Dental associations speak up over whitening debate

Could this be the call for reclamation on whitening products?

A n on-going investigation by Essex County Council Trading Standards Officers is directly affecting the availability of hydrogen peroxide-based whitening products to dentists triggering many dental associations to speak up and call for government clarification regarding teeth whitening products.

The British Dental Bleaching Society (BDDS) has endorsed such calls, stressing that there is no question around patient safety regarding bleaching when carried out by an appropriately trained and qualified dental healthcare professional.

The British Dental Association (BDA) has already expressed concerns that any supply problem could mean patients seek whitening treatments from non-dental professionals, which is illegal and dangerous.

As stated in a recent press release, the BDA is aware that the current investigation by trading standards at Essex County Council is a major impact on the availability of hydrogen peroxide-based whitening products to dentists, and as a result, the situation is adversely affecting their ability to provide whitening treatments to patients. This supply problem could mean that patients will seek whitening treatments from non-dental professionals instead.

The European Union is currently reviewing the EU Cosmetics Directive, which it is hoped will provide a coherent legal framework for the provision of tooth whitening products in the UK. Meanwhile, the BDDS and the BDA are urging Trading Standards officers to maintain the low-key approach to enforcement around the supply of whitening products to dental professionals previously advised by Local Government Regulation (LACORS).

The BDA would like to see the previous low-key approach to enforcement around the supply of whitening products to dental professionals previously advised by LACORS and taken by trading standards re-instated.

In a statement from the BDDS, there is no question around patient safety when dentists observe the following guidelines:

• A full examination must take place before any bleaching procedure
• Informed patient consent is paramount and patients must have alternatives and risks thoroughly explained
• Before and after photos must be taken and retained throughout the course, and following completion of, treatment
• Any products supplied for home use by a dental practice must meet Scientific Committee on Consumer Products (SCCP) guidelines
• There should be a commitment by the trade not to supply beauticians or the public directly.

The safety of the whitening products when used by trained dental professionals. We urge trading standards officers to adopt a pragmatic approach that recognises this and puts patient safety first.

Pomegranate power

A new university study has found that pomegranate juice reduces stress hormone levels in British workers. Researchers at Queen Margaret University, Edinburgh studied the physiological effect of daily consumption of 500ml of Pomegranate Pure pomegranate juice over a two-week period and found that daily consumption caused a significant reduction in the level of stress hormone cortisol in saliva and a significant reduction in systolic and diastolic blood pressure in all volunteers. Volunteers also showed an improvement in ability and mood status using a specialist test.

After consumption of pomegranate juice most subjects reported that they were more enthusiastic, inspired, proud and active and all reported that they were less distressed, nervous, guilty and ashamed according to the attributes tested. The full results of the study will be presented at an international conference in Barcelona in October.

New Ministers

Following the May 5 elections in Scotland, Northern Ireland and Wales, new ministers have been appointed. In Northern Ireland, Democratic Unionist Party Member Edwin Poots has been announced as the new Minister of Health, taking over from Ulster Unionist Party Member Mike Nesbitt. In Wales Wrexham Assembly Member Lesley Griffiths has become the new Minister for Health. She was previously Deputy Minister for Skills, Innovation and Science. In Scotland, Nicola Sturgeon MSP retains her post as Deputy First Minister and Secretary for Health.

Toothless tourist

DTI: On May 9, an expedition investigating the cause of the vanishing lakes in the Blue Mountains World Heritage Area, stumbled across dentures that had gone missing there about 30 years ago. A German tourist had lost them while boating in the Thirlmere Lakes area, south-west of Sydney. Ms Graham and the environment writer Denis Wilson, confirmed the teeth’s history with the former owners of the holiday camp that once graced the lake’s shore. They now aim to return the teeth even though no one now remembers the name of the German tourist.
GMC looks for new panellists to make decisions on doctors’ fitness to practise

H ave you got what it takes to help make decisions about whether a doc- tor is fit to treat patients? That is the question being asked by the General Medical Council which has embarked on a major recruitment campaign to find medical and non-medical panellists who will sit in judgement at its fitness to practise hearings. It is the first campaign for new panellists in five years.

The panellists have a vital role in protecting patients and making sure proper standards of conduct and behaviour are maintained within the profession. They have to make independent decisions in cases where the doctor faces serious allegations which could affect their registration as a doctor. The panellists hear evidence, de- cide whether the allegations are proved, whether the doctors’ fit- ness to practise is impaired, and if so what action is required. There are normally three pan- ellists for each hearing and each panel must include at least one professional. Panellists come from a wide range of different professions and backgrounds, including teaching, architecture and the civil serv- ice. The GMC wants applications from candidates who are interested in this area of its work and in ensuring a fair and transparent process. Panellists must have the intellectual and analytical ability to make sound judgements and they need to be open-minded and objective.

Doctors and members of the public who are women, or who have black and minority ethnic backgrounds, are particularly encouraged to apply, as the GMC wishes to maintain the diversity within the pool of panellists so that it is as representative as pos- sible, both of the medical profes- sion and society in general.

As most hearings take place in Manchester, the GMC is keen to hear from candidates who live within commutable distance of Manchester, although the GMC also wants to hear from suitably qualified candidates who live throughout the UK. The new panellists are being recruit- ed to replace those whose terms of office are due to expire next year.

The panellists also need to be open-minded and willing to work in challenging and complex decision-making situations to ensure consistency and that it is accessible and fair for everyone who applies.

The closing date for applica- tions is 19 June 2011. Candidates can obtain further information about the posts and apply online at https://jobs.gmc-uk.org.

T he King’s College Lon- don Dental Institute is delighted to be in receipt of an impres- sive triple win at the prestig- ious Medical Futures Innovation Awards, winning two awards for innovations praised by judges addressing major unmet needs in both dental treat- ment and dental training, as well as receiving a coveted Spe- cial Award that honours one of the Institute’s cutting-edge re- search teams.

Winning the ‘Best Education- al Innovation’ in the Dental and Oral Health Innovation category was ‘hAPTIC’, a new virtual real- ity, haptic (sense-of-touch) ‘den- tal chair’ system aimed to teach the next generation of dentists.

The innovative simulation was developed by King’s academics Professor Margaret Cox, Dr Jonathan P San Diego and Dr Barry Quinn, and a team of over 24 clinicians, psychologists, sociologists and computer scientists, including Professor William Harwin, Dr Alastair Barrow and Brian Tse from the University of Reading.

Using a haptic dental drill and mirror to operate on virtual teeth shown in 3D on a screen, this system allows trainee den- tists to reflect what would be seen in real life, and features a foot pedal to control the speed and settings of the dental drill. Although there are competi- tive systems on the market, the hapTEL team’s unique software platform allows the overall unit to sell for up to £20,000 less than the nearest competitor.

HapTEC is already widely used in the multimillion dollar computer gaming industry, and the technical and educational expertise and knowledge of the hap- TEL team will lead to other hap- tic applications such as therapy for stroke victims, medical ap- plications and educational aids for children with dyspraxia and other learning difficulties.

The hapTEC team, led by Professor Margaret Cox, was bestowed with an additional ac- claim for producing the Best Educational Innovation Award. This award recognises an indi- vidual or team that has demonstr- ated a novel and outstanding initiative that has made a posi- tive impact in healthcare learning among students at any level.

The third award, for the ‘Best Translational Research Inno- vation’ in the Dental and Oral Health Innovation category, was awarded to the team behind ‘Pre- venting cavities the SMART way’, an innovative topical gel placed around the teeth to prevent infec- tion with the bacterium Strepto- coccus mutans, the main cause of dental decay. The innovation was developed by King’s Profess- ors Charles Kelly, Thomas Leh- ner and Ramani Bedi, and Profes- sor Julian Ma from St George’s, University of London.

The topical gel is the first pharmaceutical product specifi- cally targeted against the main bacterial cause of dental de- cay, and judges encouraged the team to pursue commerciali- sation. Patented and available for license, the team envisages a dental gel as their first product, followed by a toothpaste as the second generation of product, a market worth in excess of US $9 billion.

Professor Nairn Wilson, Dean and Head of King’s Dental In- stitute, commented: “The Den- tal Institute is delighted to be in receipt of three 2011 Medical Future Innovation Awards. It’s pleasing to see our world-lead- ing research teams being recog- nised in this way, particularly for the Best Educational Innovation Special Award.”

Protecting toddlers from dental decay

T he British Dental Health Foundation has given its full backing to the In- fant and Toddler Forum to help achieve a major improvement in the dental health of children un- der the age of five.

Previous research shows that around one third of children un- der the age of five in the UK con- tinue to suffer from dental decay and the BDHF is now working closely with both the Infant and Todd- ler Forum to help raise aware- ness of the issue with health care professionals, parents, carers and guardians.

With diet being an important factor for healthy teeth, the Founda- tion has also supported the Forum’s ‘Ten Steps for Healthy Toddlers’, which covers advice in areas such as eating, drinking and exercise. Both organisations have now combined during Na- tional Smile Month to produce a new factsheet called ‘Protect- ing Toddlers from Tooth Decay’, which provides comprehensive advice on how to care for chil- dren’s teeth – including fluoride, medicines, diet, snacking, tooth brushing and bottle-feeding.

Chief Executive of the Brit- ish Dental Health Foundation, Dr Nigel Carter, said: “It is re- ally important children develop a good oral health routine from a very early age. It’s also impor- tant that the people who care for them have the knowledge and information to help nurture chil- dren. Our relationship with the Infant and Toddler Forum cre- ates an excellent opportunity for us to share our experience and advice directly with the people and organisations that have the most influence on children in their formative years.”

Judy More, paediatric di- etician at the Foundation ex- plains: “Parents often think that tooth decay in children’s first teeth is not important as they will grow their adult set in any case. However, the first teeth are just as important as adult teeth as early loss of the first teeth can lead to overcrowding when adult teeth appear. The Infant & Tod- dler Forum has produced some simple guidance and tips for par- ents to help avoid tooth decay in their little ones!”

The Infant and Toddler Forum is an independent body which works to protect children’s oral health from birth to age five. Both its membership and the guidance it produces is independent and its members are people who are directly involved in healthcare and the dental health of children in the UK. The Trustee Board is made up of people with a wide range of expertise, such as dentists, academics, nurses and dietitians.

King’s Dental Institute wins innovation awards
Editorial comment

If there is one thing that fries my circuit boards, it’s seeing something that supposedly is about the whole NHS (or even healthcare in general) but has no mention whatsoever about dentistry!

Case in point – I received an email newsletter from a law firm who specialises in the healthcare industry – promoting their presence at next month’s NHS Confederation Annual Conference and Exhibition. ‘Hmm this sounds interesting’ I thought, and proceeded to look up the conference programme and details.

Well there was no need to get excited, because dentistry does not seem to be invited to this auspicious event! There were no speakers on dentistry, no mention of it in the commissioning presentations or workshops, and no one making their presence known at the exhibition (one point to note, the General Medical Council have a stand at the exhibition...).

If anyone happens to be going (it’s in Manchester if you’re interested) and is flying the flag for dentistry, let me know how it goes. One other bit of news that had me rolling my eyes was the ‘shock’ revelation by the Financial Times and then the BBC that the CQC are experiencing staff shortages to the tune of nearly 500 people, 133 of those being inspectors.

Now, that may be a ‘duh’ moment, but it does raise concerns about the Commission’s ability to inspect dental practices in the first year of registration for dental practices.

I have been in contact with a CQC spokesman to ask this very question, and when I know, you’ll know.

Join the loo queue

King’s College dental students have recently starred in Water Aid’s ‘Join the Loo Queue video’, a light-hearted and warming video of people queuing for the toilet, which was filmed all around the world.

However, besides the humorous ‘how many people can you fit in a port-a-loo’ shot, the video brings home some serious messages, showing how more than 40 per cent of the world’s population are living without a toilet and that one in eight people live without safe water. As a result, 4,000 children die every single day. One message that the video conveys is that the government could help 100 million people out of this crisis.

The video, which accompanies the Loo Queue petition that will be happening during the Glastonbury festival this summer, is a display of solidarity with those who have been waiting their whole lives for a safe, clean place to go to the toilet.

Watch the video at www.wateraid.org/looqueue and sign the petition to call on the government to address this injustice by committing to lifting 100 million people out of water and sanitation poverty by 2015!
Researchers uncover therapies for dry mouth

A ccording to a recent report, researchers from the University of Louisville are closer to helping millions of people who suffer from dry mouth.

Douglas Darling, Department of Oral Health and Rehabilitation, University of Louisville School of Dentistry, and his team have identified a protein sorting mechanism used by the salivary gland.

Patients who have suffered damage to their salivary glands due to radiation therapy, prescription drugs or Sjögren’s Syndrome (an immune system disorder) have a new option for treatment. A recent study has identified a protein that is responsible for the correct sorting and transport of proteins involved in saliva production.

Salivary glands have multiple secretion pathways. One pathway takes proteins to the salivary duct; other pathways carry different proteins into the blood or to form a supportive matrix for the cells. Transport along these pathways occurs by sorting the proteins into vesicles (hollow membrane sacs) that carry their “cargo” to the correct destination.

It was believed that cargo proteins were moved into the forming vesicles by attaching themselves to sorting receptors. However, Darling and his team have discovered a completely new approach, which suggests the reason no salivary sorting receptor protein has been found is that it may not exist.

According to a report, Darling's new model, says that the salivary cargo protein, Parotid Secretory Protein (PSP), selectively and directly binds to a rare lipid, a type of fat molecule called PtdIns(3,4)P2, which is present only in certain cell membranes; it is also only present on one side of the membrane.

Darling also found PtdIns(3,4)P2 can flip to the inner part of the vesicle membrane - giving PSP the opportunity to bind it.

The next step is to identify ways to test pathways and manipulate this potential protein sorting mechanism.

The study, Parotid Secretory Protein Binds Phosphatidyli nositol (3,4) Bisphosphate appeared in the Journal of Dental Research.


dental dilemma

It has been reported that Liverpool’s A&E dental department, which provides an emergency service performed by student dentists, is attracting thousands of young people as they choose to visit the dentist there instead of registering with a regular NHS dentist.

Last year alone more than 6,000 patients attended the unit, costing the NHS more money than if they had visited ordinary dentists.

The Liverpool Primary Care Trust (PCT) investigated the issue and found that patients were visiting dental hospitals as an alternative to other care. It is believed that patients prefer to visit dental hospitals because the care is free and there isn’t the hassle of having to register.

According to the report, there are still NHS spaces across the city and even though appointments cannot be made to visit the A&E dental department, it is possible to join a queue to access care.

Third of children in Birmingham have tooth decay

N ew figures that have recently been released reveal that a third of children under the age of five in Birmingham have either missing teeth or tooth decay.

Although Birmingham Community Healthcare Trust has been encouraging children to take better care of their teeth and gums by using giant toothbrushes, the statistics show that the amount of people visiting their dentist has dramatically decreased.

It was reported that health experts have attributed the high rates of decay and obesity to poor diets that are full of sugar and fatty foods.

Quoted in the news release, Jasmin Frater, a postnatal coordinator for the under-fives programme, said that oral health care should start from a very early age and parents need to take responsibility for their children’s oral health.

NHS in your pocket

N HS Direct has launched a free mobile app so people can access its trusted and reliable health advice conveniently from wherever they are.

The app, which has made the top spot of the free iPhone apps, was launched this week, means that people with an iPhone or Android smartphone can assess advice directly from the NHS on their own or someone else’s symptoms; they can do this by answering a number of clinically designed questions.

The app is also linked to NHS Direct’s telephone service and, if a further assessment is recommended, users will be able to submit their contact details so that an NHS Direct nurse advisor can call them back. Patients will be able to review and amend their answers at any point and expand information on specific symptoms should they need additional help identifying them.

The app includes a list of 57 symptoms, including dental pain, diarrhoea and vomiting, abdominal pain, rashes, back pain and burns and then explains clearly what the user needs to do. It’s design is clear and concise, minus any medical jargon, and uses daily scenarios to aid any advice that is given.

Patients can also get advice about how to relieve symptoms associated with specific conditions such as flu and hay fever. There's also the opportunity to get more specialist advice on issues such as mental health, contraception, sexual health matters and pregnancy problems.

The app is available to download free of charge for Android™ devices from the Android™ market: https://market.android.com/ and for the iPhone® (including the iPod Touch® and iPad®, applications) through the app store. The health and symptoms checkers that are available through the app are also available online at www.nhs.uk/nhsdirect.

Additionally, NHS Direct's online initial assessment symptom checker is now available on web-enabled mobile phones by typing 'mobile.nhsdirect.nhs.uk' into the phone web-browser.

People who would prefer to speak to someone, have not got internet access or think a further discussion about their symptoms is needed can still call NHS Direct on 0845 46 47 any time day or night.

The development of innovative digital services is a strong focus for NHS Direct's five year business plan. Giving patients remote and virtual options to empower them and encourage self-service is identified as crucial to its ambitions to provide a more valued service to patients and to support the wider NHS.

The new findings could be a great help for those suffering with dry mouth, two most common symptoms (dry eyes and a dry mouth), could be of benefit to the scientific discovery.
convenient & professional

CORE CPD
Convenient Professional Development

for all your Core Subject needs visit www.corecpd.com

Email info@smile-on.com or call 020 7400 8989
**Changes welcomed**

The British Dental Practice Managers’ Association welcomes new president, Jill Taylor, to the helm.

The 54-year-old practice manager from Kilwinning, Ayrshire, Scotland was voted in by members at the BDPMAs AGM at the BDA’s Dental Conference and Exhibition in Manchester on Saturday May 21.

Jill, practice manager at Botanics Dental Care in Glasgow, said she is delighted with her prestigious role within the BDPMAs, which provides support, expert advice and information to practice managers and administrators.

“It is an honour to become president of the BDPMAs and I am very much looking forward to my two years in office. There are some exciting changes taking place within the organisation, which will be revealed in more detail at the BDTA Showcase in October.”

Jill started her career as a dental nurse in 1994 and joined the BDPMAs in late 2008, where she became a regional co-ordinator within a year. Hannah Hume, a practice manager in London, has become vice president.

The BDPMAs was formed in 1995 and now has more than 800 members. Furthermore, members have agreed to a change of name for the Association and as has been posted on both Twitter and Facebook, BDPMAs is going to be renamed The Association of Dental Administrators and Managers, or ADAM for short.

A spokesperson for the BDPMAs said that the change of name will take effect in October with an official launch to the profession at Dental Showcase in October when there will be a press briefing to tell everyone all about it.

**Tobacco Amnesty**

A Tobacco Amnesty which has been supported by TV doctor Hilary Jones has seen hundreds of smokers ditch their old cigarettes in favour of healthier E-Lites electronic cigarettes.

According to reports, the pioneering initiative took place on World No Tobacco Day. By binning their old cigarettes in exchange for one of E-Lites' revolutionary new disposable electronic cigarettes, the event gave commuters at Liverpool Street Station in London an opportunity to try smoking without tobacco or tar.

The report stated that E-Lites replicate a smoking experience, by not only being a realistic-looking device, but by turning a pure nicotine solution into a vapour that is inhaled like a cigarette.

E-Lites director Adrian Everett was quoted as saying: “The response on the day was astounding and far beyond our best expectations. People were fascinated to find that there’s now a credible alternative to real cigarettes that is healthier, cheaper and unrestricted for use in public places. The interest in our Tobacco Amnesty proves beyond doubt that smokers who are struggling to stop, or simply don’t want to quit, are open to new ideas, and just as VHS videocassettes have been overtaken by DVDs and digital downloads, we believe E-Lites will render cigarettes out-dated before too long.”

**I am Tubulite Barbie**

Dentists across the country were called to use their creativity in a competition designed to show off the power of social media.

Dhru Shah, dentist and founder of website dentinal tubules and Mark Oborn, consultant in online and social media marketing, came up with an idea to run a competition for dental professionals to take pictures of the website’s #iamatubulite badge in weird and wonderful places.

The prize was a free place on Mark’s next Social Media Kick-start course, worth £250.

Mark commented: “I set up the competition #tubulite badge to find the best, most fun, most exotic, most daring and most creative photo people could take of their badges.”

We had many entries including Darsh Vadera wearing a badge and photos of the badge on the moon (thank goodness for Photoshop huh?), but the final winner was chosen for sheer entertainment and creativity.

And the winner was Rachel Welsh, a trainee dental nurse. Her photo (left/right/delete as appropriate) saw toy icon Barbie getting involved in the tubulite trend.

For more information go to www.dentinaltubules.com

**Islanders lose their dentist**

People across the islands have begun receiving letters informing them they are being deregistered by their practices in Lerwick, which Mr Owen is required to do before retiring on 2nd September.

The business, which is contracted to the NHS and run from a dental surgery in St Olaf Street leased from NHS Shetland, has not been brought by a new buyer.

For the moment, patients seeking emergency treatment are advised to contact the Montfield clinic or NHS 24.
In order to address the need for dental instruments in developing countries, the BDTA is pleased to announce that the instrument amnesty will be returning to Showcase 2011. The BDTA is linking up with Dentaid, the dental charity striving to improve the oral health of disadvantaged communities around the world, to encourage the dental team to donate their unwanted hand instruments at this year’s exhibition.

There is a severe shortage of dentists in developing countries and the ones that are working are drastically under-resourced. The level of care they are qualified to offer is significantly higher than their equipment allows; no light, no drill, no suction, difficult working conditions and very importantly, only a limited range of instruments.

Recipient dentists are always delighted with the equipment provided but some have been known to literally weep with joy when they have opened the box of instruments provided with the surgery, highlighting just how important these hand tools really are for day-to-day dental care.

Andy Jong, Dentaid’s CEO said: “Since developing the portable dental chair and portable instrument kit, Dentaid has experienced a big surge in orders from charitable projects and hospitals with community oral health programmes. This year’s instrument amnesty is a great way for the dental team to help us meet the demand and reach many more remote places with improved oral health care.”

It is likely that there is a huge selection of instruments sitting in the bottom of cupboards in dental practices across the country not being used. The highly successful instrument amnesty last took place at Showcase in 2005 where over 10,000 instruments were collected. It returns to this year’s event as a way to once again replenish the diminishing stocks and enable Dentaid to continue its important work.

Bring your instruments with you to BDTA Dental Showcase 2011 and please ensure your instruments have been properly sterilised and then donate, along with details of your practice, to the Dentaid stand during the exhibition.

BDTA Dental Showcase 2011 takes place between 20-22 October 2011 at the NEC, Birmingham. To secure your free of charge entry to the show, reserve your ticket at www.dentalshowcase.com. For further information on Dentaid, visit www.dentaid.org.
A new report has revealed that 60 per cent of European doctors are using Wikipedia for their work. 500 GPs across Europe were interviewed for the report, which examined how regularly doctors accessed the internet for both professional and personal reasons. According to one report, the statistic jumps to 69% when analysing the number of European GPs using social media sites for professional use outside of just Wikipedia (including Facebook, LinkedIn, YouTube, Twitter).

On the site, the online encyclopaedia, confirms that: “Wikipedia is written collaboratively by largely anonymous internet volunteers who write without pay. Anyone with internet access can write and make changes to Wikipedia articles... users can contribute anonymously, under a pseudonym, or with their real identity, if they choose.”

“The issue that needs debate here is whether this is a surprise to patients and doctors alike, as it is clearly a forum that GPs do refer to,” said Damian Eade, Director at Insight Research Group, who spearheaded the research. “The report is certainly not saying Wikipedia, and other social platforms, are not exceptional fonts of knowledge for the public.

But should it be a sensible and reliable place for medical professionals to turn to?” Surprisingly the report also highlighted that throughout Europe the social web wasn’t only used by young doctors: the report revealed that around 75 per cent of doctors in the 51-60 age groups had stated that they regularly used Wikipedia for professional use.

The report also suggests that the internet is fast becoming a regular part of a patient’s visiting to their doctor. Half of the doctors interviewed stated that they recommend specific websites for patients to visit following their consultations; a further 87 per cent were known to have advised certain sites for patients with regards to seeking background and educational information on their condition; 70 per cent searched the internet for additional support and advice and 69 per cent used the web for more information regarding treatment and medication.

One report suggested that the report has reinforces the view that we have entered the era of the ‘ePatient’ - where the web has become a trusted tool for not only daily tasks, but also health-related matters. However, as Damian Eade stressed: “Whether it’s researching illnesses, sharing experiences, making recommendations or providing moral support for other patients around the world, the social web has reinvented health advice, and we need to make sure the right advice is on hand for people.”

WYTEN Technology gets new management team

This week heralds a new senior management team at Wyten Technology as the company begins selling products direct to dental care professionals in the UK as well as expanding its business into USA.

Benjamin Mak is promoted to chief executive officer. His responsibilities will include overseeing the continuing growth in the UK market and expansion plans in the new global markets. Previously chief operations officer at Wyten Technology, Benjamin has been with the company since its inception. Previously holding senior managerial positions in industries as diverse as engineering, logistics and wholesale supply, Benjamin brings a wealth of experience and skills to the company. Benjamin has been thoroughly instrumental in the establishment of Wyten Technology as a leading, innovative supplier of dental products.

Lisa Roche assumes the role of international sales and marketing manager at Wyten Technology where she will be responsible for developing a direct sales structure for the product range. Lisa holds more than 30 years’ experience in the dental industry working with market leaders including Discus Dental and Nobel Biocare.

Melonie Prebble becomes international clinical development manager at Wyten Technology where her role will encompass clinical advisory and practical training, key customer support and team development. Boasting 20 years’ experience in the dental industry, Melonie is a renowned national speaker in the field of comprehensive care, dental hygiene and team building and a regular contributor to eminent dental journals. She previously chaired the British Dental Hygiene Association London region.

Occlusion & Splints in Every Day Practice

1 day seminar with Dr. Ian Buckle (BDS)

Glasgow | Milton Keynes | Bristol | London | £150+VAT (£180 inc.VAT) | 6hrs CPD

You will learn simple solutions for:
> TMJ Problems
> Bruxism and clenching
> Muscle pain and headaches
> Dealing with the worn dentition
> Avoiding repeated restorative failures
> Managing sensitivity

Special offer for attendees £50 off your first split made by Castle Ceramics

Ian Buckle (BDS)
Director, Dawson Academy UK

Ian qualified from Liverpool University in 1985. He has over 20 years experience in the Private sector and National Health Service. Ian is the first International Member of the Teaching Faculty at the Dawson Academy for Advanced Dental Education in St. Petersburg, Florida and has achieved Masters Level in Aesthetic dentistry with the Rosenthal Institute based at New York University. A member of the AACD, RACD, BDA and ADI he lectures nationally and internationally on functional and aesthetic dentistry.

For more information or to book a place please email us on sal@bdseminars.com or contact us on 0151 342 0410
4mm at a time, all the time.

"Being able to cure up to 4mm is a great advantage of SDR™ and makes life easy and treatment quicker”.

Dr. C Slabbert

Since its launch, thousands of dentists throughout the UK have been enjoying using SDR as their regular posterior composite.

SDR is the 1st flowable composite base material that allows you to bulk-fill up to 4mm. With its excellent cavity adaptation and bulk-filling abilities, SDR saves time and reduces the risk of post-operative sensitivity.

If you haven’t yet experienced the revolutionary benefits of SDR, then contact us for a free sample and find out what all the fuss is about!

Go to dentsply.co.uk/sdr.aspx

From DENTSPLY... of course.
Since its formation in 1981, the AOG has grown to become one of the largest dental community groups in the UK.

AOG/Smile-on Clinical Innovations conference is being held between the 23rd and 25th of February 2012. Charity, fun and education are the themes of any AOG international tour.

Not for nothing is the organisation’s motto ‘towards the greater good!’ Naturally, a large number of the AOG’s members wish to ‘give something back’ and perform good works with the destitute of the third world, which many of them have a strong connection to either through being born there or having relatives there.

cases of dental problems, in addition to oral cancers or cleft palates, and carrying out cosmetic work such as prosthetic rhinoplasties are just some of the procedures carried out by volunteers, whose assistance can save lives in many cases.

As well as delivering vital and sometimes life-saving oral care to people unfortunate enough to have no other access to dental professionals, this worthy venture is also valuable experience for some of the AOG’s younger members who want to gain a familiarity of operating in a remote area of the world where access to dentistry can be limited.

Next year’s project, in February, is linked with the CIC international conference in Capetown and the long standing association in Musoma, Tanzania. Members and friends depart during Easter mid-term for Kilimanjaro to open a new facility for disabled people in Musoma which is just 50 miles from the Serengeti Safari park.

Those on a shorter vacation return to UK whilst the rest amble through South Africa, tasting the splendid New World wines and ending in Capetown where the AOG/Smile-on Clinical Innovations conference is being held between the 23rd and 25th of February 2012. Charity, fun and education are the themes of any AOG international tour.

Not for nothing is the organisation’s motto ‘towards the greater good!’ Naturally, a large number of the AOG’s members wish to ‘give something back’ and perform good works with the destitute of the third world, which many of them have a strong connection to either through being born there or having relatives there.

A similar charitable spirit is embodied in the AOG’s social events, the proceeds from all of which go to worthy causes. Over £90,000 was raised in one campaign that also kick started the Chitrakoot project, whilst over £100,000 was raised in one night after the Japanese tsunami earlier this year. The dental trade also enthusiastically supports the AOG, due to its members having

Since its formation in 1981, the AOG has grown to become one of the largest dental community groups in the UK. As well as its aforementioned charity projects, the AOG has alliances with other bodies in Britain and abroad that allow it to provide financial and educational help and guidance to its members; this comes in the shape of a free newsletter and a variety of discounts on educational courses and dental materials and consumables (primarily, a 16.5% reduction on products and services from the Dental Directory). The AOG will be ‘Dentalghar’s’ UK social networking hub.

To learn more about the AOG, or to join, go to www.aoguk.org

30 Years of Charity and Education

The AOG is Britain’s underdressed dental organisation. Its recent holding of a joint conference of formal lectures and workshops with the Faculty of General Dental Practice (UK) and the Indian Dental Association in Delhi in February 2011 demonstrated that the organisation’s Clinical Innovations conference in May, were visible indications of the high esteem in which it is held internationally. The activities of the group, however, are not restricted to weighty professional issues; its social events are also a chance for guests to meet friends old and new, and contribute to AOG’s charitable work.

A recent focus of the philanthropic aspect of the AOG is its support of the Chitrakoot Project charity, named after the region in central India where the Project gives primary dental care to children and the poorest families in around 500 villages across the area. Treating over 40,000 cases of dental problems, in addition to oral cancers or cleft palates, and carrying out cosmetic work such as prosthetic rhinoplasties are just some of the procedures carried out by volunteers, whose assistance can save lives in many cases.

As well as delivering vital and sometimes life-saving oral care to people unfortunate enough to have no other access to dental professionals, this worthy venture is also valuable experience for some of the AOG’s younger members who want to gain a familiarity of operating in a remote area of the world where access to dentistry can be limited.

Next year’s project, in February, is linked with the CIC international conference in Capetown and the long standing association in Musoma, Tanzania. Members and friends depart during Easter mid-term for Kilimanjaro to open a new facility for disabled people in Musoma which is just 50 miles from the Serengeti Safari park.

Those on a shorter vacation return to UK whilst the rest amble through South Africa, tasting the splendid New World wines and ending in Capetown where the AOG/Smile-on Clinical Innovations conference is being held between the 23rd and 25th of February 2012. Charity, fun and education are the themes of any AOG international tour.

Not for nothing is the organisation’s motto ‘towards the greater good!’ Naturally, a large number of the AOG’s members wish to ‘give something back’ and perform good works with the destitute of the third world, which many of them have a strong connection to either through being born there or having relatives there.

A similar charitable spirit is embodied in the AOG’s social events, the proceeds from all of which go to worthy causes. Over £90,000 was raised in one campaign that also kick started the Chitrakoot project, whilst over £100,000 was raised in one night after the Japanese tsunami earlier this year. The dental trade also enthusiastically supports the AOG, due to its members having

Since its formation in 1981, the AOG has grown to become one of the largest dental community groups in the UK. As well as its aforementioned charity projects, the AOG has alliances with other bodies in Britain and abroad that allow it to provide financial and educational help and guidance to its members; this comes in the shape of a free newsletter and a variety of discounts on educational courses and dental materials and consumables (primarily, a 16.5% reduction on products and services from the Dental Directory). The AOG will be ‘Dentalghar’s’ UK social networking hub.

To learn more about the AOG, or to join, go to www.aoguk.org
Gone FISH-ing
Elaine Halley catches up on another month as MSc student

Following another catch-up stint of 5am starts I am bang up to date with my lectures again and trying to get the next assessment in on time. The lectures in this Unit 5 Complex Treatment have so far been of a very high standard. The Unit is led by Eddie Scher, who obviously has a vast experience in teaching general practitioners of different levels of experience, and his style is well suited to our varied group of students.

There have been some interesting new additions to the technology: We now have ‘poll questions’ where the lectures can ask a general question of the audience, which pops up on the screen and we are asked to give a response anonymously and in real time. This gives the lecturer real-time feedback from his audience. It seems as though one of the toughest things about delivering a webinar lecture is that you have no easy connection with the people you are speaking to.

The downside of the poll questions is that for these lectures which were announced at short notice, there were only ever eight or nine live attendees (of which two or three are usually the lecturer and smile-on support!) and so only a handful were answering the questions.

My guess is also that sometimes a student can log onto the lecture and then be distracted by home life (or even a patient) and so they are shown as an attendee but are not actually watching. I was watching them all back recorded and I must admit it was a further encouragement to watch them live if possible to be able to share in the interactivity. To Smile-on’s credit, we now have the dates for lectures going into July and so diary organisation should be much easier.

The fast lane
So, what have I learnt so far and who have I listened to? We had a very interesting and fast-paced lecture on assessing the complexity of a case including risk assessment by Maria Retepi. This was based around the ITI SAC Classification of risk. This was followed by the Biological oral medicine with the very clear message to investigate any single lesion of unexplained origin which is present for more than three weeks. We have also had an update on medical emergencies, but I couldn’t get it to play back (I know I said I was up to date but I am technically if I can’t watch it! It has, of course, been fixed so 5am beckens next week, sometime!) We’ve had patient communication including consent and treatment planning letters and Eddie gave us another evidence packed lecture on the philosophy of dealing with complex cases and the consequences of managing them appropriately.

The assignments have taken a new twist too – apparently named FISH as an acronym of Eddie and Fiona Clark – maybe I’ve spelt that wrong? Oh, it must be Fiona and SCler – I think? Anyway, these are interactive treatment planning cases where

Considerations of Tooth Loss by Cemal Ucer from the University of Salford. This, again, was packed full of information and with my newly motivated scientific hat on, I was desperately scribbling down references left, right and centre. My Endnote software is bulging at the seams – as are my pdf folders with the reading articles!

One technical hitch I had with this lecture was that in the recording the slides were slightly ahead of the narrative – I’m not sure if this was due to my slow speed connection on the farm in the hills, or some technical gremlin. The speaker did keep me amused by typing comments in the chat bar without seeming to lose a beat of his serious lecture style, and because of my delay the comments appeared first and then a few minutes later he was furiously typing. Well, it’s the small things that keep me amused...

Professor Crispian Scully gave us a sobering update on we are supplied lots of clinical information including x-rays and photographs and we have to answer specific essay questions based around our treatment plan and supplying evidence for our suggestions. I am finding the supplying of evidence is becoming much more of a habit now – I can happily lose hours on PubMed searches and reading literature and often have to force myself to get down to the business of answering the question – and I had better get back to this now as it is 10 per cent of the marks for this unit – every little percentage counts in my philosophy!
Simple and reliable unit with generous specification, made in USA.

- reliable, pneumatic unit based on DC parts (USA)
- piezo scaler and fibre optic handpiece outlet included
- services hidden in the chair’s base
- wide range of optional equipment
- continental, international and cart systems available
- modular build (spittoon, delivery system, light) with various mounting options (chair, wall, cabinet)
- only 8% VAT - buy directly from the manufacturer

Contact us for a free, on-site quotation, surgery plan and advice!

MIDI PRO - PROMOTIONAL UPGRADES

Upgrade to LED operating light with motion sensor - for only £399
- extra-bright 45,000 lux for surgical procedures
- three light intensity settings
- natural, day-light temperature 6,520°K
- three axis head movement
- fan-less, noise-less
- long life LEDs (50,000 hours)

ELECTRIC MICROMOTOR
NSK NLX Plus LED (endo)
- auto-stop, auto-reverse, extra bright LED 32,000 lux, ultra-compact construction, brushless, only 31 mm long, weight 72 g, speed 105-40,000 rpm, powerful 3.456 mN torque, complete set for integration

LCD CONTROL PANEL
NSK MULTI PAD
- for NSK NLX Plus: select speed, rotation, gear, light intensity, light on/off, factory & user programs, for NSK Varios 170 LED: power level, endo / perio / normal mode

OPTIC PIEZO SCALER
NSK VARIOS 170 LED
- double LED illumination, thin, light handpiece, powerful oscillation, endo / perio / normal mode, wide selection of tips for all applications, self-diagnosis

NSK NLX Plus LED + Multipad + Varios 170 LED
£1,990

Doubtful disputa-
tions

Ray Goodman discusses how to deal with business disagreements

D

utists who jointly own or manage a dental prac-
tice with the intention of returning a profit have effectively formed a business partnership, in exactly the same way as trad-
ers in any other sphere of com-
mercial activity. However, un-
like most entrepreneurs in other areas, many dental practitioners work together on something of an ad hoc basis, without hav-
ing a legally binding partnership agreement in place. Experience has shown that allowing this kind of relationship to develop, per-
haps almost unnoticed between friends or colleagues can lead to problems in the future.

De facto, legally recognised business partnerships can occur by default even without signed agreements, and dentists need to be wary of inadvertently forming associations with can be so inter-
preted, as potential disputes may be difficult to resolve and provoke rancour, expense and stress even when there has been initial good-
will on both sides.

A detailed partnership

Dentists are notoriously busy, and usually preoccupied with treating patients, clinical paperwork or PCT red tape, and specific busi-
ness arrangements with work colleagues are easily, and all too often, taken for granted. This laissez faire approach, however comfor-
table at the time, is fraught with risk; a brief time-out to draw up a detailed partnership document will make no difference to day-to-day relationships but may save possibly endless, and always costly, disputes from arising in the future if circumstances or at-
titudes change.

Partnerships which have evolved as a result of informal professional association and without a formal legal agreement are covered by the Partnership Act of 1890, which necessarily is concerned only with broad generalisations and fundamental principles.

Typical omissions, for exam-
ple, are dealing with the removal of a partner whose behaviour has become unacceptable, or the detailed resolution of particular disputes. Since the modest oper-
andi of every dental practice is different, the Partnership Act is inevitably an inappropriate, blunt instrument when applied to the individual needs of discrete den-
tal partnerships.

However amicable the found-
ning arrangement of partners has been between business associates, the unforeseen accidents of life can all too often intervene to provoke disharmony or unexpected con-
flits of interest.

Complications

The early retirement of a partner through ill health, or an untimely death, are common instances which introduce partnership complications in the absence of a comprehensive agreement drawn up by a legal professional.

In the event of a dispute in ei-
ther of these situations, when no alternative detailed agreement exists the Partnership Act declares that dissolving the partnership is the only course.

In the case of a disputed den-
tal partnership, the practice’s premises, assets and equipment would have to be sold and the business terminated, with all the additional complications for the remaining partner(s) of dealing with staff redundancies and compensation payments, can-
celling contracts and assuming responsibility for any liabilities such as debts or overdrafts. The business’s tax position could also be compromised, and even if the practice was salvageable much good-
will would have been lost.

Partnership Act

Specific to dentistry are NHS Primary Care Trust (PCT) con-
tracts, which may stipulate that should a contracted partner leave or leave the practice during the contract period, then the contract is automatically terminated. This contract proviso is also included in the Partnership Act. Whilst it is possible to prevent this happening, the procedure is costly and time consuming, and without a legally binding agreement in place a dissolved partner is powerless placed to cause disruption by simply issu-
ing a notice of dissolution. It is also worth noting, from another perspective, that in the present economic climate PCTs are seizing every opportunity to re-
negotiate dental contracts in their own interest.

If a partner should decide to leave the practice before reaching retirement age, through ill health, changed family circumstances or for career ambitions for example, a partnership agreement should cover the division, entitlement and responsibility of each indi-
vidual’s contribution of capital assets, debts, other liabil-
ties and payment of any tax out-
standing. Such an agreement will also include directions on how to deal with a partner who is under performing, and the procedure for expanding the partnership.

Business Security

Nothing delivers greater peace of mind than certainty. A properly constituted partnership agree-
ment is the strongest guarantee of business security, as it un-
equivocally sets out the rights, obligations and responsibilities of each partner in the event of a disagreement or an unexpected shift in the status quo. The mere existence of the agreement is a powerful disincentive for ab-
errant conduct, and it offers an ever ready reference to resolve a dispute should it ever be required.

However harmoniously col-
leagues normally work together, inevitably over time there may be occasions when disagree-
ments occur and unforeseen events arise. A partnership agree-
ment provides a means of posi-
tive, impartial resolution when such disputes do arise, and is especially valuable at times of major upheaval, such as a death, retirement or a change of busi-
ness focus.

The advantages of having such an agreement in place can-
not be overstated, as those who have suffered the expensive con-
sequences of disputes within less formal business associations will quickly testify. A specialist dental law firm, such as Goodman Le-
gal, will have the industry knowl-
dge to draft an agreement which precisely suits your own prac-
tice’s circumstances.
Income Protection – Is your cover appropriate for your needs?

Dino Charalambous discusses things when looking at income protection

Income protection provides you and your dependents with protection should serious illness or incapacity affect your ability to work and cause you financial hardship. It provides you with a regular tax free income. Income protection can cover employed or self employed dentists. The market has a variety of income protection policies for dentists, all with their own criteria, features and incentives. Some of the important options to consider when looking for a policy are:

1 Do I need it?
If your answer is no or maybe, then you need to ask yourself some further questions:
- If you fell ill, will you still receive a percentage of your income indefinitely?
- If not, and you are a part of a couple, could you pay the bills and live off your partner’s income indefinitely?
- If not or you are single, do you have savings you could live off indefinitely?

2 Amount
Most providers will only insure you for a percentage of your income; typically 50 to 60 per cent of your income. So, for example, if your net income is £100,000 per annum, you would be covered for £60,000 or £5,000 per month. The insurer may also have a maximum amount that may be insured per month, so even if £5,000 per month is the 60 per cent limit, they may have a limit of £4,000 on their criteria.

3 Pay-out amount
The amount the policy would payout depends on the type of cover you have selected or been recommended. You can either get a fixed payout, so if for example you insure yourself for £2,000 per month it will pay-out £2,000 per month until you are able to return to work. Other
policies would payout £2,000 per month for the first six months, then drop to 50 per cent of the insured amount, i.e. £1,000 per month, after a further six months it will then drop to 50 per cent of the insured amount, i.e. £600 per month. This is an important factor to consider when reviewing an Income Protection policy.

Will £600 per month be sufficient to cover your outgoings should you have a long-term illness?

4 **Term of cover**
The insurer will also have a maximum age at which they will insure you to, typically 55 or 60. Obviously the longer the cover, the higher the premium.

5 **Cost**
The cost of a policy can vary hugely; the cost is based on your gender, occupation, general state of health, age, whether you are a smoker and level of cover required.

6 **Fixed or reviewable premiums**
The monthly premium for the policy can either be fixed, which means that the premium will be fixed for the term of the policy or reviewable premiums which would be reviewed every few years to ensure that the premiums are market related. Reviewable premiums tend to be cheaper, however they may be increased in the future.

7 **Occupation definition**
It is very important to ensure that your income protection policy has an ‘own occupation’ definition. This will insure that should you be unable to work as a dentist due to accident or illness, it will pay out. There are other policies which will not pay-out if you can do a ‘suited occupation’. For example if you can’t work as dentist but as a nurse, then it won’t pay out as you can do a ‘suited occupation’. The other definition is ‘activities of daily living’ this means that if you can do three out of five daily activities then they won’t pay out either. The daily activities would be disclosed in their policy schedule.

8 **Deferred period**
A deferred period on an Income Protection policy would pay-out the benefit after a deferred period as chosen by you when you set up a policy. These can be from 0 weeks to 24 weeks; a typical deferred period is three months. A deferred period could also coin...

**Biologic Solutions**

BioHorizons comprehensive Biologic product portfolio offers a wide range of evidence-based regeneration options to ensure ideal site development. Delivering optimal aesthetics and successful implant placement is the goal of our proven hard and soft tissue products.

- **AlloDerm®** – regenerative tissue matrix for use as an effective alternative to palatal tissue for soft tissue augmentation*

- **MinerOss™** – blend of mineralized allograft cancellous and cortical chips that provide an osteoconductive scaffold for bone regeneration

- **Mem-Lok™** – resorbable collagen membrane that is cell occlusive and slowly resorbing to promote clot maintenance and bone formation


MinerOss manufactured by Osteotech. Mem-Lok manufactured by Collagen Matrix, Inc. AlloDerm manufactured by LifeCell.

For more information, contact BioHorizons

Customer Care: 01344 752560
Email: info@biohorizons.com
Visit us online at www.biohorizons.com
One recommendation.
A lifetime of oral health.

Recommend
Oral-B® Triumph® 5000 with SmartGuide™
Featuring innovative technology specially designed to
- Reduce brushing pressure*
  - NEW Pressure Indicator Handle Light
  - SmartGuide™ Pressure Icon
- Motivate longer and more thorough brushing*
  - NEW Audible Quadrant Timer
  - NEW Star Reward System

Please visit oralb.com for more information.

*vs a regular manual toothbrush.
There are income protection policies attached to it. The idea is that the investment portion will grow and provide a lump sum payment at the end of the term of the policy. These policies may be slightly more expensive than a standard income protection policy, due to the investment portion incorporated into the policy. In 2012 the Financial Services Authority (FSA) may be changing the rules on these types of policy arrangements, i.e. protection and investment, insurers may have to drop the investment portion of these policies; further guidance is still being sort from the FSA. In addition, should you cancel this type of policy you may forfeit some of the gains on the investment. It is best to get guidance from an IFA before cancelling any of these policies.

**What’s missing?**

Three global titles from the Dental Tribune International portfolio are coming to the UK. Published quarterly, each of these glossy, clinically-focused titles aims to bring you the latest developments in the fields of implantology, endodontics and cosmetic dentistry in a clear, easy to read format.

**Cosmetic Dentistry**

You got the look... cosmetic dentistry - beauty & science presents the most significant international developments in the world of cosmetic andrestorative dentistry. With an editorial mix of speciality articles, clinical studies, case reports, industry reports, reviews, news, and lifestyle articles, cosmetic dentistry leads the way.

**Implants**

Fill the gaps... implants, the international magazine of oral implantology, delivers the latest thinking in this fast-moving area of the dental profession. User-oriented case studies, scientific reports, meetings, news and reports, as well as summarised product information, make up an informative read.

**Roots**

Down your canal... roots is the place to keep up with the latest developments in the endodontics arena. A combination of comment, studies, case reports, industry news, reviews, and news, those professionals with an interest in endodontics will find Roots invaluable.

---

**Labour market statistics – September 2010 (as at February 2010)**

- More than 2.6 million people are claiming benefits from the State due to incapacity.
- Labour market statistics September 2010 (as at February 2010)
- More than 2.2 million people in the UK have been off work due to long term sickness.

---

**Tax implications**

The amount paid out by the insurer will normally be paid tax free, in line with current legislation.

**Amount of times you can claim**

With most income protection policies there are no limits to the amount of times you can claim on the policy.

**income protection when taking out a bank loan**

When taking out a new bank loan for practice purchase, some banks will insist on having Income Protection as a condition of their loan. Whether the banks require a policy or not, it is still good advice to have one in place to cover you in the event of accident or illness.

---

**The idea is that the investment portion will grow and provide a lump sum payment at the end of the term of the policy.**

---

**Dino Charalambous** works for Frank Taylor and Associates and has been a Mortgage and Protection Broker for more than seven years and provides a personalised service for his clients in mortgages, life insurance, critical illness cover, income protection and general insurance. Where possible, he likes to provide face to face interviews so as to gain a full understanding of his clients’ requirements. Dino will take charge of your application and chase it to the end so that there is less hassle for the client. This also ensures his clients have the appropriate cover for their needs. The dental sector is his main focus as he has worked with many dentists over the past seven years and has an insight into the sector as most of his friends are dentists!

Dino’s contact details are 08456 123 456 or 07939 457589 or email: dino.charalambous@ft-associates.com

---

**Money Matters**

For more information or to subscribe please call Joe Aspis on 020 7400 8969 or email joe@dentaltribuneuk.com
Jo Banks discusses the pitfalls of recruitment and employment law - and how to avoid them to attract and retain the best people for your practice

For many practice principles the words 'employment law' is enough to make their blood run cold. It's a complex and often frustrating area, but there are many things you can do to ensure that you avoid any pitfalls. The following information has been designed to help you through every stage of the employment process, including how to advertise for and appoint the best possible candidates for your practice.

Getting the advert right
When a position becomes available, the first thing you need to do is advertise for a new member of staff - and often very quickly. This is easier said than done, as getting your advert wrong can be a costly exercise when paying for placement in local newspapers.

Therefore, it's worth spending some time putting together a sheet of criteria for the role. What skills and attributes do you consider a necessity and which would be more of an added bonus? Some practices consider qualifications and experience the most important factor, as training takes time and money. Others hold customer care and loyalty in higher regard as the rest can often be learned on the job.

Deciding what is right for you and your practice is important, as your criteria can then be put across in the job advert to reduce the risk of unsuitable candidates. It can also be a useful reference point when looking at CVs and later during the interview process.

It's worth bearing in mind that your advert actually forms the basis of a job agreement, so making sure it is accurate and not misleading is essential. For example, if you advertise a role at £15k per annum and then only offer the candidates the right calibre of candidate, or you could simply say 'competitive salary'.

Interviewing skills
On a scale of 1-10, most interviewers only rate around 3½ for the job and this is usually because they're not asking the right questions. Asking questions which only require a 'yes' or 'no' answer are not going to give you much insight into a candidate's experience or skills. Asking 'textbook' questions, similarly, will only result in getting textbook answers and will not tell you much.

Asking for an example of when they used a particular skill relevant to the role is a better way of finding more information and can also uncover if they've been 'exaggerating' their experience on their CV. It's estimated that around 80-85 per cent of people lie to some extent on their CV. This may sound shocking, but more worrying is the fact that around 60 per cent of people continue to lie in their interviews, so it's important not to take them at their word.

Now, I'm not saying that all your candidates are lying to you, but if computer skills are a necessary requirement of the role, don't be afraid to set a basic clinical task during the interview stages. If they're going to be in a clinical role, don't be afraid to ask them clinical questions or to perform a basic clinical task. You could even ask them to take part in a trial day, to give you a better idea of how well they gel with the team and deal with patients. However, it's important to avoid questions which can get you in trouble legally. Asking about a candidate's marital status, whether they have children, their religion or sexual orientation is a strictly no-go area. So too is asking about their sickness absence in a previous role.

It's worth bearing in mind that your advert actually forms the basis of a job agreement, so making sure it is accurate and not misleading is essential.

£12k, this could be seen as false advertising and candidates could raise a grievance. Therefore, it's a good idea to put a salary range in place instead of this will usually attract the right calibre of candidate, or you could simply say 'competitive salary'.

References
According to the October 2010 Equality Act, all references should provide factual, provable information only.

"Would you like a new relationship? One you can rely on".

Dental Air has one of the best customer service reputations in the dental industry and with our fast call out times, it is no surprise that we are the leading supplier of oil-free compressed air packages.
person’s employer has a duty of care, not only to the employee, but to the potential new employer. Therefore, you should not give any opinion about an employee’s performance or level of skill—even if it’s all positive.

Unfortunately, this does not really help you when trying to appoint your own team members, but it’s important to be seen to treat all your employees the same and to be fair to all parties at all times. Usually a reference will consist of confirmation of the employee’s dates of employment and their job title only.

Redundancies and dismissals
Redundancies are sometimes a necessary course of action when workload has diminished significantly. However, you need to have evidence to show that this is the case. You cannot, therefore, make a team member redundant if you’re not happy with their work. It’s also worth bearing in mind that, in redundancy cases, if an employee has been with you for more than two years, they are entitled to compensation.

If you are dismissing a member of staff you need to ensure that you have documented evidence of fair process. If you have given the employee fair warning and the opportunity to rectify the problem, you can then undergo a consultation with them to explain why you are planning to let them go and your reasoning behind the decision.

There should then be a short period of no more than 48 hours before another meeting is held. This is to hear the employee’s thoughts and any ideas or suggestions they have and they are entitled to bring a representative to this meeting such as a work colleague or trade-union representative. It’s a good idea to give any ideas some serious consideration, but you are not obligated to take them up. If, after this meeting, you decide to let the employee go, you can hold a dismissal meeting to formally give notice. The employee then has the right to appeal to bodies such as the Defence Union, but this does not happen in the vast majority of cases.

You’re not alone
Hopefully the information above has given you some useful ideas and guidance. Recruitment and employment law is a complex topic, but please don’t feel like you are alone. You can not only get valuable advice from bodies such as www.direct.gov.uk, but some payment plan specialists also offer training courses on the topic. These can not only provide helpful information, tailored to your specific needs, but can also offer verifiable CPD, so why not check them out? So, please don’t feel overwhelmed and there is also no reason not to make recruitment and employment law work for you.

About the author
Jo Banks is Denplan’s Sales Trainer Manager, highly experienced in working with dental practice teams to ensure they feel confident in their ability to communicate with their patients and offer them best options for their oral health.

---

The New ‘LowCost’
In-surgery Power gel & Home Carbamide

Call for our latest offers: 01227 780009 www.quickwhite.info info@quicklase.com

QuickWhite™
The Pioneers of Teeth Whitening

30%
22%
16%
10%

Time to change to ‘LowCost’ Carbamide.
Increase your profits to beat the recession.

Redundancies are sometimes a necessary course of action when workload has diminished significantly. However, you need to have evidence to show that this is the case. You cannot, therefore, make a team member redundant if you’re not happy with their work. It’s also worth bearing in mind that, in redundancy cases, if an employee has been with you for more than two years, they are entitled to compensation.

If you are dismissing a member of staff you need to ensure that you have documented evidence of fair process. If you have given the employee fair warning and the opportunity to rectify the problem, you can then undergo a consultation with them to explain why you are planning to let them go and your reasoning behind the decision.

There should then be a short period of no more than 48 hours before another meeting is held. This is to hear the employee’s thoughts and any ideas or suggestions they have and they are entitled to bring a representative to this meeting such as a work colleague or trade-union representative. It’s a good idea to give any ideas some serious consideration, but you are not obligated to take them up. If, after this meeting, you decide to let the employee go, you can hold a dismissal meeting to formally give notice. The employee then has the right to appeal to bodies such as the Defence Union, but this does not happen in the vast majority of cases.

You’re not alone
Hopefully the information above has given you some useful ideas and guidance. Recruitment and employment law is a complex topic, but please don’t feel like you are alone. You can not only get valuable advice from bodies such as www.direct.gov.uk, but some payment plan specialists also offer training courses on the topic. These can not only provide helpful information, tailored to your specific needs, but can also offer verifiable CPD, so why not check them out? So, please don’t feel overwhelmed and there is also no reason not to make recruitment and employment law work for you.

About the author
Jo Banks is Denplan’s Sales Trainer Manager, highly experienced in working with dental practice teams to ensure they feel confident in their ability to communicate with their patients and offer them best options for their oral health.

---

The New ‘LowCost’
In-surgery Power gel & Home Carbamide

Call for our latest offers: 01227 780009 www.quickwhite.info info@quicklase.com

QuickWhite™
The Pioneers of Teeth Whitening

30%
22%
16%
10%

Time to change to ‘LowCost’ Carbamide.
Increase your profits to beat the recession.

Redundancies and dismissals
Redundancies are sometimes a necessary course of action when workload has diminished significantly. However, you need to have evidence to show that this is the case. You cannot, therefore, make a team member redundant if you’re not happy with their work. It’s also worth bearing in mind that, in redundancy cases, if an employee has been with you for more than two years, they are entitled to compensation.

If you are dismissing a member of staff you need to ensure that you have documented evidence of fair process. If you have given the employee fair warning and the opportunity to rectify the problem, you can then undergo a consultation with them to explain why you are planning to let them go and your reasoning behind the decision.

There should then be a short period of no more than 48 hours before another meeting is held. This is to hear the employee’s thoughts and any ideas or suggestions they have and they are entitled to bring a representative to this meeting such as a work colleague or trade-union representative. It’s a good idea to give any ideas some serious consideration, but you are not obligated to take them up. If, after this meeting, you decide to let the employee go, you can hold a dismissal meeting to formally give notice. The employee then has the right to appeal to bodies such as the Defence Union, but this does not happen in the vast majority of cases.

You’re not alone
Hopefully the information above has given you some useful ideas and guidance. Recruitment and employment law is a complex topic, but please don’t feel like you are alone. You can not only get valuable advice from bodies such as www.direct.gov.uk, but some payment plan specialists also offer training courses on the topic. These can not only provide helpful information, tailored to your specific needs, but can also offer verifiable CPD, so why not check them out? So, please don’t feel overwhelmed and there is also no reason not to make recruitment and employment law work for you.

About the author
Jo Banks is Denplan’s Sales Trainer Manager, highly experienced in working with dental practice teams to ensure they feel confident in their ability to communicate with their patients and offer them best options for their oral health.

---

The New ‘LowCost’
In-surgery Power gel & Home Carbamide

Call for our latest offers: 01227 780009 www.quickwhite.info info@quicklase.com

QuickWhite™
The Pioneers of Teeth Whitening

30%
22%
16%
10%
Retail is detail
Jonathon Fine discusses the finer features of your dental practice

Attention to detail can turn an average dental practice into an outstanding dental practice from the patients’ perspective.

Ask any retailer from ASDA to Agent Provocateur and they will confirm that one of the principal key drivers in retailing success is getting the detail correct. From the opening hour’s signage to credit card processing, from the team’s uniform to the vernacular sales assistants use when speaking to customers: it all conspires to generate a successful purchase.

As customers, we are continually collecting and simultaneously evaluating information. We are searching for clues that either reinforce our buying motivation or, just as critically, reduce it. Curiously, we often experience a huge sigh of relief when we discover that the retailer is not living up to our perceived understanding of their proposition. The sense of relief is driven by the fact we can stop processing the vast amount of multi-level information (sight, sound or scent) we are being hit with and simply accept the fact that this particular retailer is not right for us. We are quite pleased to move on.

How many times have you been motivated by a real need, marketing, or simply opportunity and entered a new retail environment with an expectation that has been shattered in a matter of seconds by a dirty or foul smelling environment, slovenly staff, poor lighting, or perhaps vast amounts of threatening signage? These are the obvious conditioners to our perception of the retailer and will have a massive impact on buyer behaviour. However, in all honesty, these types of problems belong to a retailing world of the 1970’s and thankfully these types of conditioners would be most unusual to come across today. The conditioners that affect buyer behaviour today tend to be subtler.

Typical Conditioners
- The location of the unit: next door to an Indian takeaway as opposed to next door to Boots
- Signage and packaging: how well does the signage communicate the retailer’s core proposition to its target customers? Do customers understand what is being sold?
- The welcome: how easy is it to find the entrance and how welcoming is it? What are you presented with first in terms of smell? Many supermarkets pump a chemical into their air management system that makes the air smell of baking bread, which research tells us makes us hungry (hungry shoppers buy more) or the universal fact that every supermarket’s first aisle is fresh fruit and vegetables, designed to communicate a halo of goodness and freshness over the entire 65,000 different products that are sold in a typical large supermarket.
- What can you hear? Have you ever sat in a hotel dining room and listened to some screeching female vocalist belt out a love song in an extreme American accent whilst you are trying to eat breakfast? It’s incongruous, but worse it really spoils breakfast. Or how about PA systems operators in regional retailing is detail
Jonathon Fine discusses the finer features of your dental practice

Attention to detail can turn an average dental practice into an outstanding dental practice from the patients’ perspective.

Ask any retailer from ASDA to Agent Provocateur and they will confirm that one of the principal key drivers in retailing success is getting the detail correct. From the opening hour’s signage to credit card processing, from the team’s uniform to the vernacular sales assistants use when speaking to customers: it all conspires to generate a successful purchase.

As customers, we are continually collecting and simultaneously evaluating information. We are searching for clues that either reinforce our buying motivation or, just as critically, reduce it. Curiously, we often experience a huge sigh of relief when we discover that the retailer is not living up to our perceived understanding of their proposition. The sense of relief is driven by the fact we can stop processing the vast amount of multi-level information (sight, sound or scent) we are being hit with and simply accept the fact that this particular retailer is not right for us. We are quite pleased to move on.

How many times have you been motivated by a real need, marketing, or simply opportunity and entered a new retail environment with an expectation that has been shattered in a matter of seconds by a dirty or foul smelling environment, slovenly staff, poor lighting, or perhaps vast amounts of threatening signage? These are the obvious conditioners to our perception of the retailer and will have a massive impact on buyer behaviour. However, in all honesty, these types of problems belong to a retailing world of the 1970’s and thankfully these types of conditioners would be most unusual to come across today. The conditioners that affect buyer behaviour today tend to be subtler.

Typical Conditioners
- The location of the unit: next door to an Indian takeaway as opposed to next door to Boots
- Signage and packaging: how well does the signage communicate the retailer’s core proposition to its target customers? Do customers understand what is being sold?
- The welcome: how easy is it to find the entrance and how welcoming is it? What are you presented with first in terms of smell? Many supermarkets pump a chemical into their air management system that makes the air smell of baking bread, which research tells us makes us hungry (hungry shoppers buy more) or the universal fact that every supermarket’s first aisle is fresh fruit and vegetables, designed to communicate a halo of goodness and freshness over the entire 65,000 different products that are sold in a typical large supermarket.
- What can you hear? Have you ever sat in a hotel dining room and listened to some screeching female vocalist belt out a love song in an extreme American accent whilst you are trying to eat breakfast? It’s incongruous, but worse it really spoils breakfast. Or how about PA systems operators in regional
Are dentists indeed retail-savvy? Is it important? The accepted view is that UK dentists are becoming very retail-savvy. There are countless examples of the so-called ‘dental spa’ with very un-dental type names being over represented in certain segments of the dental market. Make no mistake, dentists are and will become skilled retailers, however the detail point goes way beyond the ‘packaging’ of the practice.

Take 10 minutes out to try this little 10-point test: Put yourself in a prospective new patient’s shoes, visiting your practice for the first time:

2. Does the signage communicate the type of dentistry you provide? eg pain free, no needles or cosmetic, etc. Does it say new patients are welcome? Does it tell you the opening hours and does it tell you where to park?
3. On entering what can I hear? As a new patient I am naturally stretching to see if I can hear the dreaded drill. Instead, I hear a soundtrack from some birds tweeting gently in the background, along with some running water.
4. How do the people who work in the practice look? Could it be a tanning parlour, a Toni & Guy or an NHS waiting room? Not uniformed or uniformed, or maybe in scrubs? What is your overall conclusion of the team: frumpy, happy, young, senior, mainly female, gentle, professional, sloppy, dim, exciting...?
5. Does the receptionist step out from behind the counter to welcome the new patient or does she simply look up and say: “Hello, where did you park? Please fill your registration number in here” (which is what my expensive dentist’s receptionist always does).
6. How are the toilets? Check them out at about 4.30pm, you might be shocked. Dirty toilets translate as dirty dentist, transmitting disease.
7. What is the range of magazines and how thumbed are they? People are perpetually thinking about cross-infection.
8. How is the clinical team addressed by staff? Is it Dr Brown or Gordon? Both could be correct depending on your practice’s positioning, but that is not always the reason first names are used. The captain of a BA 747 is always referred to as ‘captain’ by cabin crew, as it is critical his leadership is never compromised through familiarity.
9. What items are sold to me in a passive way through point of sale devices as I am waiting in a passive way through point of sale devices? I am waiting to see my dentist?
10. What happens when the treatment session is over? How is payment handled? Do I feel like the value has been reinforced so I leave contented?

The new EMS Swiss Instruments Surgery stand for unequaled Swiss precision and innovation for the benefit of dental practitioners and patients alike – the very philosophy embraced by EMS.

EMS SWISSQUALITY.COM

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.

“I FEEL GOOD”

For more information > www.ems-swissquality.com

About the author

Jonathan Fine is Director of Marketing at EMS Swiss Instruments and has built a strong reputation as a strategic marketing expert through many years of high-level achievement.

For more information, contact Breathe Business on 0845 299 7209 or email info@breathebusiness.co.uk

www.jonathanfine.co.uk

Money Matters
The ultimate goal - clean canals

Michael Sultan discusses the challenges of getting root canals clean

Nowadays dentists have such a wide range of exciting gadgetry at their disposal to help prepare root canals quickly and easily that sometimes the biological focus of treatment is somehow overlooked.

Of course, the latest NiTi systems can certainly help improve efficiency in the surgery, but they don’t necessarily help us achieve our ultimate goal - clean root canals. Even if the post-treatment radiograph does reveal a beautiful shape, without fully disinfected canals, the treatment will fail.

When we look closely at the complex structure of the canal systems in cleared teeth it is immediately evident that it is impossible that our files can even come close to cleaning the intricate shapes. It doesn’t matter which NiTi system we use or how cleverly we can manipulate a rigid stainless steel file - we are just deluding ourselves. For this reason, irrigants are the weapon of choice for eliminating bacteria that are harboured in the intricate channels of the root canal systems. The irrigants work in inflamed teeth by dissolving the organic pulp tissue and in infected teeth by killing and removing bacteria. This is further enhanced by opening up tubules and removing the smear layer using chelating agents. The files are merely making space for our irrigants to get in.

The importance of a rubber dam cannot be overestimated. The rubber dam is a brilliant tool to prevent the inhalation of files, protect the airways and maintain a clean, dry area in which to treat the patient. It is also vital for medico-legal reasons and moreover ensures that the irrigants stay in the tooth and are not swallowed. If a rubber dam is not being used the only thing the tooth is being irrigated with is probably saliva. Some studies have shown that the success rate of teeth treated under rubber dam is double those that are poorly isolated. Sodium hypochlorite is the irrigant of choice for disinfesting root canals. The solution works by dissolving pulp tissue, killing the bacteria and flushing debris away to prevent canals from becoming blocked during instrumentation. This, in turn, helps prevent ledging and other procedural errors so that the canals can be thoroughly cleaned. Sodium hypochlorite also happens to be a very cheap solution. Also recommended is chlorhexidine solutions (two per cent): This, like sodium hypochlorite, is strongly anti-microbial but cannot dissolve pulpal tissue; it is also expensive.

The concentration of bleach that is used varies from country to country.

‘Even if the post-treatment radiograph does reveal a beautiful shape, without fully disinfected canals, the treatment will fail’

A complete range of irrigants for root canal treatment

Gluco-Chex 2.0% Chlorhexidine digluconate 2% - antibacterial dental preparation for rinsing the root canals. It is more efficient than sodium hypochlorite in destroying such microorganisms as E. Faecalis which are often responsible for unsuccessful endodontic treatment.

Chlorax 2% or 5.25% (Sodium Hypochlorite) Chlorax dissolves organic matter. It has cleaning properties and has a bleaching effect on tooth and hard tissue.

Endo-Solution EDTA Endo-Solution is used during mechanical preparation of the root canals. The preparation supports widening and cleaning of the root canal, removes the smear layer and exposes the dentinal tubules.

Citric Acid 40% Citric Acid 40% removes the smear layer from the root canal walls, allowing precise penetration of root canal sealer.

Isopropyl Alcohol Reduces the surface tension enabling Sodium Hypochlorite to penetrate the tubules.

Nowadays dentists have such a wide range of exciting gadgetry at their disposal to help prepare root canals quickly and easily that sometimes the biological focus of treatment is somehow overlooked.

Of course, the latest NiTi systems can certainly help improve efficiency in the surgery, but they don’t necessarily help us achieve our ultimate goal - clean root canals. Even if the post-treatment radiograph does reveal a beautiful shape, without fully disinfected canals, the treatment will fail.

When we look closely at the complex structure of the canal systems in cleared teeth it is immediately evident that it is impossible that our files can even come close to cleaning the intricate shapes. It doesn’t matter which NiTi system we use or how cleverly we can manipulate a rigid stainless steel file - we are just deluding ourselves. For this reason, irrigants are the weapon of choice for eliminating bacteria that are harboured in the intricate channels of the root canal systems. The irrigants work in inflamed teeth by dissolving the organic pulp tissue and in infected teeth by killing and removing bacteria. This is further enhanced by opening up tubules and removing the smear layer using chelating agents. The files are merely making space for our irrigants to get in.

The importance of a rubber dam cannot be overestimated. The rubber dam is a brilliant tool to prevent the inhalation of files, protect the airways and maintain a clean, dry area in which to treat the patient. It is also vital for medico-legal reasons and moreover ensures that the irrigants stay in the tooth and are not swallowed. If a rubber dam is not being used the only thing the tooth is being irrigated with is probably saliva. Some studies have shown that the success rate of teeth treated under rubber dam is double those that are poorly isolated. Sodium hypochlorite is the irrigant of choice for disinfesting root canals. The solution works by dissolving pulp tissue, killing the bacteria and flushing debris away to prevent canals from becoming blocked during instrumentation. This, in turn, helps prevent ledging and other procedural errors so that the canals can be thoroughly cleaned. Sodium hypochlorite also happens to be a very cheap solution. Also recommended is chlorhexidine solutions (two per cent): This, like sodium hypochlorite, is strongly anti-microbial but cannot dissolve pulpal tissue; it is also expensive.

The concentration of bleach that is used varies from country to country.

‘Even if the post-treatment radiograph does reveal a beautiful shape, without fully disinfected canals, the treatment will fail’

A complete range of irrigants for root canal treatment

Gluco-Chex 2.0% Chlorhexidine digluconate 2% - antibacterial dental preparation for rinsing the root canals. It is more efficient than sodium hypochlorite in destroying such microorganisms as E. Faecalis which are often responsible for unsuccessful endodontic treatment.

Chlorax 2% or 5.25% (Sodium Hypochlorite) Chlorax dissolves organic matter. It has cleaning properties and has a bleaching effect on tooth and hard tissue.

Endo-Solution EDTA Endo-Solution is used during mechanical preparation of the root canals. The preparation supports widening and cleaning of the root canal, removes the smear layer and exposes the dentinal tubules.

Citric Acid 40% Citric Acid 40% removes the smear layer from the root canal walls, allowing precise penetration of root canal sealer.

Isopropyl Alcohol Reduces the surface tension enabling Sodium Hypochlorite to penetrate the tubules.

Nowadays dentists have such a wide range of exciting gadgetry at their disposal to help prepare root canals quickly and easily that sometimes the biological focus of treatment is somehow overlooked.

Of course, the latest NiTi systems can certainly help improve efficiency in the surgery, but they don’t necessarily help us achieve our ultimate goal - clean root canals. Even if the post-treatment radiograph does reveal a beautiful shape, without fully disinfected canals, the treatment will fail.

When we look closely at the complex structure of the canal systems in cleared teeth it is immediately evident that it is impossible that our files can even come close to cleaning the intricate shapes. It doesn’t matter which NiTi system we use or how cleverly we can manipulate a rigid stainless steel file - we are just deluding ourselves. For this reason, irrigants are the weapon of choice for eliminating bacteria that are harboured in the intricate channels of the root canal systems. The irrigants work in inflamed teeth by dissolving the organic pulp tissue and in infected teeth by killing and removing bacteria. This is further enhanced by opening up tubules and removing the smear layer using chelating agents. The files are merely making space for our irrigants to get in.

The importance of a rubber dam cannot be overestimated. The rubber dam is a brilliant tool to prevent the inhalation of files, protect the airways and maintain a clean, dry area in which to treat the patient. It is also vital for medico-legal reasons and moreover ensures that the irrigants stay in the tooth and are not swallowed. If a rubber dam is not being used the only thing the tooth is being irrigated with is probably saliva. Some studies have shown that the success rate of teeth treated under rubber dam is double those that are poorly isolated. Sodium hypochlorite is the irrigant of choice for disinfesting root canals. The solution works by dissolving pulp tissue, killing the bacteria and flushing debris away to prevent canals from becoming blocked during instrumentation. This, in turn, helps prevent ledging and other procedural errors so that the canals can be thoroughly cleaned. Sodium hypochlorite also happens to be a very cheap solution. Also recommended is chlorhexidine solutions (two per cent): This, like sodium hypochlorite, is strongly anti-microbial but cannot dissolve pulpal tissue; it is also expensive.

The concentration of bleach that is used varies from country to country.

‘Even if the post-treatment radiograph does reveal a beautiful shape, without fully disinfected canals, the treatment will fail’

A complete range of irrigants for root canal treatment

Gluco-Chex 2.0% Chlorhexidine digluconate 2% - antibacterial dental preparation for rinsing the root canals. It is more efficient than sodium hypochlorite in destroying such microorganisms as E. Faecalis which are often responsible for unsuccessful endodontic treatment.

Chlorax 2% or 5.25% (Sodium Hypochlorite) Chlorax dissolves organic matter. It has cleaning properties and has a bleaching effect on tooth and hard tissue.

Endo-Solution EDTA Endo-Solution is used during mechanical preparation of the root canals. The preparation supports widening and cleaning of the root canal, removes the smear layer and exposes the dentinal tubules.

Citric Acid 40% Citric Acid 40% removes the smear layer from the root canal walls, allowing precise penetration of root canal sealer.

Isopropyl Alcohol Reduces the surface tension enabling Sodium Hypochlorite to penetrate the tubules.
to country. In Scandinavia the issue of toxicity and possible problems with bleach have led practitioners to err on the side of caution and concentrations of 0.5-1 per cent are traditionally used. In the United States on the other hand, dentists tend to use concentrations of 5.25 per cent, arguing that this is the most effective solution and concentrations of 0.5-1 per cent are traditionally used. In the United Kingdom we generally use 2.5 per cent but can increase effectiveness by either heating it or using ultrasonics. The bleach can be warmed in a bottle warmer and its effect is further increased by constantly flushing the solution through the canals rather than just letting it sit passively in the canals.

Nickel Titanium instruments can lead us to falsely assume that we have fully prepared the canal. However, often the walls have not even been touched due to the files staying very centred. The speed at which the canal system is prepared also means that our irrigants may not have had sufficient time to be effective. The optimum soaking for this should be half an hour to ensure that the tissues are fully dissolved and the bacteria are killed - no matter how quickly the canals are prepared with the NiTi files. Recently a new file system has been launched - the SAF (self adjusting files). These are hollow files shaped as a thin metal lattice that are very flexible and prepare all the walls especially in very irregular shapes. Sodium hypochlorite is continuously pumped through the files as the walls are being prepared and the published data is very promising. The manufacturers recommend four minutes preparation per canal.

No matter which system is used it is important to remember that sodium hypochlorite is a very toxic fluid. If it is extruded out of a canal under pressure it can cause severe complications. There have been recent cases of severe bone necrosis and nerve damage but even small amounts can cause pain, bleeding and marked bruising.

If a hypochlorite accident occurs the patient will get sudden pain and bleed profusely. The best plan of action in this situation is to remain calm and if necessary top up the local anaesthetic. The canal should be rinsed out with saline and the contents aspirated to dilute the irritant. Antibiotics may be indicated as well as analgesics and ice packs for the bruising.

As previously mentioned, high concentrations of bleach are used to dissolve tissues. Obviously, the higher the strength of the bleach, the higher the danger it potentially poses to the patient. But for the bleach to be effective it needs to be placed within 2mm of the apex and so precautions have to be taken. I always inject bleach slowly, under low pressure, always ensuring that the needle is moving so that it doesn’t become jammed. I am always very cautious with short teeth and immature teeth with open apices and tend to place a rubber stop on the needle so that I always know where I am.

As is the case in all treatments, prevention is always better than cure. I advocate the use of sodium hypochlorite as the only effective way of disinfecting root canals, but it must be used with care and caution to avoid problems from occurring.

---

**NEW DIGIXPAD COMPACT DENTAL IMAGING AND DIAGNOSTIC SYSTEM**

DigixPad provides a the ideal solution for any practitioner wishing to upgrade to Digital X-ray Imaging without the need for costly and complex PC integration and networking.

- **High Definition**, crystal clear radiographs.
- **Instantaneous image generation**.
- **Rapid apex location during endo treatments**.
- **High resolution endoral sensors**.
- **Large 4.3" integrated touch screen**.
- **No need for specialist software**.
- **Permanent image storage via USB flash drive or SD card**.
- **WiFi or direct image transfer to PC**.

**Offer Price** £4495.00 (rrp £4995)

**FREE Visual Vi software included worth £750**

---

**DigixPad System**

For details and orders call

EschmannDirect on: 01903 875787
ic.sales@eschmann.co.uk | www.eschmanndirect.com

---

**About the author**

Dr Michael Sulkin BDS BDS MSc FICD is a specialist in Endodontics and the Clinical Director of EndoCare. Michael qualified at Bristol University in 1986. He worked as a general dental practitioner for 5 years before commencing specialist studies at Guy’s hospital, London. He completed his MSc at the University of London in 1993 and was awarded an in-house Endodontist in various practices before setting up in Harley St, London in 2000. He was admitted onto the specialist register in Endodontics in 1999 and has lectured extensively to postgraduate dental groups as well as lecturing on Endodontic courses at Eastman CPE, University of London. In 2009 he became clinical director of EndoCare - a group of specialist practices.

For further information please call EndoCare on 0844 893 2020 or visit www.endocare.co.uk
The unique Cleo II ‘Surgery System’ with folding and extending legrest permits multiple dental procedures in the most comfortable working conditions. Technically advanced, hygiene-conscious and very versatile to fulfil the expectations of the elite surgery. Aesthetically superior too, we think.
While the public and some scientists continue to claim that dental amalgam causes health problems, other scientists and the FDA concluded that clinical studies did not establish a causal link between dental amalgam and health problems. This case report will discuss the entrapment of amalgam particles.

Case report

Recently, a 50-year-old Caucasian male presented to the VA New Jersey Health Care System Dental Service at East Orange seeking dental care. The patient came to our facility exploring, among other things, the viability of a dental implant in the region of tooth #30.

The patient gave the following dental history. Approximately three years ago, his right mandibular third molar (#32) was scheduled for an amalgam-alloy core buildup following root canal therapy. A crown lengthening procedure using reflected, full-thickness buccal and lingual flaps was performed.

While the flaps were reflected, an alloy core buildup was performed. The foreign bodies visible in the radiographic images are most likely amalgam alloy particles that either became trapped in the apical portion of the flap or in the interstitial tissue.

Comprehensive oral and maxillofacial examination included an intraoral and extraoral exam, full-mouth periapical X-rays and a panoramic radiograph. Among other clinical findings, the panoramic radiographs revealed incidental foreign bodies, most likely amalgam, embedded in the soft and/or hard tissue of the oral cavity due to iatrogenic treatment (Fig. 1).

The patient consented to explore the feasibility of a dental implant in the region of tooth #50 and, at the same time, explore the region of #32 in order to determine the orientation and proximity of the foreign bodies to critical anatomical landmarks.

For that study, a cone-beam CT (CBCT) 3-D scan of his lower jaw was obtained utilizing an i-CAT® CBCT (Imaging Sciences International, Hatfield, PA). Inherent in the acquisition of the 3-D volume of information is the ability to explore the precise location of the foreign bodies.
Using CBCT to explore the amalgam pieces in the region of #32 revealed scattered pieces entrapped under the oral mucosa outside the alveolar cortical plates, both lingual and buccal to tooth #32. It was also noted that the crown-to-root ratio of tooth #32 was much compromised and the tooth should be considered for extraction.

By using the i-CAT 3-D CBCT, precise 3-D software was employed to visualize the bone in three dimensions from different viewing angles (Fig. 2). It was revealed that some of the amalgam foreign body fragments were resting on the buccal side of the jaw bone on the right side, while other foreign fragments rested on the lingual side of the jaw bone under the lingual undercut (Figs. 3a–c).

As no soft-tissue inflammation and/or bone remodeling has occurred, following a professional dialogue between the restoring dentist and the oral surgeon, the amalgam foreign body fragments incidentally observed in this case were left intact, posing no medical risk and/or interference in our proposed dental treatment plan for a dental implant in the region of tooth #30. Nevertheless, continuous follow-up was strongly recommended.

Conclusions
Fortunately, following careful assessment, our patient did not experience symptoms associated with the amalgam remnants embedded under the oral mucosa, as has been reported in some cases in the literature. This case also demonstrates that restorative procedures and simultaneous full-thickness flap elevation, especially those involving amalgam restorations, ought to be reconsidered.

When the patient was seen by the oral surgeon for extraction of the adjacent tooth #31, the surrounding areas were evaluated as well. The patient wished to leave #32 alone, despite recommendations for extraction, so no further actions were taken at the time with regard to exploration of amalgam foreign bodies because they were asymptomatic.

This report also attempted to provide justification for the use of CBCT scans in order to visualize abnormalities from a 3-D perspective, ultimately facilitating case management.

While outcome assessments in this area of dentistry are difficult, the authors believe that it is justified from a diagnostic perspective, and what’s more, with renewed interest in mercury toxicity from amalgam fillings, the use of a CBCT scan to visualize amalgam foreign bodies and possible bone remodeling may offer invaluable information regarding treatment protocols.

Authors
By Dov M. Almog, DMD;
Samuel Melcer, DMD;
Rachel Berley, DMD & Kenneth Cheng, DDS

References

Fig. 1

Fig. 2

Fig. 3

Fig. 4

Fig. 5

faster cycles
With Flash Steam Technology®

Optima: the ultimate vacuum autoclave - where cycle times are halved.

4 times the instrument processing power:
• Reduced waiting time
• Full colour display
• Free installation, commissioning & training of your staff
All this PLUS a full 2 year warranty.

Optima Autoclave

E: sales@prestigemedical.co.uk · www.prestigemedical.co.uk

See Optima at this year’s BDTA Dental Showcase

Optima Autoclave

Call Prestige Medical today and ask for more details.
Tel: 01254 844 103

Integrated decontamination solutions
Dr Dzulietta Kierkowa
of the Elektoralna Dental Clinic in Warsaw
has recently installed the NewTom 5G Cone Beam CT unit in
her practice. Here she tells us about the advantages of hav-
ing a high spec digital imaging system when performing dental
diagnostics.

As a practice we offer a very high standard of treatment. As
much of what we do is reliant on effective diagnostics, we were
concerned that our previous CBCT equipment was not liv-
ing up to our expectations, par-
ticularly with regards to its use
with implants and orthodontics. We had heard about the New-
Tom Cone Beam Scanner and
were told by colleagues that it is
one of the most advanced sys-
tems currently available on the
digital market. We had worked
with another system before this
but had been frequently forced
to refer patients to other prac-
tices because our equipment
did not have cephalometric ca-
pabilities. We went ahead with
the purchase of the NewTom
5G and we can now take superb
quality cephalometric images,
which have significantly im-
proved our diagnostic ability.

For us, the main benefit of
having state of the art equip-
ment in the practice has been
the improved diagnostic func-
tions. With such a good qual-
ity system in place (reputedly
one of the best on the market),
we can diagnose accurately,
quickly and efficiently, and
this has made our treatment
success rate better. With such
clear and concise images avail-
able to us we are able to work with practitioners in more specialist fields, such as orthopaedic and cosmetic surgeons, as well as laryngologists. We feel confident that we can really help our patients, whatever their problems, because we are able to get to the root, so to speak, of what’s troubling them. Those practitioners who do work with us are extremely impressed by our new technology and are pleased to be given the chance to conduct their research on top quality equipment.

When we purchased our CBCT equipment we were extremely satisfied with the service we received from NewTom, as it seemed that the company’s focus was very much on making sure our needs as customers were met. The firm sent out highly qualified technicians to install the system and all our staff were instructed in its use. The time they gave us proved invaluable as we got to grips with the operation of the equipment far faster than we would if we had been forced to wade through instruction manuals! In addition to this the support and aftercare offered by NewTom were first rate and we have every confidence that the helpline staff will answer any queries or problems we have with the equipment immediately and efficiently.

The positive feedback that we have received since installing the unit has definitely justified our purchase! The various specialists with whom we work are more than satisfied with the quality of the images we produce and thoroughly enjoy working with us. In addition to this our patients feel confident that we are doing our best for them by using such high tech equipment. I would absolutely recommend the NewTom CBCT unit to other dental practitioners as the range and quality of the images is outstanding and the flat panel sensor technology and low radiation dose make it ideal for the detailed, high resolution images demanded by first class dental diagnostics.

KaVo – Dental Excellence

KaVo, 100 Years Young!
www.100-years-kavo.com

ESTETICA E80
Rise above the rest with KaVo.

• Outstanding ergonomics and attractive, highly functional designs.
• Innovation at its best.
• State of the art technology reliability and functionality at amazingly low prices.

From as little as £286* per month excl VAT

*Finance is subject to status and for business purposes only.

Contact your local KaVo or Gendex supplier for more details!
Dental phobia is a common fear experienced by many patients and can lead to an increased perception of pain during treatment, which may make patients feel unprepared to continue their care. For this reason, it is crucial for dental professionals to provide effective measures to alleviate patient anxiety and ensure a successful outcome.

EndoCare, a leading provider of endodontic treatment, recognizes the importance of patient comfort and satisfaction. They offer a comprehensive range of endodontic services, including root canal therapy, endodontic retreatment, and endodontic surgery. Their team of highly trained and experienced endodontists uses the latest technology and techniques to provide painless and effective treatment.

To further enhance patient comfort, EndoCare offers a variety of sedation options, including conscious sedation, which allows patients to remain awake during treatment. They also provide a comfortable and relaxed environment to ensure that patients feel at ease.

In conclusion, EndoCare is committed to providing the highest standard of care and ensuring that every patient feels comfortable and at ease during their treatment. They strive to make endodontic treatment a positive experience, and they are dedicated to helping their patients achieve optimal oral health.

For more information about EndoCare, please visit www.endocare.co.uk or call 020 7224 0999.
Free CPD for the whole team with Oval-B

Oval-B is offering CPD in the form of the popular publication Dental Summary Review (DSR) and DSR/Tm Team was released at the end of May providing the Profession with hours of complimentary CPD. DSR is targeted at dentists, hygienists and therapists, whilst the DSR/Tm Team is, as its title suggests, aimed at all team members present at the practice. Both titles are published by Oval-B to provide the profession with a daily-updated news service of the day's top news and stimulating research that has recently been published.

The publication is edited by Dr Stephen Hancocks, OBE and is available to all practitioners. If you have not already received a copy contact shoes@dental.co.uk or visit www.oval-b.co.uk. DSR is just one means by which Oval-B support the Profession’s need for educational updates.

Readers enjoy the convenience of the publication, meaning they can study for CPD in their own time and at their own pace rather than travelling to a lecture, meeting or course. For those that do enjoy more interactive learning Oval-B runs a series of seminars throughout the year.

Please speak to your local representative to find out where the nearest one is in your area. If you don’t know who your representative is please call 0870 242 1909.

ORTHOPHOS XG: leading panoramic unit now offers the optimum view in 2D and 3D hybrid unit - the newest member of Strahs’ X-ray family - provides a complete 2D/3D solution. The X-gene hybrid considerably simplifies entry into DTV technology. With 3D panoramic imaging, which images the entire root zone at one time, the ORTHOPHOS XG 3D enables precise virtual extraction planning. In the root canal preparation in preparation for root canal treatment, the X-gene is particularly suited for use in endodontics or implantology procedures and facilitates a considerable time gain in trauma and the physiological stress. With ease of use and proven quality and workflow, this represents a perfect solution for general practitioners. Dentists who purchased an ORTHOPHOS XG3S or XG4S within the last two years can have the latest X-gene technology for free via a simple software upgrade. Both all-pain and young patients can have a smile, beautiful smile in less than four months, making orthodontics available to the most all-occasion patients. An ideal source of revenue for every dentist, Strahs’ X-gene orthodontic solution for your practice.

For clinical information please contact Dr Ross Hobson on 07701 246500 or email ross@oralx.co.uk

For information on administration please contact Dr Lester Ellman on 07973 875533 or email lester@oralx.co.uk. Web: www.oralx.co.uk

The Inman Aligner online course is a great way to learn about an important treatment modality. The Inman Aligner online course allows students to learn at their own pace and time that suits you and then re-play bits you may have missed out that require further clarification. The Inman Aligner online certification from Straight talk – offering top-terred dental professionals the perfect way to extend their skills and expand their practice.

For more information, or to book your place, please contact Caroline on 0207 5215599 (UK) or visit www.straighttalk-talks.com

Biomet 3i: Restoratives Key Person

Biomet 3i is at the forefront in developing, manufacturing and distributing oral reconstructive products; including dental implant systems. Since its first implant and bone tissue regenerative materials. Biomet 3i is at the forefront in development, the development of biologically driven implants, winning worldwide acclaim for the microstructured surface and super clinical success rates of the Osseotite implant.

Biomet 3i are proud to announce two new organisational changes for the UK & Ireland. Andy Smith has been promoted to Managing Director responsible for UK, Ireland and Benelux. For the last 18 months Andy has been responsible for managing the UK and Ireland operation and sales through a highly successful sales program. In that time the team’s performance has moved to even higher levels due to Andy’s entrepreneurial approach to new measures for success. Welcome to John Winder who has been appointed as Sales Manager for the UK & Ireland. John joined the Company at the end of 2010 as Head of Dental Digital and will now oversee the UK and Ireland operation and direction to the global Digital Dentistry strategy as well as achieving significant growth in the 3i business. Dental technician and laboratory owner, John has held highly successful sales management positions with competitive implant companies over the last 15 years and brings with him over 30 years of clinical experience.

For further information please contact Biomet 3i on 0800 652 1233.

SIRONA DAC UNIVERSAL – SUPERFAST and RELIABLE

The Sirona DAC Universal integrated instrument cleaner, sterilizer and automation unit is available in three separate models. Simply use the Sirona DAC Universal and you will find that it makes the process of a clean wash to remove biofilm, blood, saliva and other debris from instruments easier. Because it is a cinch to use, the process of a clean wash is sorted in minutes, you will find that the Sirona DAC Universal is highly obvious. The Sirona DAC Universal is also highly convenient, with space savings, a space saving feature and the space saving feature of the Space saving feature of the Space saving feature of the Space saving feature of the Space saving feature. It is even available with its own none or DSR (Team Issue) was released at the end of May providing the Profession with hours of complimentary CPD. DSR is targeted at dentists, hygienists and therapists, whilst the DSR/Tm Team is, as its title suggests, aimed at all team members present at the practice. Both titles are published by Oval-B to provide the profession with a daily-updated news service of the day’s top news and stimulating research that has recently been published.

The publication is edited by Dr Stephen Hancocks, OBE and is available to all practitioners. If you have not already received a copy contact shoes@dental.co.uk or visit www.oval-b.co.uk. DSR is just one means by which Oval-B support the Profession’s need for educational updates.

Readers enjoy the convenience of the publication, meaning they can study for CPD in their own time and at their own pace rather than travelling to a lecture, meeting or course. For those that do enjoy more interactive learning Oval-B runs a series of seminars throughout the year.

Please speak to your local representative to find out where the nearest one is in your area. If you don’t know who your representative is please call 0870 242 1909.

ORTHOPHOS XG: leading panoramic unit now offers the optimum view in 2D and 3D Hybrid unit - the newest member of Strahs’ X-ray family - provides a complete 2D/3D solution. The X-gene hybrid considerably simplifies entry into DTV technology. With 3D panoramic imaging, which images the entire root zone at one time, the ORTHOPHOS XG 3D enables precise virtual extraction planning. In the root canal preparation in preparation for root canal treatment, the X-gene is particularly suited for use in endodontics or implantology procedures and facilitates a considerable time gain in trauma and the physiological stress. With ease of use and proven quality and workflow, this represents a perfect solution for general practitioners. Dentists who purchased an ORTHOPHOS XG3S or XG4S within the last two years can have the latest X-gene technology for free via a simple software upgrade. Both all-pain and young patients can have a smile, beautiful smile in less than four months, making orthodontics available to the most all-occasion patients. An ideal source of revenue for every dentist, Strahs’ X-gene orthodontic solution for your practice.

For clinical information please contact Dr Ross Hobson on 07701 246500 or email ross@oralx.co.uk

For information on administration please contact Dr Lester Ellman on 07973 875533 or email lester@oralx.co.uk. Web: www.oralx.co.uk

The Inman Aligner online course is a great way to learn about an important treatment modality. The Inman Aligner online course allows students to learn at their own pace and time that suits you and then re-play bits you may have missed out that require further clarification. The Inman Aligner online certificate from Straight talk – offering top-terred dental professionals the perfect way to extend their skills and expand their practice.

For more information, or to book your place, please contact Caroline on 0207 5215599 (UK) or visit www.straighttalk-talks.com

Biomet 3i: Restoratives Key Person

Biomet 3i is at the forefront in developing, manufacturing and distributing oral reconstructive products; including dental implant systems. Since its first implant and bone tissue regenerative materials. Biomet 3i is at the forefront in development, the development of biologically driven implants, winning worldwide acclaim for the microstructured surface and super clinical success rates of the Osseotite implant.

Biomet 3i are proud to announce two new organisational changes for the UK & Ireland. Andy Smith has been promoted to Managing Director responsible for UK, Ireland and Benelux. For the last 18 months Andy has been responsible for managing the UK and Ireland operation and sales through a highly successful sales program. In that time the team’s performance has moved to even higher levels due to Andy’s entrepreneurial approach to new measures for success. Welcome to John Winder who has been appointed as Sales Manager for the UK & Ireland. John joined the Company at the end of 2010 as Head of Dental Digital and will now oversee the UK and Ireland operation and direction to the global Digital Dentistry strategy as well as achieving significant growth in the 3i business. Dental technician and laboratory owner, John has held highly successful sales management positions with competitive implant companies over the last 15 years and brings with him over 30 years of clinical experience.

For further information please contact Biomet 3i on 0800 652 1233.
**Racegel**

Racing ahead in Gingival Preparation

Racegel is a brand new gel specifically designed for gingival preparation procedures. It is easy to put in place, is not traumatic for the gingival tissues and eliminates the need for retraction cord.

Racegel opens the sulcus without applying any pressure, keeping the gingival passive and the cervical margins ideally exposed making it the ideal preparation for impression taking.

---

**No-nonsense approach to case acceptance**

Everyone talks about setting up 10 years ago. We enhanced case presentations and finally how to schedule the treatment coordinator into the practice appointment diary for maximum benefit.

Dr Dai Roberts-Harry said that: “Competition in the dental practice market is now more ferocious than ever. With the additional burden of the economic downturn it is vital to focus on customer care and support. Four of my staff have been through Lina’s excellent treatment coordinator programme which has worked wonders for my practice. They are now much more at ease dealing with patients and confident in handling tricky interpersonal situations particularly where finance is involved. This makes my life less stressful and enhances their role in the practice, making them feel an integrated part of the team. I thoroughly recommend this programme to all my dental colleagues.”

Delegates will be able to earn 10 hours of verifiable CPD over the two days of the workshop which are taking place in the autumn:

**Orthodontic practices:**
- September 1st and 2nd - Henley on Thames - Hotel Du Vin
- September 13th and 14th - Belfast - Stormont Hotel
- October 13th

**Dental practices:**
- October 14th and 15th - Henley on Thames - Hotel Du Vin
- October 15th and 14th - Belfast - 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 Dynamic Perceptions can be contacted on 01296 748692 or craven@dynamic-fx-life.co.uk

---

**Dentists in the know use Racegel**

For more information please contact your dental retailer

[www.septodont.co.uk](http://www.septodont.co.uk)
Dental Practice Finance

Are you buying a practice?
We can help with:
- Up to 100% finance
- The most competitive interest rates
- Presenting your finance application
- Profit and loss projections
- Advice on practice suitability

Whether you are buying an NHS, Mixed or Private practice, PFM can help you raise the required finance. We also help associates buying a share in their existing practice.

PFM have many years experience of helping dentists to purchase a practice. We are fully independent and have a reputation for integrity and professionalism.

Visit www.pfmdental.co.uk for details of our regular practice purchase seminars.

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

Dental Chairs

Autoclaves

Suction Pumps

X-Ray Units

Classified 31


SPECIAL OFFER - SPRING 2011

DENTAL CHAIRS AUTOMATS SUCTION PUMPS X-RAY UNITS

WARRANTIES MUSHER DENTAL CO. COMPRESSORS SURGERY PLANNING

Midi Pro range of units

£7,990

Simple and reliable unit with generous specification, made in USA.
- reliable, pneumatic unit based on DCI parts (USA)
- piezo scaler and fibre optic handpiece outlet included
- services hidden in the chair's base
- wide range of optional equipment
- continental, international and cart systems available
- modular build (spittoon, delivery system, light)
- only 8% VAT - buy directly from the manufacturer

Contact us for a free, on-site quotation, surgery plan and advice!

MIDI PRO - PROMOTIONAL UPGRADES

Upgrade to LED operating light with motion sensor - for only £399
- extra-bright 4,500 lux
- for surgical procedures
- three light intensity settings
- natural, day-light temperature 6,250º K
- three axis head movement
- fan-less, noise-less
- long-life LEDs (50,000 hours)

ELECTRIC MICROMOTOR

NSK NLX Plus LED (endo)
- auto-stop, auto-reverse
- ultra-compact construction, brushless, only 51mm long, weight 72g
- speed 100,000-40,000 rpm
- powerful 3.4Ncm torque
- complete set for integration

LCD CONTROL PANEL NSK MULTI PAD

for NSK/ALX Plus: select speed, rotation, gear, light intensity, light on/off, factory & user programs
for NSK Varios 170 LED: power level, endo / peri / normal mode

OPTIC PIEZO SCALER

NSK VARIOS 170 LED
- double-LED illumination, thin, light handpiece, powerful oscillation, endo / peri / normal mode
- wide selection of tips for all applications
- self-diagnostics

NSK NLX Plus LED + Multipad + Varios 170 LED

£1,990

£2,330

Are You Making These Retirement Planning Mistakes?

Making mistakes with your retirement planning could cost you tens of thousands of pounds, especially when you may not know about any mistakes until it’s too late.

*Essential reading for all dentists* Chris Barrow

This free guide reveals how to plan for your retirement as mistake free as possible.

Just call the 24 Hour PRE-RECORDED LINE today and we’ll send you a free copy of ‘How to Avoid The 7 Most Common Retirement Planning Mistakes’.

Rutherford Wilkens Ltd is authorised and regulated by the Financial Services Authority

21-23 Bromley Way Breaks Business Park Newcastle upon Tyne NE13 6DS

0845 653 1020

Rutherford Wilkens Ltd is authorised and regulated by the Financial Services Authority

WWW.PROFI-DENTAL.CO.UK

27 Woodcock Close
Birmingham, B31 5EH
mobile 0793175357
voicemail 08450044388
fax 08719442257
email office@profi-dental.co.uk

1996 - 2011

A-Team Health Recruitment - Dental Division

A-Team’s specialise and guarantee 100% of all recruitment in a dental sector.
A-Team offers you solutions to all fundraising issues.
We currently have over 200 Dentists with GDC registration
A further 100 experienced Dentists in the GDC registration process.
Clinical and language screening centres throughout Europe

Our service is completely confidential and we aim to make the whole process as trouble free as possible.

www.ateamhr.co.uk, info@teammhr.com

+44 121 694 7015

A-Team Health Recruitment - Dental Division

WWW.PROFI-DENTAL.CO.UK

27 Woodcock Close
Birmingham, B31 5EH
mobile 0793175357
voicemail 08450044388
fax 08719442257
e-mail office@profi-dental.co.uk

1996 - 2011

A-Team Health Recruitment - Dental Division

A-Team’s specialise and guarantee 100% of all recruitment in a dental sector.
A-Team offers you solutions to all fundraising issues.
We currently have over 200 Dentists with GDC registration
A further 100 experienced Dentists in the GDC registration process.
Clinical and language screening centres throughout Europe

Our service is completely confidential and we aim to make the whole process as trouble free as possible.

www.ateamhr.co.uk, info@teammhr.com

+44 121 694 7015

A-Team Health Recruitment - Dental Division

SPECIAL OFFER - SPRING 2011

DENTAL CHAIRS AUTOMATS SUCTION PUMPS X-RAY UNITS

WARRANTIES MUSHER DENTAL CO. COMPRESSORS SURGERY PLANNING

Midi Pro range of units

£7,990

Simple and reliable unit with generous specification, made in USA.
- reliable, pneumatic unit based on DCI parts (USA)
- piezo scaler and fibre optic handpiece outlet included
- services hidden in the chair's base
- wide range of optional equipment
- continental, international and cart systems available
- modular build (spittoon, delivery system, light)
- only 8% VAT - buy directly from the manufacturer

Contact us for a free, on-site quotation, surgery plan and advice!

MIDI PRO - PROMOTIONAL UPGRADES

Upgrade to LED operating light with motion sensor - for only £399
- extra-bright 4,500 lux
- for surgical procedures
- three light intensity settings
- natural, day-light temperature 6,250º K
- three axis head movement
- fan-less, noise-less
- long-life LEDs (50,000 hours)

ELECTRIC MICROMOTOR

NSK NLX Plus LED (endo)
- auto-stop, auto-reverse
- ultra-compact construction, brushless, only 51mm long, weight 72g
- speed 100,000-40,000 rpm
- powerful 3.4Ncm torque
- complete set for integration

LCD CONTROL PANEL NSK MULTI PAD

for NSK/ALX Plus: select speed, rotation, gear, light intensity, light on/off, factory & user programs
for NSK Varios 170 LED: power level, endo / peri / normal mode

OPTIC PIEZO SCALER

NSK VARIOS 170 LED
- double-LED illumination, thin, light handpiece, powerful oscillation, endo / peri / normal mode
- wide selection of tips for all applications
- self-diagnostics

NSK NLX Plus LED + Multipad + Varios 170 LED

£1,990

£2,330

Are You Making These Retirement Planning Mistakes?

Making mistakes with your retirement planning could cost you tens of thousands of pounds, especially when you may not know about any mistakes until it’s too late.

*Essential reading for all dentists* Chris Barrow

This free guide reveals how to plan for your retirement as mistake free as possible.

Just call the 24 Hour PRE-RECORDED LINE today and we’ll send you a free copy of ‘How to Avoid The 7 Most Common Retirement Planning Mistakes’.

Rutherford Wilkens Ltd is authorised and regulated by the Financial Services Authority

21-23 Bromley Way Breaks Business Park Newcastle upon Tyne NE13 6DS

0845 653 1020

Rutherford Wilkens Ltd is authorised and regulated by the Financial Services Authority

WWW.PROFI-DENTAL.CO.UK

27 Woodcock Close
Birmingham, B31 5EH
mobile 0793175357
voicemail 08450044388
fax 08719442257
e-mail office@profi-dental.co.uk

1996 - 2011

A-Team Health Recruitment - Dental Division

A-Team’s specialise and guarantee 100% of all recruitment in a dental sector.
A-Team offers you solutions to all fundraising issues.
We currently have over 200 Dentists with GDC registration
A further 100 experienced Dentists in the GDC registration process.
Clinical and language screening centres throughout Europe

Our service is completely confidential and we aim to make the whole process as trouble free as possible.

www.ateamhr.co.uk, info@teammhr.com

+44 121 694 7015

A-Team Health Recruitment - Dental Division
STERITRAK - tracks your instruments through the sterilisation process

Track your trays of instruments through the cleaning and sterilisation process so that you can prove compliance with CQC outcome 8.

Easy to learn straight out of the box with minimal set up, Steritrak provides immediate access to reports showing the cleaning and sterilisation history of each tray of instruments as well as the tray history for each machine in the practice.

With R4 you will also be able to record which trays of instruments have been used on each patient for each appointment, even if multiple trays were used. Standard reports within R4 will show which patients a specific tray has been used on within a specified period of time, as well as the tray history for a specific patient.

Steritrak is another solution from Carestream which helps you achieve full CQC compliance and gets rid of the need for multiple paper log books and the pressures of ensuring information is updated regularly and kept secure.