Is something rotten in the state of GDC?

GDC Chair resigns amidst rumours of no confidence vote, divisions within the Council causing concern amongst dental professionals

I

n a move which has thrown open the deep divisions within the General Dental Council (GDC), Alison Lockyer, Chair of the GDC, has resigned both from the position of Chair and her seat on the Council. With rumours circulating amongst dental grapevines that there was to be a vote of no confidence, Dr Lockyer issued the following: It is with regret that I have decided to resign from my post as Chair of the General Dental Council, and also from my appointment on the GDC.

It would not be appropriate at the moment for me to go into detail about my reasons for resigning, suffice to say that, over the last few months, there have been issues that have caused me concern.

I remain passionate about the importance of protecting the public through professional self-regulation.

The situation at the GDC has caused concern amongst many of the professional organisations in dentistry, who are calling for an explanation of the situation to restore confidence in the regulator.

A statement by the British Dental Association (BDA) said: “The BDA is seriously concerned at the suddenness of Dr Lockyer’s resignation and the observation she has made in the statement. We are calling for the situation to be clarified as a matter of urgency.”

The profession’s confidence in the regulator depends upon the integrity and robustness of the decisions it makes and it is important that the Chair is elected by the Council.

Dental Protection has also voiced its concerns at the situation. Kevin Lewis, Dental Director, said: “Dental Protection has been voicing its concerns for some time now that certain aspects of the GDC’s work left a lot to be desired. The Fitness to Practise procedures were a case in point, as recently confirmed by the largely critical CHRE report, while some of the recent policy decisions also suggested a fundamental lack of understanding of the dynamics of the profession and its relationship with the public.”

The dignified departure of Alison Lockyer as GDC Chair, and the measured but pointed terms of her public comments as she left office, should set alarm bells ringing that something profoundly disturbing has been happening at the GDC. It is clear that the departing Chair has formally raised concerns with the relevant authorities about the internal operation of the GDC at a senior level, and these concerns surely warrant thorough investigation if public and professional confidence is to be maintained. Divisions are self-evident between some of the lay and professional members, and also between some Council members and the GDC Executive and staff. This is not good news for patients, and coincidentally it is not good news for the profession either at a time of such enormous challenge.”

The GDC is remaining tight-lipped about the current situation. A statement issued on behalf of the GDC said: Alison Lockyer has resigned as Chair of the General Dental Council and as a member of the Council. We would like to thank Alison for her service as Chair since January 2010 and as a member of the Council since 2001 and we wish her well for the future.

The GDC will now consider the process for appointing a new Chair and any interim arrangements needed to ensure the continued smooth running of business.

According to reports, the GDC will meet this week to appoint an interim chair, with a successor to be elected at the Council’s September meeting, when hustings will be held.
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- Tartar
- Cavities
- Gum Problems
- Sensitive Teeth
- Enamel Erosion
- Bad Breath
- Staining

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*Demonstration illustrating reduction of plaque bacteria 12 hours after toothbrushing with Colgate Total vs stannous fluoride toothpaste.

Editorial comment

Unless you’ve been hiding under a rock for the past few days, you will have heard about the departure of Alison Lockyer as GDC Chair, and the rumours surrounding her departure.

In a job which can only really be akin to the England football manager’s job in terms of popularity (or possibly the Chief Exec of the CQC), Dr Lockyer had the unenviable task of trying to balance her position as head of the regulator with her position as a GDP, something which must have not sat well on more than one occasion. I wish Dr Lockyer all the best in getting back to the ‘quiet’ life of doing day to day dentistry.

I’m looking forward to seeing many of DT’s readers at this week’s BDA Conference and Exhibition in Manchester. The event is boasting to be the biggest and best, and the line-up does seem impressive. One piece of news to note is that at the time of going to press, Secretary of State for Health Andrew Lansley’s speech has been switched from Thursday 19th May to Friday 20th May at 11.15am.

Also, don’t forget to come by Stand A18 and say hello, leave your feedback and maybe even leave your card to be asked to write an article or two for us! See you there...
**A call from the front line**

C

oming back to civil-

ian life after leaving the

services, not through

choice but through disability

caus ed in the line of duty, can

be a challenging period for a

former Royal Marine and the

adjustment may be fraught with

hurdles and disappointments.

One example that has been re-

ceiving attention recently is the

offer to the hundred or so medi-
cally discharged Royal Marines

leaving annually, who have been

kept dentally fit by the Armed

Forces, a choice of free
dental care in the community

where they settle.

Now, sympathetic dental

practices can join a national

scheme, The C Group and

SmileStar, formerly known as

the Marine Dental Care Cam-
paign, to help some of those

former Royal Marine personnel

with free basic dental care for

life. Already more than 60 prac-
tices around the UK are signed

up to the scheme.

The inspiring scheme is

being run by The C Group, a

Royal Marines charity whose

mission is to mobilise the busi-

ness community to support the

Royal Marines together with

SmileStar Ltd, an organisation

with charitable status based in

Devon. Royal Marines ap-

plicants will be introduced to

the scheme through the nor-
mal resettlement process and

those who are interested will be

passed through to SmileStar for

appropriate administration and
details of their nearest partici-
pating practice.

Colonel Hutton, the Chief

Executive of The C Group, who

has supported the scheme from

its inception, explained: “Com-
ing home and trying to settle

into normal life is harder than

people imagine and routine pro-
cedures such as going to a den-
tist can be immensely daunting.

What SmileStar and its network

of supporting dentists are offer-

ing is choice. A man can decide

whether to go with the NHS sys-
tem or take the opportunity to

receive basic private dental care

for free. This is a great offer and

will help those who live in areas

where NHS surgeries are work-

ing at capacity or where travel

requirements may be excessive.

There are numerous reasons to

help these men who have served

their country so bravely. This

scheme will offer an extra

helping hand to aid their reha-

bilitation. Practices around the

country are signing up to the

scheme to help in their area – we’ve

been totally overwhelmed by

the support the campaign is

receiving already.”

At the launch of the scheme,

which will take place on June

22nd in Ashburton, presenta-
tions will be given by Colonel

Jim Hutton of the Royal Marines.

Sixty four practices around

the country have already joined

the scheme including the Devon

Dental Centre of Excellence, the

Plymouth Dental Centre of

Excellence and other Devon

based practices such as Totnes’s

Riverdental and Bovey

Excellence and other Devon

scheme including the Devon

Armed Forces, a choice of free

dental care in the community

where they settle.

Newport

 Portsmouth

 Yeovil

 Poole x3

 Lympstone

 Cowen South Wales

 Dover

 Bournemouth

 Taunton, Somerset

 Mid Glamorgan, Wales

 Interested practices can

find out more or register by

calling Sam Cutts, Smiles-
tar at sam@mpc-ltd.co.uk or

01364654070.

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Dr Wyman Chan presenting at the event

**Eighth Clinical Innovations Conference Hailed A Success**

O

rganised by health-
care learning provider

Smile-on, the AOG

and the Dental Directory, the

Clinical Innovations Confer-
ence 2011 impressed dele-
gates yet again with its topical

programme of lectures cover-
m ing many of the latest develop-
ments in restorative and aes-

thetic dentistry.

More than 350 attendees
gathered at the Royal College of

Physicians for the two-day con-
ference and exhibition which

featured some of the leading

names in dentistry today includ-

ing the likes of Dr Julian Web-

ber, Dr Eddie Scher, Dr Wyman

Chan, Dr Tif Qureshi and Dr

Wolfgang Richter.

This year’s event also played
host to the London Deanc-

ery’s Annual DCP Conference,

which featured several highly

relevant lectures for dental care

professionals on subjects such

as risk management, decon-
tamination and medical emer-
gencies.

The turnout was high

and the atmosphere electric

but nevertheless the confer-

eence’s relatively small size

made for a more personal ex-

perience, featuring several

‘hands-on’ lectures and a comp-
cact exhibitors’ area where dele-
guates could speak to suppliers

in person.

Along with picking up

plenty of valuable new skills

and techniques, attendees were

also able to receive up to 14

hours of verifiable CPD along

the way.

For more information about
the event call 020 7400 8889 or
visit www.smile-on.com

Dr Wyman Chan presenting at the event

**So why don’t they mention this?**

**News**
**Dental visits considered ‘a luxury’**

Simplyhealth’s Annual Dental Survey 2011 shows that patients could be risking their dental health with over a quarter of the population risking their dental health with a ‘luxury’. Over a quarter of the population compared to 35 per cent of men. Dentist visits are ‘too expensive’ appointments not essential. Yet than a third considering dentist the worst offenders with more than visit to major health need. ‘Luxury’.

Younger patients place far less importance on their dental health, with almost a third (31 per cent) of 18-24 year olds saying the dentist as a luxury, but 71 per cent have seen the dentist in the last year. Practicing dentist and Simplyhealth’s dental advisor, Michael Thomas, said: “Everyone wants nice, white teeth, but this won’t happen if people aren’t prepared to put any effort into caring for them. It’s really important that patients take the time to brush their teeth twice a day and regularly visit their dentist.”

This isn’t just important for the health of their teeth but also for other health issues for example, research suggests that poor oral health is associated with a greater risk of a stroke and heart disease.

“Dentists can provide so much information and guidance that people aren’t taking advantage of. For instance Simplyhealth’s research has found that only 34 per cent would think to speak to their dentist about identifying oral cancer.”

There’s also a contrast in patient’s attitudes to dental health. On one hand, two thirds say they wouldn’t date someone with bad teeth and more than 60 per cent believe good teeth can influence career progression. Yet, 41 per cent say they’d prefer to have dinner with the in laws than get their teeth checked.

Almost 50 per cent would rather take out the rubbish and 41 per cent would prefer to clean the toilet.

**Smiles top attractiveness poll**

A ‘smile’ has topped a poll asking the most important physical features when it comes to attraction between men and women.

A smile was rated highly by 56 per cent of respondents, closely followed by faces (55 per cent) and eyes (51 per cent). Dress sense, body shape, hair and height were also measured, with the latter bringing up the rear on 25 per cent. Interestingly, it was a non-physical attribute – personality – which was the clear winner of the survey. Ninety per cent of respondents rated this human attribute most important when it comes to attraction.

The results have been published as part of the British Dental Health Foundation’s annual campaign – National Smile Month – now in its 55th year. This year the theme is ‘The Smile Factor’, which aims to remind people that their mouth, teeth and smile is fundamental to all aspects of their life – whether career, personality, relationships, attraction or all-round good health.

Despite the importance of smiles and teeth to everyday life, many people appear to have a poor image of the nation’s ‘Smile Factor’. The survey reveals that only 25 per cent believed that the nation had ‘good teeth’, and approaching half the population were not happy with their smile or teeth – stained or yellow teeth being the most common concern (57 per cent).

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: “As a nation we probably spend more time and money looking after our hair and the clothes we wear, rather than caring for our teeth – not just because it improves oral health but because it gives us the confidence to smile, which makes a major difference to our relationships, careers and overall image.”

“During National Smile Month, we hope everyone will consider what they can do to improve their Smile Factor. Hundreds of dental practices across the UK will be supporting the campaign and it’s an excellent time to seek their help and advice.”

**A ‘thank you’ that raised $1m**

Scar-winning actor Michael Douglas, who was diagnosed with throat cancer last year, headlined a fundraiser for the Montreal Hospital; the hospital that first detected his disease.

During his speech at the event, Douglas recalled the devastating news when he was diagnosed with cancer and how Dr Saul Frenkel of Montreal’s Jewish General Hospital had requested a biopsy. Previously, several American doctors had failed to diagnose the cancer and had, according to reports, said Douglas was in good health; it was soon discovered that the cancer was at an advanced stage.

To show his gratitude for the Montreal Hospital, Douglas offered to help raise money for the McGill University-affiliated hospital by signing himself up as the honoured invitee for a $357,000-head gala night, with VIP tickets selling for $750. The money raised will be given to McGill University’s head and neck cancer fund.

Mixing with guests and having photos taken, Douglas was reported to appear energised.

According to reports, both Douglas and his wife, Catherine Zeta-Jones, put themselves up for auction: one such live auction was a golf outing, which was auctioned for $180,000. By the end of the night the charity event had raised more than $1 million.

The BDA’s museum has its sights set on a rare oil painting as its next major acquisition. The Dentist, painted in 1929 by Sir John Lavery, features dentist Conrad Ackner in situ treating his patient, the artist’s wife Lady Lavery.

The painting is significant in terms of both dental and art history, being the only known accurate depiction of the early twentieth century dentist in a surgery, and by one of the leading portrait painters of the time.

A rare find, the painting is set in Ackner’s Welbeck Street practice in London and reveals aspects of the clinical environment including an early x-ray machine and headlamp, examples of which are in the museum’s collection.

Using the painting as a centre-piece, plans are in place to mount an exhibition including a scrapbook compiled by Ackner’s staff, which lists the King of Norway and actress Marlene Dietrich amongst his patients.

The first time the two items will be seen together, they will be a highlight on guided tours and he featured during events and as part of the museum’s school programmes.

The BDA is appealing for donations to help acquire the painting so that it can be made a permanent part of its collection. Currently on loan and on display in the BDA’s Information Centre, it has been independently valued at $60,000. While funding has already been sourced through the Art Fund, the MLA/V&A Purchase Grant Fund, the BDA and private donations, a shortfall of £60,000 remains before the list price can be met.

Head of BDA Museum Services, Jason Finch said: “The opportunity to purchase this unique painting is too good to miss and we are desperately close to our target.

“Not only is the work historically significant in its rarity, it also provides us with an accurate depiction from which the dental profession and public can gain valuable insight into the history of dentistry.

“We are calling on all interested parties to help us keep this important work at the BDA permanently, in what, we believe is its rightful home.”

To make a donation, or for further information, individuals should contact Jason Finch by phone on 0207 555 5852, or by email at jason.finch@bda.org.
FEWER THAN
ONE IN THREE PEOPLE
HAVE MENTIONED
BLEEDING GUMS TO THEIR DENTIST OR HYGIENIST!.

With patients most likely to mention pain on a dental visit the early stages of gum disease may be ignored. The Corsodyl Campaign for Healthy Gums is designed to raise awareness of the risks of gum disease and the initial signs to look for. For your free Gum Care Guidance Pack including a range of materials for you and your patients visit WWW.GSN-DENTALPROFESSIONALS.CO.UK

Product Information: Corsodyl Mint Mouthwash. Presentation: A colourless solution containing 0.12% w/v chlorhexidine digluconate. Indications: Please inhibition, gingivitis, maintenance of oral hygiene, post periodontal surgery or treatment, prophylaxis, oral candida. Dosage & Administration: Adults and children 12 years and over: Rinse with 10ml for 1 minute twice daily or pre-surgery. Soak dentures for 15 minutes twice daily. Treatment length: gingivitis 1 month; ulcers, oral candida 48 hours after clinical resolution. Do not use in children under 12 unless on advice of healthcare professional. Precautions: Keep out of eyes and ears, do not swallow, separate use from conventional dentifrices (e.g. rinse mouth between applications). In case of unusual, swelling or irritation of the mouth, cease use of product. Pregnancy & Lactation: No special precautions. Side effects: Superficial desquamation of tongue, teeth and tooth-coloured restorations, usually reversible; transient taste disturbances and burning sensation of tongue on initial use, oral desquamation, parotid swelling, irritative skin reactions; extremely rare, generalised allergic reactions, hyporeactivity and anaphylaxis. Overdosage: Due to the alcohol content 2% ingestion of large amounts by children requires medical attention. Legal category: G5. Product Licence Number and RSP (excl VAT): PL 500796107.3, 300ml £4.17, 500ml £6.17. Licence Holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9SB, UK. Date of preparation: February 2011.

A-dec goes the extra mile for B2A

Thirteen representatives from dental equipment manufacturer A-dec recently took on the challenge of the infamous Coast2Coast bike ride, and fighting arduous headwinds all the way, completed the 151 mile bike ride in three days!

Cycling from Whitehaven on the west coast to Tynemouth on the east coast, across the very hilly Lake District, the Pennines and the Northumberland moors, and despite the at-times daunting terrain, falls, bruises, punctures, sunburn, headwinds, and facing early retirement with a snapped derailleur, the team finished together in high spirits on the afternoon of Monday 2nd May.

Fuelled by energy drinks, flapjacks, oh-so-many bananas, pain relief and deep heat, not to mention the key ingredient (TEAMWORK), all 11 riders completed the challenge with an immense sense of achievement and pride.

The group is raising funds for Bridge2Aid, their partner charity who carry out amazing work in the Mwanza region of Tanzania and across the area, plus other UK charities which are close to the fund-raisers hearts.

Charlotte Cligg and her partner Ben, Jo Gamble, Stacey Roberts, Tracy McCulloch and her husband David, Brian Anderson and his wife Sarah, Ashley Woodruff, Garian Hynes and Charlie Cope – supported by Sarah Treble and Eugene O’Malley, aim to raise more than £7,000 for Bridge2Aid, NSPCC, MS Society, Breast Cancer Campaign and Leukaemia & Lymphoma Research.

To make a donation, please visit uk.virginmoneygiving.com/ team/4-dec.

BDA President

Dr Janet Clarke, Clinical Director of Birmingham Community Healthcare Trust Community Dental Service (CDS) and Honorary Clinical Lecturer at Birmingham Dental School, will become the 125th President of the British Dental Association (BDA) on Thursday, 19 May. She will be presented with her chain of office and make her inaugural speech as BDA President at the opening of the 2011 British Dental Conference and Exhibition at Manchester Central Convention Complex, Manchester.

Dr Clarke was awarded her Bachelor of Dental Surgery Degree by the School of Dentistry, University of Birmingham, in 1981, and a Master of Community Dental Health in 1989. As clinical director at Birmingham Community Healthcare Trust CDS, Dr Clarke manages an NHS Dental budget of over £6 million. She oversees the provision of the community dental service for vulnerable patients in Birmingham, Sandwell, Dudley and Walsall.

Dr Clarke has significant experience of representing the dental profession. Locally, she has served as Chair of the BDA’s West Midlands Division of the CDS Group, and as president of the BDA’s Central Counties Branch. On the national stage, she chaired the BDA’s Central Committee for Community and Public Health Dentistry (the forerunner of the current Salaried Dentists Committee) and successfully led the negotiations to introduce a new contract for salaried primary care dentists in 2005. Her contribution to dentistry is widely recognised. She was awarded an MBE in 2010 for services to dentistry, and two years earlier she was appointed by the Secretary of State to work alongside Professor Jimmy Steele in his Independent Review of NHS Dentistry.
Prioritising toddler nutrition

The Infant & Toddler Forum - experts in child health, nutrition and development - is stepping up to the challenge of raising wider recognition and adoption of its ‘Ten Steps for Healthy T oddlers’ launched last year to address the lack of simple, consistent guidance on toddler eating habits.

Public health is high on Government’s agenda; those with an interest in its impact on early years’ nutrition have a significant role to play in preventing long-term health problems, yet clear guidelines are lacking. The recent School Food Trust report highlights an urgent need for Government and all stakeholders, including health practitioners and parents, to work together to address this need.

Britain is facing an entirely preventable epidemic of obesity and diet-related ill-health, with a generation set to die before their time. Health agendas need to focus on supporting practitioners, parents and carers with effective tools to help change behaviour.

‘Ten Steps for Healthy Toddlers’, an easy-to-use guide on what food to offer, what eating behaviours to encourage and how best to manage mealtimes, is the Infant & Toddler Forum’s contribution to help meet this need. Endorsed by the Pre-school Learning Alliance, Child Growth Foundation, National Obesity Forum and the British Dental Health Foundation, the ‘Ten Steps’ are designed to encourage positive changes to toddler feeding with small easy actions.

Dr Atul Sighal, Chair of the Infant & Toddler Forum, said: “Since their launch last year, the ‘Ten Steps for Healthy Toddlers’ have been widely implemented in different settings by healthcare and childcare professionals, parents and carers. As well as being a simple, extremely useful tool for those feeding toddlers at home, the ‘Ten Steps’ is a perfect resource to help implement the Government’s public health strategies.

“Continuing its work on early intervention through good toddler nutrition and eating behaviour, the Forum is developing activities to drive best practice where there’s a need for practical support and direction. Throughout 2011 we will continue to work with our partners to raise awareness and encourage implementation of the ‘Ten Steps’. In turn, we hope health and childcare professionals will adopt the expert advice as best practice and share it with the parents, carers and toddlers with whom they interact.”

The Forum plans to encourage wider adoption of the ‘Ten Steps’ and sharing of best practice with training and education programmes throughout the UK, to impart the principles and practical implementation of the Steps. Supporting those who work in the early years sector, including children’s centres and nurseries, will be a priority to help ensure all children get the best start in life.

For more information on the Infant & Toddler Forum and to download free resources, visit www.infantandtoddlerforum.org (healthcare professionals) and www.littlepeopleplates.co.uk (parents and carers).

Can volunteers make a difference?

Bridge2Aid are delighted to be hosting a number of events at this year’s BDA in Manchester, on the growing issue of corporate social responsibility and the long term value in volunteering.

Posing the question whether short term volunteers can make a long term difference, Friday’s 2pm seminar will see Bridge2Aid’s (B2A) founder Dr Nigel Carter and his President Daniel Davis address the topic.

Dr Carter said on the launch of Smile Factor: “Many might underestimate it but a smile can be a very influential feature. It can shape our lives, our relationships and careers and be a very powerful show of who you are, yet no one has the confidence to do so.

“Those who are not happy or are self-conscious about their teeth, could be missing out on showing off their very own ‘Smile Factor’.

Others are being held back by poor oral well-being and its impact on their general health. This year’s campaign is designed to challenge those perceptions and get you smiling again.

“Getting people to talk about their teeth and dental habits is vital in our goal of improving the state of oral health not only in the UK but worldwide.

“We have had a tremendous response, particularly in the last couple of years, but we must work harder to ensure this year’s National Smile Month can build on that success.

“The launch is a superb way to kick-start the month. It is an utterly marvellous setting of which to stage such an event.”

Sponsored by four giants of oral health care, Platinum Sponsors Oral-B, Wrigley and Listerine, along with first-time Silver Sponsor Macelean, the campaign will yet again provide an exciting opportunity for everyone to get involved in promoting good oral health.

During the course of the month, the Foundation will be looking to promote their three key oral health messages.

Dr Carter added: “As far as day-to-day oral health goes, there are three key messages to brush your teeth for two minutes twice a day with a fluoride toothpaste, cutting down on how often you have sugary foods and drinks and visiting your dentist as often as they recommend, provide a firm base for a lifetime of good oral health.

“Remember, having the Smile Factor can improve your confidence, your attractiveness and your general health - so don’t under-rate it!”

The Forum plans to encourage wider adoption of the ‘Ten Steps’ and sharing of best practice with training and education programmes throughout the UK, to impart the principles and practical implementation of the Steps. Supporting those who work in the early years sector, including children’s centres and nurseries, will be a priority to help ensure all children get the best start in life.

For more information on the Infant & Toddler Forum and to download free resources, visit www.infantandtoddlerforum.org (healthcare professionals) and www.littlepeopleplates.co.uk (parents and carers).

Clinical periodontology research grant

The Alpha Omega Charitable Trust has created a memorial prize in honour of the late Dr John Zarnet, the founding Chairman of its London Chapter. Dr Zarnet was an Honorary Consultant and Senior Research Fellow at the UCL Eastman Dental Institute and a Past President of the British Society for Periodontology and his considerable contributions to clinical periodontology have significantly advanced the field.

The annual grant of £1,000 will be granted to students who are:

• UK-based
• Studying a Masters degree or PhD
• Researching clinical periodontology

Applications must submit a covering letter, a letter of support from their supervisor and an abstract not exceeding 1,000 words (including background to project, aims, methods, relevance to clinical periodontology and start and completion dates). The successful applicant will also be invited to present their research to the Alpha Omega London Chapter.

Applications should be submitted as hard copy in triplicate, by 515 December 2011 to:

Professor Andrew Eder, Chair, The Alpha Omega London Charitable Trust, 2nd floor, 57a Wimpole Street, London W1G 8YP

And ALSO via email to: andreweder@restorative-dentistry.co.uk
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A photo says a thousand words
Elaine Halley speaks about early mornings, comments, and those all-important clinical cases

Well – I guess this is the beauty of a distance learning course – I was planning a well needed trip to stay with friends in Malaysia over Easter when the deadline came in for the end of unit 4 assessment – right when the deadline came in for all-important clinical cases managed to do some early morning stints and get the assignment in two weeks early. The assignment involved treatment planning for a restored dentition, including discussing the rationale for direct composites versus the alternatives. This was a very apt assignment as of course, these are the subjects that we encounter on a day-to-day basis in practice.

Meanwhile, while I have been away, email alerts to tell me the remaining clinical cases from Unit 3 (Anterior Aesthetics) have been marked have been coming in thick and fast. This has been driving me mad as it costs me considerably in roaming charges to access the internet on my iPhone to log in and get the results. However, patience has never been my strong point and so I have succumbed to finding out. Luckily, all good so far. The examiners comments have been interesting and it again is probably a sign of my personality (control freak, used to being the boss etc) that it is just as well the examiners are anonymous, as I disagree with a few comments and if I knew who it was I would be on the phone! I have also ‘tested’ the system somewhat by sending in different case outcomes – some I would be proud to present in a lecture, others that were a compromise in some form or another. Notably, my Class III composite case I sent in a phobic patient with a high caries rate where the result was not aesthetically perfect in the first attempt. My justification in the write-up was noted and I gained a good mark. The key, as in so many exam processes, is in the photography. Good photography is essential to allow the examiners to see every detail of the case.

The other thing I have missed since being away is all of unit 5 (Complex Treatment) – and it seems that the level of lectures has increased dramatically. Again, a criticism is the short notice of the exact dates and times of the lectures. I am sure that Smile-on will be on the phone! I have also ‘tested’ the system somewhat by sending in different case outcomes – some I would be proud to present in a lecture, others that were a compromise in some form or another. Notably, my Class III composite case I sent in a phobic patient with a high caries rate where the result was not aesthetically perfect in the first attempt. My justification in the write-up was noted and I gained a good mark. The key, as in so many exam processes, is in the photography. Good photography is essential to allow the examiners to see every detail of the case.

So I am looking forward on my return to some more early morning stints to catch up on hours of lectures on how to assess the complexity of a case, biological aspects of tooth loss, oral medicine update, diagnosis, treatment planning and letter writing plus consent, and if I knew who it was I would be on the phone! I have also ‘tested’ the system somewhat by sending in different case outcomes – some I would be proud to present in a lecture, others that were a compromise in some form or another. Notably, my Class III composite case I sent in a phobic patient with a high caries rate where the result was not aesthetically perfect in the first attempt. My justification in the write-up was noted and I gained a good mark. The key, as in so many exam processes, is in the photography. Good photography is essential to allow the examiners to see every detail of the case.

Meanwhile, while I have been away, email alerts to tell me the remaining clinical cases from Unit 3 (Anterior Aesthetics) have been marked have been coming in thick and fast. This has been driving me mad as it costs me considerably in roaming charges to access the internet on my iPhone to log in and get the results. However, patience has never been my strong point and so I have succumbed to finding out. Luckily, all good so far. The examiners comments have been interesting and it again is probably a sign of my personality (control freak, used to being the boss etc) that it is just as well the examiners are anonymous, as I disagree with a few comments and if I knew who it was I would be on the phone! I have also ‘tested’ the system somewhat by sending in different case outcomes – some I would be proud to present in a lecture, others that were a compromise in some form or another. Notably, my Class III composite case I sent in a phobic patient with a high caries rate where the result was not aesthetically perfect in the first attempt. My justification in the write-up was noted and I gained a good mark. The key, as in so many exam processes, is in the photography. Good photography is essential to allow the examiners to see every detail of the case.

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Dental Awards 2011

Winners announced for national dental competition

The lead up to the 2011 Dental Awards reached its grand finale on Friday 6th May at a glittering black-tie ceremony held at the exclusive Lancaster London Hotel. Dental Tribune was there and being accompanied by some of our contributors at our table it was, without doubt, a fantastic night!

The evening, which was organised by Purple Media Solutions Ltd and sponsored by The Dental Web, Dentsply, Software of Excellence, Waterpik and Wrigley, was a fantastic night full of laughter, great company and excellent food!

Teams and individuals from dental practices across the UK came together to celebrate the outstanding level of clinical care and patient service they provide at the 15th annual Awards. The ceremony was attended by many industry key opinion leaders and having been presented by celebrity compere, Hal Cruttenden, the evening was a fabulous and entertaining event. Guests and finalists from across the UK, including Liverpool, North Wales, London, Bristol and Manchester, enjoyed a gala dinner, with a champagne reception, four-course meal and awards ceremony.

The event, organised to showcase the best that the UK dental profession has to offer, saw winners walk away with a beautiful, specially designed glass trophy that can be displayed in the practice or laboratory for all to see. Shortlisted finalists also received a certificate.

For those of you who weren’t there, the winners were as follows:

**Dental Laboratory of the Year**
Winner - Casterbridge Dental Studio – Dorset
Highly commended - Egan Dental Laboratory – North Yorkshire

**Dental Therapist of the Year**
Winner - Charlotte Wake – Southampton
Highly commended - Kevin Lawlor – Cambrria

**Dental Nurse of the Year**
Winner – Kerry Hensley – Apollonia Dental & Cosmetic Centre, Liverpool
Highly commended - Michelle Whithy – Sweetcroft Dental Practice, Middlesex

**Dental Receptionist of the Year**
Winner - Barbara Whittaker – Cahill Dental Centre, Bolton
Highly commended - Carly Frank – Thompson & Thomas, Sheffield

**Practice Manager of the Year**
Winner - Sharon Sweet – The River Practice Specialist Centre, Truro

**Dental Hygienist of the Year**
Winner - Monika Patel – Harrow Middlesex
Highly commended – John Stanley – Cheshire

**Best National Smile Month Event**
Winner - Thompson & Thomas – Sheffield
Highly commended - Guidepost Dental Practice – Northumberland

**Team of the Year (North)**
Winner - Dental Mavericks – Sunderland
Highly commended - Thompson & Thomas – Sheffield

**Team of the Year (South)**
Winner - Sweetcroft Dental Practice – Middlesex
Highly commended - Maple Orthodontics – Berkshire

**Practice Design and Interior**
Winner - The River Practice Specialist Centre – Truro
Highly commended - Maple Orthodontics – Berkshire
Commended - The London Centre for Implant and Aesthetic Dentistry, London

**Clinical Dental Technician of the Year**
Winner - Andrew Barrs – Middlesex
Highly commended - Roderick Patterson – Nottingham
Commended - Lee Butler – Hampshire

**Dentist of the Year**
Winner - Donald Sloss – Clock Tower Dental Care, North Yorkshire
Highly commended - Roland Kouble – Woodseats Dental Care, Sheffield
Commended - The Berkeley Clinic, Glasgow

**Outstanding achievement**
Winner - David Phillips
What the EBIT?

Luke Moore discusses understanding the value of your practice

Like it or not, the dental sector is consolidating and fast. A sector formerly run by clinicians is increasingly now a sector run by entrepreneurs and accountants with a stronger emphasis on underlying profitability.

As a result of these changes the business of dental practice valuation is becoming less of an art and more of science and the banks, burnt by overly ambitious practitioners, look for lending opportunities with good profits or business plans with substantial marketing budgets.

I first joined the sector when dental practices changed hands for as little as 20-50 per cent of Gross Fees, a figure that would see a buyer laughed out of town these days with the latest NASDA statistics stating averages of 84 per cent of gross fees.

However, I am not alone in finding this expression of valuation a complete lunacy. As someone with an accountancy background I simply cannot comprehend how businesses with identical turnovers can be regarded as the same when the rent and utility bills are frequently £15,000 different. Similarly, EBITDA (Earnings before Interest, Tax, Depreciation & Amortisation) is often used as the more mathematical method of valuing dental practices but business risk and likely cost savings are often ignored.

It is worthwhile remembering that whilst all of the dental corporates use EBITDA as a method of valuing what the business is worth to them, their EBITDA calculation will often be substantially different. As with any investor they will look at cost savings within the business; the most obvious and potentially largest saving being associate fees.

However, they will also consider whether your practice awards them any 'marriage value' ie not only can they save £10,000 on your staff costs by asking the practice manager to look after another site down the road, but this could also increase the EBITDA of the practice down the road they already own. Similarly, each group buyer will have different ideas on average associate fees, lab fees and staff costs in any given area. Whilst as standalone figures, these numbers may be fractions of percentages and collectively they can equate up to £5,000 of EBITDA, which could be a purchase price differential of £50,000. It sounds obvious but many forget they also have to consider whether your practice can equate £5,000 to that of the net profit figure prepared for the ‘taxman’ by your accountant, so it isn’t as simple as just taking your net profit figures from your latest accounts and then adding back a salary for yourself. This figure is then multiplied by a factor of any projected capital expenditure and acquisition costs to come to the indicative offer for the goodwill and equipment of your dental business. The factor can be anything from 5.5 to 6.0 and varies on a large number of factors.

Unfortunately, private practices are often valued at lower multiples given the associated risk, but it is worthwhile remembering that high-end private practices often have larger fee incomes against similar cost bases so can often equate to similar values proportionally.

Remember that group buyers will always be dictated by their multiple of EBITDA and not a percentage of turnover calculation. In my experience, when group buyers start talking in terms of percentages of gross it is normally because they see a good deal coming their way! It is important to work out which group buyer assumes which risks and who can benefit from other local branches.

However, this is not the be all end all as some buyers have different strategies than others and you never know what other local practices are currently up for sale. Therefore the actual multiple at which practices change hands is largely irrelevant as one buyer’s 4.6 is more than another’s 5.4. In a recent case I had £182,500 different!

It is worthwhile remembering that the bigger the risk the lower the multiple. You can look to mitigate against this risk before sale in order to increase this multiple.

For instance, a principal performing more than £250,000 per annum worth of treatment, be that private or NHS, would instantly be deemed high risk and the outgoing vendor will have three options:

1. Stay on for a period beyond completion, in an ideal world this would cover the purchaser’s payback period of five years
Money Matters

2 Make changes within the practice in the years leading up to sale so that the outgoing principals’ personal gross is less.

3 Accept that you are going to have to accept a slightly lower price for the practice to find a very confident purchaser.

To counteract this principals are advised to consider when they are going to sell the practice well ahead of the time they intend to hang up their hand-piece. Principals often make the mistake of running down the practice before they sell it on which makes it less desirable and less valuable to any future purchaser. So:

1 Don’t reduce your NHS contract value unless you are replacing this turnover elsewhere; get an associate!

2 If you drop a session, don’t let the overall practice gross drop. There are options such as a dental therapist and associates who can do remedial work.

3 Don’t re-equip all the surgeries with brand new state-of-the-art equipment in the three years leading up to sale. You will not get your money back.

4 Do move the practice goodwill away from your name, ie if you are Dr Gregory & Associates become Cornwall Dental Centre.

5 Lock in your patients somehow. If you are not a plan or NHS practice consider looking at membership clubs and encourage some loyalty to the practice and associated brand.

The key is always in planning; the better an exit is planned the more fruitful it is likely to be. Similarly it is worthwhile considering the value of additional funding and additional turnover in the practice as your approach sale.

If your fixed cost base is covered (rent, nurses, light & heat etc) your typical gross margin as a dentist is 40.5 per cent, while hygienists’ typical gross margin is 59 per cent. For every £1 in increased turnover from a dentist you will add 40.5p to the profit of the practice. If you later sell for a multiple of 4.8x EBITDA this would equate to an increase in value of £1.96 per pound of turnover generated. In an NHS environment if the increased capacity can be met by existing associates at £10 per UDA an additional 1,000 recurrent UDAs at £22 equates to an increase in value of £47,568 when based on multiples of EBITDA. This turnover is commonly referred to as exponential turnover.

Naturally, geography and the type of treatments you are performing does have an impact on this multiple and also the volume of marketing activity required to achieve this turnover. Put simply, routine family dentistry is valued at a higher multiple than that of dentistry, which relies heavily on referrals and big-ticket treatments; eg implants and full smile makeovers.

Of course some practices do not generate enough EBITDA to come to a value sensible for an acquisition by a group buyer and naturally fall into the area of a practice suitable only for an owner occupier and are better valued using an alternative method practiced for owner-occupier sales. There are some practices, normally with turnovers between £300,000 and £500,000 who depend on their cost bases sit between these two models and it is worthwhile considering both buyer markets. This is especially relevant for principals with NHS contracts within these two boundaries who believe they will get the best deal from a dental corporate when often they will not.

About the author

Luke Moore
Director – Dental Elite
Dental Elite are a Practice Sales & Recruitment Agency with a nationwide remit. We offer all principal dentists a complimentary on-site practice health-check with no strings. The healthcheck includes a valuation of the practice and a report detailing the basis for this valuation and some suggestions how this could be improved.
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Which comes first - house or practice purchase?

David Brewer discusses savings, deposits and mortgages

Unlike the chicken and egg conundrum, there is a clearer answer to this question.

In the heady days of easy credit in the early to late 2000’s, raising finance for practice purchase was relatively straightforward - as long as you had a GDC number and a pulse, the banks would probably lend to you – often the full 100 per cent of asking price and at rock bottom rates.

As we all know, the banks then experienced a few financial difficulties (and that’s putting it mildly) and almost overnight sizably changed their lending stance to any new lending proposal (be it for house or any type of business including dental practice purchase).

The banks now take a much more critical approach to any financial request and will review in great detail all aspects of any proposal with particular focus on the purchaser’s experience, client commitment and overall ability to repay.

A prospective new purchaser should actually take comfort from the fact such a detailed analysis is now being undertaken by the bank to ensure the proposal actually ‘works’ - and it is staggering that in the past these questions were not being asked.

Thankfully, the dental profession remains one of the so-called ‘Green Light’ sectors for most of the banks - dentists are considered relatively low risk; the banks have very few dental loan defaults on their books and a positive appetite to lend - but to the right applicants.

One of the biggest changes in banks’ lending requirements is the need for the purchaser to commit ‘something’ towards the purchase - ideally a cash contribution. As a rule of thumb, a contribution of between 10 per cent and 20 per cent of goodwill would probably be lent - so you will many miles away - so you will later find the ideal practice purchase - the days of building a patient base so it could be a potential may be restricted by your existing mortgage. Eg House value £500K – but to the right applicants.

Most associates do normally have a reasonable level of savings (or possibly Bank of Mum and Dad) behind them, which could be used. However this is where we have the dilemma - Do you put your deposit towards your first house or do you buy your first practice?

Past evidence has shown that practice purchase FIRST is the most effective way forward.

If you buy your house first you will have used your own/family savings towards the sizable deposit required by the mortgage lender leaving nothing left over to put down towards practice purchase. Gradually your savings will slowly build up again - however as a testament to your earning potential may be restricted by your current principal or practice patient base so it could be a white before your deposit has built up again.

Also... it may well be that you buy your house first and later find the ideal practice many miles away - so you will end up having to go through the whole house sell/buy process again.

By utilising your/family savings of say 10 per cent toward the purchase of a dental practice, you will of course be the proud owner of the practice which in turn should enable you to earn considerably more than you would have done as an associate – leading to your savings accumulating at a much faster rate thus putting a deposit down for a much larger house closer to where the practice is. Simples...

The same analogy can be applied to purchase of investment properties (normally requiring a deposit/equity within the property prices static at best, any deposit/equity within the property may not be as high as you think. The banks tend to place a ‘security’ value of between 70 per cent to 80 per cent of the value of the property LESS any existing mortgage. Eg House value £500K with £300K mortgage. The banks value at say 70 per cent would be £50K, (ie 70 per cent of £300K, less £300K) much less than the ‘true’ equity of £200K.

I would suggest again that the banks ARE still lending for practice purchase and the dental sector is viewed by them as relatively low risk - the fact banks will still lend up to lend 90 per cent of Goodwill is great testament to the dental profession. Indeed there are very few other sectors in which this would happen.

If you are seeking to raise funding for practice purchase it remains essential your application is presented in the right manner.

ALWAYS engage the services of an independent specialist to work on your behalf. They should present your proposal in a manner which will satisfy the bank’s lending criteria (which will vary from bank to bank) and ensure you are personally introduced to a number of the specialist dental divisions of the banks. By speaking with more than one bank, a degree of competition can also be generated to ensure more competitive terms are secured.

About the author

David Brewer has worked with the dental profession for over 15 years helping over 1000 clients secure funding for practice purchase and start up. With his banking background and friendly pro-active approach, he is ideally placed to provide advice and guidance to clients who are looking to purchase a practice or simply review their existing arrangements. David works with Frank Taylor and Associates and can be contacted on 08456 123434 or david.brewer@ftassociates.com

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A good night’s sleep
Matt Everatt discusses some solutions to snoring and bruxism

Snoring and bruxism are common problems frequently experienced during the night by most people in the UK, yet they not only result in problems for the individual, they can also cause those who share a bed or a house with them to have their sleep disrupted frequently.

Snoring is mainly caused by the partial closure of the airway during sleep. As the neck muscles relax, the soft tissue in the upper throat vibrates creating the harsh sound known as snoring.

Those who are overweight are more vulnerable to snoring, as are those who are older as the throat muscles become weaker with age. In some people, drinking alcohol can cause further relaxation in the neck and throat, resulting in snoring, and in others it is merely a result of the shape of their airways. However, no matter the reason, snoring is more harmful than it otherwise appears. Hypertension, cardiovascular disease, diabetes and high cholesterol are all more common in snorers, but it is the sleeping issues that can be most detrimental.

Many snorers suffer daytime sleepiness as a result of Obstructive Sleep Apnoea (OSA), in extreme situations this sleep deprivation can result in the sufferer inadvertently falling asleep with little warning, which can of course be incredibly dangerous. OSA occurs when breathing briefly ceases during sleep. These interruptions occur when the airway narrows so much that it closes, reducing the oxygen level in the blood. Adrenaline is then released into the body, sometimes partially waking the snorer without their knowledge. In severe cases of OSA, Continuous Positive Air Pressure (CPAP) is used to pump filtered humidified air into the nose to prevent the upper airway from collapsing.

Where snoring is concerned, patients should be screened in order to eliminate the possibility that they could be suffering with OSA. The most effective solution for simple snoring is a mandibular advancement splint (MAS). Worn during sleep, these are designed to hold the lower jaw slightly forward to reduce the chance of the airway narrowing.

Although snoring is a main cause of sleep disruption for most people, bruxism is more damaging to the individual. Whereas snoring is the result of muscle relaxation, bruxism is the result of muscle tension.

Bruxism is a type of parasomnial hyper-activity that can cause a range of painful symptoms including poor sleep quality, migraines, tinnitus, neck ache, TMD and even depression. It can also lead to excess erosion of the teeth causing related dental problems, such as stress fractures, broken cusps and abrasions. A lack of motor control during sleep causes the nociceptive trigeminal inhibition (NTI) reflex to be overridden, for many people at stressful times in their lives the effects of bruxism can be exacerbated, what’s more, as this is most commonly a nocturnal issue, patients are usually unaware of the cause of their problems and it often goes undiagnosed and therefore, untreated.

The effects of bruxism can be reduced with the implementation of an occlusal splint. The most effective splints not only inhibit nociception by keeping the canines and molars separated, but also trigger the NTI reflex, forcing the muscles to relax and physically preventing the damaging clenching action, as opposed to the most commonly used full arch soft splints, which can often be uncomfortable to wear and not always effective as they can still permit and in some cases actually increase clenching.

Dates & Venue 2011/12

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About the author
Matt Everatt Technical Director S4S For more information on S4S products call 0114 250 0176 or email: info@s4sdental.com www.s4sdental.com
Back pain, one of the principal causes of occupational disability in the dental industry, is often attributed to poor posture, usually occasioned by an incorrect working position. The traditional sitting position adopted by dental professionals can have an iatrogenic effect on the spine, which in turn causes vertebral problems, often in the lumbar region. Constant bending or twisting also contributes to back problems.

While it has always been accepted that the patient must be comfortable and relaxed during treatment, the comfort of the dental team has often been overlooked.

A recent industry survey of musculoskeletal (MSK) disorders among dental professionals found that between 64 and 93 per cent of the respondents suffered MSK pain. Dentists reported pain chiefly in the back (36 to 60 per cent) and neck (20 to 85 per cent), while hygienists were most affected in the wrists and hands (60 to 70 per cent).1

It was once thought that the failure of dental equipment designers to fully understand ergonomic principles was a key contributor to a potentially damaging working posture. Today’s manufacturers create solutions, which adapt to the requirements of the user, offering treatment chairs, dental units, handpieces, cabinetry and dentists’ stools with safe ergonomics at the heart of their design.

Designers also take account of the dentist’s need to move freely around the patient, and that access to instruments and surgery equipment must be arranged to minimise actions which could potentially lead to muscle strain.

All dentists should be aware of the two primary considerations inherent in a safe working position; comfort and possible health risks, and the appropriate and convenient positioning of equipment and instruments.

Comfort and health
Although all dentists will naturally adopt a working position which suits their own preference, physicality and state of health, a symmetrical, upright posture that does not overload the musculoskeletal structures or put added stress on the spinal column is the recommended ideal.

Some movement around the treatment chair is inevitable, but remaining as much as possible behind the patient’s shoulder will help to avoid twisting of the upper body and neck. Making many small movements during treatment will further reduce the risk of muscle strain. It is also impor-

While it has always been accepted that the patient must be comfortable and relaxed during treatment, the comfort of the dental team has often been overlooked.

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Important to vary the chair height to keep the working site at a comfortable distance.

Positioning and suitability of equipment and instruments

The dental unit, and ancillary equipment and its positioning, should complement the physical characteristics as well as the occupational requirements of the dentist; the dentist should not have to compromise posture or comfort for the sake of efficiency. Equipment options should be available so that clinicians can tailor their equipment to meet their individual needs.

The treatment chair/unit is the heart of every surgery, and the best designs satisfy the patient's comfort, functional requirements and the comfort of the dentist. Chairs should feature a thin, narrow back to avoid unnecessary leaning over the patient while allowing easy access to the working area. Leading manufacturers include design features which provide added support for the patient without compromising the dentist's access.

The latest chairs offer a wealth of extra features and may incorporate innovative concepts such as intuitive instrument replacement and built-in control panels. Hanging tube storage systems are proving popular, combining immediate access to instruments with convenient placement when not in use.

More advanced options include ingenious extendable trays on articulated arms which can be positioned almost anywhere around the patient to provide maximum comfort and efficiency for the clinician.

Many models of dental unit are designed in a way that dictates the positions of the dental team, but ideally the team should be able to adapt the configuration to suit its own way of working.

Dentists today should expect their chair to be an ergonomically functional treatment platform which offers all the features they need to deliver high quality care and which also provides for a balanced working posture to safeguard their own long term health.

Second only to the chair, the handpiece is probably the most frequently used item in the surgery. With its almost ubiquitous application across a wide spectrum of treatments, versatility and longevity are vital influences when making the choice.

The other fundamental tools of the dentist's trade, in constant use, including suction, pliers, forceps, mouth mirrors and scalers all need to be positioned where their accessibility will promote a better posture.

References


About the author

Gianluca Soldati is Advertising and Communications Manager at Castellini. Gianluca qualified in 1990 with a degree in Technical Graphics and Advertising and continued his studies for the following two years taking part in intensive photography and graphics courses whilst working as Art Director for an electronics manufacturer. Gianluca has been working for Castellini since 1992 and was promoted to his current role in 2000, where he is responsible for creating and coordinating the business' corporate communications.

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My management journey

Jane Armitage discusses the BDA Good Practice Scheme and the CQC

By now all practices should be compliant with the Care Quality Commission (CQC) requirements.

I am so thankful that we had been endorsed with the British Dental Association Good Practice Scheme as this made the signposting all the required elements so much easier.

I start every January by trawling through all manuals relevant to the running of the business ie: Clinical Governance, Health & Safety, BDA Good Practice, and the Practice Policy Folder to name a few. As we are DF1 training Practice I usually begin with the documented evidence the Regional Postgraduate Office requires. Even this has increased in volume.

If you have an organised system already in place the requirements of the CQC are straightforward. I wouldn’t like to be in a position where I managed a practice without systems and procedures. It is of little use knowing you have evidence somewhere in the practice but not in any file or order; however you know you have it! Somehow I can’t see the Care Quality Commission buying that.

So if you are reading this and this sounds like you maybe it’s time to implement systems. In the long run it makes life so much easier.

The BDA Good Practice Scheme is based on quality assurance. It is a practice recognition scheme for practices committed to providing a standard of good practice to their patients. The scheme is based on legal and ethical requirements required for running a dental practice.

It is a quality system which encourages all members of the team to become involved.

In my opinion if you are part of BDA Good Practice, the information you will have in your file represents a major-ity of the evidence you need for the CQC.

It is most important that all practice documentation is reviewed at regular intervals. It’s surprising what a review flags up, maybe a nurse who held extra responsibilities has left identify each piece of documentary evidence.

I also created a separate employment file, where I maintain certificates for every staff member covering immunity, GDC certificates, liability insurance,Irmer certifi-

‘It is of little use knowing you have evidence somewhere in the practice but not in any file or order’

the practice is a first aider, this could be something that had been overlooked so you need to place another employee on a first aid course to comply.

Maybe a protocol has changed or new employment legislation has come into force, by reviewing and amending you can ensure you are compliant.

So taking one file after the other, I scrutinise, number, and the practice documentation is reviewed at regular intervals. It’s much easier.

In the long run it makes life so much easier.

So if you are reading this and this sounds like you maybe it’s time to implement systems. In the long run it makes life so much easier.

I then wrote the requirements for each outcome as worded in the guide for providers of primary dental care services. Ref: www.cqc.org.uk

For example: CQC Outcome 1: Respecting and involving patients.

Demonstrating Compliance: I noted the compliance evidence I had within the prac-
tice and my cross references for where the evidence could be found:

Complaints handling policy can be found in (GP9.2) (CG9.1) (K55) (PP30) Good Practice 9.2, Clinical Governance 9.1, Key Skills 5 and Practice Policies 50.

Interpreter Services (CG10.1) Clinical Governance 10.1

I continued this for all the relevant requirements. On the front cover I also designed an appendix showing all policies etc and which file they can be found in. This for me is a user friendly template; it will make it easier when the review date comes around without having to wade through the CQC manual.

Did I find it easy? Yes I did, but only because I already had a Clinical Governance system in place and because we have BDA Good Practice, which were both current and in line with legislation.

For further advice on meeting registration requirements for CQC please see www.cqc.org.uk.

I must admit, I was glad when I had finished, and I breathed a sigh of relief. However this was short-lived as I opened my email only to find the Information Governance Toolkit sitting there. Will it ever end?

About the author

Jane Armitage is an award-winning practice manager and has almost 40 years’ industry experience. She is currently a practice manager for Thompson & Thomas, and holds a Veracity Assessors award. She is also a BDA Good Practice Assessor, BDA Good Practice Regional Consultant, and has a BDA Certificate ofMerit for services to the profession. She has her own company, JA Team Training, offering a practice management consultancy service, which includes an on-site assessment covering all aspects of practice management with a pathway if required for managers to take their qualification in dental practice manage-
ment. If you have any specific choices of topics you’d like addressed, call Jane on 01142 345480 or email ja@lincs.co.uk.

Have you ordered your free Patient Referral Leaflets? Call 0844 335 6354 or visit www.waterpik.co.uk
When a new enquiry is received in your practice, what happens? Is the prospective patient sent a few unbranded treatment leaflets with a brief covering letter? Not only is this unprofessional, once removed from the envelope the random leaflets do not relate to your practice. Almost as bad, are your patients sent practice literature about which you feel a twinge of embarrassment because of the low quality?

Every new patient enquiry is an opportunity to promote your practice; an invitation to send an attractively designed welcome pack that will reinforce your brand, communicate all that you offer and appeal to a prospective new patient.

Giving your existing patients a tastefully designed and informative pack also makes sense – to ensure they know everything you have to offer and are less likely to be tempted to go elsewhere.

Before considering your welcome pack, do some mystery shopping. Find out what practices near you send to potential new patients. If they have beautifully produced packs, you will need to up your game.

A welcome pack should be attractive, tidy and informative. Above all, it must look professional and make your practice irresistible. While A5 is the most popular size because it is a practical size for posting and comfortable to read, there are no set rules. Some dental practices prefer A4, others a square format.

The welcome pack can be a simple folded leaflet, a more comprehensive multi-page brochure or a series of individual sheets – which offer the greatest flexibility to accommodate changes. A smart outer folder/wallet with a pocket keeps everything neatly together and means you can include information about special offers as the need arises. However, do beware of overloading patients; having too many bits of paper to sift through can be off-putting. Discuss and agree the format with your designer at the outset. Likewise, share your thoughts on the overall look you are hoping for.

Essentially, the contents of a welcome pack should comprise:

- A welcoming introduction, including the philosophy of the practice
- Who you are – a brief biography of the principal dentist and an overview of the team members
- Treatment options
- Testimonials
- A map and directions
- Opening hours
- Contact details and information about emergency appointments
- A smile analysis form (as separate insert)
- Fee guide (as separate insert)
- Referral card (to hand on to friends and family)

The wording should be clear, concise and patient centred, focussing on the outcome of treatment rather than excessive technical detail. If your practice looks great inside or outside, flaunt it by including lots of photographs. Make sure to invest in good photography and don’t be tempted to take your own snaps, the quality (or lack of it) will show. If the practice interior is not its best feature, put in a nice team photo instead.

A good dental designer will have some stock photos of people with beautiful smiles but if you have any real patient photos you may choose to include them. The general consensus is to avoid ‘before and after’ photographs as the ‘before’ pictures will be unattractive and may reduce the instant appeal of your welcome pack. Save them for specific sections on your website.

A business card or appointment card can be inserted loosely or tucked into pre-cut slits in the pocket of the folder. The patient usually completes...
About the author

Cathy Johnson specialises in design for dentists and will design your practice image, stationery, welcome packs, referral packs, external signage and website to raise the profile of your practice and attract the patients you are looking for. She also writes and produces a biannual patient newsletter, branded for you to send to your patients. Cathy’s success is built on more than 25 years of experience as a graphic designer combined with an in-depth understanding of the needs of the dental profession. She and her team are based in London and work with practices across the UK and abroad. Working with single practitioners through to large dental groups, all services are tailor-made to suit each individual practice.

Cathy Johnson Design
Tel: 020 7289 1215
Email: cathy@cathyjohnsondesign.com
www.cathyjohnsondesign.com

a medical history form at their first visit to the practice and you may choose to include one in the pack.

A smile analysis form is a simple list of statements for the patient to tick those they feel to be relevant. Completed by the patient before their first visit, it is an excellent tool for opening discussion about what they may be looking for in terms of their dental health and appearance. It should support the treatment options outlined in your main brochure. If a patient has ticked a statement such as ‘I feel my old silver fillings are unsightly’ or ‘I wish my teeth were whiter’, you can readily offer the appropriate solution.

The quality of your welcome pack reflects on the quality of your practice and your treatments so when it comes to printing, make sure you go for high quality. With printing you get what you pay for and all the effort invested in design, writing and images can be ruined by a lousy print job.

For similar reasons, forget about a DIY welcome pack. Make sure it is beautifully designed; professionally printed and better than anything else your patients receive. Then all you have to do is distribute it freely, with pride and confidence.

SAVE CELLS
NEW EMS SWISS INSTRUMENTS SURGERY - SAVING TISSUE WITH NEW INNOVATIONS IN IMPLANT DENTISTRY

The inventor of the Original Piezon Method has won another battle against the destruction of tissue when dental implants are performed. The magic word is dual cooling – instrument cooling from the inside and outside together with simultaneous debris evacuation and efficient surgical preparations in the maxilla.

COOLING HEALS
A unique spiral design and internal irrigation prevent the instrument’s temperature from rising during the surgical procedure. These features combine effectively to promote excellent regeneration of the bone tissue.

EMS Swiss Instruments Surgery MB4, MB5 and MB6 are diamond-coated cylindrical instruments for secondary surgical preparation (MB4, MB5) and final osteotomy (MB6). A spiral design combined with innovative dual cooling makes these instruments unique in implant dentistry.

CONTROL SAVES
Effective instrument control fosters atraumatic implant preparation and minimizes any potential damage to the bone tissue.

PRECISION REASSURES
Selective cutting represents virtually no risk of damage to soft tissue (membranes, nerves, blood vessels, etc.). An optimum view of the operative site and minimal bleeding thanks to cavitation (hemostatic effect) further enhance efficacy.

The new EMS Swiss Instruments Surgery MB6 with unique spiral design and internal instrument irrigation for ultralow temperature at the operative site.
The creation of a functional occlusion is the goal of any prosthetic treatment and can be very difficult to achieve in cases of full-mouth rehabilitation, especially in the case of temporomandibular joint (TMJ) dysfunction. In these clinical situations, provisional restorations are an excellent diagnostic instrument. Aesthetics, phonetics and function, after evaluation and acceptance by the patient after try-in of the provisional restorations, should be accurately transferred to the final restorations to ensure the same clinical success.

The aim of this study is to demonstrate the manner in which individual movement characteristics of a patient’s TMJ can be included in traditional CEREC temporary crown fabrication. New occlusal relations need to be created with respect to the individual characteristics, such as mandibular and hinge axis positions, Bennett and sagittal angles. The incorporation of occlusal plane formation principles is essential to improve and ease a patient’s adaptation to new occlusal relations, as well as to reduce the probability of TMJ dysfunction. However, CEREC software does not enable the inclusion of TMJ parameters.

Following, we describe a technique that enables the fabrication of temporary CEREC restorations with respect to a patient’s TMJ parameters.

Step I: Electronic axiography and lateral X-rays
Computer analysis of jaw movements with electronic axiography is useful for determining the joint parameters (Fig 1). Using mechanical tracing, axiography enables the collection of data on a patient’s TMJ, such as curve and inclination of the condylar path, mouth opening, Bennett and sagittal angles, mandibular protrusion and course of the mediotrusive tracks. Lateral X-rays provide data on movement by including the condylar tracks (Figs 2a & b).

Step II: Slavicek analysis
We used CADIAX (Gamma Dental) to analyse the X-rays in detail (Fig 3). Here, the distances, spaces and tooth relations are of considerable importance. The vertical dimension and the special position of the occlusal plane, the Spee’s curve and the various occlusal tables of the laterals were determined. In the lateral X-ray, we paid particular attention to the occlusion tables of the molars, especially tooth #6.

Step III: Partial wax-up
A partial wax-up of the individual occlusal surface was modelled on the master casts with respect to the TMJ angles and occlusal pattern of sequential functional guidance occlusion with canine dominance (Figs 4 & 5).

Step IV: Scanning
The partial wax-up was scanned and combined with the virtual images of the teeth stumps and virtual restorations from the CEREC software database. Thus, we were able to easily control the form, cusp position and inclination of the teeth with respect to individual

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Introductory Offer - First unit of Gold® only £69.00

Lifelike Dental Laboratory is a small private dental laboratory in Buckinghamshire. We like to think the products we offer are as good as our service, but that’s up to you to decide. We work with you in partnership to ensure that you are able to offer your patient the best solution at a competitive price.
TMJ movement characteristics and peculiarities of the facial skeleton. We used the diagnostic display with display options for virtual modelling using CEREC software (Fig 6).

**Step V: Milling**

The temporary restorations were traditionally milled (Fig 7).

**Conclusion**

The method of real-virtual modelling described in this article enables us to guide the anatomical form of restorations using wax reference points with respect to the dynamic TMJ parameters of the patient. The method is a combination of a partial wax-up in the articulator and virtual computer modelling. With CEREC software, we are able to create temporary restorations with respect to individual jaw movements.

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**About the author**

Dr Mikhail Antonik, Dr Mikhail Murashov and Dr Natalya Muraviova from the Moscow State University of Medicine and Dentistry in Russia can be contacted at mmurashov@yahoo.com. This article was first published in Cad/Cam Issue 2/2010.
The Endodontosaurus – A dying breed?
Michael Sultan discusses attitudes towards alternative methods of restoring teeth

When I admit to being an endodontist I receive a look of pity from my peers. Unfortunately, with dental implants growing in popularity, this field of dentistry is often regarded as outdated - a dying art.

If a tooth is deemed unrestorable, or retaining the tooth could make future implant placement more difficult due to infection and further bone loss, then of course extraction and appropriate replacement should be considered. However, with an ageing population, implant surgery may increasingly be contraindicated.

It is the role of the clinician to weigh up their options and select the appropriate solution for each patient on a case-by-case basis.

Implants are not the ‘be all and end all’ of restorative treatment. Rather than instinctively reaching for the forceps, some clinicians need to reconsider their attitude towards alternative methods of saving a tooth. I have heard post crowns being referred to as ‘PRPI’ or provisional restoration pre-implants. Given there is sufficient tooth structure and sufficiently long roots, post crowns can actually have a very good prognosis and shouldn’t necessarily be automatically considered as a temporary solution.

What's more, implants are not necessarily asatraumatic as they are sometimes perceived to be. They necessitate a CT scan, a surgical procedure and a long period of temporisation while waiting for integration. For a suitable patient, good endodontics on the right tooth avoids the need for this trauma and expense. It will also mean the patient can retain their natural tooth, heightening proprioception.

‘Success’ in endodontics is not easy to define and is the subject of much debate amongst endodontists themselves. A successful implant treatment can be defined by whether or not the implant has integrated or ‘survived’. The success rates lie somewhere between 85-95 per cent; however to decide whether treatment can be deemed a success in endodontics, consideration needs to be given to the desired final outcome. Is endodontic treatment a success when the patient is free from pain and swelling? Or can the treatment be considered a success when no lesions are present? As a result, success rates for endodontic treatment can vary from 45 per cent to 95 per cent.

Dentists need to be able to make an objective decision based on the most favourable outcome for the patient. A growing trend in endodontics courses in the US is for students to learn to treat implants too, enabling a fractured tooth with plenty of bone to be suitable for immediate implant treatment. This trend looks set to catch on in the UK, with the result that endodontists will be able to undertake the best treatment.

In short, we have to ask ourselves, ‘what's the worst that could happen?’. Do we really want a long bridge with a short root filled tooth with a post as an abutment, or should every compromised tooth be replaced with an implant? If both treatments have the same longevity and no adverse factors then ultimately it comes down to operator experience and confidence as well as informed patient consent.
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DENTSPLY Academy has an evolving programme of continuing education to keep practitioners up to date with the latest advances and techniques.
CADCAM at Christmas

Phil Horn from the Precision Coping Company reports on a recent course that illustrated how CADCAM in dentistry keeps evolving...

At the PCC we like to think we are at the cutting edge of technology. Hence why we attended a Nobel Procera ‘Training Camp’ so that we could learn how to get the most out of our new scanner. The Nobel Procera scanner is an optical rather than point of contact scanner, but the really new thing that excited us was the new software that we hoped would allow PCC to:

- Create custom implant abutments on screen
- Create implant bars for overdentures
- Produce items using five axis milling.
- Save time by carrying out more design work on screen

And so it was that I found myself in Zurich on a Monday night just before Christmas – a great time of the year to be there! A number of other UK dental professionals also took the trip including staff from Sheffield University and army technicians. A light dusting of snow was on the ground as we arrived and it was literally freezing! We were ably looked after by Olga Chamoun and her colleagues at Nobel Biocare and made to feel very welcome.

The course took place over two days. The majority of the training was hands-on and this was one of the reasons that the course particularly appealed. We spent Tuesday morning using the new software on standard coping design, anatomical copings and wax-ups. After lunch we then moved on to bridge scans and design before finishing off day one with custom abutment scan and design on screen. Our hosts were then good enough to give us a walking tour of Zurich followed by dinner at La Terrasse, which if you are ever in Zurich, I can heartily recommend.

The Wednesday started early and we continued using the new software for abutment scanning and design. We then spent a large amount of time on overdenture bars – this was a particular area of interest for me and I have to say that the results we have achieved at PCC have been spectacularly good. The on screen design offers complete flexibility on more complex cases.

The day finished with a summary and overview of the training before we headed through the snow to the airport and back to our day jobs. The course was incredibly useful and I think that the new scanner and the course illustrates how CADCAM keeps evolving and moving forward. PCC obviously still produce our traditional ranges but we can now offer more products using the latest technology.

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The Choice of Doctors.

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or simply call 08445 447450
Essential Innovation with the BDA

The British Dental Conference and Exhibition opens its doors to the dental profession on Thursday 19th May. The event, which is being held at the Manchester Central Convention Complex, will run over three days, Thursday 19th, Friday 20th and Saturday 21st May.

The event will bring together a fantastic exhibition and an extensive line-up of esteemed international and local speakers, incorporating a broad range of sessions covering clinical and business innovations within the profession.

Highlights of the speaker programme include keynote speaker Tanni Grey-Thompson, who will be talking about how to achieve success where others fail; John Tierman, will be discussing complaints – are you susceptible and how can you avoid them; Raymond Bertolotti, who will be presenting their products at the conference;

• Oral Cancer: Prevention, Examination and Referral

• DNNET II - a flexible education solution

• www.corecpd.com

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Richard Simmons and Paul Lambrecht will be speaking at the conference

Party time
This year’s Friday night party is being held at Tiger Tiger, a club in the heart of Manchester.

The evening includes a glass of bubbly on arrival, a complimentary drink and a specially selected buffet meal. Tickets are £20 for all registered conference delegates and £35 per person for exhibition only and non-registered delegates. Dress to party.

DCP theatre
At the Conference, located within the exhibition hall with the theme ‘Prevention: the bigger picture’ you will also be able to choose from 25 bite-sized lectures sponsored by Oral-B. The lectures are specifically designed for members of the dental team and are free to attend.

Shopping
As always, there will be some fantastic free giveaways at this year’s event. Several companies are offering significant discounts on their products at this year’s exhibition and to help you to make the most of your time at the exhibition, there is a new ‘Plan your exhibition time’ booklet providing a detailed list of the exhibitors’ business specialisms.

Smile-on will be demonstrating their products at the conference. Situated at stand A18, the Smile-on team will be on hand to help you explore the options available to you should you wish to gain new skills and qualifications.

With ‘e-learning’ packages for undergraduate and postgraduate qualifications, revalidation and CPD requirements for the whole dental team, Smile-on are sure to have what you need to enhance your knowledge on a variety of subjects from radiography to legal and ethical issues.

A team of dedicated staff will be at the Smile-on stand, providing demonstrations and taking you through their products, such as:

• Oral Cancer: Prevention, Examination and Referral

• DNNET II - a flexible education solution

• www.corecpd.com

• Digital Future...

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Richard Simmons and Paul Lambrecht will be speaking at the conference

Implants, Roots and Cosmetic Dentistry.

BDA Feature area
What will be an extension to the main BDA stand, the BDA Feature area will showcase new BDA products and also provide an opportunity to meet with key speakers and BDA experts.

Relax and enjoy
Once again the ever popular complimentary massages at the exhibition area in the exhibition hall, courtesy of D-Stress and Go, will be at the Conference. Here you will be able choose from a back and shoulder massage or an Indian head massage to help you relax and revive! Post massage machines will also be waiting to pamper tired feet after an active day in the exhibition hall. Ten-minute sessions are free to all registered conference and exhibition-only delegates and can be booked on the day at the D-Stress and Go stand.

And for those of you who are worried about spending time away from the office, there will be an internet café so you can check your emails and keep up to date on what’s happening.

Over the next few pages you will see news and special offers from the companies exhibiting at the event. Look forward to seeing you at BDA Manchester!
Incorporating the best of industrial biomimicry innovation from Dufft, Kalaneo features an exclusive low shrinkage technology and microfil properties. The means that during and after polymerisation, adhesion between the fillers and the resin matrix is maintained with increased resilience unless, the integrity of the restoration especially at the margins is ensured. Kalaneo offers you a revolutionised long term package in aesthetic restoration. The patented technology in GC allows for guided dentistry to a new level by solving a number of common problems related to improperly placed flowable composites and other indirectly predictable impressions under all conditions. EXA'nce represents the next generation impression material. EXA'nce possesses high elasticity and tear strength, combined with constant hydrophilicity and excellent flowability – the result being one of the most accurate impressions obtainable in the market today. EXA'nce is predictable in an unpredictable environment and virtually eliminates the flow of the impression material. EXA'nce provides an incredible level of detail that is paramount for optimal fitting restorations ensuring every single detail of your chemistry design is made to its ideal material for every dentist and technicians on the path to clinical excellence. For further information please contact GC UK on 01908 218 999.

Kalaneo composite and EXA'nce impression material

Kalaneo and EXA’nce are registered trademarks in every country of the world where they are currently being sold.

The Dentist at the Dental Directory Annual Conference 2011

The market leader with more than 50 per cent of the current market share, The Dental Directory is largest full-service dental dealer in the UK. The company provides a broad product range coupled with a quality service unmatched by any other dental dealer in Britain. The Dental Directory’s helpful team will be located at stand C31 at the British Dental Association Conference and Exhibition at the Manchester Central Convention Complex. For more information please contact 0800 585 186, or alternatively visit: www.dental-directory.co.uk.

The Dental Directory’s helpful team will be located at stand C31 at the British Dental Association Conference and Exhibition at the Manchester Central Convention Complex. For more information please contact 0800 585 186, or alternatively visit: www.dental-directory.co.uk.

The device is a little battery-operated vibrator which clips onto any dental equipment to meet their specific requirements. With experienced technical support representatives on hand to discuss your needs, dentists using the complementary service can expect to be provided with a product recommendation from an extensive range.

For further information simply contact your local Dental Directory Representative, For more information simply contact your local Dental Directory Representative, or visit www.dental-directory.co.uk.

Carstoen Dental at the Manchester Central Convention Complex

At the Manchester Central Convention Complex, Carstoen Dental remains a market leader in the provision of accurate and highly sophisticated digital solutions for the dental profession, with products such as: 
The updated R4 practice management software, which comes with several new and advanced modules, including the TrackSmart database, which helps track in-office purchases and increase margin on repair of equipment, and Communicare, for enhanced patient education sessions that lead to increased treatment acceptance rates.

The Flex P produces superior quality digital panoramic images and its plug and play design enables a simple upgrade to the Flex 3D. The Flex P is the perfect solution for high performance imaging for the advanced practitioner.

There are three good reasons to visit stand D54 to experience our two brand new products, COMPRESSOR direct compression devices and MolarFlex, the regenerative NITI file of which we are proud to present along with our wide portfolio of highly quality dental products which cover all areas of Dentistry.

For further information visit Carestream Dental at the Manchester Central Convention Complex. Carestream Dental remains a market leader in the provision of accurate and highly sophisticated digital solutions for the dental profession, with products such as: 
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For further information visit CarestreamDental.co.uk or email info@practiceworks.co.uk or call 01348 245 100.

Carstoen Dental at the Manchester Central Convention Complex

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Evident Stand B30 to experience our two brand new products, COMPRESSOR direct compression devices and MolarFlex, the regenerative NITI file of which we are proud to present along with our wide portfolio of highly quality dental products which cover all areas of Dentistry.

Talk to our knowledgeable staff and take advantage of our exclusive event offers.

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For further information visit CarstoenDental.co.uk or email info@practiceworks.co.uk or call 01348 245 100.

Relax and unwind with a massage that is tailored to your needs. Make sure you book your place early to avoid disappointment as they are filling up fast!

Evident Stand B35 at the 2011 BDA Conference and Exhibition, Evident are demonstrating their highly desirable Adhesive Dentistry® products most of which are from leading US dental manufacturer Danville, alongside three beautifully designed Evident™ impressors and lights.

With the advancement of the use of adhesive dentistry, Dr Raymond Bertolotti, who will be addressing the Conference on Friday 20th May, Evident’s ‘Adhesive Dentistry®’ products include Prisma, the Ozial™ system you need for dentine and enamel bonding. Accurate SRO, a super rapidgrade, flowable composite from the Accurate™ family, is unique as both the try-in paste and the flowable composite come with the same materials! The article is one half of the oral domain and is one of the few in the world that can experience all that is exclusive.

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With 16 years’ experience of supplying line to many thousands of dentists Evident can be relied upon to deliver excellent product performance, quality support and unbiased advice. The device is a little battery-operated vibrator which clips onto any dental equipment to meet their specific requirements. With experienced technical support representatives on hand to discuss your needs, dentists using the complementary service can expect to be provided with a product recommendation from an extensive range.

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The new Ez3D software play design enables a simple upgrade to the Flex 3D.

The Flex P produces superior quality digital panoramic images and its plug and play design enables a simple upgrade to the Flex 3D.

The Flex P offers a choice of slice thicknesses of 5 – 1cm for single site implants, complex ends, peri, surgical applications and form 5cm for maxilla and dental CT. We appreciate this rapidly developing technology can be daunting for some.

Visit the Flex P stand 20th May, Evident are demonstrating their highly desirable Adhesive Dentistry® products most of which are from leading US dental manufacturer Danville, alongside three beautifully designed Evident™ impressors and lights.

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**Takara Belmont**

Takara Belmont will this year be displaying its range of treatment centres, the Clesta II, Clesta II and Voyager II. All facilitate multiple working methods and dental procedures whilst offering optimum patient comfort at all times, making each a flexible and versatile addition to any surgery.

With ease of access and consultation in mind each Treatment Centre has foldaway or removable armrests whilst the Clesta II has its unique and valuable folding leg rest. A diverse range of delivery systems are also available, the Clesta II for example can be supplied with traditional Over Patient Holder or customizable Rod type, Cabinet or Mobile Cart options.

Total flexibility of use is made possible by the Voyager II which has the advantage of being ambidextrous whilst the Clesta II can be factory modified for either left or right handed use. Functionality can be further increased by the addition of factory built-in features such as micro motors, fibre optics, scalers and LED curing lights. All models are available in both air and electric versions.

Each model boasts durability, easy to clean upholstery in a vast array of colours, ensuring good looks and best hygiene standards.

Takara Belmont prides itself on its reputation for reliability providing free extended warranties, offering total peace of mind for the professional.

Visit us at stand D32.

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**DENTSPY**

The DENTSPY team will be available at stand 82 at the British Dental Association Annual Conference & Exhibition 2011 to answer dentists’ questions on all the products in the company’s popular collection of high quality equipment and materials.

Held at the Manchester Central Convention Complex from Thursday 19th until Saturday 21st May, the BDA Conference is the largest, most established annual conference in the UK. The conference features over 200 events from radiography to legal and ethical issues.

For more information, or to subscribe please call 0800 072 3313 or visit www.dentsply.co.uk.

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**A-dec**

A-dec will be exhibiting at the 2011 BDA Conference in Manchester and look forward to the opportunity of welcoming you to stand D19 to experience a selection of equipment packages and cabinetry from the current range, including the new A-dec 200.

Members of the A-dec team will also be on hand to give guidance and advice where required.

As one of the world’s leading dental equipment manufacturers, A-dec designs, builds, and markets much of what you see in the dental treatment room. Our range includes chairs, stools, delivery systems, dental lights, cabinets and infection control units along with a full line of accessory options.

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More details can also be found on our website, www.a-dec.co.uk.

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**Water Pik, Inc. to launch the New NANO® Water Flosser at 2011 BDA Conference**

Delegates attending this year’s BDA Dental Conference & Exhibition should be sure to make their way to the WaterPik® stand (A40) for our offers and part of the launch of the brand new WaterPik® Nano® Water Flosser.

The latest revolution in ergonomic dental irrigation, the WaterPik® Nano® Water Flosser is compact, energy efficient and quiet, allowing patients to enjoy all the benefits of interproximal cleaning and effective plaque biofilm removal without the problems associated with traditional string floss.

Like its predecessors the Ultra and Cordless Plus Water Flossers, the Nano® is clinically proven to be twice as effective as traditional string floss at removing plaque biofilm.

Normally retailing at £49.99, BDA conference attendees will be able to purchase the Nano® at a special conference discount. Alternatively, they can pick up their free sample Nano® by attending the WaterPik® seminar: Details and vouchers will be available from the WaterPik® stand (A40).

Committed to patient oral health, Water Pik, Inc. is proud to be launching the Nano® Water Flosser exclusively to BDA delegates.

For more information on the range of WaterPik® Water Flossers speak to your wholesaler or visit www.waterpik.co.uk.

WaterPik® products are widely available in Boots stores and selected Lloyds Pharmacies.
Listerine Zero

The new product is free of alcohol and offers a reduced level of alcohol, which is suitable for the Listerine Four-essential oils (menthol, thymol, methyl salicylate and eucalyptol). Listerine Zero kills up to 99 per cent of plaque bacteria in vitro, more than other alcohol-free agents. In addition, Listerine Zero also contains 220 ppm (0.05 per cent) fluoride for effective enamel protection. According to Johnson & Johnson, Listerine Zero has been specifically designed to address the individual needs of patients who may, for lifestyle, health or religious reasons, or who suffer from alcohol avoidance when using mouthwash. In consumer tests, over 70 per cent of participants liked the milder taste of Listerine Zero.

For dental professionals, there is now a less intense, alcohol-free and yet highly effective daily use mouthwash that offers the advantages of the currently established and a wide range of products and the service I received was exemplary. The designs were just what I wanted, the products were meticulously packaged and the delivery was on time. I would certainly use your service again.

The Dental Directory supplies over 27,000 dental products across the country, offering high-quality, value for money pricing and a quality service.

Don't forget to order now for your chance to win a £1000 Bursary to Dentists!

Smile-on and The Dental Directory Award £1000 Bursary to Dentists

Smile-on and The Dental Directory have announced a special promotion on selected dental products. The bursary is aimed at dental professionals and will provide them with a free consultation to discuss the benefits of the product.

For more information about the bursary, please contact Ray Goodman, Goodman Legal, Lawyers for Dentists on 020 7517 0060, email ray@goodmanlegal.co.uk or visit www.goodmanlegal.co.uk

Complete practice transformation with minimal disruption

The furnishing of a workspace within a practice must be fit for purpose and safe for use. In your workplace development project for the task in hand, or has it merely adapted over time as a result of circumstances? As no practice can afford to make significant capital expenditure and space can very little time considering refurbishment and renovation. The question here is: what style will you use? This would be an effective way to have an office that is conducive to your staff and subsequently the wellbeing of the patient.

Since 1975, Tavom has been providing bespoke dental cabinetry solutions for practices. Complete dedication to excellence means that expert consultants and highly skilled work force offer best in class installation, ensuring receipt of the very best innovative solutions to individual requirements. If the design of your practice can be considered a failure or a disruption, it is time to consider on the job in hand. However, an effective workplace can have an enormous impact on the productivity of your staff, and subsequently the wellbeing of the patient.

In aesthetic and restorative dentistry, Nuview Astonishes Practitioners at BACD London Study Club conference

On Thursday 14th July, the British Academy of Cosmetic Dentistry (BACD) held its annual study club meeting at its London Study Club, Lister House. These practices are well known for their innovative approach of oral health and hygiene.

Dr Quirchi is explaining how he uses the Dai-ichi principle day to day in restorative dentistry and how it can be used in aesthetic and restorative dentistry. The practice has been combined with traditional occlusal theory. The lecture will consider how the Dai-ichi principle can be used to prevent the need for more aggressive tooth preparation in your patients and will not only help with the outcome of your treatment but also benefit the patient. This is a great place to start. Practitioners taking their first steps in planning dental surgery will benefit. Good use can be made to produce reliable results for your patients and to help you achieve the best results. This is a commonly used among dental professionals, Nobel Biocare’s NobelReplace implants are a good example. Nobel Biocare’s NobelReplace® is easy to use thanks to its easy-to-clean surface and step-by-step drilling protocol for maximum predictability, that making it an ideal choice for dentists of different levels of experience. Participants can learn about versatility and flexibility, NobelReplace® implants can be used in multiple situations to suit every patient’s needs. The spares implant treatment to a variety of patients and helps to increase the precision of the patient base.

With over 30 years experience in the industry, Admor can ensure all your office and essential needs are met. For an all-round winner! I would have no hesitation in recommending Admor to colleagues and shall be using them again in the future! Stuart Lottin, hygiene and dental surgery treatments.

For more information on Under Armour Performance Mouthwear®, call Ninew on 01453 872266 or email armourmotive@niew.com

For more information and technical information contact Nobel Biocare on 0208 716 3300 or visit www.nobilics.com
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Webinar 1: Essential Periodontology: a practical approach
Speaker: Dr Wendy Turner
Date: 23rd May 2011

Webinar 2: Periodontics: An update for the general practitioner
Speaker: Dr Amit Patel
Date: 31st May 2011

Webinar 3: Dental Implant treatment planning and implant maintenance for the general practitioner
Speaker: Dr Amit Patel
Date: 7th June 2011

Webinar 4: Restoring Dental Implants made easy
Speaker: Dr Stuart Jacobs
Date: 16th June 2011
Everyone talks about meeting and exceed-
ing customers’ expecta-
tions yet it is rarely achieved. Despite it being inexpensive to
implement and requiring only
the most basic of approaches, it
is rarely well executed in prac-
tice in this country. However,
achieving true customer satis-
faction probably generates the
greatest return of any sales or
marketing activity a practice
can undertake.

To address this yawning
gap, Lina Craven of Dynamic Per-
ceptions is staging a series
of two-day workshops this au-
tumn aimed at the entire team.
During the course, participants
will learn how to create and de-
ver the kind of culture, proc-
eses and practices that un-
derpin an effective new patient
process and truly utilise the
role of treatment coordinators.
Lina set up Dynamic Per-
ceptions after arriving from the
USA, where the role of treat-
ment coordinator is highly val-
ued, to find that no such func-
tion existed in UK practices.
She set about educating dental
professionals about the benefits
of improving the efficiency and
profitability of the practice by
training members of the team
to become treatment coordina-
tors. As a result the practices
see an upswing in case accept-
ance ratios and a marked im-
provement in patient satisfac-
tion and recommendations.

The two-day workshops
Lina is running are designed
for practices looking for ways to maximise the effective-
ness of their team and keen to
introduce the role of treatment
coordinator. They are equally
applicable for anyone new
to the role looking for ways
to fully embrace their new
function.

There are three parts to
the workshop and in the first,
delegates will learn about the
function and benefits of a treat-
ment coordinator; those best
suited to the job and their roles
and responsibilities. Phase two
addresses the customer and
sets out to explore what the
‘new’ dental patients of today
expect; how to meet and ex-
ced their expectations; to un-
derstand the true nature of
the products and services prac-
tices provide and the role of
the entire team in the new
patient process.

Stage three tackles the busi-
ness approach needed by the
dental practitioner and treat-
ment coordinator from the
verbal skills needed to pro-
vide a powerful case presenta-
tion; the techniques that break
down barriers before and af-
after case presentations; how
to create a winning pa-

tient journey; how to uti-

lise technology for enhanced
case presentations and fi-
nally how to schedule the
treatment coordinator into the
practice appointment diary for
maximum benefit.

Delegates will be able to earn
towards verifiable CPD over
the two days of the workshop
which are taking place in the
autumn:

Orthodontic practices: Septem-
ber 1st and 2nd - Henley on
Thames - Hotel Du Vin
Dental practices: October 14th
and 15th - Henley on Thames
- Hotel Du Vin
Dental practices: Octo-
ber 15th and 14th - Bel-
fast - Stormont Hotel

As places are limited and
with entire teams attending,
reserving a place early, before
the summer break, is strongly
recommended.

For more information Dy-

tamic Perceptions can be con-
tacted on 01296 748692 or cra-
ven@dynamic.fslife.co.uk

Clinical Governance including
Patient Quality Measures -
Is your practice compliant?
Are you waiting to find out when
the Care Quality Commission*
inspect your practice?

Have you addressed all 28 CQC
outcomes?

Your compliance with Clinical Governance
and Patient Outcomes will be questioned
with the introduction of the Care Quality
Commission*; HTM 01-05 and the increase
in PCT practice inspections.

Would you like to know how you would fare when your
practice is inspected and have the opportunity to take
corrective action?

The DBG Clinical Governance Assessment is the all
important experience of a practice audit visit rather than
the reliance on a self audit which can lead to a false sense
of compliance. The assessment is designed to give you
reassurance that you have fulfilled your obligations and
highlight any potential problems. We will provide help
and advice on the latest guidance throughout the visit.

The assessment will take approximately four hours of your Practice Manager’s time depending on the number of surgeries and we
will require access to all areas of your practice. A report will be despatched to you confirming the results of our assessment. If you have
an inspection imminent then we suggest that you arrange your DBG assessment at least one month before the inspection to allow you
to carry out any recommendations if required. Following the assessment you may wish to have access to the DBG Clinical Governance
Package with online compliance manuals.

For more information and a quote contact the DBG on 0845 00 66 112 *England only

www.thedbg.co.uk

Please Note: Errors and omissions excluded. Any prices quoted are subject to VAT. The DBG reserves the right to alter or withdraw any of their services at any time without prior notice.

A no-nonsense approach

Clinical Governance including
Patient Quality Measures -
Is your practice compliant?

Are you waiting to find out when
the Care Quality Commission*
inspect your practice?

Have you addressed all 28 CQC
outcomes?

The areas the DBG assesses are:

- Your premises including access, facilities, security, fire
precautions, third parties and business continuity plans.
- Information governance including Freedom of Information Act,
manual and computerised records, Data Protection and security.
- Training, documentation and certificates.
- Radiography including IRR99 and IR(ME)R2000 compliance.
- Cross infection and decontamination including HTM 01-05
compliance and surgery audits.
- Medical emergencies including resuscitation, drugs,
equipments and protocols.
- Training, documentation and certificates.
- Waste disposal and documentation and storage.
- Practice policies and written procedures.
- Clinical audit and patient outcomes including quality measures.

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With Dr Harris Sidelsky

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Creates

Immense personal satisfaction and purpose for the practitioner

Dr Harris Sidelsky

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 postgraduate speaker at a leading London teaching hospital in crown and bridgework minimal invasion dentistry, cosmetic dentistry and adhesive dentistry. His 10-day course is now in its 20th year and is heavily oversubscribed. He has authored over 40 articles and has successful practices in the West End and North West of London. His current main interest in minimal invasive dentistry and he is 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:

P Willmer, 43 Fenton Place, Porthcawl, CF36 3DW

Cost: £150 + VAT = £180 please make payment to DMG UK Ltd

DATES:

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Manchester

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June 24 Leeds

For more information contact Jon Drysdale on 01904 670820 / jon.drysdale@pfmdental.co.uk

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- Premixed
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- Includes: 3 syringes, 1 barrier, 1 cream

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