Ups and downs of NHS Dentistry 2010/11

New reporting gives clarity to NHS dentistry usage

The NHS Dental Statistics for England: 2010/11 has recently been released by the NHS Information Centre.

This year the paper has progressed into a comprehensive report bringing together a range of information, such as the number of dentists working for the NHS, the amount of treatments that are carried out and the number of patients that are seen by an NHS dentist. One interesting fact showed that 45.5 per cent of NHS dentists are female.

There was however a key finding to the report, which revealed that the number of fluoride treatments had substantially increased since 2009/10 for both adults and children; 9.1 per cent of all child treatments included a fluoride varnish, while 1.2 per cent of all adult treatments included a fluoride varnish.

The figures also revealed that since 2006 an extra one million patients have been seen by an NHS dentist, putting the final figure for the two-year period, ending in June 2011, at more than 29 million. Alongside these figures, the past 24 months, around 56.3 per cent of the population have received dental care. Even though these figures are promising, the report also revealed that over the same period 26,000 fewer children had seen an NHS dentist.

Commenting on this figure, Chief Executive of the British Dental Health Foundation, Dr Nigel Carter said: “It is disappointing to see the number of children visiting an NHS dentist has failed to grow over the past five years. Children should be attending the dentist as soon as possible in order for them to develop good oral health habits which they can carry through to adulthood.

The report also highlighted the 2.2 million cases of complex treatment, such as bridgework and dentures, which were carried out in 2010/11.

The report stated that 1.2 million of these complex cases had been carried out on non-paying patients; however, it was also clarified that out of the 59.2 million course of dental treatment in 2010/11, only 9.0 million were carried out on non-paying adults.

According to NHS Dental Statistics for England: 2010/11, one reason for this may be a lower standard of dental health among non-paying adults.

Dr Carter said: “Although the figure still equates to more than every other person in England having access to an NHS dentist, it is the view of the Foundation that more needs to be done to break down the barriers for everyone. With rising household budgets it is important that people don’t view their dental health as a luxury - it is one you most certainly cannot afford to take for granted.”

John Milne, Chair of the British Dental Association’s General Dental Practice Committee, said: “The increasing number of patients who can access care is good news for those that it benefits, although the regional variations in the proportions of the population accessing care, and fact that the percentage of children doing so remains below the March 2006 baseline, serve as reminders that there is no room for complacency about the overall improvement.”

“New dental contract and commissioning arrangements for England are now being developed that should benefit dentists and their patients by creating a more prevention-oriented, quality-focused approach. Plotting for these arrangements is now beginning and it will be important that the Government maintains a constructive dialogue with profession as they are taken forward.”
King’s College London appoints new dental Dean

Dr Dianne Rekow, Senior Vice Provost of Engineering and Technology at New York University (NYU) and Provost of Polytechnic Institute of NYU, has been appointed as the next Dean of the Dental Institute at King’s College London.

She will succeed Professor Nairn Wilson, who is due to retire at the end of this year, and will take up the position from 1 January 2012.

Dr Rekow is president of the International Association for Dental Research (IADR) and is an internationally known authority on the performance of new materials and products for use in aesthetic and restorative dentistry. Dr Rekow’s team has also carried out research into the use of bioengineered tissue to facilitate the growth of replacement bone in people who have been disfigured by disease.

Principal of King’s, Professor Sir Rick Trauner, said: “Dr Rekow is an internationally renowned, highly regarded expert in her field, with a substantive experience of successful academic leadership in dentistry and beyond. I am delighted to welcome her to King’s Dental Institute as it enters the next phase of development as a world class dental clinical academic centre. “With her unparalleled knowledge and expertise, Dr Rekow will help drive the Dental Institute forward to realise its full potential across the spectrum of innovative clinical practice, learning and teaching and ground-breaking oral and dental research. “This year the Dental Institute was ranked first in position in two of the UK’s higher education league tables - The Guardian and The Complete University Guide. I would like to pay tribute to Professor Nairn Wilson’s role in achieving this during his many years of dedicated service to King’s, and under whose leadership and vision the Dental Institute has gone from strength to strength.”

Commenting on her appointment, Dr Rekow said: “King’s well-earned outstanding reputation is an incredibly valuable asset for a new dean, creating an exceptionally strong base from which to mitigate emerging challenges and realise future opportunities. I look forward to working with the staff and students in the Dental Institute, the College, the associated Trusts, and the dental profession as the Institute continues its evolution to increasingly greater distinction.”

Could future cavities be prevented?

A recent study by the University of Illinois has confirmed that the bacteria associated with early childhood caries (ECC) has been found in infant saliva.

The study, led by researcher Kelly Swanson, focused on infants before their first teeth were formed; most studies in this sector focus on children already at nursery or primary school.

“We now recognise that the ‘window of infectivity,’ which was thought to occur between 10 and 55 days after birth, is much more diverse than originally expected,” Dr Rekow was quoted. “We now recognise that the window of infectivity is even wider, and that oral bacterial communities in infants were much more diverse than originally expected.”

Talking on whether these bacterial communities could be manipulated to prevent infants getting their teeth to help prevent disease in the future, Kelly was quoted saying: “The soft tissues in the mouth appear to serve as reservoirs for potential pathogens prior to tooth eruption,” Kelly was quoted. “We want to characterise the microbial evolution that occurs in the oral cavity between birth and tooth eruption, as teeth erupt, and as dietary changes occur such as breastfeeding vs. formula feeding, liquid to solid food, and changes in nutrient profile.”

Throughout the study the team were able to characterise communities of bacteria and learned that oral bacterial communities in infants were much more diverse than originally expected.

“Throughout the study the team were able to characterise communities of bacteria and learned that oral bacterial communities in infants were much more diverse than originally expected,” Dr Rekow was quoted. “We now recognise that the window of infectivity is much more diverse than originally expected.”

Could lollipops prevent tooth decay?

A recent study has shown that sugar-free lollipops containing licorice root extract can significantly reduce the levels of bacteria that causes specifically tooth decay, in saliva in preschool children. For the research, which was published by the Academy of Pediatric Dentistry, 66 pre-school children, aged between 2-5, were given changes to the lollipops twice a day for two weeks, levels of the bacteria Streptococcus mutans (SM), which is the primary culprit in tooth decay, were recorded at the start, during the study and nine weeks afterwards.

The results showed that a twice-daily use of the lollipop significantly reduced the number and relative per cent of bacteria SM in high-risk children, whilst SM numbers were further reduced for 22 days after the last lollipop.

The researchers concluded that the lollipops were a simple and effective potential for preventing cavities in high-risk children.

The investigation was a collaborative effort of the Greater Lansing Area Head Start Program, the University of Michigan and the University of California - Los Angeles (UCLA) and was funded by the National Institute of Health and the U.S. Department of Agriculture. The research demonstrated that a sugar-free lollipop twice a day for two weeks, levels of the bacteria Streptococcus mutans (SM), which is the primary culprit in tooth decay, were recorded at the start, during the study and nine weeks afterwards.

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Editorial comment

I hope everyone enjoyed the ‘Summer’ we’ve had, and is now turning their minds to the busy time for conferences and exhibitions that seem to happen just before the ‘C’ word (as I am writing this it is still just about August). I can’t in good conscience talk about a certain event in December.

I hope also that many of you have seen your appointment books bulging as the pre-school year checklist is being frantically ticked off by mums up and down the country (uniform – check; school shoes – check; dentist – check... you get the idea).

And don’t forget, September is Colgate Oral Health Month so use it to promote good oral health to patients – for further information contact the Colgate Oral Health Month registration line on 0161 665 5881.

Finally a call to arms to our readers who like to write – I am always looking for contributions! From case presentations to event reviews, from user reports to ‘how I did it’ stories, get in touch with your ideas and you may see your labours of writing love in print! Email lisa@dentaltribuneuk.com with either the finished article or a short synopsis and I’ll get back to you. Happy writing!

What a floss of waste

A n experiment involving animal waste has shown that dental floss has the potential to capture large amounts of hazardous gases before they are released in the environment.

The experiment, conducted by engineers from Texas A&M University’s Department of Biological and Agricultural Engineering in the US, were reportedly able to extract 50 per cent of ammonia emissions from liquid animal manure by simply using tubes based on expanded polytetrafluoroethylene (ePTFE), a highly versatile polymer which are used to manufacture fibres for cleaning teeth.

In recent years, scientists have recognised that the breeding of cattle and livestock has caused a great deal of environmental problems, such as ammonia emissions being released into the atmosphere, the contamination of groundwater and the acidification of soil and vegetation.

Figures from the US Environmental Protection Agency suggest that the US and China are the two largest producers of ammonia, releasing more than 15 million tons of ammonia into the environment.

According to a report, the new technology, which has been developed by Drs Saqib Mukhtar and MD Burhan, uses the process of diffusion to help lower ammonia emission, allowing gases to move from places of higher to lower concentration, such as the ePTFE tubes. From here the product can reportedly be put to good use, forming a chemical compound that can in fact be used to fertilise soil.

Although the technology is still being tested, the scientists announced that the technology will be able to be used on a larger scale in the near future.
**Dentsply names Ceram. X™ student winners**

Leeds University dental student, Ola Hassan has been named the UK winner of the sixth Dentsply Ceram. X™ Case Contest and has entered the World Final.

Ola, who’s studying at Leeds Dental Institute, won the contest for her case poster showing restorative procedures on a 57-year-old male patient suffering from non-carious tooth tissue loss caused by erosion and attrition associated with a history of frequent alcohol consumption and bruxism. Teeth from 13 to 25 and 55 to 44 were restored with Ceram. X™ duo nano-ceramic composite.

Ola’s poster, along with all the winning entries from around the world will be presented at the CONS Euro in Instanbul in October 2011.

Runners up for the UK contest were Rosemary Sykes, a final year student at Newcastle University Dental Institute and Kevin Lun from Bristol. Rosemary’s entry was based on the treatment of a 47-year-old male patient who presented with a 15-year history of tooth surface loss in all quadrants and lack of posterior tooth support. A diagnosis of tooth surface loss caused primarily by erosion and secondarily by attrition was made and attributed to bruxism, lack of posterior support and frequent consumption of acidic food stuffs. A diagnostic wax-up was prepared on retracted articulated casts. A two-step etch, rinse and bonding system was employed under rubber dam and the teeth were restored using Ceram. X™ duo+ (D3 and E3) followed by polishing using Ceram.XShofu discs and the Enhance system.

Kevin’s case study was a 52-year-old male with a history of tooth surface loss regarding his maxillary and mandibular anterior teeth. His main concerns were reduced self-esteem, an inability to smile without anxiety and difficulty on biting. The aetiology of tooth surface loss was diagnosed as attrition with secondary erosion, resulting in marked reduction of clinical crown height. This was due to bruxism and frequent consumption of diet cola at night.

Dentsply offers warmest congratulations to the three entries and the very best of luck to Ola in the world final.

Meanwhile, Dentsply is calling for current dental students to enter the 2012 Ceram. X™ Global Case Contest. Entrants must restore a tooth using Ceram. X duo or Ceram.X mono plus nanoceramic restorative to compete.

The case must be presented using the poster template supplied by DENTSPLY, before and after photographs and a short description of each stage of the procedure.

The deadline for UK entries is 28th February 2012.

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**An app a day**

Health Secretary Andrew Lansley has launched a call for new ideas for health apps that would help patients make informed decisions about their care.

Everyone, including patients, doctors, nurses and other health professionals and app developers, is invited to submit new ideas of health apps and online maps they think would be useful.

One leading example of an app that benefits patients is Choosing Well, developed by NHS Yorkshire & Humber for their local community, which allows people to search for their nearest NHS health services.

As part of this drive for ideas, Andrew Lansley has also asked people to come forward and name their favourite existing health applications.

Speaking to patients, doctors and nurses at Evelina Children’s Hospital recently in London, Andrew Lansley said: “We want to give people better access to information that will put them in control of their health and help make informed choices about their healthcare.”

“Over the next six weeks, we want to hear from patients, health professionals and budding app developers on their ideal new app. This is a unique opportunity for the NHS and those who develop apps to not only showcase their work but bring to life new ideas and realise true innovation in healthcare.”

Mr Lansley also announced the panel of judges who would choose the best apps to be showcased at an event in autumn: “I’m pleased to have such influential panel members representing the NHS, patients and clinicians as well as technology and those who support entrepreneurs. Innovation is what will help us create a more modern and personalised NHS for patients.”

The panel of judges includes Dr Shaibal Roy, Sir Bruce Keogh, Julie Meyer and Jennie Ritchie-Campbell. People can share their idea or suggestion by visiting http://mapsandapps.dh.gov.uk/. They can also vote for their favourite ideas at this site.

Lansley calls for ideas on health apps.
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Running in memory of granddad

Dentists should have recently received their superannuation form SD86C for the year 2010-11. If in the past you haven’t given any attention to this certificate, you certainly should now, says Johnny Minford, a Chartered Accountant and member of the NASDAL. The certificate states how much is going into your NHS pension. You would also use this document to quantify your tax relief, and as part of the calculations for your other pension and retirement planning. So it’s essential to check its accuracy.

You will remember the rush to get your Annual Reconciliation Report (ARR) submitted to your Primary Care Trust before the end of May. The ARR is intended to set out the achievement of UDAs or UOA’s and who in the practice did them. The related superannuation is computed, and it is expected that the formal certificate SD86C then follows to be used as part of your tax submission.

Unfortunately, says Johnny, in his experience, the SD86Cs issued by many PCTs have largely ignored the ARR figures you have submitted. This means that they are wrong.

Johnny continued: “We have queried with some PCTs why this is so, and it appears that the issues are a mixed bag of internal deadlines, holidays, backlogs, miscommunications with the Business Service Authority (BSA), and so on. They say they are intending to process the ARRs and produce the ‘proper’ SD86C by the end of September”

“So the early issue of the SD86Cs has been worse than pointless – it has been positively dangerous. Any tax submissions made or pension decisions taken based on this ostensibly authoritative document now in your possession may be wrong, and for some high earning clinicians, very, very wrong. This could have a knock-on effect on the tax payments currently being made, as the decision-making process may well be based on incorrect data.

Johnny warns that some dentists will at the very least need a “repair” to their tax submission to be made by their accountant with the correct information, when it is eventually released.

He said in conclusion: “So check your SD86Cs before relying on it for any purpose. You have two months to inform the BSA that you do not consider it to be correct. If in doubt consult your accountant. Specialist advisers will be aware of what is going on – others will not. Your SD86C needs to be correct – either for now or for when you come to retire.”

Johnny Minford is the founder and Senior Partner at Minford Chartered Accountants and can be contacted at Johnny@minford.eu He is a member of the National Association of Specialist Dentist Accountants Lawyers group (NASDAL)

Superannuation certificates could be positively dangerous

N ASDA (the National Association of Specialist Dental Accountants) has re-branded as NASDAL following the decision to assimilate the NASDA Lawyers’ Group. The result is a new name and enhanced role for an organisation that’s already well-established in the dental world.

Since its inception more than a decade ago, NASDA welcomed lawyers as associate members. As the business affairs of dentists have become more challenging, especially as a result of the complexities of the new and changing NHS contracts, and the impact of dental bodies corporate, there has been a growing need for accountants and lawyers to share information.

This has resulted in increasing numbers of lawyers joining NASDA so that the legal section now represents more than 50 professional firms agreed to merge and rebrand as NASDAL.

As part of this initiative, the organisation has a new website at www.nasdal.org.uk. However, other aspects of the organisation remain the same with Nick Ledingham as Chairman, Ray Goodman heading up the lawyers, Bob Cunningham as tax specialist, Ajay Patel as webmaster, Frances Clark as secretary, Andy Hodgitts as treasurer, and Alan Suggitt the media officer.

On behalf of NASDAL Lawyers, Ray Goodman said: “We are delighted at the rebranding which acknowledges the increased synergy between the specialist dental accountants and dental lawyers. We are proud to be part of an integrated organisation whose members provide the highest levels of professional support to dentists.”

Nick Ledingham, [picture], Chairman of NASDAL, commented: “From now on, our two groups of technical specialists will be discussing, considering and advising on the issues that matter to the dental profession in order to benefit our dentists clients. If you want specialist advice on dental issues, whether it’s business, taxation or legal advice, the NASDAL website will point you in the right direction.”

Running in memory of granddad

Eating runner, Chris Mortimer, 25, is taking part in the Oxford Half Marathon on 25th September in memory of his Grandfather, Frank Sterry and to raise much needed awareness and funds for mouth cancer charity, the Mouth Cancer Foundation.

Frank died in February 2011. He was diagnosed with mouth cancer two and a half years earlier when he found a tumor in his mouth. Surgery followed to remove a big part of his internal face and jaw which left Frank unable to eat solid food or speak properly.

Chris said: “My Granddad suffered so I can raise even a small amount and it goes somehow to helping someone then I will be satisfied”

Founder of the Mouth Cancer Foundation, Dr Vinod Joshi said: “As in Frank’s case 25 per cent of mouth cancer cases are not associated with any known risk factor, hence the need for vigilance. If you notice a lump in your mouth that isn’t there before or a mouth ul

For more information on the Mouth Cancer Foundation visit www.mouthcancerfoundation.org
We’ll meet again...
Elaine Halley discusses the final residential

The highlight of my MSc life since I last wrote was the final residential. It took place over five days in June, Thursday-Monday across the first glimpse of summer we had at a weekend (although I’m not bitter at all). It was a sheer delight to be in the MAN-DEC centre whilst the rest of the UK was sun-basking and watching Wimbledon.

The first two days were spent with Ulf Krueger-Jansen from Germany who had some outstanding visual presentations using composites and particularly Venus Flowable from Heraeus Kulzer. If you get a chance to see this gentleman’s presentations and if, like me you are in awe of beautiful dental photography, then you should go! He taught us how to keep procedures uncomplicated and efficient, including cavity preparation and composite layering. He covered the triodont matrix technique and auxiliary aids for creating good proximal surfaces in an easy manner. He covered the often overlooked but massively important surface design and polishing procedures to ensure an optimum surface texture. He had a very straightforward method of restoring teeth with a mind to the natural structure of dentin and enamel layers. His work was absolutely outstanding! We also had the opportunity to try some of the techniques in the hands-on sessions.

The Saturday was spent with implant systems fromStrauman and Nobel Biocare and lectures from Cerpal Unc. Our group was very mixed in their experience from Cemal Ucer. Our group is very mixed in their experience from Cemal Ucer. Our group and Nobel Biocare and lectures from Cerpal Unc. Our group was very mixed in their experience from Cemal Ucer.

Then came Sunday (after the Saturday night meal where I managed to eat my way round Manchester with Thai, Italian, Brazilian and Indian successively - delicious!), which was a full day of hands-on techniques including equilibration, fabricating anterior guide planes, Broderick Flag technique (answers on a postcard)

And back home and straight into loads more webinars and FISCH (treatment planning) Case 2. It was a strange feeling that this was the last time we will be together as a class. We have now set up a Facebook group and there is the last-moving practicals with the excellent Stephen Davies on various hands-on techniques including equilibration, fabricating anterior guide planes, Broderick Flag technique (answers on a postcard)

Monday was spent recovering from the shock of the dissertation explanation by Paul Brocklehurst; the good news is we can sign up to the aptly named ‘Methodology for Dummies’ being run by the University – yes please. We are all still reeling from the Unit 6 Research Module. The antidote for this was the last-moving practicals with the excellent Stephen Davies on various hands-on techniques including equilibration, fabricating anterior guide planes, Broderick Flag technique (answers on a postcard).

NEW

40% of denture patients are concerned about denture odour

Yet many denture wearers fail to keep their dentures clean.

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

Scanning electron microscope (SEM) images at 240 minutes confirm a significantly higher build up of Streptococcus oralis on denture materials previously cleaned with ordinary toothpaste vs. a non abrasive solution

Poligrip denture cleansing tablets effectively remove plaque and tough stains without scratching, to leave dentures clean and fresh. Poligrip Total Care denture cleansing tablets also kill 99.9% of odour causing bacteria.

Recommend Poligrip denture cleansing tablets to help your patients control denture odour

About the author
Elaine Halley BDS
DGDP (UK) is the BACD Immediate Past President and the principal of Cherrybank Dental Spa, a private practice in Perth. Her main interest is cosmetic and advanced restorative dentistry and she has studied extensively in the United States, Europe and the UK.

References:

Poligrip is a registered trade mark of the GlaxoSmithKline group of companies.
The Dental Directory – celebrating 40 years of proud service to dentistry

Founded originally as the Billericay Dental Supply Company in 1971 by Gordon Mills, who remains at the helm as chairman, the company began by offering a mail order service and did not employ its first sales representative until 1988. Within eight years, The Dental Directory – renamed in 1983 to reflect its national presence – had a sales force of 33 but not before we were sure this was what dentists wanted; an early reflection of our approach and attention to detail has helped build our reputation.

Always ahead of the curve
We started to use focus group market research in the mid 90s, which identified the need for expert field based sales representatives, whose product knowledge would complement our catalogue and the company. Dental practitioners wanted independent product advice from professional sales staff who were not employed by just one manufacturing company.

In the 40 years that we’ve been in business, dentistry has undergone significant changes; the move from NHS to private, huge technological advances, expansion of treatments and services, higher patient expectations and increased regulatory requirements. However, the company’s ethos remains as solid as ever. The Dental Directory is still owned by the founding Mills family and is run as a hands-on, team effort.

As our Managing Director Martin Mills says: “At the end of the day, The Dental Directory works like a family, every member of staff will pitch-in and do what has to be done, to provide the best possible customer care.”

Judging by this typical testimonial from a customer, we are achieving that aim: “I’ve worked with a variety of wholesale companies and distributors over the years, and can confidently say the service and support that we have received has been nothing short of superb.”

Because The Dental Directory is family owned and has no outside shareholders or dividends to pay, we can react swiftly to the rapidly evolving dental market and have consistently re-invested in the business. In the past four years alone, more than £4.5m has been spent on a totally automated warehouse, stock holding capacity has been increased to around £17m at any one point and back orders have been all but eliminated.

Not only do we enjoy a reputation for excellent customer service, the company has long been established as a major philanthropic body, supporting a range of dental charities. In fact, to mark our 40th anniversary, we are establishing the The Dental Directory Chair in Primary Dental Care at Warwick University Medical School, which is thought to be the first new dental Chair to be created in over four decades and the first relating to High Street dentistry.

The plan, as Martin Mills explains, is to “…develop research projects aimed at improving the lot of the primary dental care provider who after all, is our main market so this is a way of putting something back into dentistry.”

The Dental Directory also works with the AOG Charitable Trust and a further 14 groups funding newsletters, local
meetings, sponsorship of individuals on research projects or charitable work.

As all our clients know, The Dental Directory has a peerless record in staff retention which means that our loyal and dedicated team has worked with some of them for many years, seeing dental careers and practices progress.

These are just some of our customers’ comments: “Over the years I have built up an extremely strong bond with the company and I trust both the business as a whole, and the individual staff with whom I’ve worked.”

“I have been using the services of The Dental Directory since 1997, the service was excellent, and as a result I’ve been a client ever since.”

In a world dominated by corporate giants and high staff turnover, the long service records of The Dental Directory staff is a testament to the way our company operates; 11 staff have been with the company for more than 25 years, 65 for more than 15 years and a further 34 who have been with the company for over ten years. The secret, according to Martin Mills and echoed by his father Gordon and fellow directors is: “A shared vision of customer service.”

For a family business not only to survive but to prosper during the economic rollercoaster of the last 40 years is an achievement in itself, but it is clear from 16 years of Investors in People recognition that The Dental Directory has backed up its core values of customer service, with excellent management and staff relations, as reported: “The well embedded culture of the company is, without doubt, one of continuously striving to maintain its investment in all of its people... (who) are totally clear and unambiguous with regard to what the company is about and how vital customer needs are.”

Or, as one member of staff puts it: “Continuous improvement is a fact of life for us.” This is borne out by this satisfied customer: “The Dental Directory team are friendly and caring yet manage to be professional and efficient at the same time. They work hard and always manage to go that extra mile.”

The Dental Directory will go that extra mile for another 40 years.
This is fantastic!! I have never won anything ever before!” I emailed Suzy after the good news that along with nine others who had made early bird bookings for the 2011 BACD conference, I had won an all-expenses paid trip to Hamburg! The purpose of the trip was to visit the DMG factory, where well known products, such as Luxacore and Luxatemp, are made and to be shown round Hamburg.

Four months later, off we all went, meeting up at the airport as we flew into Hamburg from all over the British Isles. We arrived at DMG HQ (after a 4:30am start for many) to be told to don flimsy surgical gowns and disposable ‘shower’ caps for our tour of the factory – a great way to get a group of strangers to know each other and have a giggle together!

The tour was very interesting; no matter how many times one has listened to lectures on the manufacture of various dental materials, a tour is worth much more than a thousand words. We were enlightened in the processes required to make glass particles fine enough to be the filler in composite restorative materials; and how pure the resin has to be in order to be accurate in shade matching, concocted in a yellow room to prevent it from curing while it is being processed. Equally enlightening were the processes to get the stuff into the dispensing tubes!

Dinner on the first night was at an excellent traditional German pub, the Brauhaus Joh. Albrecht. It was an ‘eat loads of meat, drink lots of beer’ kind of affair followed by a relatively early night (except for a few) after the 4:30am start.

Friday consisted of a series of lectures by Felix, the highly entertaining, slightly ‘mad professor’ expert chemist at the factory. He made, amongst other things, the chemistry of bonding reactions come alive and educated us in DMG’s exciting new product Icon which is designed to treat interproximal caries and remove white spot lesions in a non-invasive way. He interspersed his lectures with random quizzes for prizes. I got the wooden spoon for suggesting the tallest tree in the world would be 300m (what’s wrong with that? Only 200m out; can’t see the problem).

However, the highlight of the trip for me was the amazing Safari dinner laid on for us that evening, with a tour of Hamburg between each course to take in all the sights of the city.

We started on the roof top of the Atlantic Hotel Kempeniski, with a view over the lake and seven spires of Hamburg.
We did wonder what was happening when we were taken up in the lift of this beautiful colonial style hotel and found ourselves in the dusty attic amongst old pieces of furniture. However, all was revealed when a door flew open: behind were several waiters armed with champagne and canapés, and the route to the roof!

Next, after hopping on the bus for a bit more tour, was the pièce de résistance, the most exquisite meal in the most exclusive club, the Harbour Club, in Hamburg. The round building was called the Cupola and had been the ex-harbour masters office. It was complete with model of the docks and river under a glass floor. We had the building, with the impressive view of the river Elbe, all to ourselves for the deliciously, delicate main course of fish.

Dessert was at another delightful riverside venue after which we staggered back to our hotel and the bar on the 20th floor and drank champagne until the early hours of the morning.

Saturday brought a coach trip to Lubeck, where we were marched round the sites of this city in the rain by the larger than life Manfred. He serenaded us with his sea shanties, told us stories of the war, and previously to that how the people of Lubeck cared for their own poor, and of the liaisons in trade with London. (Did you know the expression sterling silver comes from trading with Lubeck?)

We saw the impressive St Mary’s church which managed to avoid being completely destroyed in the war. Of note however, were the huge church bells lying on the ground in one corner, left as they had fallen (when Lubeck was under attack), broken and distorted from the heat of the flames as the city was burning. Also in that corner were two nails formed as a cross, sent by the people from Coventry a few years later from remnants of Coventry Cathedral which was raised to the ground earlier in the war, a poignant reminder of the war’s devastation.

Manfred also showed us the Schiffergesellschaft, the Seaman’s Mission, which is a very old building with beautiful carved furniture, models of all the old trading ships hanging from the ceiling, and also the Hellige Geist Stift (Ghost Hospital), behind which was a covered street of cabins, used until not long ago to house the needy.

Another amazing meal at the Rathauskeller under the City Hall and a visit to the Niederegger marzipan shop (for which Lubeck is famous) nicely rounded off our visit to Germany, and so we headed to the airport, sorry to say goodbye to our new found friends and colleagues.

I would like to express my thanks to Paul Willmer of DMG for organising this amazing visit to the DMG factory, and to his team here (Paul Vaughan and Nikki Ward) and our hosts in Germany: Felix, Claudia and Steffi, for giving us such a fantastic time, and making us feel so welcome.

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The Good, the Bad and Regulation
Neel Kothari discusses the thorny issue of regulation in dentistry

A s we slowly move out of the naughties and into the teens our expectation of change within the world of NHS dentistry is marred by the troubled early years of the 2006 dental contract. Since its dawn, much of the discussion regarding the system has focused on one thing: what will be replacing it? The economic crash has meant that finances to fund this change have been restricted and that any change is most likely to be in the second half of the teens, as political will is diverted towards fixing broken Britain, both economically and socially.

The teens may end up being a rebellious period for dentistry and we may have to wait until the twenties before we can trust the architects of the new-new dental contract to make sensible decisions.

So why the title The Good the Bad and Regulation? Well, as a profession that is constantly changing and required to meet the highest of standards, in my opinion the decision making over what regulations are needed should also meet the highest of standards.

Good regulation does more than set a benchmark; it drives the profession in a positive direction. It is without doubt in everyone’s interest and historically has been embraced well by dental professionals. Ever since Joseph Lister introduced carbolic acid (phenol) to sterilise instruments and clean wounds, medicine has always looked for evidence that can help save patients’ lives. So when the Scottish government announced that primary care dentists in Scotland will not be required to use vacuum sterilisers because there is a lack of evidence that they would increase patient safety, the question that naturally arises is: where was the evidence that they were better in the first place?

Bad regulation ends up costing more than just money - it instils a great deal of future mistrust between the government, dentists and patients. We all recognise that the cost of complying with regulations is increasing and as such it is only natural to question their necessity and efficacy. For example, if we look at the regulations which state our need for Legionella testing, to what extent is this actually good for patients? Could the financial and time burden involved in carrying this out be better spent? At what point do we say we shouldn’t do this because the risk of this is so small that we probably expose ourselves to a greater risk by getting up and going to work?

Perhaps the question we need to ask is: what level of risk are we prepared to accept?

Apart from lining the pockets of those with vested interests, with many of the so called ‘best practice’ regulations it is hard to see a decent cost/benefit to patients. But bad regulation doesn’t just stop with cross infection; within the last couple of months Health Service Ombudsman Ann Abraham publicly named and shamed a dentist for failing to apologise to a patient who claimed that he had been rough and had hurt her

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while trying to take X-rays, and also that he had been rude to her when she had objected. She described leaving the appointment feeling ‘battered emotionally and in more pain’. Despite a response from the dentist, the patient was dissatisfied with this and took the matter further to the healthcare commission who amongst many things recommended that the dentist pay her £500 compensation for the feelings of shock and offence she had suffered.

Now I’m not suggesting that all the facts of this case are known, but what sort of world are we living in when a dentist can have his reputation denigrated in the court of public opinion, an intentional attempt to damage his livelihood and be labelled by the media as ‘Britain’s rudest dentist’ all for attempting to check his patient for dental disease? At what point does someone need to step in and suggest to the patient that they may be overreacting?

In actual fact it is more than likely that the dentist didn’t actually force her into enduring what the patient had coined ‘emotional battering’ and that clinically his actions were not negligent, so why do the regulators feel that monetary compensation of £500 is needed? I’m not saying that the patient’s grief is irrelevant, but does the punishment really match the crime?

In my opinion there certainly is a need for regulation here, but not in favour of the ever increasing presumption that patients are always right and dentists are always wrong. In the aforementioned case the regulators really need to consider his other patients who may be very happy with his manner and are now subject to unnecessary doubt regarding his professionalism. I have no doubt that the patient felt upset at the end of her treatment, but unless we apply the standard of common sense (which I accept is relatively uncommon), it is the government and dentists that end up worse off.

I’m not sure how much this whole fiasco has actually cost the taxpayer, but if it that money was put towards dental treatment costs, just think of how many patients would be better off!

Implementing any regulation without justifying its cost and benefit to patients not only runs the risk of being had regulation, but is simply no longer sustainable. Many trades support the business of dentistry and whilst dentists in good faith have purchased equipment such as vacuum sterilisers, if it is proved that many of the items purchased are actually not needed, the next wonder product that comes out may lead to a situation similar to that of the boy who cried wolf.

I commend the Scottish government for their application of common sense. Of course good regulation should help to protect patient’s interests: this is a given principle. But this principle should also be applied fairly across the board; for those dentists who are found in breach of any regulation, surely the punishment should match the crime.

About the author
Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Sawston, Cambridge as a principal dentist at High Street Dental Practice. He has completed a year-long postgraduate certificate in implantology and is currently undertaking the Diploma in Implantology at UCL’s Eastman Dental Institute.
As a full service dental dealer, being able to provide everything that the modern dental practice requires is essential. The Dental Directory offers the widest possible range of dental materials, consumables and equipment: at any one time stocking over 26,000 different product lines. With specialist departments for Equipment, Digital Imaging, Orthodontics, Oral Hygiene, Facial Aesthetics and Handpiece Repairs, we embrace the concept of offering our customers the complete one-stop shop solution.

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In the last 4 years alone, The Dental Directory has invested over £4.5million in stock control and warehousing systems that have virtually eliminated back orders and picking errors – meaning that 99.6% of all orders are picked and dispatched same day for free next day delivery. This on-going re-investment ensures that we can deliver the very best service to all our customers.

In keeping with our policy of investing back into the dental profession, and to mark our 40th anniversary, we have just funded The Dental Directory Chair in Primary Dental Care at Warwick Medical School. This is just one example of The Dental Directory’s commitment to supporting the aims and objectives of British Dentistry – a commitment that has seen an investment of over £1million in the last 2 years alone.

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CQC visit on the horizon?

Prestige Medical provides some basic advice on compliance with HTM 01-05.

Here are some of the most frequently asked questions on compliance:

HTM 01-05 is advisory, do I have to comply?
The legal stuff is in the Health Act 2006. This act, which is the law, lays down compliance criterion which have to be implemented either through HTM 01-05 or through another method which you can prove to an inspecting body is just as effective as HTM 01-05. Do you have such a method? If not then you should implement HTM 01-05.

What’s the difference between Essential Requirements and Best Practice?
Surprisingly little. Best Practice says that you should replace manual cleaning with a washer disinfector, that your storage and record keeping should be of a better standard, allowing traceability, and that you should have a separate decontamination area. Once you’ve seen the problems associated with the full manual cleaning procedure you may well surmise that it’s easier and cheaper to buy a washer disinfector. You don’t yet need to comply with Best Practice but you should have a written plan to show how you are going to move towards it, and you should implement Best Practice wherever possible.

Do I have to use a washer disinfector?
No, but it is best practice and strongly recommended. If you don’t then you should comply with the full manual washing procedure in HTM 01-05 3.16 (assuming you don’t have an alternative method that satisfies the inspecting body, see above). Compliance to this procedure is difficult and time consuming. Do you constantly monitor the water temperature with a non-mercury thermometer? Use only a single use long handled brush? Clean each instrument and then inspect each one under an illuminated magnifying source? Are you rinsing with RO or distilled water? Check the full procedure in Section 3.16 and decide if you can or want to implement this. Beware, non-compliant manual cleaning is rife.

Do I have to use a vacuum autoclave?
Read Section 4. If you are sterilising lumened, wrapped, or pouched instruments then it’s pretty clear that you should. Seek and apply manufacturer’s advice.

Do I need to have a full decontamination room?
No, it is ideal but if for practical reasons you cannot then HTM 01-05 does not insist upon it.

What tests do I have to perform on my decontamination equipment?
There are daily, weekly, quarterly, and annual checks and tests on the performance of your equipment that must be carried out and documented. The required standards are detailed in HTM 01-05, Section 3. Seek further advice.

How should I treat my hand pieces?
Section 2 makes it clear that you should clean and sterilise after each patient. From a practical point of view you may want to consider a dedicated hand piece steriliser because washer disinfectors may degrade the performance of your hand pieces.

For further advice call Prestige Medical on 01254 844 103 or email sales@prestigemedical.co.uk
A profession patients love to hate
Ashequr Rahman discusses ways to deal with patient perceptions

How often do you recognise a scenario like this - a patient has come to see you for the first time and the first comment he/she makes is: “I hate dentists .... Sorry nothing personal...I don’t like dentists. ” It is like going to your local Chinese take away and then telling them – "I hate Chinese... "

Now as a dentist how do you react to a comment like this?

There could be a few possible reactions to this by you as a dentist: one could be just to ignore what the patient has just said and to carry on with the usual initial greeting with a grin; or to get slightly irritated (or more than slightly - depending on the stress level of that day!) and state something in the line of: “Oh don’t worry, you’ll be fine. You haven’t seen me before and it is always worrying to see someone new for the first time” etc etc. (Or maybe, like me, you almost feel tempted to tell them vice versa: “The feelings are mutual, I also hate the patients who hate the dentists - nothing personal...”) The ideal way to deal with this is of course to pause at that point, to allow more time with this apparent hateful/nervous individual and briefly find out what happened in the past for the patient to comment like this.

In this current climate of massive commercialisation of dentistry, with all its branches of aesthetic and perfect smiles, whiter than the whitest teeth and even spreading out to Botox, derma fillers and chemical peels, it feels it’s time to hold on for a second, take a step back and go back to the core of basic dentistry, where there is still an unacceptable number of people out there who are irrationally hateful toward dentists. We should try to address the predicament head on, attempt to crack it through the middle by asking what the reason behind the resentful comments and endeavour to re-programme the traumatic past experience.

Unfortunately in this eccentric era of earning more mentally pushes us to spend less and less time to have chat with people like this. We are apparently too busy with these flashy materialistic designer smiles and meaningless white teeth to take a utilitarian approach on bringing on the real spontaneous smile, which is white in its truest sense.

However, to deal with these nervous patients we jump into the easy solution of referral to hospitals for sedations, hypnosis or possible general anaesthesia to come to our rescue, exhaust the resources of our already overstretched NHS facilities. We tend to forget that there are occasions where patients rather appreciate the simple good old empathy instead of a quick assessment and swift referral.

To gain back the trust and confidence of the nervous patients it may be wise to do the minimum; do what the patient wishes instead of what is the most important thing to be done in the mouth at that stage; once the concept of seeing a non-hateful dentist is achieved the rest will follow quickly.

Turning a nervous person to a regular attendant could provide you with a deep sense of pleasure, knowing that you have an unshakable patient who doesn’t hate you anymore. Nothing personal though...


**The ‘Challacombe’ Scale**

A.S. Pharma discusses the severity and diagnosis of dry mouth

Treatment outcomes are increasingly recognised throughout UK health care as more important than other considerations such as meeting targets, inputs of treated oral health and patient experience. In this context the primary post-diagnosis requisite in all disease management/treatment must be an accurate assessment of the initial severity of the condition. The challenge then is to create a gauge or ‘yardstick’, against which to measure the treatment’s success. In mucosal disorders involving either hypo-salivation or dehydration it is also necessary to distinguish between pathological and physiological causes, which have been one focus of the work at the Guy’s Hospital Dry Mouth Clinic. (Guy’s & St. Thomas’ NHS Foundation Trust).

Evidence suggests that perhaps 20 per cent of the population suffers from a dry mouth, and numbers are growing as more and more medications are prescribed which has the side effect of reducing salivation. There are more than 1,000 drugs in the BNF (British National Formulary), including those for treating high blood pressure, despite the fact that over half (55 per cent) of octogenarians are prescribed which has the side effect of reducing salivation. Experience at Guy’s has shown that age need not be a factor, and dryness can be resolved by stimulation without intervention.

**‘Evidence suggests that perhaps 20 per cent of the population suffers from a dry mouth, and numbers are growing’**

Patients referred to the Guy’s Hospital Dry Mouth Clinic may undergo tests for Sjogren’s syndrome, the most common autoimmune condition after rheumatoid arthritis, but which is often unrecognised. In Sjogren’s syndrome, white blood cells attack the tear and saliva glands, causing severe discomfort in the mouth. Women, who are most commonly affected, may also suffer vaginal dryness. The Guy’s Hospital Dry Mouth Clinic team is participating in a major, multi-national study of Sjogren’s syndrome to widen understanding of the condition.

The traditional, and in many instances persisting, role of an NHS dentist has been to pursue ‘a drill and fill’ policy since the system of remuneration has discouraged a comprehensive oral examination. Patients are themselves more likely to consult their GP for non tooth related symptoms, and so more likely to present with dry mouth. Nevertheless, the dentist is usually better qualified to give a diagnosis, although the importance of access to the patient’s medical history needs to be stressed when prescription drugs are involved, to allow an understanding of the difference between ‘wetness’ and ‘lubrication’. This difference can be crucial when deciding whether to offer a saliva substitute.

The Challacombe Scale is not intended as a research tool but as a practical, clinical measure for dental professionals to assess the severity of dry mouth syndrome and to help them determine when treatment is required. The composition of saliva includes protein, and lubrication is also necessary throughout the length of the oesophagus to facilitate swallowing, and so wetting alone is not a solution in severe cases.

Research at the Guy’s Hospital Dry Mouth Clinic has confirmed that a 50 micron layer of mucin is necessary to maintain a smoothly functioning, healthy oral cavity.

By introducing a reliable, proven system of reference to this important but currently under-recognised area of oral health the Challacombe Scale offers practitioners an opportunity to discuss the problems of a dry mouth with patients who may have become resigned to the discomfort as a consequence of their medication, or in the mistaken belief that nothing can be done as they are simply getting older.

A.S. Pharma is proud to be associated with this important work and Professor Challacombe’s pioneering scale.

**About the author**

Professor Stephen Challacombe of King’s College, London and Guy’s Hospital Dry Mouth Clinic, has developed the Challacombe Scale as a universally applicable system of reference to assist in the diagnosis, measurement and treatment of xerostomia; that is, dry mouth as it is more commonly called.

It is the result of ten years’ work headed by Professor Challacombe who has published over 300 peer reviewed papers on mucosal immunity, immunological, dermatological and microbiological aspects of oral diseases and is recognised as one of the leading experts in this specialist field.

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Dream partnerships and nightmare endings

Ray Goodman discusses the finer details of practice partnerships

It is probably true to say that all partnerships are a potential minefield of personal, legal and financial disagreements. However well-intentioned the partners are at the outset, problems can and do emerge, and despite best efforts to resolve disputes there comes a point of no return when the partnership has to be dissolved. Dental professionals know better than anyone that prevention is better than cure and it makes sense to follow that same advice when setting up a practice partnership.

There are a number of legal issues that should be thoroughly discussed and incorporated into an appropriate agreement which will serve as a legal safeguard against future disputes over profit shares, property ownership, leave of absence and other matters. It is better to confront such issues with clarity of mind rather than after a disagreement has arisen and emotions are running high.

A written agreement, drawn up with an expert in dental law, should cover potential problem areas such as expulsion and retirement, prolonged absence due to accident or ill health and even death. The roles of all partners must be clearly outlined to ensure that everyone understands their responsibilities and the mechanisms are laid out for dealing with a problem before it impacts on the practice business. Such an agreement serves not only as a vital legal asset, but also a financial one. For instance, in the event of a tax dispute with HMRC, evidence of an appropriate legal agreement gives your practice credibility.

Dental practitioners should be aware that without a current up-to-date agreement, legally the partnership will fall into the category of a ‘partnership at will’, subjected to outdated statutory provisions which may not reflect the wishes and interests of all those involved. A ‘partnership at will’ can also be dissolved with immediate effect by any partner, which could potentially lead to the termination of the PCT contract. Similarly, should a partner in a ‘partnership at will’ retire or die, this will effectively dissolve the partnership as a whole, with potentially devastating consequences for the remaining partner or partners. It is remarkable that under the provisions of the Partnership Act 1890 on which the implied terms are based, there is no provision enabling the expulsion of a delinquent partner.

Once a partnership agreement is in place, it is essential to keep it updated, especially when a new member joins the partnership, because if the agreement is not renewed, it will revert to the ‘partnership at will’ regardless of any prior agreement which will no longer be recognised as a valid legal document. A qualified solicitor will be able to help draft and amend partnership agreements thus avoiding the dangers of a serious dispute or expensive civil litigation.

Across a whole range of partnerships, it is a sad fact that some do fail, and when that happens, partners must be aware of the proper procedures that need to be taken. Unless such provisions are included in a partnership agreement, a notice of dissolution can be issued by any partner without the need to state their reason for doing so and once started, that process cannot be reversed without the consent of all partners.

When the worst happens and a partnership faces dissolution, it is a priority to reach a settlement of shared finances. Firstly, any liabilities are paid, then capital, and in the event of a short-fall, debts will be payable by the partners personally according to their partnership share. Deciding what should happen to your practice in such circumstances is inevitably fraught with difficulties and disagreements; however, expert legal assistance will help ease the process quickly and fairly.

Regardless of the strength of mutual trust, understanding and friendship on which your business partnership is based, it would be foolhardy to dismiss the complex scenarios that may arise should there be a breakdown in the partnership relationship. To avoid difficult legal and financial consequences and indeed, to safeguard your dependants, the importance of having a clear, up-to-date partnership agreement in the dental practice cannot be emphasised enough.

About the author

Senior Partner Ray Goodman is a Member of the Association of Specialist Providers for Dentists (ASPD), legal member of NASA (National Association of Dental Accountants) and included on the BDA list of recommended dental solicitors. He has a comprehensive understanding of the commercial and professional objectives of Dental Practices, along with all the relevant legal requirements. In his spare time, Ray has ambitions to be the next Eric Clapton.

For more information please contact Ray Goodman, Goodman Legal, Lawyers for Dentists on 0151 707 0090, email rray@goodmanlegal.co.uk or visit www.goodmanlegal.co.uk

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Giving something back to the profession

Dental Tribune speaks to Mike Volk Sales and Marketing director at The Dental Directory on celebrating the 40-year-old business

Mike Volk: The Dental Directory is a 40 years old business that is still owned by father and son with no outside shareholders and our focus is entirely on serving our customers.

We’ve got to where we are now through holding around £18m worth of stock at any one point, which has virtually eliminated back orders, so we can reinvest in the business. The reality is that we do a lot of market research, so we know that customers rely upon their dealer having the product in stock, which is why we carry around £18m of stock at any one time in our automated warehouse.

MV: We stock about 18 different composites which have upwards of 11 different shades, and there are probably about 1,000 different burs and bur sizes so it’s easy for the number of products to multiply. An interesting thing that we also find is that once a dentist has become loyal to a product, they will stay with that product, even if the manufacturers make a new model!

DT: So you keep old pieces until they discontinue them completely?

MV: Yes – and we’ve got loads of those sorts of products; we’re buying six units a month of these types of products to satisfy just five or six customers. It’s difficult, but it’s all part of the service. We’re doing special flyers and advertising and our 28-strong sales team will be communicating these prices to our customers. And the interesting thing about our guys, unlike all other dealer reps, is that they don’t get paid commission. There’s no incentive for them to oversell, they’re purely there to deal with the products and promotions and help our customers in any way that our customers want us to help them.

DT: So how long is the offer running for?

MV: The promotions will run until the end of December; however, we’ll refresh them at the end of each month, adding even more products!

At the end of the day, without the profession The Dental Directory would not exist, so we’re happy to give something back.

Dental Tribute: So, The Dental Directory, 40 years old and busy as ever, tell us more about it.

DT: You reinvested £4.5m in the past four years to improve services; I understand that automated warehouses were one of them, was there anything else?

MV: Well, it’s about having enough space to accommodate automated processes, in essence, that the box goes to where the product is stored; this makes it impossible for a picking error to occur, because the box won’t move on if it hasn’t got the right product and quantity in it. This system is also paperless so it is both economic and environmentally friendly.

MV: Oh yes, we’ll be there and have our 40 strong team for a free cup of tea or a beer!

DT: So how will The Dental Directory be celebrating the 40 year landmark?

MV: What’s interesting is that if we go back 40 years, the chairman Gordon Mills, who started the business thought that to celebrate 40 years we would run our largest ever promotional campaign – The Value + campaign. So, from September onwards we will be carrying promotions on 1000’s of everyday, essential product lines; it will be our biggest ever promotional push and we’re doing it because of these economic times. We’re trying to help our customers; we appreciate that fewer people are going to the dentist and that both private and NHS dentistry are suffering. Also, dentists are facing unprecedented increases in regulatory costs, so we thought we’d help our customers and offer them even better value and that’s why we’ve put out these promotional offers.

DT: What about the more philanthropic side of the business? I understand that The Dental Directory is very supportive of the profession too?

MV: Yes - we support about 13 professional groups in the UK. Examples include the AO through to DPL through to CODE. We offer their members exclusive promotions, but more importantly we offer a rebate to the managing committee to further the aims and objectives, which are often of a charitable nature, of each group. We also support the provision of education using bursaries; an example of one is the bursary we provided for the MSc in Restorative and Aesthetic dentistry delivered by the University of Manchester and Smile-on. In the last three to four years we’ve put back into the profession more than £1m in various ways, including a new Dental Chair in primary dental care at the University of Warwick Medical School.

We do support the profession; however I’m surprised that a lot of the larger multinational companies, whether they be dealers or manufacturers, don’t support the profession more and instead leave it to smaller, family owned businesses.

At the end of the day, without the profession The Dental Directory would not exist, so we’re happy to give something back.
The initial Scope of Practice (SoP) Document was launched by the GDC in April 2009; this was primarily for use by the dental team. The GDC explains that the “Scope of Practice is a way of describing what you are trained and competent to do. It describes the areas in which you have the knowledge, skills and experience to practice safely and effectively in the best interests of patients”.

In November last year the GDC began a review of its SoP document; the purpose of this review is to evaluate the effectiveness of the document; do the dental profession find it useful? An online consultation was set up on the GDC earlier in the year to seek feedback. This is still available now and registrants are being urged to go online and take part. The closing date for the consultation is 31st December 2011 and can be found at www.gdc-uk.org.

The GDC are applying an evidence-based rationale to the Scope of Practice (SoP) Review Project. At the SoP Review Working Group meeting on 6 July, it was discussed that good quality evidence must be produced to support what goes in to the revised Scope of Practice document. Concerns were raised by the GDC Research Manager to whether the online consultation would be sufficient in gathering evidence from a wide range of the dental profession; all working group members agreed and it was decided a package of evidence gathering methods must be used to stratify the consultation. It is also planned that additional questionnaires will be available via the various professional associations.

Whatever methods are adopted for use, they will only be valuable if as many registrants as possible respond to the consultation and provide their feedback. This will allow the SoPWG to make the necessary suggestions and recommendations to the GDC Council. Who ultimately decides what goes in and what stays out of the SoP document.

Owing to some aspects of SoP overlapping the work of the Standards Committee, the timescale for the SoP has been pushed back three months; this is to ensure the new SoP document will encompass current and up to date advice and guidance. The Standards Committee are currently considering options regarding direct access – that dental hygienists and dental therapists could see patients without referral from a dentist. Possible fundamental changes such as this would need to be included in the reviewed SoP document.

So go on have your say, get involved and help ensure high quality patient care is delivered by a diverse multi-disciplinary and forward thinking dental team.

About the author
Angie McBain began work as a dental nurse in general practice in Scotland, but changed track to gain an HND in Fashion. She gained the NERDN National Certificate in 1989 whilst working in General Practice in London; then subsequently worked in the Oral Maxillofacial/Ortho Dept of Bedford Hospital, obtaining a Distinction, and the Roche award in the NERDN Certificate or Dental Education Specialist Nurse Award.

After completing the Stage One FASTC, Angie began teaching at her local college, became an NVQ Assessor, obtained the D32/33, the Stage 2 FASTC and the V1 internal verifier’s awards. She is now Lead Dental Nurse Tutor for Barnfield College, Luton and wrote the first Foundation Degrees in both Dental Nursing and Dental Practice Management for the College/University of Bedfordshire. She holds the City & Guilds License in Dental Nursing and the Certificate in Education. Angie is also the ICP Tutor for the East of England Deanery; she was the recipient of the 2010 BADN Outstanding Contribution to Dental Nursing Award and is a Fellow of BADN. She is currently studying for the Post Graduate Certificate in Dental Education.

*Prices excl. Carriage and VAT valid to 31st Aug 2011
A new dental group has been launched which aims to help more than 100 dentists set up their own practice using a unique Joint Venture Model that allows Dentists to operate from a brand new practice for a minimum cash investment.

Dentist Direct offer dentists a route to running their own business, opening practices throughout the UK on prime arterial road locations with high visibility signage and car parking.

The company, spearheaded by award-winning dentist Dr Ken Harris, provides practitioners with the support of commercial experts to look after all non-clinical back office functions.

Dentist Direct has secured significant bank funding from Natwest to support the opening of 100 practices within the next five years. The finance is effectively pre-agreed for any qualifying dentist making the whole process as straightforward as possible. In addition, Dentist Direct have negotiated market leading prices on all equipment making the decision to come on board as a partner even easier.

The good news for dentists is that it’s their own practice. If they decide to sell the practice at any point in the future, all proceeds are theirs.

CEO Paul Moore said: “We were inspired to set up Dentist Direct to provide outstanding service and value to the public utilising the latest dental techniques and technologies, we aim to make Dentist Direct the brand of choice for all patients.

“Dr Harris’ professionalism and award-winning dentistry and the way he cares about changing the lives of his patients inspired the team to give the public a higher level of dentistry at a price they can afford.”

Dr Harris added: “We understand that business requirements can create stress and take dentists away from their personal responsibilities. We want to support them with our unique opportunity for them to become their own boss while maintaining a healthy work-life balance.

“Within three months, together with support from Dentist Direct, practitioners could own a new practice fitted with high quality equipment, with the freedom to utilise their time how they want to, it’s a no-brainer!”

As well as the support of highly specialised experts, each practice opened under the Dentist Direct banner will have access to revolutionary dental technology known as Waterlase.

The hard tissue laser technology allows dentists to perform many traditional dental procedures with less anaesthesia, while reducing patient anxiety, minimising pain and trauma and creating a more comfortable experience for patients.

Dentist Direct’s practices are run as a joint venture partnership, with individual practitioners making a small capital investment in return for their own fully fitted out facility, access to ongoing training and development and all the back office support they need on a daily basis.

Each of the partners will also have access to a state of the art dental academy, which is headed up by Dr Harris – winner of an impressive six awards at the 2011 Smile Awards including Best Conservative Ceramic Smile and Generosity of a Smile.

For more information, please see our insert within the magazine, or visit us online at: http://partners.dentist-direct.co.uk.

The World’s First Online
MSc in Restorative & Aesthetic Dentistry

Master of Science in
Restorative & Aesthetic Dentistry

“The Best of Everything”

Two of the UK’s most respected education and academic organisations have joined forces to provide an innovative, technology driven MSc in Restorative and Aesthetic Dentistry. Smile-on, the UK’s pre-eminent healthcare education provider and the University of Manchester, one of the top twenty-five universities in the world, have had the prescience to collaborate in providing students with the best of everything – lecturers, online technology, live sessions and support.

Convenience
The majority of the learning resources on this programme will be online. The masters will combine interactive distance learning, webinars, live learning and print.

Ownership
The programme is designed to encourage the student to take responsibility for his/her own learning. The emphasis is on a self-directed learning approach.

Community
Students will be able to communicate with a diverse multi-ethnic global community of peers, with whom they will also share residential get-togethers in fantastic settings around the world.

Opportunity
This innovative programme establishes the academic and clinical parameters and standards for restorative and aesthetic dentistry. Students will leave with a world recognised MSc.

Call Smile-on to find out more:
tel: 020 7400 8989 | email: info@smile-on.com
web: www.smile-on.com/msc
The time for mobile is now

Despite advances in mobile usage and technology, the number of businesses investing in mobile websites is staggeringly low – dental practices, lower still. What kind of mobile experience are you offering your patients?

Thanks to the increasing complexity of smartphones, mobile websites are the best way to reach an increasingly tech-savvy audience. Available to us on the move, 24/7, our phones – usually glued to us – are the perfect device for getting the information we want, fast.

In any case, when I use my mobile phone I want to be directed to a mobile website – one that I can navigate and draw the information I need from, with ease. Your patients will want the same.

Is your website mobile friendly?

Have you ever taken a minute to see how your website looks on your phone? Don’t make the mistake in presuming that if it looks good on a desktop, it looks good on a mobile, it’s very rarely the case. Take Apple’s inability to display Flash on any of its products – this will leave iPhone/iPad users with a blank white space in any place that Flash has been used.

Key in your address on your mobile, it’s the only fool-proof way to replicate what your patients are seeing when they view your site.

Get more from mobile

We need to stop sending desktop websites to mobile devices; designing for mobile is an opportunity to provide a vastly improved service for your patients:

1. Next level technology

Mobile phones boast inbuilt functionality that will make it easier for users to perform certain tasks – removing the need for manual steps:

   • Make calls: Smartphones allow users to automatically call a number when ‘tapped’ or ‘clicked’
   • See an address on the map: Users can find a location and automatically open the phone’s map application by simply clicking on an address
   • Find the nearest…: With built in GPS, users can easily identify their current location and seek out the nearest supermarket, cash machine or dentist!
   • QR codes (Quick Response codes): These unique matrix barcodes readable by Smartphones are an excellent strategy for driving people to specific pages within your website

2. Quicker, easier info

Up to 80 per cent of the content available on your desktop website will need to go – serve your patients the information they need, in simplified format. They will predominantly be looking for any (or all) of the following four things:

   • Treatments available
   • Location
   • Contact details
   • Opening hours

The best thing about mobile? It’s superb value for money. For a one off cost of £750 + VAT, Dental Design can put you on the mobile map – and one call is all it takes. Speak to one of our team now on 01202 238 467 or visit www.dental-design.co.uk/mobile

About the author

Amy Rose-Jones is the Marketing Manager at Dental Design Ltd, the leading website design and marketing agency for the dental profession. With more than 9 years experience in a marketing capacity, Amy has helped hundreds of practices throughout the UK to build and develop a lasting web presence through a blend of creative and marketing skills.

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The time for mobile is now

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Is your website mobile friendly?

• iPhones cannot display flash animation
• Large images & files will take much longer to load
• You shouldn’t need to zoom in to read your content
• Can you make a call by touching your phone number?

Reap the benefits of a website built just for mobiles:

what is this?
use your phone to scan this QR code for an exclusive offer!
Hygiene matters
There are a number of infected wounds beneath a dental surgery which necessitate the need for stringent hygiene protocols. This being the case, it is vital that the risk is therefore generally well received within the dental profession. Dr. Nigel Reece, President of the BACD, and Dr. Paul Tipton, specialist in Prosthodontics and a years of experience in dental education, both advocate the use of suitable disinfectants. Coupled with touchless water dispensers, the correct lighting and the clean membrane switches on the control panel, all contribute to additional peace of mind.

A delighted Nigel Reece, Managing Director of Dental Design, said: “We involve our team in the company’s progress and that exposes them to new exciting opportunities for their own development. Everyone becomes enthused, it’s infectious, and that generates a stimulating environment when new ideas and better ways of doing things become obvious – everyone wins: the customers, the team and the business.”

An amazing outcome and sincere reflection of the people and philosophy behind Dental Design’s continuing success. For more information visit www.dental-design.co.uk, or email info@dental-design.co.uk, or call 01222 238464.

D-Tec Surgery Lighting from BioHorizons

Quident are pleased to become wholesalers of the D-Tec range of surgery lighting. Manufactured in Sweden by D-Tec, they have been making specialised lighting systems since 1989. Throughout the working day, there is a need for constantly changing between the strong light of the operating lamp and the surrounding ambient light. D-Tec surgery lighting helps to provide that balance which can ultimately improve working efficiency, reduce patient stress and improve the mood of the dental team and patients. These high power, environmentally friendly, LED lights can produce up to 6,000 Lux while remaining dazzle-free and eliminating indirect light from the top of the fitting or even incorporate a TV or computer screen. The lights can be switched on and off around the dental chair at the optimal distance above the patient.

Please call us for a quote on our range of lighting systems.

For prices and further information, please check Quident’s website www.quident.co.uk or phone the sales office on 01892 217737.

New pH neutral saliva substitute launched

Sensata, or any mouth as it is more commonly known, affects many people and causes a number of symptoms, if left untreated it can lead to oral infection and increased dental decay. Most often a side effect of medication or radiotherapy, dry mouth is a common complaint among patients being treated for for treated prostate cancers and those with Alzheimer’s Diseases, Diabetes, HIV/AIDS and other conditions.

A.S. Saliva Ortha is uniquely formulated from naturally occurring mucin - an important component of healthy saliva - which is able to deliver a unique mixture of enzymes and order by prescription or over the counter at your local pharmacy.

A.S. Saliva Ortha
- is the only mucin-based saliva substitute – contains fluoride to protect teeth
- is the only neutral pH saliva substitute to provide significant benefits
- is the only neutral pH saliva substitute - provides a unique balance of enzymes

The unique properties of A.S. Saliva Ortha assist amelioration at mucosal level, as well as provides a physical barrier between disease, tooth decay, infection and inflammation for use as an effective lubricant. Because it is pH neutral, users of A.S. Saliva Ortha will avoid any unnecessary systemic risks in a number of conditions, which can lead to increased stress and further increase the risk of tooth damage.

For further information, please contact A.S. Pharma Tel: 0870 868 117
Email: info@opharma.co.uk

Bacid protocol: improving patient treatment

In order to attain the delivery of perfect treatment, the British Academy of Cosmetic Dentistry provides a number of services. When it comes to attracting and maintaining new patients, having a high level of patient satisfaction is vital, as this can be the main attraction for a prospective patient to choose a dental surgery. With the correct use of the Bacid protocols, patients can be certain that patients are fully informed of all the options available to them. By making the process of choice and the nature of the treatment, the likely outcomes and risks, the known costs and the nature and value of the treatment, patients will want to consider the cost-effective treatment for their needs. The recent end of the and the cost of the treatment, the value of the treatment, the likely outcomes and risks, the known costs and the nature and value of the treatment, patients will want to consider the cost-effective treatment for their needs.

The BACD is dedicated to ensuring the best possible professional development and for this reason has built a strong reputation in promoting excellence in the provision of cosmetic dental treatment.

For more information contact the BACD on 0207 612 4166
email info@bacd.com or visit www.bacd.com

Dr Ken Harris at the 2011 BACD Conference

The BACD conference 2011 will take place at the Hilton London Metropole Hotel in Edgware Road from 10th-12th November.

On his programme, Dr Ken Harris will give a talk entitled Control of Centric Relation (CR) and the choice of restorative material becomes less important, which will consider applying the occlusal philosophy of Dr John Kanellis in everyday dental practice.

Deleges will learn to: - Diagnose the five occlusal conditions - Describe the fabrication protocols appropriate for each of the five occlusal De programmer appliance • Record the accurate Centric Relation (CR) position using the axis of occlusion • Understand the role of the bioengineer when performing Occlusal Equalisation • Be able to use a step-by-step occlusal protocol to both treatment and successful restorative treatment

Register online before the end of September and receive a 10 per cent discount. In addition to this, the first 25 people to register online will be entered into a free prize draw. A medical computer is available.

Alternatively, postal registration forms can be downloaded from the website or taken from the conference brochure at www.bacd.com and should be sent to Dr Ken Harris, British Academy of Cosmetic Dentistry, 29 Harley Street, London W1G 7QH.

Dental patient chairs

Dr Ken Harris at the 2011 BACD conference of dental patient chairs from DENTALS provides clear, predictable aesthetics, bone augmentation, soft tissue grafting and prosthetic modeling around dental implants.

On Friday 26 October, Professor Horn-Lay Wang, a Collegiate Professor and Head of the Oral Medicine and Surgery, will discuss soft tissue grafting and prosthetic modeling at BioHorizons. The Thistle Trust will support the conference. The course will cover the basics of soft tissue grafting and prosthetic modeling around dental implants.

BioHorizons sponsors International Orthodontic Symposium presentation in London

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Cabinetry built to work around you

The ‘Elite’ and ‘Ultimate’ wall and base units range from Apex are ideal for a more traditional practice and are available in two finish options; the Elite range, offering an impressive, resilient, high-gloss laminate finish, and the Ultimate range, with solid acrylic doors. Apex cabinets are custom-made and hand finished to your precise requirements and, in keeping with their emphasis on ergonomics, drawers and doors in the Apex range have ‘soft close’ features fitted as standard. For more information contact Clark Dental on 01268 733146 or e-mail enquiries@clarkdental.co.uk

Caryapox Intercuspal Brackets - an effective adjunct to maintaining optimum oral hygiene

Caryapox has developed a range of ultrathin intercuspal brackets that fit into each interproximal space between the teeth, effectively removing plaque without damaging the gums. Good periodontal health appears to play an increasingly important role in the fight against diabetes and heart disease. Caryapox brackets are designed using CARYUL, a rail free alloy that offers excellent durability without compromising on core width, and is able to withstand the wear and tear of frequent use up to five times longer than other brackets. The soft and flexible filaments of Caryapox intercuspal brackets also provide effective cleaning power whilst remaining gum-friendly.

For more information contact Caryapox please call 01480 828284, or e-mail info@caryapox.co.uk or visit www.caryapox.co.uk

Trust... the Dental Directory to make your practice comply

The Dental Directory is the UK’s largest Dental Product. Supplier stock over 80,000 product lines, so if it’s not available as no supplier it’s not available. This is why we have that of one of the most comprehensive ranges of general hygiene products in the industry.

All with free next day delivery our general hygiene range consists of everything you need to prevent cross infection and comply with the latest decontamination guidelines. Our general hygiene range includes all the well-known brands of disinfectants, cleansers, detergents and gels as well as your favourite products from the Dental Directory exclusive brands, UniteDental and Certol.

The Dental Directory also has a vast equipment division, stocking all the latest decontamination equipment, including autoclaves, handpiece cleaners, washer disinfectors, ultrasonic cleaners and thermosealing systems. The Dental Directory also has a vast equipment division, stocking all the latest decontamination equipment, including autoclaves, handpiece cleaners, washer disinfectors, ultrasonic cleaners and thermosealing systems. For all your infection prevention and practice hygiene needs, call the Dental Directory on 0800 585 586 or visit www.dental-directory.co.uk

Trust the Dental Directory to make your practice comply

Dr Shushil Dattani is the Clinical Director and member of the Faculty of General Dental Practice and the Association of Dental Implantologists. He also holds a Diploma in Implant Dentistry from the Royal College of Surgeons, England. Dr Dattani assists with tooth extractions as well as including root canals, providing caries extractions, fitting crowns and performing other dental procedures.

For more information, or to obtain a referral pack, call the Kent Implant Studio on 01622 671 205.
The British Orthodontic Society is celebrating its 25th Anniversary this September and delegates who attend its conference this year can expect a sterling programme in Harrogate between 25-27th September 2011.

The annual conference is organised by the British Orthodontic Society, the largest specialist dental society in the UK and will include national and international dental delegates, predominantly drawn from more than 1,800 members as well as its associated groups of orthodontic nurses, therapists and technicians. Since the first joint meeting of the BOS founding societies, the BAO and BSSO, held in Bournemouth in 1896, the conference has become the largest and most prestigious specialist meeting in the UK dental calendar.

Moving forward together
Apart from lectures delivered by established orthodontic researchers, invited international speakers and presentations from younger rising stars, two particularly prestigious events make the BOS conference a real draw; the Northcroft lecture delivered as the climax of the event and the political session held on the first day which in the past has been addressed by Health Secretary Andrew Lansley and Barry Cockcroft, the Chief Dental Officer.

This year the keynote address will be given by the Deputy Chief Dental Officer Sue Gregory who will be giving an update on orthodontics within the Department of Health. Also presenting at this session will be Dr Richard Jones who will give the BOS perspective with Health Secretary Andrew Lansley and Barry Cockcroft, the Chief Dental Officer.

The 2011 conference agenda will feature key note speaker Professor Junji Sugawara, who will present the much anticipated Northcroft Lecture in which he will be expected to reveal details of his innovative approach to the Sendai Surgery First (Sendai SF), a treatment which provides an alternative to surgical orthodontic treatment.

Other international speakers include Dr Peter Miles who will be speaking on Self-ligation: Evidence vs Anecdote, Dr Tiziano Baccetti, on a patient centred approach to improving efficiency of Class II Treatment and Dr Lucie Cevián. From the University of Michigan, School of Dentistry on 3D Dental Imaging, Dr Timo Peltomaki from Finland will take a leap into the future of orthodontics to help those attending consider individualised variability and clinical studies vs experimental controversy. Dr Peltomaki is currently Head Orthodontist at the University of Tampere, Finland and he has a particular research interest in craniofacial growth and development which will no doubt fascinate the assembled delegates.

Jonathan Sandy, Professor in Orthodontics and Head of the School of Oral and Dental Sciences in Bristol will discuss the UK cleft research programme and future directions for craniofacial research. Whilst Jeff Lewis will talk on new strides in the delivery of continual professional development (CPD) to remote learners and the controversial topic of Orthodontic retention is sure to start debate as Dr Simon Littlewood presents ‘Retention- what you need to know.’

Now a keenly contested feature of the conference, the annual prize session will be eagerly anticipated and Dr. Rye Matteick, Chair of the British Orthodontic Society’s Foundation will present an array of awards for the first time since taking on this role. In addition she will pose the presentation question ‘Cleft Lip and Palate- Who cares?’ exploring the challenges facing patients and their care. This will be like coming home for Bye who attended primary school just half a mile from the Harrogate Conference Centre and attended Leeds University before completing her Orthodontic training in Newcastle.

Facing forward
For general dentists and dental care professionals the conference will provide an opportunity to gain insight and guidance into patient referral and recommended clinical procedures, so that they will be able to consider how to best address their patients’ interests.

The conference also provides an opportunity for general dentists with an interest in orthodontics to obtain advice on finding a niche in a growing and competitive market.

For the first time in 2011 the conference will include a programme specifically for orthodontic therapists in recognition of their growing importance to the profession. Alongside this will feature an educational programme for orthodontic nurses and another for technicians organised by their associated professional bodies.

If these were not enough to stimulate interest in attending, other highlights of conference programme include:
• A core CPD pre-conference full day course on cross infection from Dr Mike Martin
• Young researchers’ presentations alongside the parallel political session
• 15 hours CPD plus 1.5 extra for attendance at the cross infection master class
• A conference banquet with dancing as well as a drinks reception with a jazz band
• A keenly contested post conference golf tournament

As you can see the conference covers a broad spectrum of the latest subjects in the field of orthodontics and offers an opportunity for people working in the profession to gather and share diverse views, reflecting BOS standing as a leading provider of education and training in the field of orthodontics. For more information including details about how to attend the 2011 Conference please visit www.bos.org.uk
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.

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'.

“Essential reading for all dentists” Chris Barrow

Will HMRC be sending you a surprise Tax Bill?

Pension legislation has undergone major changes again and some dentists may fall foul of the new rules without even being aware, resulting in an unwanted additional tax bill. This special report reveals what you need to know and how to take action with regards to our own pension and retirement planning. Just call the 24 HOUR PRE-RECORDED LINE today and we’ll send you a free copy of ‘The New Pension Rules – What Dentists need to know’.

COURSE ANNOUNCEMENT

MULTI-SYSTEM IMPLANTOLOGY CERTIFICATE COURSE AT
TRAFFORD GENERAL HOSPITAL, MANCHESTER

Recognised by University of Salford

Applications are invited for a hospital based ‘certificate’ year course (one day a month) starting on 16th November 2011.

This unbiased multi system clinical course in its 20th year is designed to teach practitioners how to incorporate implant treatment to their practices safely with the back up of three major documented implant systems according to the FGDP/GDC Training Guidelines. Astra, Nobel Biocare and ITI/Straumann, the market leaders in implantology, are taught step-by-step during the year course. Each participant will have the opportunity to place implants in their patients under supervision.

The course has been granted approval by the FGDP(UK) for accreditation towards its Career Pathway.

COURSE CONTENTS AND BENEFIT

• Keynote consultant/specialist speakers from UK and abroad
• Certification for three major implant systems and GBR techniques
• Prepare for Diploma examinations or further academic study (eg. MScs)
• Benefit from extensive network of accredited UK Mentors
• Clinical practice support and advisory service
• implant team with highly proven 20 years’ clinical research and teaching experience
• Become an ITI member (with complimentary 1st year’s subscription)
• Receive complimentary editions of ITI Treatment Guides

FOR FURTHER INFORMATION: Professor T.C. Ucer, BDS, MSc, PhD, Oral Surgeon, Oaklands Hospital, 19 Lancaster Road, Manchester M6 8AQ.

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