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 those who should not be practising dentistry, we must make the entire process as efficient, seamless and timely as possible by providing the necessary support.”

The organisation received over 3,000 cases in 2014 according to its annual report. Approved by both the House 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,” said William Moyes, Chair of the GDC. “We also want to help the profession 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.

For the study, which was published in the Christmas edition of the British Medical Journal, the researchers from universities in London, Boston and Bogotá, Colombia analysed and compared data from the 2009 and the U.S. National Health and Nutrition Examination 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.

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 older people are affected by edentulosity, but in the US, missing teeth were 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.
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 behaviour therapy (CBT) has shown that the method is largely effective.

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 British Library will host the annual congress of Dental Trauma UK again. © Gabriele Celimi
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 pulp 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 a preformed metal crown that is fitted over the tooth with no local anaesthetic, curious 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 over time.

"Crowns are recommended for restoring primary molars that have had a pulp treatment, are very decayed or are badly broken down," said Dr Jason Mansell from the University of the West of England (UWE) in Bristol.

"Implants work well when the patient’s bone joins onto the titanium using the body’s own natural healing processes. When this joins 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.

Although the success rates of dental implants are high, ranging between 88 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 researchers have developed an LPA coating for titanium implants to help strengthen the bonding properties of implants to bone.

"Many implants 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.

"If we can develop a coating that can be exposed to when implanted into the body, we can improve the bonding of titanium implants to bone.

"The study, titled "Fluorophosphate-functionalised titaniu via a pre-adsorbed triamine-phosphonic acid: A novel dual action surface finish for bone regenerative applications," was published in the journal of Materials Science: Materials in Medicine in November 2015.

**New discovery helps strengthen bonding of titanium implants to bone**

By DTI

BRISTOL, UK: Scientists at the University of the West of England (UWE) in Bristol have discovered a new way to improve the bond between titanium implants and bone. They found that a bioactive lipid called Lipophosphatic acid (LPA) interacts with vitamin D to enhance bone-forming cell function. Based on this finding, the researchers have developed an LPA coating for titanium implants to help strengthen the bonding properties of implants to bone.

"Many implants 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.

"If we can develop a coating that can be exposed to when implanted into the body, we can improve the bonding of titanium implants to bone.

"The study, titled "Fluorophosphate-functionalised titanium via a pre-adsorbed triamine-phosphonic acid: A novel dual action surface finish for bone regenerative applications," was published in the journal of Materials Science: Materials in Medicine in November 2015.

**Funding brings Manchester diagnostic tech closer to market launch**

By DTI

MANCHESTER, UK: New diagnostic technology developed by a University of Manchester spin-out that could help detect early-stage enamel caries faster could soon be ready to enter the market, as the developer has recently announced that it has received funding from a Northern England investor.

In a commitment to expand to the North of England, Mercia Fund Management has said it will invest over a quarter of a million pounds in the new software, which is claimed to be capable of spotting early caries and other potential problems before they develop into something more serious.

A branchdiet of University of Manchester spin-out Manchester Imaging, the software uses technologies like active shape models and active appearance models, which are already used in medicine and face recognition, for example, to analyse dental radiographs in order to find early signs of caries.

According to Manchester Imaging CEO Tony Travers, it is the first time that this kind of modelling has been applied to dentistry.

Traditional methods of early caries detection include the use of laser-induced fluorescence or detection gels, which may however be unreliable.

“Manchester Imaging’s computer-aided dental diagnostic software has been developed to overcome the problems of early-stage identification through the use of pioneering technology that pinpointsthe first traces of decay at the touch of a button," Travers told Dental Tribune UK.

"It integrates seamlessly with existing digital X-ray and practice software.

According to Travers, the technology could be market ready as early as 2017. Another funding round for investors is anticipated for this year.

In addition to caries detection, Manchester Imaging is working on other imaging technologies for use in dental implantology, for example.
“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 hotspots 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?

Dr 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. In addition to running the business, I was taking on 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. Yet your knowledge, how extensive is the problem in the country?

Dr Ubhi: Although its neighbour India has much more children involved in sex trafficking, estimated at one million, about 10000 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 did you first become involved in Asha Nepal?

Dr Ubhi: 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 considers the whole picture and tries to prevent children being trafficked by providing funding to very poor families 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?

Dr Ubhi: 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?

Dr Ubhi: When I went over in September, they were still terrified because it was not just only one earthquake, but about 100. There were continual tremors and many people were sleeping outside, even when it was cold and raining. While the destruction in Kathmandu was extensive, the Daiquiri Hotel, which is located in the tourist district, is fully operational and has a restaurant with two bars, one of which is a small bar that serves as a safe haven for women in need of a drink and a listen. The Daiquiri Bar has been a great place for women to feel safe and to find the strength to face their daily lives and to leave their pasts behind them.

www.miradent.de

---

The dental care chewing gum after meals!

- Decay-preventive
- Re-mineralising
- Plaque-inhibiting
- 100 % Xylitol*

* 100 % sweetened with natural Xylitol – no sugar!

Hager & Werken GmbH & Co. KG
Tel. +49 (203) 99269-0 · Fax +49 (203) 299283

100 % Xylitol™

Chewing away decay
significant, in the north-eastern re-
gion 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 in-
creased risk of trafficking and they
were trying to reduce that. All chil-
dren had to have papers that al-
lowed them to exit the area. Generally, our work became
more complicated and more ex-
pensive, 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 in-
creased the cost of our work again
owing to the increased costs of sup-
plies 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 block-
ade, it poses a significant problem
to the entire infrastructure in
Nepal.

You are soon to take over the re-
sponsibility of chairperson from re-
tiring Asha founder Peter Bashford.
What will the focus of your work be
in the years to come?
I want to see the team consoli-
date. 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 re-
integration into the community
and more community support,
which means fewer children in res-
idential care and more supported
by our social welfare team in the
community. This way, we keep
children more independent and
prevent them from being insti-
tutionalised.

However, prevention of traffick-
ing 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 enor-
mous following, with up to a quar-
ter of a million people viewing
each post. We are also planning
to go into schools and hold pre-
sentations about the dangers of
trafficking, not only for the chil-
dren but also for the teachers so
that they can teach their future
pupils about the tricks that traf-
fickers 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 organ-

izers anticipate a large turnout for this year’s meeting. Various sponsorship opportunities are available, including booth space, as well as sponsorships of workshops, hands-on courses, meeting bags and social events.

Online registration for the ROOTS SUMMIT is now open at www.roots-summit.com. Dental professionals are also invited to join the ROOTS Facebook group and like the ROOTS SUMMIT 2016 Facebook page.
ROOTS SUMMIT
30 NOVEMBER - 3 DECEMBER, 2016

THE MASTERS OF ENDODONTICS

Antonis Chaniotis
David E. Jaramillo
Freddy Billiard
Oscar von Stetten
Rafael Michiels
Enrico DiVito
Sergio Rosler
Imran Cassim
Sijo Jacob
Bojidar Kafelor
Mile Churilinov
Roberto Cristian Cristescu
Luis Chávez de Paz
Ronald Ordinola
Carlos Aznar Ponce
Ahmed Abdel Rahman Hashem

ARE MEETING IN DUBAI WITH THE ROOTS COMMUNITY

DATE: 30 NOV - 3 DEC
LOCATION: CROWNE PLAZA, DUBAI

EARLY BIRD 20% OFF
REGISTER AT WWW.ROOTS-SUMMIT.COM
European Aligner Society paves the 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 Itoje, 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.”

Align Technology, a market leader in aligner therapy, believed it important not to interfere with the establishment of the independent body. “In the launch of the society, it was not our job to influence but to bring in the right people—people who have been working successfully with aligners for a long time and therefore have considerable expertise in the field,” Sharma said.

Today, over 30 per cent of an estimated 2.6 million orthodontic cases a year worldwide are suitable for Invisalign treatment, but only 3–4 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 gives 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—wide 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 at the centre of interest for the region’s dentists, 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 have imagined a spike in interest in 3D 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 patients. Digital dentistry, a technological revolution most UK dental practices are already familiar with, has entered the region within 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 developed 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 14 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 seen 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 anader 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 targeting 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.

Understanding the dos and don’ts

OsteoCare approached UK Trade & Investment (UKTI) and the BDI and spoke to business advisors before planning its show participation. UKTI and BDI 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 succeeds 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.