an injection, she told reporters. “So the patient-professional relationship was more harmonious during the appointment.”

According to reports Dr Hueb originally came up with the idea during a conversation with her brother Fernando, who is also a dentist and a professor at the University of Uberaba.

Tyrannosaurus toothache

A study that was conducted at the University of Toronto, Mississauga, has revealed an infection in a jaw of an ancient fossil.

The reptile, that lived 275 million years ago in what is now Oklahoma, has started giving paleontologists a glimpse of the oldest known toothache.

Throughout the study, which has been led by Professor Robert Reisz, the chair of the Department of Biology at the University of Toronto, scientists have found evidence of bone damage due to oral infection in Paleozoic reptiles as they adapted to living on land.

Their findings, published online in the journal Naturwissenschaften - The Nature of Science, predate the previous record for oral and dental disease in a terrestrial vertebrate by nearly 200 million years.

After investigating several well-preserved jaws of the 275-million-year-old terrestrial reptile Labidosaurus hamatus, who originated in North America, one of the specimens stood out due to its missing teeth and what appeared to be bone erosion of the jaw. After subjecting the fossil to a CT scan the researchers found evidence of an infection, which had resulted in bone destruction of the jaw, tooth loss and an internal loss of bone tissue.

As the reptiles adapted to life on land many of them evolved to have special cranial and dental developments so they could feed more efficiently to feed on both animals and plants. Some changes meant that animals no longer replaced their teeth as they became strongly attached to the jaw. This was clearly advantageous to some early reptiles, allowing them to chew their food and therefore improve nutrient absorption.

However, according to one report, Reisz and his colleagues suggest that as this reptile lost the ability to replace teeth, the likelihood of infections of the jaw, resulting from damage to the teeth, increased substantially.

This is because prolonged exposure of the dental pulp cavity of heavily worn or damaged teeth to oral bacteria was much greater than in other animals that quickly replaced their teeth.
Syneron Dental Lasers signs clinical research agreement

Syneron Dental Lasers has signed a clinical research agreement with the Medical University of Vienna under the leadership of Professor Dr Andreas Moritz, one of the world’s top researchers who has been involved in the teaching and the development of laser dentistry for more than 15 years. Syneron Dental Lasers hopes the clinical research agreement will be a strong and solid framework for academic and scientific co-operation, which will drive the advancement of laser dentistry research forward.

Professor Moritz is the head professor of Professional Dental Training at the Bernhard Gottleib University Department of Dentistry at the Medical University of Vienna and is the current President of the International Society for Oral Laser Applications (SOLA).

The Medical University of Vienna’s School of Dentistry is one of the world’s top six academic institutions to offer Laser Dentistry program in the Bernhard Gottleib University. The School of Dentistry, under the leadership of Professor Moritz, has recently undergone major renovation, with a brand new research centre that includes state-of-the-art auditoriums and laboratory equipment.

“We have been carrying out research with a number of laser systems, and we are extremely pleased to be able to study the LiteTouch™ and the Laser-in-Handpiece™ as it is essentially different and unique” said Professor Andreas Moritz. “As a laser dentistry veteran clinician and a researcher, the cooperation with Syneron Dental Lasers is instrumental to our academic research and will assist us in achieving the goals we have set to educate and combine the latest technology with laser dentistry research so that in the very near future practitioners and patients alike can immediately benefit from the innovations in this field.”

“Syneron Dental Lasers is pleased to have Professor Andreas Moritz on board,” said Ira Prigat, Syneron Dental’s President. “This collaboration with Professor Moritz who is one of the world’s key opinion leaders in the field of laser dentistry - will support the construction of powerful research cooperation and an education network, as well as the company’s position as a technological leader. Together with Professor Moritz, we will achieve our mutual goal to further develop the education and training of current and future practitioners - who stand to hugely benefit from evidence-based laser dentistry research findings. This combined synergy between a company with superior technology and an excellent clinician with superior academic research abilities will provide the best foundation for innovative research, outstanding clinical training and successful laser dentistry practices.”

“Following a recent similar collaboration that was signed with the University of Barceloña’s Master program, we are confident that this collaboration with Prof Moritz will enrich and empower Syneron Dental’s contribution to laser dentistry research and will promote increasing laser use in day-to-day dentistry.”

“We look forward to having many more laser dentistry researchers and clinicians from across the globe join our team.”

Dentists more scary than snakes and spiders

It’s not good news for dentists as the latest piece of research by the British Dental Health Foundation suggests that visiting the dentist makes people more nervous than snakes or spiders. The research echoes last month’s Adult Dental Health Survey, which revealed half of adults – especially women - were classified as having moderate to extreme dental anxiety.

The BDHF asked 1,004 people – in the lead up to National Smile Month 2011 - what made them most nervous from a list including heights, flying, injections, going to hospital and visiting the dentist. Over one in five people rated visiting their dentist as the thing that made them most nervous – more than any other category. Overall, statistically, heights topped the poll of biggest fears, closely followed by visiting the dentist and going to the hospital. Snakes were rated fourth and spiders came fifth.

In comparison to doctors, dentists also struggled. The BDHF discovered that nearly 10 times as many people (22 per cent) were made most nervous by their dentists, compared to their doctor (two per cent). The Adult Dental Health Survey points to two dental treatments in particular as the main cause of these nerves: three out of ten (30 per cent) adults said that having a tooth drilled would make them very or extremely anxious. A similar number (28 per cent) of people reported equivalent levels of anxiety about having a local anaesthetic injection.

Dr Nigel Carter, Chief Executive of the British Dental Health Foundation, said: “Everyone in the profession knows that dental anxiety is a major barrier for many people to visit their dentist. What may prove concerning is just how poorly the profession rates in comparison to doctors. The comparison with snakes and spiders may appear frivolous, but it does suggest we still have a lot of work to do to build public confidence.”

“The issue of anxiety affects everyone in the profession. Collectively we need to work together and we hope that the whole profession will get behind this year’s National Smile Month campaign which starts on the 15 May 2011. The campaign offers the best opportunity for everyone to reach millions of people whose nerves and anxiety are directly affecting their oral health.”

Racegel Racing ahead in Gingival Preparation

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“Just put your feet up!”

Tony Jacobs shares some of the many topics that have been raised on dental forum GDPUK.com

Advice was sought on the forum as to the best way to sell a practice. Various agents were discussed, valuations and marketing the practice oneself were all compared, and there were some good ideas as well as the usual moans about the method colleagues had chosen in the past.

The on-going saga of CRB checks for staff, (need them or not?) was another topic. This subject seems to be never fully resolved, but one posted on the GDPUK forum had an email from Cynthia Bower, the chief executive of CQC and she said these were not mandatory but subject to risk assessment, this being individual to each practice.

There was news of future IT in dentistry - you can draw the inference that future contracts will involve detailed recording of the dentistry carried out, as well as all the datasets for (DoSs and practice owners will have to invest in the latest software [and no doubt hardware] or there will be no chance of a contract. It seems this investment will be borne by the practice owners, not by reimbursement by the NHS or the DoH.

A number of hygienists on the forum have also had several threads to raise their collective blood pressure; they have been discussing these matters amongst themselves and with dentists. Direct access is one of the buzzwords, with the prospect in sight of hygienists being able to see patients without need for a referral from a dentist to carry out treatment. One unanswered question is what is the training hygienists have for diagnosis?

On another level, an informative clinical topic has been regarding hostimmune response and low saliva buffering; we all have patients who claim to have an excellent diet, but saliva analysis and high caries experience believe this. A dental nurse wrote about her own son, aged five, who had this scenario with a good diet and he was diagnosed with coeliac disease. This leads to different saliva composition plus reduced Vitamin B, which in turn, leads to more mouth ulcers plus more caries due to the reduced buffering. There may be many syndromes which change the biochemistry of the mouth, and thus we need to learn more, research more, and think of differing reasons for high caries rate.

This topic was linked to a discussion about a Minimal Intervention Dentistry course, and colleagues discussed methods of caries removal, differing results with differing burs, and then materials used to seal the lesions. These techniques are taught in dental schools now, and there were anecdotal stories of young associates being sacked for insufficient caries removal by principals who believed all caries must be removed. Interesting times.

One colleague wrote about saying something stupid to a patient and this brought in a raft of witty replies – an elderly gentleman who had lost both legs was helped into the dental chair, the dentist felt stupid when he smiled at the patient and said: “just put your feet up!”

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About the author

Tony Jacobs, 54, is a GDP in Manchester, in practice with partner Steve Lazarus at 406 Dental. Tony founded GDPUK.com in 1997, and the website now has over 13,500 unique visitors each month, who make 50,000 visits and create over 2 million pages on the site every month. Tony is certain GDPUK.com is the liveliest and most topical UK dental website.
That great American philosopher and boxer Mohammed Ali said “Service to others is the rent you pay for your room here on earth”.

In the middle of February a party of 50 Brits travelled to India to take part in a joint meeting between the Indian Dental Association, the Faculty of General Dental Practitioners (UK) and the British Dental Association. After the meeting, 20 people went to Chitrakoot, a small town of about 35,000 people situated on the Mandakini River, a tributary of the Ganges lying approximately 500 miles south east of Delhi.

It is on the border between Madhya Pradesh and Uttar Pradesh, two of the poorest and most deprived areas of rural India. It is reached from Delhi by air to Khajuraho and then by a four-hour road journey, or by a train journey of 14 hours.

Chitrakoot is best known as a major historic religious centre of the Hindu faith and as a centre for pilot studies in self-reliance, based at the Deendayal Research Institute in the town. There are 500 surrounding villages with a total population of more than a million, all struggling with extreme poverty and an almost total absence of health care. The Chitrakoot Project charity aims to address a major aspect of the health problems in the area and understands that an unhealthy individual is unable to giving and gaining?

Immediate Past President of the BDA Amarjit Gill looks back at an eye-opening visit to the Indian town of Chitrakoot to see the work going on at the dental clinic of the Chitrakoot Project charity.

Giving and gaining?

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The Four Amigos

The purpose of our visit was to see the dental clinic which is providing much-needed dental care to the community.

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be productive and self-reliant.

That said, the purpose of our visit was to see the dental clinic which is providing much-needed dental care to the community. Initially set up by Naresh Sharma from Leeds and Poonami Datta from London, it now has a financial lifeline from the AOG. Arriving at the dental project, we were amazed to see a state-of-the-art four surgery clinic in such an impoverished area. The unequivocal aspiration for the clinic was to be of the highest standard possible.

The underlying philosophy applied to both the clinic and complex it was in, was that just because it served the needy and the poor that didn’t justify having lower standards at all. This premise equally applied to the residential units, catering for both the overseas healthcare professionals and the family members who accompanied the ill. As seems to be common in charitable institutions, the enthusiasm the dental team was a wonder to behold. Their motivation and desire to do good was almost palpable.

The clinic provides services from everything you would expect the general dental practice to provide and includes some specialty services such as implants too. The patients pay however they can and those who are too poor actually get implants too. The patients pay whatever they can and those who are too poor actually get all the treatment for free (including implants!).

As you would expect, treatment is only part of the overall service that patients receive. Complimenting patient treatment is a very effective and simple advice programme to prevent further dental problems. Part of that advice is to help patients understand the role of plants in ayurvedic medicine.

Hygiene is an Indian cultural value and a central practice of ayurvedic medicine. Hygienic living involves regular bathing, cleansing of teeth, skin care, and eye washing. Immediately outside the dental clinic there was a herb garden identifying plans that patients could use to care for themselves.

When you recognise that patients can travel hundreds of miles to get treatment, then you realise the immense value of prevention for these people. If you ever met a pioneer behind the charitable projects you cannot help but be awed by their humility and charisma. I guess it’s their humanity that motivates them and their charisma that attracts others which causes sorrow to the doer of the sacrifice is no sacrifice. Real sacrifice lightens the mind of the doer and gives him a sense of peace and joy”.

If you want to lighten your mind and volunteer then you might wish to know that the Chitrakoot project is always ready to accept volunteers. Usually there are a few visitors at the same time so they can make up a touring party.

Most visitors are fascinated to see how the work of the unit progresses particularly in the rural villages. Accommodation can usually be arranged but it is wise to discuss possible dates and functions with Dr Sharma beforehand. Planning well ahead also confers the advantage of accessing the cheapest airfares too.

Of course there is always the easier option simply donate money. If you would like to donate funds to this very worthy cause, please go to http://chitrakootuk.org/ and click on the ‘How you can help’ section.

Remember, this is a registered charity so download the Gift Aid form to allow some of your taxes to be added to your donation.

Final thought goes to Bob Hope - “if you haven’t any charity in your heart, you have the worst kind of heart trouble”.

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Focus on finance
Jon Drysdale provides advice for dentists buying a practice

Securing finance for a practice purchase can be problematic, particularly in the aftermath of the banking crisis. However, small businesses remain critical to the economy and there are various measures in place to improve access to credit.

However, help is at hand. The following facilities are available to dentists:

**The Enterprise Finance Guarantee (EFG)**

EFG is a guarantee facility for small businesses, specifically for new loans. For a practice purchase where the required funding is relatively large EFG can prove invaluable. Often, the traditional banks will use EFG in combination with their own lending facility. In essence, this reduces the bank’s risk.

**European Investment Bank (EIB) funding**

You won’t find a branch of the EIB (European Investment Bank) on your local High Street but they might just help you to purchase a dental practice.

Since 2008 the EIB has granted loans to small and medium-sized enterprises (SMEs) through UK commercial banks. The EIB see SMEs as ‘critical’ to the European economy, so much so that a staggering EUR 10 Billion was made available in 2010.

Amongst the 160,000 SMEs receiving Euro funding since 2008 were a number of dentists, who might otherwise have struggled to arrange finance for their practice purchase. EIB funding comes with very few strings attached and can command a lower interest rate than traditional commercial loans. The cash is available through well known commercial banks with specialist ‘healthcare’ divisions. However, this funding is not a bottomless pit and a call to action is required now to avoid disappointment.

**Your finance application**

Securing finance for a practice purchase can be problematic and success is largely down to the strength of your individual financial profile as well as that of your target practice. The strength and quality of your application is critical to achieving a competitive interest rate and terms.

Your finance case will be assessed by several bank underwriters before approval (or rejection). Once outline approval is granted you will have a number of pre-conditions to fulfill such as insurance requirements, property valuations or lease arrangements and confirmation of the NHS contract transfer. Some of this is best dealt with by a suitably qualified (dental) solicitor who should also ensure that you are protected in respect of staff issues, restrictive covenants and serious clinical liabilities.

With all of the above in mind the purchase process can take several months. Professional guidance has proved invaluable to many associates purchasing a practice.

To find out where European funding is available and how to access EFG funding, please contact the author.

*About the author*

Jon Drysdale is a Director of Practice Financial Management (PFM) and is a qualified Independent Financial Adviser. PFM offer advice to dentists considering purchasing a practice and maintain regular BDA CPD approved practice purchase seminars. For further information email jon.drysdale@pfmdental.co.uk or call Jon on 01904 623620 or visit www.pfmdental.co.uk

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*www.pfmdental.co.uk*
Penalties for late submission of your tax return have just got more stringent, according to Bob Cummings, tax specialist to the National Association of Specialist Dental Accountants (NASDA).

He explained that HM Revenue and Customs have changed the penalty system for late submission. Quite simply, the later your tax return is submitted, the more you will be penalised.

Bob said: “There has always been a penalty aimed at those who submit their returns after the deadline, but, in reality, each year it was possible to cancel the penalty. Unfortunately, this ‘get out of jail free card’ has now been withdrawn.”

who submit their returns after the deadline, but, in reality, by paying the tax owed on or before 51 January each year, it was possible to cancel the penalty. Unfortunately, this ‘get out of jail free card’ has now been withdrawn.”

Bob explains that for 2011 Tax Returns, due to be filed by 51 January 2012, a £100 penalty will automatically apply to all Returns submitted late. In the past, the penalty was set at a maximum level of £100. If the outstanding tax bill was less than £100, the penalty would match the money owed. If, for instance, no tax was owed, there would be no penalty.

Under the new regime, the £100 applies automatically, regardless of how much tax is outstanding. If submission of the return is delayed for more than three months, a daily penalty of £10 will be charged. Daily penalties will run for three months from 1 May 2012 to 31 July 2012.

This means that if a Tax Return is submitted six months late, a penalty of £1,000 will be charged: £100 initial penalty plus £10 per day for 90 days. Remember, warns Bob, this will apply even if all tax due was paid on the correct date of 31 January 2012.

Bob said: “If this is not bad enough, further penalties can also be charged after 31 July. The message is clear! Get your Tax Return in on time!”

For more information, contact Caroline Holland on 02086798955/07974751596 or go to the NASDA website: www.nasda.org.uk

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There are over 29 million people using Facebook in the UK alone. Even Google has confirmed Facebook’s skyrocketing popularity. Google’s current AdPlanner statistics show Facebook as the UK’s most visited site of the Internet. Is your practice properly positioned to be found where millions of people now spend their time?

Whether your practice is actively marketing on Facebook or you are just getting started, there is advice unique to social marketing that will benefit you. First and foremost, have a plan. Most of us wouldn’t hop into a car or on a train without a destination in mind, however many practices create Facebook Business Pages without forethought.

A Facebook marketing plan can help you and your team to be organised, consistent, and most importantly effective. Here are four major plan components to keep in mind.

1 Who - Who will be responsible for managing your Facebook efforts? This person will monitor, interact and post on behalf of your practice. Managers of Facebook Business Pages are called “Administrators”. Pages can have multiple administrators, however be advised that administrators have the ability to delete other administrators and can delete the page entirely as well. Be sure to have trust in those who administrate your page. As practices invest more in Facebook and Facebook pages become more valuable, knowing how to keep these social assets safe will become more crucial.

It is also key to have a Facebook “champion” in charge of your Facebook page. This conversation can accelerate the growth of testimonials and “likes” which results in amplified word of mouth and greatly benefits your practice.

2 What - What will your practice post about? In other words, what will you say to your followers? Even if your practice focus is on sedation dentistry, cosmetics, dental implants, six-month smiles or periodontal disease, you will need to consider additional content to patients about Facebook. This conversation can accelerate the growth of testimonials and “likes” which results in amplified word of mouth and greatly benefits your practice.

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Social marketing on Facebook – what is your plan?

Rita Zamora discusses social marketing

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your followers with dentistry non-stop: you will benefit more from posting a combination of information, including “social” topics.

The “socialness” of Facebook is where many practices have difficulty. Some dentists immediately push back the concept of non-dental posts by saying they wish to remain private or keep their personal interests to themselves.

However, there are definite ways to be social and personable without losing privacy. One of the largest benefits you can reap in social marketing is making human connections—a result of sharing a bit of your authentic self. For example, consider the following non-dental topics practices could post about:

- What hobbies do the doctor or team members participate in?
- What do you do for fun outside of the office?
- Are there organisations you donate to, support, or volunteer for?
- Do you have a patient appreciation day, open house, or practice anniversary event upcoming?

In addition, brainstorm with your team. The best new ideas are often produced at brainstorming sessions. Spend a few minutes at each staff meeting to discuss creative Facebook posts. Remember to document the ideas to easily reference in the future. Documenting the teams ideas will help ensure you’ll never run out of fresh content to post.

3 When – When will your practice participate on Facebook? Will you check-in “whenever you have time” or will you schedule specific days of the week to respond to comments, interact, and post? Like many other aspects of managing a successful practice, consistency is key. Plan to dedicate certain days of the week to your social marketing. While much of this type of marketing may be done spontaneously, often those practices who excel over the long term have pre-scheduled their marketing activities.

4 How – How will you inform your patients about your practice Page? What tactical methods will you employ to promote your Facebook community? Facebook ran a study that proved offline promotion resulted in a 20 per cent or greater increase in their overall connections. Because one of your primary goals should be to connect with as many of your existing patients as possible (as they will be an excellent source of testimonials and word of mouth for you), consider ways in which you can recruit as many of their “likes” as possible.

Methods in which you can promote your Facebook Page offline include:
- Inviting patients to ‘like’ your page whilst in your practice.
- Using email to promote your Facebook presence and invite participation.
- Promoting your page via special Facebook business cards, signage, flyers or posters within your office.
- Lastly, keep in mind the purpose of your Facebook marketing. Social media is not the place to push advertising messages or overtly sell. Set intentions to build relationships and create community. Ultimately, the purpose of any Facebook marketing initiative should be to genuinely connect with others.

Schedule a Facebook plan meeting with your team. Create a basic plan as outlined above and determine who will be accountable. This plan will both streamline your efforts and help you to successfully achieve your social marketing objectives.
Waste management matters

Louise Finn discusses the high level of medical waste in the UK

We’re all aware of waste, whether it’s tucked into our own household wheelie bins or litter dropped in the street.

However, while an empty crisp packet may be unnoticeable, it’s unlikely to trigger an epidemic. Household waste accounts for only one tonne in every seven produced in the UK, and among the commercial waste is a significant quantity of ‘hazardous waste’ from healthcare premises which must be disposed of with great care to eliminate any risk to the public or the environment.

As responsible dental professionals we need to understand and observe the regulations concerning both the biodegradable and inorganic waste generated by our practices, seeking to minimise our practice’s waste product footprint.

The optimum waste solution is of course recycling, with organic material the prime candidate to attempt to reduce atmospherically damaging methane emissions, but in many instances Government regulations prohibit this option for both medical detritus and potentially contaminated obsolete equipment.

The Environment Agency has designed a website where businesses are listed according to sector and their responsibilities.

The disposal of medical waste must be handled by authorised contractors, and its source must be traceable, so it’s vital to maintain and retain the paperwork covering waste transfer whenever it leaves the practice. Keeping waste disposal records is a legal requirement, and any failure in this regard can lead to prosecution.

Healthcare waste which is destined for landfill must be pre-treated (washed and disinfected) before tipping, and when this is not practical or treatment being replaced by upgrades, websites such as ‘Free Cycle’ have emerged as an advertising medium for unwanted items and other household electrical goods whose working life is not yet exhausted.

Individual businesses each have a ‘duty of care’ to safely manage their own ‘controlled waste’, defined as being any by-products of their commercial or other activities which pose a potential risk to humans.

Controlled waste must be handled by an authorised contractor, and its source must be traceable, so it’s vital to maintain and retain the paperwork covering waste transfer whenever it leaves the practice. Keeping waste disposal records is a legal requirement, and any failure in this regard can lead to prosecution.

Healthcare waste which is destined for landfill must be pre-treated (washed and disinfected) before tipping, and when this is not practical or treatment being replaced by upgrades, websites such as ‘Free Cycle’ have emerged as an advertising medium for unwanted items and other household electrical goods whose working life is not yet exhausted.

Dentists seeking to dispose of unwanted or superseded equipment have particular problems. Although recycling is the ideal way to eliminate liability to landfill tax, this is not always practical, and it can seem prohibitively expensive.

While there may be occasions when approaching an overseas dental charity represents a satisfying solution, there will be others when for fiscal, financial or logistical considerations it is not appropriate - and the guidelines for safe disposal take no account of the practice budget!

Many practices, prudently taking heed of the present economic climate, are today purging stock

Efficacy cannot be guaranteed if landfill disposal is not permitted. Although treatment protocols are ultimately the contractor’s responsibility, the consignor, in this case the dental practice, should always separate hazardous from non-hazardous waste prior to collection.

The disposal of defunct or unwanted electrical or electronic equipment is covered by the guidelines contained in the Waste Electrical and Electronic Equipment (WEEE) directive. In the domestic market, where the pursuit of modernity and perpetual upgrading has become a way of life for many, household appliances such as kettles or toasters bought before August 2005 can be returned to the manufacturer when a replacement unit is purchased.

For domestic appliances acquired after August 2005 the manufacturer should also provide a protocol for disposal of the old unit. With so many still serviceable domestic items

Visit www.advanceddentaleducation.co.uk tel: 0845 604 6448 for further details

References


The author

Louise Finn is the Director of Dental Stock Exchange

For more information visit www.dentalstockxchange.co.uk
Dynamic thinking

Glenys Bridges discusses a technique to solve problems and generate new ideas

Are you getting a worthwhile return on the investment you make in your team meetings? Routine team meetings are now a feature of dental teams’ interactions, this is mostly due to regulatory requirements placed upon dental businesses.

Team meetings however require an investment of time and resources, for which it is reasonable to expect to see a return. Dental teams are increasingly seeing how their team meetings can be beneficial if they are well planned and have agreed aims and objectives.

Not lip service
There are a number of skills and techniques that can be applied to make team meetings productive and a worthwhile investment, rather than a disappointing experience which simply pays lip service to clinical governance and Care Quality Commission requirements.

The most frequently heard grumbles about team meetings are that they are either blame and moan sessions, or that ideas stimulated by the meeting are not followed through. Both of these shortcomings are easily addressed with good management.

The most worthwhile meetings are those that stimulate creativity and lots of new thoughts can lead to breakthrough because insight arises from new thoughts. During team discussions thoughts arise and change all the time; although the prospect of new thoughts about old situations is ever present, they are unlikely to prosper if stifled by tired old thinking. Here is a tool that can give inspired thinking the impetus to make a difference.

SCAMPER

Try getting the most out of team meetings

The SCAMPER tool has been widely used in the marketing sector since the 1950s to offer a practical and structured approach to creative thinking. It asks users to give answers to a checklist of idea-spurring questions. This technique is designed to reflect the thinking style of operational thinkers, and is a highly effective way of stimulating the creativity of individuals who like more structured processes.

Here is an example of SCAMPER:

In practice - The roll-on deodorant was invented in the 1950s by an imaginative employee in a pen factory. He worked out that the same principle used in the ball-point pen could be used to spread deodorant evenly under the arm. In this way something that was working well in one area of operation was adapted and applied in a completely new area. The SCAMPER process was as follows:

Substitute – In underperforming areas explore what, or who, can be replaced with something different.

Adapt – Are there similarities or situations that can be adapted into your team scenario?

Correctly cultured new thoughts can lead to breakthroughs because insight arises from new thoughts. During team discussions thoughts arise and change all the time; although the prospect of new thoughts about old situations is ever present, they are unlikely to prosper if stifled by tired old thinking. Here is a tool that can give inspired thinking the impetus to make a difference.

Modify and magnify - What changes would increase the benefits/drawbacks?

Put to other uses - What new applications can you see for your strengths and aptitudes?

Eliminate - What is excessive or outdated and how can we eliminate this?

Rearrange - Can we refresh people and ideas with new personnel combinations and/or sequences of events.

The objective of the technique is to solve problems and generate new ideas by using a checklist of questions. Ask your team to explore the SCAMPER questions in relation to a task or situation and see what new ideas emerge.

About the author

Glenys Bridges is managing director of the Dental Resource Company and has provided training for dental teams since 1992. For more information, visit www.dental-resource.com or call Glenys Bridges on 0121 241 6693.

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M ost dentists dream of owning their own prac- tice but, to quote Marvel comics, ‘with great power comes great responsibility’. As a prin- cipal you leave yourself open to everything from overtime to litiga- tion, so it helps to keep up to date on all the latest rules and regulations, in order to protect yourself and your business. 

Aside from treating patients, one of your biggest respon- sibilities is the employment and upkeep of your staff. It is up to you to ensure that employ- ees are competent, efficient and happy in their work and the first step to achieving this is, of course, recruitment.

Recruitment is common sense in many ways, as every employ- er is aware of the importance of checking references and creden- tials. Unfortunately even this can sometimes be inadequate, as il- lustrated by a recent case in the West Midlands in which a fraud- ulent ‘dentist’ had so convinc- ingly faked her qualifications that she amassed £250,000 of profits before being discovered and sentenced to three years in prison.

Such cases are, thankfully, exceptionally rare and a back- ground and CRB check are usu- ally sufficient when hiring. How- ever, with CQC regulations now emphasising the responsibility of dental employers, it is important that you understand exactly what is expected of you with regards to the recruitment of new staff.

Regulation 21 of the CQC, which relates to outcome 12, states that all registered practice owners must ‘operate effective recruit- ment procedures’ which ensure that the people hired by the prac- tice are of good character, as well as being suitably qualified, skilled and experienced. In order for this to be established, you are obliged to carry out the usual pre-employ- ment checks and obtain all the necessary evidence to substi- tute any information given by the candidate, and in particular be able to provide proof that staff are registered with the appropriate body (such as the GDC), wherev- er necessary. Principals are also obliged to determine whether the new employee is both physically and mentally fit for the role so ex- tra precaution should be taken if there are any doubts in this area.

It is essential for the protection of your business, your staff and your patients that every necessary precaution is taken when hiring new employees, as the CQC plac- es the onus squarely on the shoul- ders of the practice principal when it comes to hiring permanent staff.

With regards to tem- porary staff, it is still impor- tant to exercise caution, even when dealing with an agency, as problems may still arise.

Employees hired through an agency are generally referred to as outside contractors, and it is the responsibility of the recruit- ment agency to hire them on behalf of you, the client. It is also up to the recruitment agency to negotiate holidays, contract ex- tensions and pay rises and you should check the wording of your contract carefully to avoid being held directly responsible for the employee due to ‘implied employ- ment’, that is a contract that sug- gests that the employee may be deemed a permanent rather than temporary member of staff. One case, which illustrated this po- tential pitfall, was that of Muscat vs. Cable and Wireless, in which a temporary worker successfully sued his employers for wrong- ful dismissal when they termi- nated his temporary contract, because his working situation was deemed to be one of implied employment. It therefore goes without saying that any recruit- ment should be undertaken with care and it is worth engaging the services of a legal advisor to help you draw up contracts.

However, there are certain other ways in which to negate some of the stress of hiring. A well laid out contract is of course a necessity, but using a recruitment agency dedicated to the dental industry can also relieve some of the pressure of hiring, as a com- pany within the industry will be aware of what to look for in potential em- ployees. Perhaps the safest way to approach this would be to hire the entire process yourself by using a company such as Dental Gate- way, the UK’s only online net- working site for dental profes- sionals. With Dental Gateway, principals can register online and post job adverts as well as browsing or searching through hundreds of CVs and contacting candidates directly. By cutting out the middleman, you can ensure every part of the hiring process goes exactly to plan.

Principals and their practice managers have an enormous responsibility to hire staff who are capable of fulfilling their job description and taking care of a surgery’s most important asset; its patients. By making sure that you understand what is required of you as an employer and ensur- ing that you can prove your dili- gence every step of the way, you can achieve compliance, meet your practice needs and employ a happy and efficient workforce.

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**About the author**

Jonnie James is an entrepreneur and founder of DentalGateway.com. He has preeminent consultancy work for com- panies such as Carphone Warehouse, and is passionate about using the power of the internet to create a level play- ing field for both staff and employers.

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One of the most common issues I currently hear dentists commenting about is their concern over the number (or lack of!) new patients and how to keep the practice above water in these austere economic times.

At this point, I would love to be able to wave my magic wand and bestow upon dentists and their teams the golden key that will unlock the door to practice prosperity and success, but we all know it is never that simple! We can all get lost in profit and loss accounts, cash flow or fixed versus variable costs and become confused by jargon about creating a marketing proposition, or carrying out business process reengineering. After all, how can we be expected to be qualified accountants, expert marketers’ and professional management consultants, as well as qualified, expertly skilled dentists with an excellent chairside manner?

The answer is we can’t, so it is necessary to have professionals around us to support our business. However, we all need to do a bit of groundwork if we wish our business to (a) function and (b) make a profit. It takes more to manage your business than to simply check the bank balance at the end of the month and hope that your year-end set of accounts will be adequate, with enough money left to pay the tax bill.

I believe in keeping that groundwork very simple so that I, and everyone supporting me, understand it. This way I’m much more likely to make it a priority rather than something I dread and relegate to the bottom of my “To Do” list where it never gets done.

One thing I have noticed recently relates to a small core of dentists I work with who have struggled in the last year to run their practices profitably. They are now telling me that they have “just had a run of three months in profit” or “just had my best month for over two years”. Could there be a common denominator as to what these practices are doing differently that is reversing their negative trend of practice profit?

Yes, there is! They have started measuring and reviewing key activities in their business using a few, well-chosen Key Performance Indicators (KPIs). These particular dentists are almost allergic to numbers and the “$” word (sales), but by keeping it simple they are now able to focus on what is making their work or not and then make changes to keep it on track.

A very dear, wise and astute friend gave me the following quote: “You get what you measure.”

Ernie Wright reveals how to set targets, budgets and strategies for your practice, without resorting to pure hope.
advice several years ago and it revolutionised my life:

“Measure what you value, and you get what you measure”

This is exactly what the principal dentists I mentioned earlier have taken on board and made a part of their daily lives. We can apply this motto to both our businesses and our personal lives. For example, many of us make resolutions about losing weight, getting fitter or spending more time doing the things we enjoy. How often do we fail in achieving any of these goals?

I spent years wishing I was thinner, reading lots of books and articles about weight loss and occasionally actually doing something about it. Sometimes I felt good, other times I knew I was fooling myself, such as those moments in my heart that I was getting thinner. In this last time I knew I must be on track (I wasn’t...).

Then I realised, once that advice had sunk in, that I had to:

• Value the importance in my life of actually being thinner (I wrote a lot down, which I still refer to regularly five years on and two children later)
• Stand on the scales (however painful that was)
• Write down my real current weight (and stop trying to stand on one foot to make it less)
• Set a target weight that I wanted to reach and when (realistically)
• Tell someone my current and target weight (ouch! Very, very scary as I had never admitted my weight to anyone before!)
• Stand on the scales each week and weigh myself, record my weight and tell my buddy the progress (or lack of)
• Assess (with the help of my buddy) if I’m losing weight and staying on track, what I’m doing or eating that’s working

and if I’m not losing weight and not on track, what I need to change or stop doing or eating
• Continue measuring even when I hit my target weight: keep measuring, reviewing and taking appropriate action regularly to stay on track

It is a natural law of the universe that once you start measuring something important to you, a high percentage of the time you will get what you want. The reason being is that the act of measuring and reviewing ensures a focus on the desired outcome, so you are far more likely to achieve it.

So, enough of the magic wands and laws of the universe, how does the losing weight analogy work for running a successful, profitable practice? Here’s how:

• Decide what things you need to measure in your business (KPIs) that are important for you to achieve your desired outcome. Start with a few simple, useful KPIs and evolve
• Start measuring your KPIs by collecting the data. This gives you a starting point
• Set a target for each of your KPIs that you want to achieve in the next year
• Share those targets with key personnel in your business and your coach
• Measure your KPIs on a weekly or monthly basis (ie continue to collect the data), as appropriate
• Review the data on a monthly basis with your team and coach as appropriate and assess whether or not you are on target to meet your year-end goals
• Make decisions and take action. Make changes to ensure that you are on track to meet your year-end goals

It doesn’t matter how those first numbers are, you have taken a major step forward in your business because now you know exactly where you are. This is purely a starting point.

In my mantra of “keeping it simple, so I’m more likely to do it,” here is my minimum list of KPIs to measure in a dental practice:

1 Gross fees per fee earner versus target
2 Enquiries converted to new patient consultations versus target
3 Turnover versus target
4 Fixed costs versus target
5 Profit versus target
6 New patient numbers versus target

I am still surprised at the number of practices that do not set a forecast with targets and a budget for the year or measure and review how they are doing. Without these fundamentals, they are really relying on hope as a strategy (and it didn’t work for me in getting thinner). In the current economic environment, pure hope on its own is a very dangerous strategy.

For additional information or advice on running a successful practice, please call Breathe Business on 0845 299 7209.
United we stand

Mhari Coxon discusses the scope of extending your duties and skills as dental professionals

There are a lot of things, big things, happening in the dental world just now. As I write this, the GDC has made history by successfully prosecuting a company for practicing dentistry without being registered as a dentist or dental care professional. The long term implications for this are righteous as hopefully now the business of tooth whitening will only be carried out by a competent dental professional under the prescription of a dentist, within scope of practice.

Scope of practice is a way of describing what you as a dental professional are trained and competent to do. It describes the areas in which you have the knowledge, skills and experience to practise safely and effectively in the best interests of patients. Scope of practice was first published in April 2009 and clearly laid out the skill groups expected of each dental team member upon qualification; it also extended additional skills or duties that could be added to their skill group through training either in house or by external training and examination; whichever would be most appropriate. The most important thing is that any professional should only carry out a duty of care for a patient when they feel confident and competent. It also clearly says the things we should not be carrying out without further qualification.

The General Dental Council met on February 24, 2011 and, among other important items, two working parties were appointed. One group, consisting of four council members, two external members and, importantly, a patient representative; will review the Standards guidance and report back to the Council in July 2012. The second group, which would comprise representatives from seven registrant groups, plus a lay Chair (appointed from Council) and a patient representative would review the Scope of Practice document and report back to the Council in February 2012.

The principle focus of the Scope of practice workshop group will be patient safety and public interest.

The GDC has this to say on their website:

Policy is developed on the basis of consultation and evidence.

In order to protect the public by regulating the dental team, we need to listen and understand the views of the public, patients and registrants*.

‘In order to protect the public by regulating the dental team, we need to listen and understand the views of the public, patients and registrants’

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- Training, documentation and certificatess.
- Waste disposal and documentation and storage.
- Practice policies and written procedures.
- Clinical audit and patient outcomes including quality measures.

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The focus of ‘Scope of Practice’ is patient safety

Mhari Coxon is a dental hygienist practising in Central London. She is chairman of the London British Society of Dental Hygiene and Therapy (BSDHT) regional group and is on the publications committee of its journal, Dental Health. She is also clinical director of CPD4dp, which provides CPD courses for all DCPs. To contact her, email mhari.coxon@cpd4dp.co.uk.

What seems apparent from the last review of duties is that each group was not particularly aware of, or supportive towards, the other DCP groups. I think there may have been a breakdown in communication and working in the best interest of the dental patient. For example, it was finally decided that a dental nurse can work clinically with the patient, placing rubber dam, taking shades, taking impressions and providing oral hygiene advice and fluoride application. All these additions were welcomed but it was with disappointment that I saw that the initial proposal had included prophylaxis and some simple supragingival calculus removal, and they never made the final cut.

Then there was the hygienists and therapists portion of the consultation. The initial consultation considered diagnosis of disease to be added to their duties and the need for a treatment plan from a dentist to be removed. Instead, we ended up with a ruling about a prescription for the treatment and the need to see a dentist every three years for a referral as a minimum. Of course a patient should see the dentist at intervals which best suit their dental needs, but the feeling is that they are not being allowed to access care independently and that this could be seen as restrictive.

History in the making?

It is not often we get the chance to have a say in the future of our professions and I implore you to grab it with both hands. If we don’t reply with our views, whatever they may be, then we can’t expect these groups and the council to understand our point of view and take it into account.

I will be replying myself, saying that in my ideal dental world, I would like to see the dental nurse be able to use prophylaxis to remove the disclosing solution after their oral hygiene session with the patient, perhaps suture up at the end of surgery even. My future would see the hygienist able to carry out all the treatment planning and diagnosis of the patient’s periodontal health, and therapists being able to detect and treat caries without a treatment plan from a dentist, still working as part of the team but allowing direct access to this service by patients.

Standards for dental professionals and Scope of Practice are both documents from the GDC which should have been read by every registered dental professional.

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Laboratories and dental professionals working in partnership

Dental Tribune talks to Nicola Farnfield from Lifelike Dental Ceramics

Nicola Farnfield was new to the Dental industry when she joined Lifelike Dental Laboratory in Buckinghamshire four years ago. Having worked in the past as a Commercial Director of a blue chip Company for 15 years, Nicola thought that Customer relations would be similar in the dental market but soon discovered that wasn’t the case. We put some questions to Nicola:-

When to communicate?
This sounds simple, but it is not. Trying to communicate with a dentist is like trying to communicate with a client who is always in a meeting and unavailable. Obviously the majority of dentists’ time is spent in surgery so you need to establish when is the most convenient time to contact them if required. For some it may be at lunch time or for others it may be at the end of the day. It is important to establish this at the start of the relationship.

Equally, clinicians need to know that they can get in touch with their lab promptly. The way we overcome this at Lifelike Dental Ceramics, is all our clients have the mobile phone number of the technician that is dealing with the case. This means they can have direct contact with them and avoid going through switchboard if they are in a rush. Furthermore, we don’t close at 5.30pm - we are available after this time for people to phone us.

How to Communicate?
Each dentist favours different methods of communication. So it is important for a lab to be flexible and to respond to all types of communication promptly. Some of our clients use email and take advantage of the flexibility of exchanging photos by iphone which is very efficient. Some prefer to text and others prefer telephone communication or face to face support.

Which is more important - Product or Service?
Well to us, the customer service we offer is as important as getting the right product. As we are a small lab we make the time to go the extra mile for clients, particularly when dealing with challenging cases. If a dentist is dealing with a complex case it can be quite time consuming, so they need to know they have the support of a dedicated technician at their laboratory to support them.

How do you feel labs should respond to criticism?
It is important that feedback is given - both positive and negative. At Lifelike Dental Ceramics we encourage feedback because this way you always know if clients are happy (or not).
UK Dental labs were established in 1980 by Derek Phippen who has over 38 years of experience and expertise in all aspects of dental technology. Derek specialises in ceramics and offers a superior bespoke service to his clients. Ongoing professional development has ensured a service that remains at the cutting edge of the latest techniques and processes. With a dedicated team of registered technicians to provide you with a full laboratory service. We are committed to excellence in all we do, and to deliver the very best service available.

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Anything else you would like to add?

Yes, remember it takes time to build a working relationship and open communication is key, once you have established this the rest falls in to place.

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‘It is important that feedback is given – both positive and negative’

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30th October 2010 - (9am to 5pm)
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Anterior [6 hour verifiable CPD for each course]

3rd November 2010 / 10th November 2010 - (3pm to 6pm)
Fiona Stuart-Wilson & Tim Eldridge
CQC Registration and Compliance (Part 1) - Don’t Bury Your Head
(6 hour verifiable CPD)

13th November 2010 - (9am to 5pm)
Dr. Jason Smithson BDS (Lond), DipRestDent RCS (Eng)
Hands on seminars ‘Direct Resin Artistry: Simple, Predictable, Easy’
Posterior [6 hour verifiable CPD for each course]

15th November 2010 / 13th December 2010 / 17th January 2011 - (5pm to 9pm)
Dr. Emiliano Zanaboni DDS, PG Implant (NY), ...
Three of the Best: Putting implants at the top of your treatment options [5.25 hour verifiable CPD] Seminar 1: from diagnosis to the final restoration

12th March 2011
Dr Pirooz Zia BDS, MScD & Dr Benjamin Watkins DDS
Endodontic course. Details to follow.

19th March 2011

Dr Massimiliano Di Giosia DDS Cert. Orofacial pain (USA)
Dental Management of Snoring and Obstructive Sleep Apnea.
Details to follow.

2nd April 2011
Dr. Jason Smithson BDS (Lond), DipRestDent RCS (Eng)
Hands on seminars ‘Direct Resin Artistry: Simple, Predictable, Easy’
(6 hour verifiable CPD for each course)

19th, 20th & 21st May 2011 (9am to 5pm)
Prof. Giovanni Zucchelli DDS PhD
Soft Tissue Plastic Surgery in the Aesthetic Areas: A three day course
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Fender®/Prep is a combination of a self-fit mouldable mouth shield and a regular wedge that allows it to be inserted into narrow proximal spaces while compressing the gingiva without harming it. Insertion can be buccal or lingual.

The plan B is to insert the Fender®/Prep in an axial direction so that it forms a firm grip on the remaining elements allowing it to extract or elevate in a safer manner. The LaserStar RootTipPick comes in two versions – the conventional or the perfect access.

Back at their own practices, EndoCare’s dental team engaged the services of their design team. These bite sized courses cover interproximal reduction techniques, Inman Aligner hands-on accreditation and OPGHs with renowned Dr Domenico Massironi.

Sultan is experienced in treating nervous patients with a range of techniques and equipment to make the procedure as comfortable as possible. Should there be any referrals, patients are provided with a set of headphones and a wide selection of films to watch during the procedure.

Lunch and Learn with EndoCare The specialists at EndoCare, located on Harley Street, in Fitzrovia and Waverley regularly visit dental practices in and around the capital to hold ‘Lunch and Learn’ sessions for the whole dental team. These bite sized courses cover a broad range of topics and provide dental professionals with an ideal opportunity to talk to other practitioners, share ideas and enjoy an informal lunch at times convenient to them.

All-on-4™ from Nobel Biocare: For predictable and affordable treatments Increasing patient acceptance is a priority for many dental practitioners. Nobel Biocare’s All-on-4™ system can help you achieve just this. Elements that are needed for ideal treatment planning include:

• Minimal lead-up time
• Quick access to a rebalancing system
• Orthodontic feasibility

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With its immediate loading function, the All-on-4™ system enables clinicians to achieve just this.

OPGHs with renowned Dr Domenico Massironi.If you would like more information contact Admor at support@admor.co.uk or by calling 01903 858 910 www.admor.co.uk
The Flexi Max brings patients the same superb design and high quality as the right brush for them. Patients with manual dexterity problems and, like every interdental brush in on time, dentists are guaranteed their money back. prosthetics come with a five year guarantee and if the restoration fails to arrive them delivered to your surgery within 7 days of placing the order. All Elite7® customers. To do this it recently launched its Elite7® service which not only branded CosTech Elite® cars. available to them. Dental professionals in London and the South East might professionals in order to provide them with the very best restorations for their that the clinician decides, the dentists’ team of technicians will visit the patient and practice themselves to discuss the range of options available to them. Dental professionals in London and the South East, will notice-CoastElite's team of representatives in the road in their new fleet of branded CoastElite® cars. CoastElite® is constantly striving to improve the service it offers its customers. To do this it recently launched its Elite7® service which not only delivers the highest standards of quality in dental prosthetics, but also has them delivered to your surgery within 7 days of acceptance. The best dental prosthetics come with a five-year guarantee and if the restoration fails to arrive on time, dentists are guaranteed their money back. For more information on CoastElite® or for a free Elite7® Dentist Pack call 0147 320 0767 or visit www.coastelite.co.uk

CoastElite” - a revolutionary new way of placing posterior composites. SDR™ is perfect for posterior restorations The GaAlAs laser has a wavelength that makes it an ideal way to do minor oral surgery. Using this laser, an area can be cut with less heat damage. Not only does the laser cut but also it sterilises the tissue, well making good for post-operative results. Dr Japplaban, who is no stranger to lasers said of the Elexxion Pico Laser “This is a superb, neat and compact laser. The Elexxion Pico Laser can also be used for Tooth Whitening (of both vital and non-vital teeth). The elexxion Pico Laser is very easy to operate with a user friendly control panel. The unit itself is super-compact and battery powered. Patient feedback continues to be very positive with many patients commenting positively on the laser, particularly how gentle it is. For more information please contact: Christine Bowness, Sales & Marketing Manager, sales@prestigemedical.co.uk or view our profile at www.prestigemedical.co.uk

The elexxion Pico Laser comes with two lasers: a 5 Watt Gallium Aluminium Arsenate (GaAlAs) diode laser and a small laser pointer. The GaAlAs laser is ideal for both partial and endodontic work where it can sterilise the root canal. The laser energy is fibre delivered - the smallest available fibre being 200 microns. The GaAlAs laser has a wavelength that makes it an ideal way to do minor oral surgery. Using this laser, an area can be cut with less heat damage. Not only does the laser cut but also it sterilises the tissue, well making good for post-operative results. Dr Japplaban, who is no stranger to lasers said of the Elexxion Pico Laser “This is a superb, neat and compact laser. The unit itself is super-compact and battery powered. Patient feedback continues to be very positive with many patients commenting positively on the laser, particularly how gentle it is. For more information please contact: Christine Bowness, Sales & Marketing Manager, sales@prestigemedical.co.uk or view our profile at www.prestigemedical.co.uk

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Serve you the finest - the new Slick-Tip™ mixing tip The new Slick-Tip™ mixing tip is the tip to improve patient communication. As an addition to its popular Slick-Tip™ range of interdental brushes, Danish company Tandex has recently launched its new Slick-Tip™ mixing tip. The Slick-Tip™ mixing tip is ergonomically designed with an ultra-soft grip handle for ease of use, even for patients with manual dexterity problems and some operating conditions, like easy fit into the daily oral interdental health care routine of your patients. The Flexi Max brings patients the same superb design and high quality as other Tandex products, with a little more extra for those who need easy fit into the daily oral interdental health care routine of your patients. For more information on any of Tandex’s range of products for better oral health, please visit www.tandex.com

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DECAPINOL® Mouthwash and Toothpaste Are now available from www.dentistry.co.uk and from www.gea-dental.co.uk. DECAPINOL® Mouthwash and Toothpaste are perfect for posterious patients, who have been looking for an effective and easy-to-use mouthwash that can help the treatment of plaque at home. DECAPINOL® is a revolutionary new way of placing posterior composites. Dr Greg Thoedowood of Woodley University realised the problems many practitioners encountered when trying to teach patients about oral healthcare and encourage patients to attend dental clinics regularly. With /TDF1 detergents and bicarbonate can be used for the cavity. After packing the cavity with SDR, the cavity is filled with the remaining composite. To do this it recently launched its Elite7® service which not only delivers the highest standards of quality in dental prosthetics, but also has them delivered to your surgery within 7 days of acceptance. The best dental prosthetics come with a five-year guarantee and if the restoration fails to arrive on time, dentists are guaranteed their money back. For more information on CoastElite® or for a free Elite7® Dentist Pack call 0147 320 0767 or visit www.coastelite.co.uk

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UK’s first elevation Pico Laser The UK’s first elevation Pico Laser has been installed at the Kalyse Dental Laboratory in Bath, Bath and North East Somerset.

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Dental Protection expand its ‘Horizons’
The Nationwide Roadshow visits venues across the UK

Following the resounding success of last year’s events, Dental Protection is pleased to announce that the Horizons series will again be visiting cities around England, Wales and Northern Ireland during September 2011.

The team-focused evening event provides a practical look at topics that are relevant for all members of the dental team, both GDC registered and non-registered.

Speakers Brian Edlin, Stephen Henderson, Jane Merivale and Alasdair McKelvie will be presenting at the evening events which this year will be entitled Choices.

During September 2011, Horizons will visit Exeter, Elstree, Cardiff, Leeds, Blackpool and Belfast.

In a difficult economic environment, this is a challenging and difficult time for most dental health professionals. Regulation, scrutiny and accountability is increasing and change is all around us. This creates uncertainty and unseen risks at a time when economic considerations will also affect patients’ choices and their expectations of treatment outcomes. This seminar is designed to explain important facts, dispel some dangerous myths and provide powerful insights into several important areas of patient care which are also potentially important medico-legally.

Kevin Lewis, Director of Dental Protection, said: “We were overwhelmed by the response to last year’s Horizons events in the UK, and are pleased to be running more of them and visiting new venues.

“Our aim is to bring quality programmes closer to home for more of our members, and in that spirit this same programme has recently been taken to our members in seventeen cities all over Australia.”

Inclusion 2.5 hours verifiable CPD the evening will also give delegates a chance to meet some of the Dental Protection advisory team face to face in order to explore the full range of benefits available to members.

Tickets cost £60 for members and £80 for non-members. Tickets for DPL Xtra Practices and their staff are priced at just £50 per person, and accompanying staff members (dental nurses, reception team and technicians) can attend for the nominal fee of £5 per person, when accompanied by a full-paying dental professional.
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Harris is a registered specialist in prosthodontics. For many years he has been a sought after speaker on the lecture circuit. Until more recently he was the primary post graduate speaker at a leading London teaching hospital in client and bridgework minimal invasion dentistry, cosmetic dentistry and adhesive dentistry. He is the Director of the Institute of Dental Design and Technology in London. He currently main interest in minimal invasive dentistry and his lecturing style is known to be able to relate and communicate with the general practitioner. What he communicates is appropriate and applicable.

Registration 9 am, close 5 pm, 6 hours vCPD. Places will be limited so early booking is recommended. Please register your interest by either calling 07530450598 or send your remittance to:
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40% of denture patients are concerned about denture odour

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That’s because brushing dentures with ordinary toothpaste can scratch denture surfaces. And scratched surfaces can lead to bacterial growth, leading to denture odour.

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