GDC lays out three-year road map

Under-fire regulator announces changes to fitness to practise process

By DTI

LONDON, UK: The General Dental Council (GDC) has announced legislative change that will see the introduction of case examiners to streamline its fitness to practise process. By reducing the number of cases heard by the regulatory body, the organisation hopes to save £1.8 million per year.

According to the GDC, case examiners will carry out the decisions currently made by its Investigating Committee. They will be able to make agreements with dental professionals to help them meet the required standards through training, allowing the person to practise under supervision of another registered dental professional or by allowing him or her to work if he or she meets certain conditions.

“When someone is being investigated by the GDC, we recognise this places the person under considerable stress and anxiety,” commented Director of Fitness to Practise at the GDC, Jonathan Green on the change. “While we absolutely have a duty to protect the person and to help them meet the required standards through training, allowing the person to practise under supervision of another registered dental professional or by allowing him or her to work if he or she meets certain conditions is not always possible. Further goals are to enhance transparency and to improve patient information.

The organisation received over 3,000 cases in 2014 according to its annual report. Approved by both the Houses of Parliament and the Scottish Parliament, the new legislation will come into effect on 13 April. It is part of a three-year road map aimed at making dental regulation in the UK more effective, the organisation said.

In addition to the introduction of case examiners, improvements will be made to the current complaints system, which will be addressed locally when possible. Further goals are to enhance transparency and to improve patient information.

“We want patients to be able to make informed choices about their care so when they visit a dentist or dental care professional, they are confident that the treatment they receive is from someone who is qualified and trained to deliver the best possible care,” William Moyes, Chair of the GDC, commented. “We also want to help the profession and the public to continuously improve by using our standards as a guide and sharing best practice to deliver the best quality of care to every patient, in every setting, every time.”

By reducing the number of cases heard by the regulatory body, the GDC hopes to save £1.8 million per year.

Teeth myth debunked

By DTI

LONDON, UK: New research has now shown that oral health in the UK is comparable to, or even slightly better than, in the United States. The study that was conducted by researchers from both sides of the pond found that compared to the British, Americans, and particularly women, have less of their own teeth left. Furthermore, in the UK, mainly elderly people are affected by edentulousness, but in the US, missing teeth are found to be more prevalent in middle-age groups.

Although similar large social disparities in oral health were deemed to exist in both countries, people with a lower education and income generally tended to have better teeth in Britain. The oral health status of the wealthy and educated, however, was much better in the United States, the researchers found.

For the study, which was published in the Christmas edition of the British Medical Journal, the researchers from universities in London, Boston and Bogota, Colombia analyzed and compared data from the British Adult Dental Health Survey 2009 and the U.S. National Health and Nutrition Examination Surveys from 2005 to 2008.

It is the first study to have directly compared oral health data between the two countries.
CBT successful in reducing phobia

**By DTI**

**LONDON, UK:** The latest government figures estimate that one in ten people in the UK suffer from dental anxiety. New research from King’s College London involving pretreatment use of cognitive behavioural therapy (CBT) has shown that the method is largely effective in helping patients overcome their fear of treatment.

In a study involving patients suffering from high levels of dental phobia, the researchers found that the overall majority were able to undergo treatment without sedation after having undergone therapy at the Dental Institute Health Psychology Service at Guy’s and St Thomas’ NHS Foundation Trust. Only six per cent of the patients surveyed had to be treated with sedation.

“Our study shows that after an average five CBT sessions, most people can go on to be treated by the dentist without the need to be sedated,” said Tim Newton, lead author and Professor of Psychology as Applied to Dentistry.

A short-term therapy, CBT has been shown to help with depression and a number of anxiety-related disorders, such as obsessive-compulsive disorder and bulimia. Typically, over six to ten sessions, a therapist aims to help patients change their thinking and breaking negative thought cycles. According to the researchers, the most common anxiety-inducing factors in the study were identified as drilling and having an injection.

Newton recommended that, despite the positive outcome, CBT should be viewed as complementing sedation services rather than as an alternative, the two together providing a comprehensive care pathway for the ultimate benefit of patients. Furthermore, patients should be carefully assessed by trained CBT practitioners, since they could be suffering from additional psychological conditions.

“CBT provides a way of reducing the need for sedation in people with a phobia, but there will still be those who need sedation because they require urgent dental treatment or they are having particularly invasive treatments,” he said.

Over one-third of those patients surveyed in the study showed signs of general anxiety, while one in ten had depression or suicidal thoughts.
The DTI publishing group is composed of the world’s leading dental trade publishers that reach more than 650,000 dentists in more than 90 countries.
Cochrane finds crowns superior to dental fillings

By DTI

DUNDEE, UK: The Cochrane Oral Health Group in Manchester has recently updated one of its reviews, finding any kind of preformed crown to be superior to fillings in the treatment of severely decayed primary molars and primary molars that have undergone pulpal treatment. The results also suggest that out of all fitting methods, the Hall technique causes the least discomfort and problems for patients.

Named after its inventor, a Scottish dentist, the Hall technique uses preformed metal crowns that sit fitted over the tooth with no local anaesthetic, carious tissue removal or tooth preparation. First introduced a decade ago, it was originally developed as a non-invasive treatment for decayed primary molars.

For their review, the researchers looked at the clinical outcomes of several studies comparing fillings with crowns that were fitted with either conventional methods or the Hall technique. They also included studies that compared preformed crowns with non-restorative caries management, as well as preformed metal crowns with preformed white crowns.

While the review found no evidence of the superiority of one crown type to another, the results showed that teeth restored with preformed crowns compared with fillings are less likely to develop problems or cause pain overtime.

“Crowns are recommended for restoring primary molars that have had a pulp treatment, are very decayed or are badly broken down,” Mansell explained.

Although the success rates of dental implants are high, ranging between 98 and 99 per cent in the literature, several factors, such as bone quality and quantity, as well as infection, can cause dental implants to fail, making reimplantation necessary. The new LPA coating, developed by the researchers could further improve the success rate of dental implant treatments.

LPA is a naturally occurring fatty molecule that acts with vitamin D to promote bone forming cell function. Based on this finding, the research team, led by Dr Jason Mansell from the University of the West of England (UWE) in Bristol, have discovered a new way to coat titanium implants to help strengthen the bonding properties of implants to bone.

“Many implants used in surgery are made out of titanium. These include joint replacements, screws and plates for fixing broken bones and dental implants,” said Dr Jason Mansell, a senior lecturer in Biomedical Sciences at UWE Bristol, who led the study.

“This coating is capable of developing high strength bonds to bone by means of the body’s own natural healing processes,” Mansell explained.

“Implants work well when the patient’s own bone joins onto the titanium using the body’s own natural healing processes. When this joint forms properly it is extremely strong, however in some cases, the patient’s bone fails to join strongly to the titanium and therefore the prosthesis works loose and ultimately fails,” Mansell explained.

Based on this knowledge, the scientists have developed an LPA coating for titanium implants to help strengthen the bonding properties of implants to bone.

“A team of researchers, led by Dr Jason Mansell from UWE Bristol, has discovered a new way to coat titanium implants in order to improve their bond to bone.”

New discovery helps strengthen bonding of titanium implants to bone

By DTI

BRISTOL, UK: Scientists at the University of the West of England have discovered a novel way to coat titanium implants in order to improve their bond to bone.

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“Prevention of sex trafficking is our ultimate aim”

An interview with York dentist Dr Andrea Ubhi

Sex trafficking remains a major issue in many parts of Asia, not only in sex tourism hot spots like in Indonesia or Thailand but also in smaller countries like Nepal. UK-based charity Asha Nepal (hope for Nepal) tries to prevent children becoming involved in the sex trade and helps victims of trafficking and sexual abuse in the country to re-establish themselves in society. Dental Tribune UK spoke about the organisation’s work and its impact on the lives of survivors with one of the charity’s trustees, Dr Andrea Ubhi from York, who is to take over as chairperson later this year and who runs one of the country’s leading private dental practices.

Dental Tribune: Dr Ubhi, you run a successful dental practice in York. How did you first become involved with Asha Nepal?

Andrea Ubhi: I have been involved with a few charities over the years, however, it has been difficult for me to find as much time as I wanted to give to charity work, as I have been busy building up the business. Asha Nepal appealed to me in addition to bringing up three children. Several years ago, I sold one of my practices, an NHS practice, and that reduced my workload, finally giving me the time and money to expand my interest in charity. Although I had never really focused on women’s issues before, knowing that men and women are equal in the world, I decided to become involved in Asha Nepal, as I had been becoming increasingly aware of the issue of trafficking and Asha was at a small size where I thought my management skills would be of better use than in a larger organisation and, frankly, I wanted to know exactly where my money was going.

Nepal usually does not make the headlines when it comes to sex trafficking. Your knowledge, how extensive is the problem in the country?

Although its neighbour India has much more children involved in sex trafficking, estimated at one million, about 10,000 girls from Nepal are tricked into going over the border each year and trafficked, and they end up as sex workers in the major cities. When you actually consider the difference in size of population between the two countries, proportionally this is a large number. One of the greatest issues is poverty. Attending a reasonably good school requires school fees. That is why many children in Nepal do not have the opportunity to go to school. The only thing they are often left to do is to work in domestic labour, often from as young as the age of four, and they are at risk of sexual abuse.

Once a child is in domestic labour, there is also a high risk of being trafficked. Sometimes, this happens insidiously: someone might say that he or she has a better job in the next town, then someone might offer the child a job in Delhi, which in the end turns out to be captivity in a brothel.

How is your organisation helping victims of sex trafficking in Nepal itself?

Some of the girls who come to Asha have been trafficked and rescued from cabin bars in the tourist district of Kathmandu. They started as dancers and were then forced into the sex trade. What is great about Asha Nepal is that it does not provide an orphanage or children’s home as such but a transitional home. Asha seeks to work with the child’s or teenager’s immediate family or the extended family to help the child/teenager transition back safely into the community. Asha offers counselling after trauma, provides education and a safe home, and then Asha’s social workers work with their families to give parenting training, life skills and access to safe accommodation so that the child/teenager can return to living at home and be reintegrated into the community. Independence is one of our main aims.

Asha Nepal also works with the mothers of poor families; for example, the father may be unemployed, drink too much or abandon his family altogether. If there are issues with providing for the family, Asha Nepal assists with emergency rent and food so that the mothers can get on their feet. Asha has a job coordinator who helps mothers or trafficking survivors obtain a place in a training programme and then work.

How many of the children you look after find their way back into society?

All of them. In some cases in which children have been trafficked or are victims of sexual abuse by their own family and are in high danger of being re-trafficked, there is no hope of safe reintegration with their own family. Asha assigns such children to foster families. They remain there with Asha until they are old enough to be integrated into society independently when they are adults.

The April earthquake last year had a devastating effect on the country’s infrastructure. Has this affected your work and, if so, to what extent?

When I went over in September, they were still terrified because it was not just only one earthquake, but about 300. There were continual tremors and many people were sleeping outside, even when it was cold and raining. While the destruction in Kathmandu was extensive, it was not as widespread as in the earthquake in 2015. Asha Nepal is located in a community independent of the city. A large section of the population of Nepal was affected, but Asha has continued to assist.

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Asha Nepal considers the whole picture and tries to prevent children being trafficked by providing funding to very poor families. The dental care chewing gum after meals!

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significant, in the north-eastern region almost four out of five houses were destroyed or significantly damaged. When we spoke with one of the children’s ministers in that area to find out what the need was, she said that there were about 7,000 children displaced through the earthquake. Throughout the Sindhupalchowk border, guards were checking papers of children going out. There was such an increased risk of trafficking and they were trying to reduce that. All children had to have papers that allowed them to exit the area.

Generally, our work became more complicated and more expensive, as prices rose throughout the earthquake period. On top of that, there is the recent fuel crisis that Nepal has been facing over the past few months, as no oil or gas has been available from India for political reasons. This has slowed the country down, which is such a shame considering how difficult the year had already been with the earthquake. It has also increased the cost of our work again owing to the increased costs of supplies because of the increasing costs of petrol and transport. Nepal is a landlocked country, so everything has come through India or China. If there is a blockade, it poses a significant problem to the entire infrastructure in Nepal.

You are soon to take over the responsibility of chairperson from retiring Asha founder Peter Bashford. What will the focus of your work be in the years to come?

I want to see the team consolidate. The organisation has grown dramatically in the last two years, going from eight to 23 employees. Currently, we are looking after 107 children, of whom 51 are in our residential care.

We want to concentrate on reintegration into the community and more community support, which means fewer children in residential care and more supported by our social welfare team in the community. This way, we keep children more independent and prevent them from being institutionalised.

However, prevention of trafficking is our ultimate aim. We have just started a new Facebook page for teenagers in Nepal, called “Keeping SAFE”, to teach them to avoid traffickers and recognise their tricks. The page has an enormous following, with up to a quarter of a million people viewing each post. We are also planning to go into schools and hold presentations about the dangers of trafficking, not only for the children but also for the teachers so that they can teach their future pupils about the tricks that traffickers use to force children into domestic or sex labour and how to avoid being trafficked.

Dr Ubhi, thank you very much for the interview and good luck for the future.

For further information, please visit www.asha-nepal.org.
Roots Summit 2016
Premier global forum for endodontics takes place in Dubai

By DTI

DUBAI, UAE: This year’s ROOTS SUMMIT, which has drawn dental professionals to various locations all over the world in the past decade, will take place from Nov. 30 to Dec. 3 at the Crowne Plaza Dubai hotel in the United Arab Emirates. Aimed at updating participants about the latest in endodontic treatment, an unparalleled series of lectures and workshops will be held by global opinion leaders in the field.

Although the meeting will focus exclusively on the latest techniques and technologies in endodontics, the organizers have strongly encouraged not only dentists specializing in the field to attend but all who have an interest in endodontics, including general dentists and manufacturers and suppliers of endodontic products. Overall, about 700 attendees are expected.

Over the past 15 years, the ROOTS SUMMIT has grown significantly. The community originally started as a mailing list of a large group of endodontic enthusiasts in the 1990s. After the establishment of a dedicated Facebook group three years ago, membership increased from 1,000 to more than 20,000. Today, the group is composed of members from over 100 countries.

Previous ROOTS SUMMITS have been held in Canada, the US, Mexico, Spain, the Netherlands, Brazil and last year in India. These meetings have been known for the strength of their scientific programs and their relevancy to clinical practice. The lectures, workshops and hands-on courses scheduled for this year’s meeting will be no exception. More than 15 distinguished experts are presenting during the conference.

For the summit in Dubai, the organizers have partnered with Dental Tribune International (DTI) and the Dubai-based Centre for Advanced Professional Practices (CAPP) for the first time. With its international network, composed of the leading publishers in dentistry, DTI reaches more than 650,000 dental professionals in 90 countries through its print, online and educational channels, as well as a number of special events.

Over the past decade, CAPP has been able to establish first-class standards for continuing dental education programs not only in the UAE but also across the Middle East. Since 2012, CAPP has been affiliated with DTI as a strong local partner in the Middle East.

Based on the successes of previous ROOTS SUMMITS, the organi-
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30 NOVEMBER - 3 DECEMBER, 2016

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European Aligner Society paves way for future orthodontics

By Claudia Duschek, DTI

VIENNA, Austria: The increasing number of adult patients seeking orthodontic treatment but expressing concerns regarding aesthetics and comfort, has given rise to alternatives to conventional fixed appliances over the past decade. Until now, however, there has been no independent forum for examining aligners as a primary orthodontic appliance. At the first congress of the European Aligner Society (EAS), Dental Tribune spoke with Ritesh Sharma, Marketing Director at Align Technology, about how the establishment of the independent aligner body could change the way orthodontics is practised.

“The struggle we faced prior to the establishment of the EAS was that we did not have an independent forum to validate the claims of manufacturers. In addition, the foundation of such an independent body was essential from the consumer’s point of view. Patients needed an institution from which they could obtain independent advice,” Sharma told Dental Tribune in Vienna. “About two years ago, at our European advisory board meeting in Brussels, we therefore discussed the idea of launching an aligner society with the orthodontists who went on to become founding members of the EAS, including Dr Les Ioffe, who was one of the first orthodontists to treat patients with Invisalign in the UK. We received an overall very good response from all parties involved.”

Today, over 30 per cent of an estimated 2.6 million orthodontic cases a year worldwide are suitable for Invisalign treatment, but only 7-8 per cent of patients are actually treated with this clear aligner system. According to Sharma, this is soon to change through increasing awareness of the benefits of alternative treatment options among patients and dentists alike, as well as the rapidly growing importance of digital technologies.

“In the absence of knowledge, people take what they get. Through the work of the EAS, we want to ensure that patients know that they have a choice and do not have to accept metal braces. However, our efforts can only succeed if dentists believe that aligners are the right choice for the patient. Therefore, the primary aim of the society is to educate dentists on the system to treat more complex malocclusions and educating orthodontists about the potential it gives them to expand their clinical treatment portfolio. It really shows that aligners are becoming the new norm,” Sharma said.

“As a supporter of the society, we are facilitating the coming together to change the behaviour and mind set of dentists regarding orthodontics. This cannot be achieved by one company, only through the combined efforts of experienced clinicians and manufacturers. It is exciting to be a part of this,” he concluded.

New dental alert system aims at improving patient safety in Europe

By DTI

STRASBOURG, France: Requiring dental regulators in countries within the European Economic Area (EEA) to inform each other once a dental professional has been prohibited or restricted from practising, the newly implemented European Alert Mechanism aims at improving transparency in European dentistry.

The new EU legislation, which came into effect on 18 January, provides that a Europe-wide alert be issued within three days of a decision to prohibit, suspend or restrict a professional’s practice—even on a temporary basis—in another EEA state.

As a minimum, national regulatory bodies, such as the General Dental Council in the UK, or the National Board of Health and Welfare in Sweden, will need to include the respective professional’s name, as well as his or her date and place of birth, in order to allow other regulators to identify that individual.

Furthermore, the alert must indicate the period for which the restriction applies, including the date on which this decision was made. Although the alert must not contain any background information or justification of the restriction, concerned regulators may request further information.

“We are delighted that this system has come into effect, it goes patients much greater visibility and security when it comes to their oral health,” commented Dr Nigel Carter, OBE, Chief Executive of the British Dental Health Foundation, on the new legislation. “This will hopefully lead to an improvement in standards of dental practice across Europe and more public trust in dentistry.”

In this context, Carter pointed to the increasing trend of dental tourism and the potential pitfalls associated with it. Although some countries still do not have any formal system of registration for dentists, Carter expressed his belief that “mechanisms such as this make for a much more transparent profession and greater patient protection.”
How to succeed in the Middle East

By Dental Tribune International

The Middle East is considered one of the fastest growing dental markets worldwide. Quality and innovative technology have been a key component to the region’s dental therapists, practitioners and manufacturers as dentistry has advanced from basic treatment to state-of-the-art oral health care. A record number of companies from the UK took the opportunity to exhibit at this year’s UAE International Dental Conference and Arab Dental Exhibition (AEEDC). Dental Tribune spoke to three first-time exhibitors about the problems and promises of entering the market.

Ten years ago, one could hardly imagine a spike in interest in dental printing in Middle Eastern digital dental laboratories. Now, the region’s dental industry is rapidly adopting new technologies such as intra-oral scanning and CAD/CAM to keep up with the rising demands of its increasingly affluent patient. Digital dentistry, a technological revolution most UK dental practices are already familiar with, has entered the region in the last few years. Interest from the Middle East in modern dental instruments, however, is not limited to digital solutions. Dentists have begun to look for high-quality endodontic and implant systems, as well as discovered cosmetic dentistry as the next rising star in the region. The dental industry in the UK, a market with significant domestic growth owing to its wide range of products and companies, has been promoting its expertise at trade fairs in the region, such as AEEDC.

The first UK pavilion at AEEDC was established in 2010 with eight companies exploring the market and its numerous business opportunities. Since then, the number of professional visitors has doubled, from 20,000 to more than 40,000 in 2016, and so has the number of UK companies. “The UK pavilion contained 15 UK exporters and we are delighted that this represented a 50 per cent increase in the size of the UK pavilion compared with our last attendance in 2014,” remarked Edmund Proffitt, Policy and Public Affairs Director at the British Dental Industry Association (BDIA). “The Middle Eastern and Gulf region markets continue to offer significant sales opportunities for UK dental exporters as countries continue to invest in the provision of dental services. The opening up of the Iranian market also provides a host of new sales opportunities for UK exporters.”

Iran—the next big market?

For many British companies, both AEEDC and Dubai have been considered an excellent opportunity to expand into the Gulf and Middle Eastern markets such as Iran. For instance, two-hour flights between Tehran and Dubai have long fostered trade between the two countries, while European and American companies have yet to profit from the short distance. At the trade fair, many exhibitors noted a significant increase in visitors from Iran, a welcome result of the suspended United Nations’ sanctions that hindered business for years. The UK government has now seized the opportunity to transfer its technical expertise to Iran and therefore encourage its industries to invest in the country. As competition for dental products is still relatively low, it seems like the right time for the British dental industry to enter the market.

Quality Endodontic Distributors was established in 1989 in Peterborough in the UK at a time when the endodontic materials and methods we take for granted today were at their very beginnings. The supplier of rubber dams, lubricants and endodontic instruments chose to exhibit in Dubai because the market promises new opportunities for growth. “We went to Chicago before, but the trend moved across to Dubai. Here, we primarily met dentists, dealers and manufacturers from the region. It is important to build up an dealer network here to succeed,” said Edward R.S. Conduit, sales and marketing director of the company.

OsteoCare Implant System was already working with distributors from Kuwait when it decided to pursue further opportunities in the region and exhibit at AEEDC. The company looked for dealers for each country instead of targetting the whole region. “In order to succeed, dental companies need to raise brand awareness and partner with as many local distributors as possible, as regional differences exist,” according to Head of Operations Dave Stephens. “We particularly looked for distributors in the UAE. We have had incidental sales for about 20 years, but the business has quite changed in this time.”

The competition for implants has increased at home and abroad so we had to make sure our products remained visible. We are not into fast trends, but assure simplicity and quality made in Britain. We provide dental implant systems for all ranges, as well as also hands-on courses on placing them correctly.

Understand the dos and don’ts

OsteoCare approached UK Trade & Investment (UKTI) and the BDIA and spoke to business advisors before planning its show participation. UKTI and BDIA offer numerous training opportunities to help companies to identify their markets and establish a considered pathway before starting to export. They advise that UK companies still seek legal advice and work with established networks. Successful export to the Middle Eastern and Gulf states further requires Arabic-speaking people living in the same time zone.

Although language has not been a barrier, as English has dominated business in Dubai and most of the region. Arabic remains the world’s fourth most important language on the Internet after English, Chinese and Spanish, according to Google. Hence, any UK company looking for online sales could significantly increase traffic and customer engagement by setting up a website in Arabic. Also, it is good to know that pay-hydrogen peroxide or carbamide peroxide, was another first-time exhibitor. The company drew a large crowd to its stand owing to the region’s rising demand for whitening solutions not based on light. “Cosmetic dentistry is an aspiring if not giant market in the Middle East. Our syringes, pastes and complete kits with home and office gels made quite an impression in Dubai,” said Dr Sanjay Patel, Director of Enlighten.

“There is still an educational process taking place in the region,” he added. “I would compare this market to the situation in Europe ten years ago. Now, this market is asking for light-activated products while we stopped using lights in 2006 in favour of our new whitening solutions. Dubai succeeded at bringing together countries that are relatively close by, such as Egypt and India. Here in Dubai, we also experienced strong interest from Sudan, a market we would not have thought about before. Now, the process of turning interest into actual distributors and clients will take at least a year. This is how business works here.”

Even though the UK remains Enlighten’s most important market, management decided early on to export to Germany, the Netherlands, Finland, Spain and France. While a number of companies in the UK are still pursuing success in the domestic market, there are numerous opportunities abroad and it would appear that the Middle East is certainly one of them.