Use of dental amalgam to be ‘phased down’

UN mercury treaty agreed by 140 countries

The result of a United Nations treaty will see a reduction in mercury pollution, as agreed by more than 140 countries at talks in Geneva on 20 January.

The treaty has been under negotiation for four years, and will be open for signature in October.

The treaty requires nations to “phase down the use of dental amalgam”, and to set objectives aimed at minimising its use. Mercury-free alternatives will be promoted, and education on the use of mercury-free dental restoration encouraged.

Although mercury has long been a benefit in oral health care, it can be damaging to health on a whole.

The World Health Organisation (WHO) says: “Mercury is highly toxic to human health, posing a particular threat to the development of (the unborn) child and early in life.

“The inhalation of mercury vapour can produce harmful effects on the nervous, digestive and immune systems, lungs and kidneys, and may be fatal.

“The inorganic salts of mercury are corrosive to the skin, eyes and gastrointestinal tract, and may induce kidney toxicity if ingested.”

The impact of mercury pollution was famously seen in Japan during the 1950s and 60s. Following mercury waste pollution in the waters, residents near to Minamata bay developed nerve disorders, resulting in more than 900 deaths.

The British Dental Association (BDA) has welcomed the treaty. Dr Stuart Johnson, member of the BDA’s Principal Executive Committee, and leader of the FDI World Dental Federation Dental Amalgam Task Team at the negotiations, said:

“Dentists in the UK recognise the environmental imperative to minimise mercury emissions, but it was important that this treaty took account not just of the environmental agenda, but also of the need for dentists to care for their patients.

“We are pleased to see that this treaty has taken a pragmatic view, acknowledging that the phase-down approach advocated by the World Health Organisation is a sensible way to make progress. The final treaty strikes a sensible balance, clearly setting out an aim for reduced use of mercury, while recognising the unique contribution it makes to oral healthcare. It also recognises the important role that prevention can play in improving oral health and reducing demand for fillings.”
Professor Andrew Eder appointed Associate Vice-Provost (Enterprise) at UCL

Professor Andrew Eder has been appointed Associate Vice-Provost (Enterprise) at UCL and Director of CPD and Short Course Development.

The position, with a mandate to facilitate growth of this key area across the University, follows Professor Eder’s recently completed year as Director of Education and CPD at the UCL Eastman Dental Institute, for which he was recognised for his excellence and innovation in teaching and learning at UCL as a recipient of a Provost’s Teaching Award in 2010. Professor Eder will also continue to be involved in postgraduate dental education at the Eastman.

“With a background in educational entrepreneurship and leadership, I am delighted to be taking on this leading role in this exciting initiative at UCL,” said Professor Eder. “As the global demand for high quality lifelong learning continues to expand almost exponentially, UCL is superbly placed to be a leading provider.”

As a Specialist in Restorative Dentistry and Prosthodontics, Professor Eder also maintains a multidisciplinary referral practice in Central London. He has a special interest in the aetiology, demographics and clinical management of patients with tooth wear. He is Co-Editor of the British Dental Journal book on Tooth Surface Loss and Clinical Director of the London Tooth Wear Centre®.

COPDEND announce DF training places data

At the end of the first phase of this year’s recruitment process, 85 per cent of applicants have been offered places on dental foundation training schemes in England, Northern Ireland and Wales that start in 2013.

Plans were agreed by a steering group comprising postgraduate dental deans and associate deans, together with representatives from the UK Dental Schools Council and the British Dental Association and members of the London Deanery recruitment team.

The London Deanery, which has considerable expertise in medical and dental trainee recruitment, managed the process.

There were 1172 applications made online. 1155 eligible candidates, including 109 from European Dental Schools and 17 from other dental schools worldwide, were invited to one of six selection centres in November 2012. Of these, 1158 applicants attended for assessments that were carried out by experienced foundation trainers and training programme directors, who had undergone standardised training and calibration.

Each applicant was asked to state a preference order for each of the 78 training schemes and offers of a place were made on the basis of ranked scores achieved and stated preferences. Those who scored highest were offered a place on the scheme they most preferred. All 955 currently available places were allocated within a week of offers being made, 48 per cent of applicants secured their first choice, 68 per cent were offered a place on one of their top three schemes and 86 per cent on one of their top 10 schemes. The 968 highest ranked individuals have been offered places. Deaneries will be allocating those successful applicants who have accepted offers to individual training practices over the next few months.

Further training places are expected to become available later in the year and 161 candidates on a reserve list will be notified about these after 2015 BDS final examinations are concluded. Future offers of a place will be made on the same meritocratic basis as in this first round, using ranked scores and applicant preferences. Dental foundation training places are fully funded by the NHS and the final number of places available for 2015/16 has not yet been confirmed.

A follow up independent quality assessment of the entire process will be carried out to ensure the process is both transparent and fair. COPDEND and the London Deanery are also undertaking a thorough evaluation, including statistical analysis of the data from the selection centres.

Helen Falcon, Chair of COPDEND said, “I would like to congratulate all those who have been offered a training place for 2015 in the first round and to thank all the interviewers, assessors, administrators and the London Deanery recruitment team for working so hard to ensure a fair process.”

“I do understand that the uncertainty may be unsettling for those who are still waiting to hear about whether a training place will be offered to them later in the year and would like to wish all applicants success in their forthcoming final examinations.”

Shortlist for new dental pilot practices announced

Dental practices across the country are preparing for an exciting new challenge as the shortlist of those chosen to continue shaping a new dental contract scheme from April. The second stage of this programme has been expanded to help test how the different elements of the new contract work together.

The new pilot sites will see some of the inventive new techniques to improve dental care spreading to new areas of the country. The pilots focus more closely than ever on preventive care and new ways to make both adults and children take a bit more care with their toothbrush.

One of the biggest changes being tested is exploring how dentists can be paid for the health-seeking element of care, and the number of patients they care for rather than the number of courses of treatment they perform.

The Department of Health has shortlisted an extra 29 new practices to join the existing 70 practices on the pilot scheme from April. The list of shortlisted practices can be found at http://mediacentre.dh.gov.uk/2013/01/23/shortlist-for-new-dental-pilot-practices-announced/.
Editorial comment

Congratulations to the 29 new pilot practices gearing up to trial the new new new contract for NHS dentistry. According to the Department of Health’s press release the second stage of this programme has been expanded to help test how the different elements of the new contract work together.

Up for testing includes different ways of remuneration; a new care pathway to tailor the treatment to a patient’s oral health condition and the IT framework required to make sure the pilots work smoothly.

Dust wears away ancient tooth enamel

A new study published, in the Journal of the Royal Society Interface, has revealed that quartz dust plays a big part in wearing away tooth enamel.

This suggests that scientists will now have to review what microwear, the pattern of tiny white marks on worn tooth surfaces, can tell us about the diets of fossil mammals, as environmental factors may have had a large effect on teeth. This is particularly the case in East African hominins, who may have suffered during dust storms.

During their research, scientists at the Max Planck Institute for Evolutionary Anthropology found that quartz particles could remove pieces of tooth enamel at very low forces, meaning that these particles could abrade much of the surface of the tooth if they are present in numbers.

After all statistics can be made to prove whatever you need them to prove - 98 per cent of people know that! But is cannot be denied that many of the issues with the 2006 contract were due to the profession trying to work within an untested system that did not take into consideration anyone’s needs; and more than anything else no-one wants to go through that again. Good luck to all the practices getting involved.

WINTER OFFERS 2013

1st January - 31st March 2013

Some Things You can Rely On!

Synea Fusion - A synthesis of design, technology and value

Contra angle range offers:
• Attractive new design
• Versions with and without light available
• Thermo washer disinfectable and sterilizable
• 2 year warranty
• Data matrix code for traceability

Special Prices on Top Quality Non-Optic Handpieces

Whatever happens:
With W&H equipment you are always prepared.

Synea Fusion - A synthesis of design, technology and value

Top Quality Optic Turbines only £425

Now Only £299
Now Only £350
Now Only £475
Now Only £525

FREE 14 day trials available at wh.com

For information call 01727 874990

Synea Fusion - A synthesis of design, technology and value

Now Only £136
Now Only £175
Now Only £125

AT W&H PEOPLE HAVE PRIORITY

Some Things You can Rely On!

Synea Fusion - A synthesis of design, technology and value

Contra angle range offers:
• Attractive new design
• Versions with and without light available
• Thermo washer disinfectable and sterilizable
• 2 year warranty
• Data matrix code for traceability

Special Prices on Top Quality Non-Optic Handpieces

Whatever happens:
With W&H equipment you are always prepared.

Synea Fusion - A synthesis of design, technology and value

Now Only £299
Now Only £350
Now Only £475
Now Only £525

FREE 14 day trials available at wh.com

For information call 01727 874990

Synea Fusion - A synthesis of design, technology and value

Now Only £136
Now Only £175
Now Only £125

AT W&H PEOPLE HAVE PRIORITY

Some Things You can Rely On!

Synea Fusion - A synthesis of design, technology and value

Contra angle range offers:
• Attractive new design
• Versions with and without light available
• Thermo washer disinfectable and sterilizable
• 2 year warranty
• Data matrix code for traceability

Special Prices on Top Quality Non-Optic Handpieces

Whatever happens:
With W&H equipment you are always prepared.

Synea Fusion - A synthesis of design, technology and value

Now Only £299
Now Only £350
Now Only £475
Now Only £525

FREE 14 day trials available at wh.com

For information call 01727 874990

Synea Fusion - A synthesis of design, technology and value

Now Only £136
Now Only £175
Now Only £125

AT W&H PEOPLE HAVE PRIORITY

Some Things You can Rely On!

Synea Fusion - A synthesis of design, technology and value

Contra angle range offers:
• Attractive new design
• Versions with and without light available
• Thermo washer disinfectable and sterilizable
• 2 year warranty
• Data matrix code for traceability

Special Prices on Top Quality Non-Optic Handpieces

Whatever happens:
With W&H equipment you are always prepared.

Synea Fusion - A synthesis of design, technology and value

Now Only £299
Now Only £350
Now Only £475
Now Only £525

FREE 14 day trials available at wh.com

For information call 01727 874990

Synea Fusion - A synthesis of design, technology and value

Now Only £136
Now Only £175
Now Only £125

AT W&H PEOPLE HAVE PRIORITY
Sugar and calories cut in soft drinks

L\-eating soft drinks brands Lucozade and Ribena will reduce the amount of sugar and calories in their products by up to 10 per cent as part of the Government’s drive to curb obesity levels, Public Health Minis-
ter Anna Soubry announced.

Speaking at the Food and Drink Federation’s Delivering Healthy Growth stakeholder event, the minister unveiled the latest brands to sign up to the Responsibility Deal’s calorie reduction pledge. Ribena ready to drink and Lucozade Energy will reduce the amount of sugar and calories by up to 10 per cent; AG Barr, who produce Irnbru, will reduce the calorific content across their portfolio of drinks by five per cent; and J20 will launch two flavours in a new slim-line can which will represent a 10 per cent calorie reduction com-
pared with their standard 275mL bottle.

The Public Health Responsibility Deal aims to tap into the potential for businesses and other influential organisations to make a significant contribu-
tion to improving public health by helping us to create this en-
vironment.

Public Health Minister Anna Soubry said “Being overweight and not eating well is bad for our health. To reverse the rising tide of obesity we have challenged the nation to reduce our calorie intake by five billion calories a day. On average that’s just 100 calories less a day per person.

“Today’s announcement will cut the calories and sugar by up to 10 per cent in leading brands like Lucozade and Ribena. This means that the public can achieve real progress in helping people reduce the calories and salt in their diet.”

Chair of the Responsibility Deal Food Network Dr Susan Jebb said: “I’m pleased to see the soft drinks manufacturers, like GSK, AG Barr and Britvic join Coca-Cola and PepsiCo to make some very real commitments to help con-
sumers cut down on their calo-
ries as they take control of their weight.”

“Hope we will now see others, including smaller brands, taking a careful look at how they can build on this and come to the table with new commitments to encourage their customers choose smaller portions and swap to lower calorie options.”

Teeth whitening could be damaging, say researchers

A new study, published in the Journal of Dental Research, has found that high concentrations of hydro-
gen peroxide can have a dra-
matic impact on dental hard and soft pulp tissue.

The Brazilian research team were interested in seeing the effect whitening products with high concentrations (55 per cent) of hydrogen peroxide (H2O2) would have on teeth.

The researchers studied 56 teeth that were extracted from 10 men and 10 women, who were not tobacco users, had not received whitening treatment, had no gingival recession or restorations, and needed two or four first premolars extracted.

Half of the extracted teeth were whitened using 55 per cent hydrogen peroxide, and half were left without whiten-
ting treatment. The teeth were then sectioned, had their pulp removed and the dental hard tissues were frozen.

With the teeth that had received the treatment, both the enamel and dentin were af-
fected.

“The bleaching agent con-
taining 55 per cent H2O2 in-
duced a significant in vivo al-
teration in enamel and dentin, which could potentially trigger biological and/or mechanical responses of dental structures”, the study authors wrote.

“Despite reports that the use of bleaching agents at low concentrations has been con-
sidered absolutely safe, analysis of our data shows that the use of 55 per cent H2O2 as a bleach-
ing agent... can be clinically ad-
verse in the long-term and/or after recurring bleaching treat-
ments.”

The researchers recommend that hydrogen peroxide concentra-
tion should be reduced, the time of each application should be reduced, and reaction cata-
lyzers such as lamps or lasers should not be used.

“A new study compares the results of technolo-
gies for locating and measuring the anterior loop of the mental nerve with actual anatomic measurements on human cadavers.

A study reported in the Journal of Oral Implantology used three methods to measure the anterior loop of the mental nerve on 12 human ca-
davers—cone beam comput-
erised tomography (CBCT), a three-dimensional stereo-
lithographic model (STL), and anatomy.

The mental nerve follows a looping course around the jaw, communicates with the facial nerve and provides sensory innervation to areas of the chin and lower lip. In-
jury to the anterior loop of the mental nerve can cause sen-
sory disturbance, most nota-
ably numbness or altered sen-
ory perception.

Reports on the length and location of the mental nerve vary widely between patients.

One study found the anterior loop in 28 per cent of the pa-
tients. However, another study reported it to be present 88 per cent of the time. Some cli-

Accuracies of technology for placing implants tested

The researchers recommend maintain-
ing a safety margin of 1mm between implants and the nerve, others suggest as much as a 6mm distance.

“Because of conflicting re-
ports, a variety of methods have been used to detect and measure the anterior loop. It has been determined that panoramic and periapical radiographs do not provide information about the loop that is reliable enough for clinicians to use in placing implants. This study seeks to determine the accuracy of CBCT and STL in identifying and measuring the anterior loop.

The CBCT was found to be accurate and reliable; howev-
er, the STL was found to sig-
ificantly both overestimate and underestimate the ante-
rior loop. Thus, the authors make the following recom-
mendations: • CBCT should be a prerequisite in identifying and measuring the anterior loop of the men-
tal nerve for implant surgery.

A fixed distance from the mental foramen (the point in the jaw where the nerve passes through) should not be used as a safety guideline; rather, the anterior loop itself should be located.

• A safety distance of at least 2mm from the anterior-most portion of the loop should be observed in implant place-
ment.

• The STL model should be used with caution; at this time, the model has not been shown to be highly accurate in estimating the ante-
rior loop.”

BDA to fight Northern Ireland cuts proposals

The British Dental Association (BDA) will strenuously op-
pose DHSSPS proposals for Health Service dental provi-
sion in Northern Ireland, it has said.

The proposals, published for consultation by the Department of Health, Social Services and Public Safety, will limit the Health Service care available to pa-
tients by moving to a core ser-
vice of treatments, restricting the frequency of scaling and polishing, moving to HOTN 5.8 for orthodontic treat-
ments, changing the eligibility for the Practice Allowance and removing Commitment payments to dentists.

Dr Peter Crooks, Chair of BDA Northern Ireland Den-
tal Practice Committee, said: “These proposals fail patients, undermine businesses and strike at the heart of den-
tists improving oral health in Northern Ireland.

“BDA Northern Ireland Dental Practice Commit-
ete entirely rejects the pro-
posals and we urge dentists across Northern Ireland to join us in defending the health service dental care that pa-
tients count on.”

Further details of BDA Northern Ireland’s campaign against the cuts, and how you can get involved, includ-
ing details of what they could mean for practices and indi-
vidual dentists are available at www.bda.org/nicuts.
Over the last four years we have built a solid reputation as the original and best dental webinar provider. The webinars are live and interactive to give a unique learning experience. Interact with some of the industry’s leading experts as they present the very latest in clinical practice.

UPCOMING WEBINARS:

21/02/13  The clinician’s role and patient’s responsibilities in the management of periodontal disease
26/02/13  Short Term Orthodontics for the GDP
05/03/13  Getting Serious about Implantology with the ITI
21/03/13  An Introduction to the uses of CEREC Technology for the GDP
27/03/13  Perio Implant Interface - The Three P’s of Perio

Join the Dental Webinar club – sign up for free:
www.dentalwebinars.co.uk
Dentists being urged to get involved in one of the UK’s longest standing health campaigns as it celebrates its 50th successful year.

The British Heart Foundation (BHF) is encouraging dentists to use the milestone anniversary of No Smoking Day as an opportunity to boost participation among patients by promoting quit aids in their practice and local support services available in their area.

The theme of the 2015 campaign will urge smokers to consider the financial benefits of quitting and ‘swap fags for swag’, on Wednesday 15 March.

No Smoking Day 2015 will officially launch on Wednesday 27 February giving smokers two weeks to see their GP or stop smoking adviser, tell their family and friends and stock up on quit aids such as patches and gum so they’re ready to ditch the cigarettes for good on No Smoking Day on Wednesday 15 March.

Dr Mike Knapp, Associate Medical Director at the BHF, said: “Dentists have always played a huge role in spreading the word about this long running health campaign and year on year they inspire people to take the first steps to a smoke free life.”

“From guiding those who want to quit to the right aids and resources, through to giving sensitive advice about the benefits of quitting, dentists are really well placed to make a real difference to the health of their patients.

“Whether it’s a raffle, a poster competition or simply handing out flyers, the end result is bound to benefit many and hopefully help people ditch their cigarettes for good.”

Dr Nigel Carter, chief executive of the British Dental Health Foundation, said: “It would seem patients are fully aware of the risks involved with smoking, yet many remain unaware of how it affects their oral health. While stained or yellow teeth are visible consequences of smoking, gum disease, tooth loss and even mouth cancer are some of effects they do not know about.

“Dental professionals most likely see a bigger proportion of the general population than any other healthcare team and are in the best position to educate them on what smoking does to teeth and gums. Smoking is still the main cause of mouth cancer, and with two thirds of smokers wanting to give up, No Smoking Day is the perfect opportunity for health professionals to encourage smokers to do so.”

To make a donation, visit www.justgiving.com/Mike-TownsendCycle140

Retired dental practitioner Mike Townsend has raised more than £1k of the Benevolent Fund, which provides help to UK dentists who find themselves in financial difficulties.

Mike’s cycle ride was part of the BDA Benevolent Fund’s year-long campaign ‘Be Active for the Ben Fund’. Along with a partner, Mike cycled the Great Glen Way, which runs alongside Scotland’s Loch Ness in September 2012, and raised over £1,000 for the Fund.

Mike hopes that the ‘Be Active’ campaign will raise the profile of the BDA Benevolent Fund because dentists are no more protected from the problems of modern life than anyone else. They are just as likely to suffer from accidents, long-term illness and debilitating stress.

“Many dentists are at the end of their tether,” he continues. “A lot of them have got stress problems, mental health issues; some of them are suffering from serious illness, and an increasing number of these are much younger than they used to be. An increasing number of these applications come from dentists in their 50s and 40s. It’s worrying how young some of them are.”

“You don’t need to have been a member of the BDA to apply,” he stresses. “You just need to have been GDC registered at some point, or be the dependent of a dentist who has been on the register.”

A Guy’s Dental School graduate of 1968, Mike Townsend is no stranger to cycling. “I’ve done 50 miles of cycling in a day before but this was quite strenuous,” he says. “We took it easy and stayed in reasonable accommodation and just pedalled along enjoying the view - and the rain!”

Mike says they travelled light for the journey. “We took a small suitcase packed with just a change of clothing, a toothbrush and a razor. If you’ve got to carry it, the last thing you want is too much kit, especially when you’ve got to pedal it uphill.”

Bike Mike raises £1K for charity

Dentists set to inspire quitters in 30th No Smoking Day

There is an ongoing debate about the role of psychological disorder symptoms as risk factors for temporomandibular joint (TMJ) pain. Previous studies have associated depression and TMJ pain but large scale studies have not been performed.

For a new study, published in The Journal of Pain, researchers evaluated more than 5,000 community subjects and found that those with depression and anxiety had increased risk for temporomandibular pain upon palpation.

Temporomandibular disorder (TMJ) symptoms of craniofacial problems and etiology is believed to be multifaceted. Tooth grinding, facial clenching and genetic factors may initiate TMJ and bio-behav- ioural studies suggest an association between TMJ pain and depression, anxiety and post-traumatic stress disorder.

In this study, the research team sought to estimate the relative risk of depressive symptoms and anxiety on TMJ pain over five years. More than 4,000 subjects participated and underwent medical examinations, oral health assessments, health-check interviews, and completed a psychiatric risk factor questionnaire. TMJ pain was assessed from the oral health exams according to guidelines from the Academy of Orofacial Pain.

The investigators found that depressive symptoms were more strongly related to joint pain than muscle pain, and that anxiety symptoms were linked with muscle pain. The authors explained that depressive and anxiety symptoms may initiate muscular hyperactivity followed by muscle abnormality and altered muscle mechanics, which can produce inflammation and cause muscle pain. They also suggested that TMJ might be related to abnormal pain stimuli propagation caused by imbalances in the neurotransmitters serotonin and catecholamines.

In support of previous published research, the authors concluded there is a strong moderate relationship according to symptoms of depression or anxiety and signs of TMJ.

Half of Scottish children have tooth decay

Half of primary one school children in some of the poorest areas of Scotland have tooth decay. This is according to figures released by the government, which also state that in wealthier areas, this number is one in five children.

Two MSP Alex Johnstone says that this high percentage of Scotland is down to lack of dental health education.

“It’s a failure on the education side,” he commented. “It is symptomatic of the way the SNP has tried to say it has put more resources into improving access to dentists, while at the same time neglecting other areas of public health.”

Margie Taylor, Scotland’s chief dental officer said “Children develop their oral habits at a young age. It is important that parents remember their healthful habits and practices...to ensure their children enjoy a lifetime of beautiful smiles.”

Mike has raised more than £1k.
Link between tooth loss and blindness in older men

Recent survey has shown that from 2007 to 2011, the number of people receiving emergency treatment following the consumption of energy drinks has doubled in the U.S., increasing from 10,068 to 20,783.

Due to the high amount of additives, such as caffeine, taurine, vitamins and sugars, high consumption of these drinks can lead to insomnia, migraines, seizures and heart problems.

Most of the cases were identified among patients aged 18 to 25, followed by those aged 26 to 59.

The authors of the report commented that: “Health professionals can discourage use of energy drinks by explaining that perceived health benefits are largely due to marketing techniques rather than scientific evidence. Because of the drinks’ widespread use, it may be beneficial for Emergency Department staff to inquire about use of energy drinks when assessing each patient’s use of medications or other drugs.”

Energy drinks serious health concern

The London Tooth Wear Centre invites you to visit

The London Tooth Wear Centre is to open its doors to dental colleagues for a series of exclusive referral evenings.

Each evening provides an opportunity for just a few visitors to meet the team, gain an hour of verifiable CPD in an update on tooth wear and discuss how we can support you and your patients.

The London Tooth Wear Centre is a specialist referral practice in Central London offering an evidence-based approach to managing tooth surface loss.

Led by Professor Andrew Eder, Specialist in Restorative Dentistry and Prosthodontics, the Centre was established in response to an increasing number of patients presenting with tooth wear.

Professional help is available at The London Tooth Wear Centre® for consultation and treatment planning advice only or for comprehensive management of your patients’ tooth wear.

Referral evenings are scheduled for: • Tuesday 12 February 2013 at 6.30pm • Tuesday 12 March 2013 at 6.30pm • Tuesday 9 April 2013 at 6.30pm

For further details and to book onto one of the referral evenings, visit www.toothwear.co.uk, email info@toothwear.co.uk or call 020 7486 7180. Spaces are offered on a first come, first served basis.

Xylitol lozenges ineffective in caries reduction

According to a study in the Journal of the American Dental Association, daily use of xylitol lozenges do not result in a reduction in caries among adults.

The team conducted the research due to conflicting past studies: “Some conclude that there is evidence for a caries-preventive effect of xylitol, and others indicate that the evidence is inconclusive”, they wrote.

For this trial, 601 participants aged 21 to 80 consumed five 1.0 gram xylitol or placebo lozenges daily for 55 months.

It was found that the xylitol lozenges reduced caries by 10 per cent, but the researchers concluded that this was not significant.

“The results of this clinical trial did not demonstrate a statistically significant reduction in 55-month caries incidence either in the primary analysis or in the secondary analysis that included all three sites”, the study authors concluded.

Would you like to increase your practice profits in 2013?

Massive 50% off all your everyday disposable products

Including all dental disposables, face masks, paper products and powdery free gloves

Our premium products conform to all high standards including: CE, EN14683,EN453

High quality products with lowest prices guaranteed in the UK with this special offer

Online exclusive 50% off flash sale starts 7th February at www.scrub-up.com

Massive 50% off all your everyday disposable products

Exclusively yours

Next day delivery available. Limited time offer for mainland England & Wales only. T & C apply full details on website.
Tooth whitening

An Update on Techniques and the New Legislation by Dr Trevor Bigg

The History

The bleaching of teeth has been practised from at least the 19th century using many different chemicals, including chloride of lime, alumino-chloride, oxalic acid and peroxide amongst others.

The birth of modern bleaching techniques started in the late 1960s with Klusmier devising a successful technique for home bleaching, which used 10% carbamide peroxide in a custom-made mouth tray. Initially, the carbamide peroxide was often placed in removable orthodontic retainers to reduce gingival inflammation following the removal of fixed orthodontic appliances. It quickly became apparent that a safe effect of the treatment was that it whitened the teeth.

Although Dr Klusmier presented several table-clinics at the meetings of the Arkansas State Dental and the South-western Orthodontic Societies, it wasn't until the publication of Heywood and Heymann's description of the technique in March 1989 that the dental profession became aware of a bleaching technique that was safe and relatively cheaper than previous options.

Within a few years many products had appeared on the market, using carbamide or hydrogen peroxide and different modes of delivery that can be sub-divided into:

1. In-Office procedures
2. Nightguard vital bleaching using trays: Home Bleaching
3. ‘Over-the-counter’ (OTC) products

While OTC products proved popular throughout most of the world, they were never used greatly in the European Union (EU), as their purchase was easier to monitor and subsequent prosecution was a real possibility.

In-office procedures were extensively advertised and proven to be as they continued in the tradition of dentistry being led by the dentist treating the patient in his/her surgery or office. In many cases, In-Office bleaching increased patient compliance, which could be poor if Home Bleaching alone was used. Many utilised ‘la- sers’ both because ‘apparent’ and suggested modern, ‘state-of-the-art’ treatment modalities that appealed to the patient.

But wasn't bleaching illegal?

Until recently in the EU it was illegal to use hydrogen peroxide at a greater concentration than 0.1% per cent. However, the Dental Defence Societies were prepared to defend dentists who used bleaching techniques containing greater than 0.1% per cent hydrogen peroxide as their members were using a procedure that was safe, established and much less invasive than the alternatives. The General Dental Council (GDC) also recognised that the situation at that time was unsatisfactory for patients and dentists. Provided the dentist acted in the best interests of their patients and obtained fully informed consent, and that the dentist's defence organisation gave indemnity for bleaching, the GDC stated that they would not act against a dentist unless they were prosecuted by Inspectors from the Department of Trade and Industry.

New regulations from 1st November 2012

This anomalous situation continued for many years in the EU until the publication of an amendment to the EU Directive 76/768/EEC concerning cosmetic products. The amending Council Directive 2011/84/UE was published in September 2011 requiring the UK Government to amend the law.

The Cosmetic Products (Safety) (Amendment) Regulations 2012 (the Regulations) amended all previous regulations relating to tooth whitening and subsequently, the practice of bleaching in this country altered overnight.

The new Regulations allow the use of hydrogen peroxide mixtures that release hydrogen peroxide, including carbamide peroxide and zinc peroxide to be used for tooth whitening.

The Regulations have set out that products containing or re-leasing up to six per cent hydrogen peroxide can only be used, subject to the following conditions:

1. They are not to be used on a person under 18 years of age.
2. The legal status of tooth whitening for under 18s
3. Whether treatment could be delayed until after the age of 18

They were aware that, as up to 6% per cent hydrogen peroxide is now a legal, the Defence Societies would no longer defend their members who used higher concentrations.

1. The risks and benefits of bleaching and more interventional alternatives
2. The new Regulations allow the use of hydrogen peroxide and other compounds or mixtures that release hydrogen peroxide, including carbamide peroxide and zinc peroxide to be used for tooth whitening.

The new regulations are now six per cent hydrogen peroxide can only be used, subject to the following conditions:

1. To only be sold to dental practitio-ners
2. In practice this mean that a dentist can only sell tooth-whitening products containing 6 per cent hydrogen peroxide to the public if they are patients at the practice.
3. For each cycle of use, the first bleaching system is used it must be applied by a dental practitioner. The dentist should show the patient how much material should be used and how to load and seat the tray. This procedure should be noted in the patient's records.
4. Under the dentist's direct su-pervision, if an equivalent level of safety is ensured - Hygienists and therapists can administer the first use of the tooth-whiten-ing product, under the prescription of the dentist, if they are trained and competent.

It’s uncertain at present, but a dentist probably needs to be present on the premises.

No other member of the dental team can dispense whitening products, for example nurses and receptionists

Awards the products may be provided to the consumer to complete the cycle of use. After the first in-surgery application, the patient can be provided with tooth-whitening products for home use and additional products can be dispensed by the dentist, hygienist or therapist.

The use of bleaching systems utilizing whitening strips and pre-formed trays will help make the bleaching process cheaper and more accessible to our pa-tients.

Conclusion

The recent changes in whitening legislation should be wel-come by the dental profession. By amending the EU Directive, dentists and their patients alike will benefit as:

1. The threat of prosecution has now been lifted and Dentists will be free to advertise, provided they follow GDC guidelines
2. Dentists will be encour-aged to use lower, safer and ef-fective concentrations of hydro-gen peroxide
3. OTC preparations can now be sold by practitioners, providing a successful and cheaper whitening process

References:

Dr Bigg has been working in private practice in West Oxfordshire for nearly 40 years and treated up to four generations of some families. He takes referrals for cosmetic dentistry, the non-invasive restoration of the worn dentition and treatment of Temporo-Mandibular Dysfunction. Dr Bigg has the Membership in General Dental Surgery at the Royal College of Surgeons, London and Fellowships from the College of Surgeons in Edin-burgh and London. He is a past President of the British Society for General Dental Surgery. He lectures at home and abroad on crowns and bridge updates, posterior and anterior tooth whitening, Masticatory and Minimal Intervention Dentistry. He also runs hands-on courses on Contemporary Esthetic Dentistry and Porcelain Composites and presents Webinars on Bleaching and Porcelain Composite Restorations.
All you need to know about tooth whitening
Nick Torlot, DDU dento-legal adviser, looks at some questions from dental practitioners

I have heard the law on tooth whitening has changed, what is the latest legal position?

Under new regulations which came into effect on 31 October 2012, dental professionals can legally treat patients over 18 years of age with tooth whitening treatments which contain or release up to six per cent hydrogen peroxide. This is provided that:

• The treatments are sold to dental practitioners
• For each cycle, the treatment is first administered by a dental practitioner or under their direct supervision. It can then be completed by the patient at home.

There are times when I think a patient would benefit from a product containing 10 per cent hydrogen peroxide. Is it legal to provide the patient with a bleaching kit containing a higher level of hydrogen peroxide than six per cent to use at home?

No, it is illegal to use tooth bleaching compounds containing or releasing more than six per cent hydrogen peroxide. The new regulations make no distinction between in-surgery bleaching and at-home bleaching products provided by dental professionals, in terms of the permitted concentration of hydrogen peroxide. This means patients can only be provided with bleaching kits containing up to six per cent hydrogen peroxide after they have been examined by a dentist and have received their first cycle of treatment in the surgery.

The new regulations are informed by scientific advice that compounds containing or releasing up to six per cent hydrogen peroxide are safe.

If you were to use or supply a bleaching compound containing 10 per cent hydrogen peroxide, you could face a criminal prosecution by Trading Standards and a GDC investigation. In the worst case scenario, you may be imprisoned and/or fined up to £5,000 under the Consumer Protection Act 1987.

I am a dental hygienist, can I offer tooth whitening treatments to my patients?

Yes, provided a dentist has examined the patient, prescribed the treatment and is present on the premises during the first treatment cycle. As with any treatment you must be trained and competent to carry out the treatment, so the level of safety is equivalent to a dentist carrying out the treatment.

The GDC’s guidance, Principals of Safety (Amendment) Regulations 2011, requires that if treatment is provided to patients under 18 years of age, a parent or guardian must give written consent. The GDC states: ‘It is unlikely that a parent would be equipped to judge whether a treatment is suitable for their child. It is therefore recommended that any treatment to under 18s is provided following written consent of the patient (and their parents as they are the parents).’

The new Regulations allow all non-dental practitioners to treat patients over the age of 18, providing the treatment is under their direct supervision. It can then be completed by the patient at home. They are not to be used on a person under 18 years of age.

However, the permitted maximum concentration is 2 per cent hydrogen peroxide. However, the maximum permitted concentration of hydrogen peroxide is 6 per cent for home bleaching, which used to be 35 per cent.

But wasn’t bleaching illegal?

Although Dr Klusmier published his research in 1992, it wasn’t until the publication of the EU Cosmetic Products (Safety) (Amendment) Regulations 2009 that bleaching was finally legalised. The new Regulations allow all non-dental practitioners to treat patients over the age of 18, providing the treatment is under their direct supervision. It can then be completed by the patient at home. They are not to be used on a person under 18 years of age.

It’s uncertain at present, but it is likely that the permitted concentration will be increased to 6 per cent, which is equivalent to a 35 per cent hydrogen peroxide gel but contains a stabiliser. But it is highly unlikely to be increased above 6 per cent.

What’s the new law going to mean?

In practice this will mean that release hydroperoxides that release hydrogen peroxide. This means patients can only be provided with bleaching kits containing up to six per cent hydrogen peroxide after they have been examined by a dentist and have received their first cycle of treatment in the surgery.

The regulation sets a permitted concentration of hydrogen peroxide at six per cent for use at home. However, this does not mean that treatments can be biased towards the ‘use as you feel’ attitude. It is also important to remember that bleaching is a non-invasive treatment and is unlikely to be suitable for patients with certain medical conditions.

The new law is a welcome change for patients and dentists. It is likely to be a major step forward for oral health and will encourage patients to seek treatment from dentists rather than buying OTC products.

What’s the best way to use bleaching?

The best way to use bleaching is to use it as part of a comprehensive treatment plan for aesthetic dentistry. It is important to remember that bleaching is not a treatment for tooth decay and cannot be used to remove caries.

The new law is a welcome change for patients and dentists. It is likely to be a major step forward for oral health and will encourage patients to seek treatment from dentists rather than buying OTC products.

What’s the best way to use bleaching?

The best way to use bleaching is to use it as part of a comprehensive treatment plan for aesthetic dentistry. It is important to remember that bleaching is not a treatment for tooth decay and cannot be used to remove caries.

The new law is a welcome change for patients and dentists. It is likely to be a major step forward for oral health and will encourage patients to seek treatment from dentists rather than buying OTC products.

What’s the best way to use bleaching?

The best way to use bleaching is to use it as part of a comprehensive treatment plan for aesthetic dentistry. It is important to remember that bleaching is not a treatment for tooth decay and cannot be used to remove caries.

The new law is a welcome change for patients and dentists. It is likely to be a major step forward for oral health and will encourage patients to seek treatment from dentists rather than buying OTC products.

What’s the best way to use bleaching?

The best way to use bleaching is to use it as part of a comprehensive treatment plan for aesthetic dentistry. It is important to remember that bleaching is not a treatment for tooth decay and cannot be used to remove caries.

The new law is a welcome change for patients and dentists. It is likely to be a major step forward for oral health and will encourage patients to seek treatment from dentists rather than buying OTC products.

What’s the best way to use bleaching?

The best way to use bleaching is to use it as part of a comprehensive treatment plan for aesthetic dentistry. It is important to remember that bleaching is not a treatment for tooth decay and cannot be used to remove caries.

The new law is a welcome change for patients and dentists. It is likely to be a major step forward for oral health and will encourage patients to seek treatment from dentists rather than buying OTC products.

What’s the best way to use bleaching?

The best way to use bleaching is to use it as part of a comprehensive treatment plan for aesthetic dentistry. It is important to remember that bleaching is not a treatment for tooth decay and cannot be used to remove caries.

The new law is a welcome change for patients and dentists. It is likely to be a major step forward for oral health and will encourage patients to seek treatment from dentists rather than buying OTC products.

What’s the best way to use bleaching?

The best way to use bleaching is to use it as part of a comprehensive treatment plan for aesthetic dentistry. It is important to remember that bleaching is not a treatment for tooth decay and cannot be used to remove caries.

The new law is a welcome change for patients and dentists. It is likely to be a major step forward for oral health and will encourage patients to seek treatment from dentists rather than buying OTC products.

What’s the best way to use bleaching?

The best way to use bleaching is to use it as part of a comprehensive treatment plan for aesthetic dentistry. It is important to remember that bleaching is not a treatment for tooth decay and cannot be used to remove caries.

The new law is a welcome change for patients and dentists. It is likely to be a major step forward for oral health and will encourage patients to seek treatment from dentists rather than buying OTC products.

What’s the best way to use bleaching?

The best way to use bleaching is to use it as part of a comprehensive treatment plan for aesthetic dentistry. It is important to remember that bleaching is not a treatment for tooth decay and cannot be used to remove caries.

The new law is a welcome change for patients and dentists. It is likely to be a major step forward for oral health and will encourage patients to seek treatment from dentists rather than buying OTC products.

What’s the best way to use bleaching?

The best way to use bleaching is to use it as part of a comprehensive treatment plan for aesthetic dentistry. It is important to remember that bleaching is not a treatment for tooth decay and cannot be used to remove caries.

The new law is a welcome change for patients and dentists. It is likely to be a major step forward for oral health and will encourage patients to seek treatment from dentists rather than buying OTC products.

What’s the best way to use bleaching?

The best way to use bleaching is to use it as part of a comprehensive treatment plan for aesthetic dentistry. It is important to remember that bleaching is not a treatment for tooth decay and cannot be used to remove caries.

The new law is a welcome change for patients and dentists. It is likely to be a major step forward for oral health and will encourage patients to seek treatment from dentists rather than buying OTC products.

What’s the best way to use bleaching?

The best way to use bleaching is to use it as part of a comprehensive treatment plan for aesthetic dentistry. It is important to remember that bleaching is not a treatment for tooth decay and cannot be used to remove caries.

The new law is a welcome change for patients and dentists. It is likely to be a major step forward for oral health and will encourage patients to seek treatment from dentists rather than buying OTC products.

What’s the best way to use bleaching?

The best way to use bleaching is to use it as part of a comprehensive treatment plan for aesthetic dentistry. It is important to remember that bleaching is not a treatment for tooth decay and cannot be used to remove caries.

The new law is a welcome change for patients and dentists. It is likely to be a major step forward for oral health and will encourage patients to seek treatment from dentists rather than buying OTC products.

What’s the best way to use bleaching?

The best way to use bleaching is to use it as part of a comprehensive treatment plan for aesthetic dentistry. It is important to remember that bleaching is not a treatment for tooth decay and cannot be used to remove caries.

The new law is a welcome change for patients and dentists. It is likely to be a major step forward for oral health and will encourage patients to seek treatment from dentists rather than buying OTC products.

What’s the best way to use bleaching?

The best way to use bleaching is to use it as part of a comprehensive treatment plan for aesthetic dentistry. It is important to remember that bleaching is not a treatment for tooth decay and cannot be used to remove caries.

The new law is a welcome change for patients and dentists. It is likely to be a major step forward for oral health and will encourage patients to seek treatment from dentists rather than buying OTC products.

What’s the best way to use bleaching?

The best way to use bleaching is to use it as part of a comprehensive treatment plan for aesthetic dentistry. It is important to remember that bleaching is not a treatment for tooth decay and cannot be used to remove caries.
Achieving the most natural enhancement with quality education and training in non-surgical Aesthetics. Our team of surgeons, doctors and nurses can be your resource, dedicated to providing the highest calibre of Aesthetics training. Courses are held in London, Manchester and Birmingham, or, we can come to your practice.

Our training courses are open to Doctors, Dentists and Nurses only with a valid GDC or GMC number. Specialist courses in:-

• Botulinum Toxin (Foundation and Advanced Levels)
• Dermal Fillers (Foundation and Advanced Levels)
• Microsclerotherapy
• Chemical Peels

All courses are approved and accredited by Hamilton Fraser Insurance Services (HFiS). We offer a 10% introductory discount on all course prices with this feature.

Aesthetox Academy Limited, one of the leading UK training companies in non-surgical Aesthetics.

Contact 0870 080 1746 or email treatments@aesthetox.co.uk
www.aesthetox.co.uk
Social Media Marketing Measurement - Evaluating the Effectiveness of Your Efforts

Ritz Zamora looks at tracking the effectiveness of your online presence

Are you one of the many practices marketing with social media? If so, how do you track your effectiveness? As with any marketing activity, social media marketing efforts need to be measured. Below are several metrics you can monitor and evaluate to determine how you are doing.

1. Number of quality Facebook fans - note the word “quality”. Huge numbers of people who like your practice page are likely irrelevant if those fans live outside of your geographic area or if they are not genuinely interested in your practice. For example, people “liked” your page as a favour to a friend; however they immediately hid you from their newsfeed.

A quality community consists of existing patients, family or friends of existing patients/potential new patients (people who live within reasonable travelling distance of your practice), alliances, referral partners, neighborhood friends or colleagues, and those with a genuine interest in you, your team, or your practice.

2. Number of Facebook testimonials - Facebook testimonials are more valuable than your average testimonial. For one, friends of friends may have witnessed the testimonial post in action via Facebook’s newsfeed activity. Second, the patient’s testimonial rests adjacent to their profile photo—this gives lift to testimonials in ways not possible in the past. In other words you can click on other people’s profile links and confirm they are in fact “real” people/en-dorsers (not fake reviewers). Often you may see the town these people live in, which school they attended, or where they work. Third, once a patient likes your practice page, a copy of that “like” becomes a permanent endorsement in their personal profile’s record of likes—unless they unlike you in the future and in that case the “like” reference will disappear from their personal profile.

Avid Facebook users find Facebook a convenient—and meaningful—outlet to share both what they like and dislike about businesses. I’m happy to report that I’ve personally witnessed dozens upon dozens of highly complimentary patient comments and outright raving reviews about dentists and team members. And the testimonials come in at all hours of the day and night—including Saturday mornings and Sunday evenings, long after their dental visits have ended! While you may not be able to put a dollar value on testimonials, they could be the deciding factor for a new patient weighing up whether you are the best fit.

3. Website traffic from social media - hopefully your practice is already using a tool such as Google Analytics to determine where your website traffic is coming from. This free tool can prove invaluable by informing you where web visit referrals are originating. Talk to your webmaster about Google Analytics or a similar report that you can easily follow. Over time the report can show you if you are receiving web traffic from Facebook, Twitter, YouTube, Google Plus, etc.

4. Amount of engagement/interaction - a unique benefit of social media is the ability to interact and converse with your audience/clients. Many practices are successfully using creative programs to motivate interaction. If your Facebook Page participation is low, consider what you can do differently to change this. Likewise, if your Twitter is void of re-tweets, follows, etc. it’s time for a change of strategy or perhaps some training.

A huge benefit of social marketing is the flexibility it offers. Explore various types of programs and posts to see what interests your community most.

5. Number of new patients - often times practices will say they are seeing the number of new patients “from the internet” grow. With the addition of Facebook, Twitter, and YouTube, it’s important to be able to distinguish exactly where on the internet you were found.

If you are actively marketing on Facebook, Google Plus, Twitter or YouTube, add these choices to your patient registration forms. This gives patients a convenient option to specify exactly where they found you, and it also serves as a reminder of your presence in these platforms. In addition you may consider a specific phone number to track where phone calls are originating. The most powerful of all new patient tracking systems is however to simply ask your patients whether they have seen your Facebook, Twitter, videos, etc. Ask, note, track. It’s that simple.

Remember that interaction, consistency, and patience play a key role in social media marketing. It is not managed, nor can it be judged as quickly as a traditional postcard campaign.
How to make your website stand out!
Adrian Adler talks website design

I

If you don’t have a practice website yet, chances are your competitor either has one already, or is in the process of making one. In this day and age, if you don’t have a website you are missing out on one of the most powerful, cost-effective ways of marketing yourself to the world. But of course, just having a website in itself isn’t enough. Surf the web for local dental practices in your area and you will see that the standard of dental websites varies greatly across the profession, with websites ranging from the single page template that looks distinctly ‘last century’, to the all-singing, all-dancing websites run by some of dentistry’s leading figures. It’s true to say that just as all dentists are not made equal, neither are dental websites. In order to take full advantage of the boundless potential the internet has to offer, your practice website really needs to stand out – it needs to be exclusive.

Stand out from the crowd!
One of the main areas many websites fall down is on their profile. Quite simply, the designer(s) – whether they be the principal or an outside web design company – simply haven’t understood the vision of the practice. One problem that often crops up is that many practices try and cater too broadly for everyone, and in so doing don’t create a brand for themselves, and so don’t stand out ahead of their local competitors. The look, the feel, and the brand all need to convince your specific target patient that your practice is the right place for them. Your Unique Selling Points (USPs) should be clear, and the targeted visitor must feel compelled to stay on your website for more than five seconds.

‘Remember, your website is a 24/7 shop window that works for you even when you’re not working. As such it doesn’t just need to look good, but it also needs to convey the right ‘message’

To further enhance your practice profile, you should consider including patient testimonials as a key feature

Easy to remove - hard to forget!

PANAVIA SA CEMENT
The NEW Panavia for daily use...
- Simple to use, no primers, silane or bonding agents needed
- Ideal for crowns, bridges, inlays, onlays, cores & posts
- High bond strength, contains MDP
- RRP ONLY £66. Sml Syringe
- Available in Auto & Hand Mix

www.facebook.com/JSDavisLimited
www.js-davis.co.uk @ jsdsales@js-davis.co.uk 01438 758 908

It’s self adhesive

J&S DAVIS of kuraray
EXCLUSIVE DISTRIBUTORS
of your website. These don’t just have to be scanned in comment cards, but they can also include video testimonials that help to convey the human side to your practice. To support testimonials, it is also useful to display examples of your work. After all, how else can patients judge the quality of treatment you provide? Before and after photos are an excellent way of selling yourself to the world in this regard, and combined with testimonials and perhaps even some simple case studies, can really prove a powerful marketing tool.

Put yourself on the Google map
Another way you can make your practice, and your practice website stand out is to take advantage of tools such as Google Places. Many dental practices are still not aware of the importance of registering their website on Google Places to obtain a free local business listing. You won’t need to pay-per-click for your own practice name if Google Places has you listed at the top for free already. For the most effective marketing you will also need to make sure you control your Places on social media such as Facebook and FourSquare, so patients can ‘check in’ to your practice virtually, and provide you with some free advertising in the process.

To help you in your efforts remember it’s not just a case of putting your website address on your letterheads and stationery. You need to spend 10 seconds with each patient, turning towards your computer screen to ask them “Have you seen my website? If you’re happy with the treatment today, please visit our website and share us on Facebook.” Just spending a few extra seconds with your patients can prove extremely effective. After all, if you can get your patients to talk about you online, then that’s more free publicity for you!

Trust the experts
To guide and support you in your online marketing efforts, it pays to trust the experts. By employing the services of an experienced web design and marketing agency you can be sure you will be getting the most out of your online marketing efforts. Not only they be able to guide and support you to create your very own exclusive website, but they can also help you achieve Google rank one for searches in your area, as well as optimising your site for mobile platforms such as smart phones and tablets.

‘Many dental practices are still not aware of the importance of registering their website on Google Places to obtain a free local business listing’

Put yourself on the Google map
Another way you can make your practice, and your practice website stand out is to take advantage of tools such as Google Places. Many dental practices are still not aware of the importance of registering their website on Google Places to obtain a free local business listing. You won’t need to pay-per-click for your own practice name if Google Places has you listed at the top for free already. For the most effective marketing you will also need to make sure you control your Places on social media such as Facebook and FourSquare, so patients can ‘check in’ to your practice virtually, and provide you with some free advertising in the process.

To help you in your efforts remember it’s not just a case of putting your website address on your letterheads and stationery. You need to spend 10 seconds with each patient, turning towards your computer screen to ask them “Have you seen my website? If you’re happy with the treatment today, please visit our website and share us on Facebook.” Just spending a few extra seconds with your patients can prove extremely effective. After all, if you can get your patients to talk about you online, then that’s more free publicity for you!

Trust the experts
To guide and support you in your online marketing efforts, it pays to trust the experts. By employing the services of an experienced web design and marketing agency you can be sure you will be getting the most out of your online marketing efforts. Not only they be able to guide and support you to create your very own exclusive website, but they can also help you achieve Google rank one for searches in your area, as well as optimising your site for mobile platforms such as smart phones and tablets.

‘Many dental practices are still not aware of the importance of registering their website on Google Places to obtain a free local business listing’

Put yourself on the Google map
Another way you can make your practice, and your practice website stand out is to take advantage of tools such as Google Places. Many dental practices are still not aware of the importance of registering their website on Google Places to obtain a free local business listing. You won’t need to pay-per-click for your own practice name if Google Places has you listed at the top for free already. For the most effective marketing you will also need to make sure you control your Places on social media such as Facebook and FourSquare, so patients can ‘check in’ to your practice virtually, and provide you with some free advertising in the process.

To help you in your efforts remember it’s not just a case of putting your website address on your letterheads and stationery. You need to spend 10 seconds with each patient, turning towards your computer screen to ask them “Have you seen my website? If you’re happy with the treatment today, please visit our website and share us on Facebook.” Just spending a few extra seconds with your patients can prove extremely effective. After all, if you can get your patients to talk about you online, then that’s more free publicity for you!

Trust the experts
To guide and support you in your online marketing efforts, it pays to trust the experts. By employing the services of an experienced web design and marketing agency you can be sure you will be getting the most out of your online marketing efforts. Not only they be able to guide and support you to create your very own exclusive website, but they can also help you achieve Google rank one for searches in your area, as well as optimising your site for mobile platforms such as smart phones and tablets.
Building bridges: the BACD’s charity mission for 2013
The BACD explains its charitable aims for 2015

The British Academy of Cosmetic Dentistry (BACD) aims to promote clinical excellence in cosmetic dentistry carried out in an ethical, minimally invasive way. While still a relatively young organisation, the BACD has rapidly grown to become one of the most prominent organisations in dentistry, with a large member base encompassing dental professionals of all backgrounds, keen to enhance their knowledge and share in their passion for creating beautiful, long-lasting and ethical clinical results.

Now in its 10th year, the BACD is already widely regarded as one of the leading names in dental education in the UK, and indeed across the world, with a comprehensive programme of educational events designed to provide delegates with real practical tips they can take away with them and apply to their daily working lives.

In light of the BACD’s growing stature in UK dentistry, the BACD Board of Directors has expanded significantly over the last few years with many new positions created to reflect the BACD’s position within the profession. One of the latest additions to the BACD Board is Manrina Rhode who was elected Chair of the Charity Committee at the end of 2011. As part of her role Manrina is responsible for organising the BACD’s various charity events that run throughout the year as well as liaising with the BACD’s charity partners.

“For many years now the BACD has been at the forefront of providing outstanding education to dentists no matter their background or level of experience,” says Manrina. “But we’re also keen to raise money for charity as well. To reflect this, we’ve set up the Charity Committee and are working hard to expand the...
amount of charity events we hold each year.

“Last year (2012) our charity partner was Bridge2Aid, and we organised a number of events including a darts tournament held after one of our lecture days, as well as a pub quiz evening where we had prizes from our sponsors Heraeus and Ivoclar as well as a bottle of champagne. The highlight of the year however was definitely our Annual Conference in Manchester. On the Friday we organised a charity Gala dinner at Manchester City Football club where we also held a silent auction and a competitive game of reverse bingo to raise even more money for our charity. In total we raised over £8,000 but we’re keen to raise even more in 2013!”

After the success of the year’s fundraising efforts, the BACD will be continuing its support for Bridge2Aid in 2013. With a year now under her belt as Chair of the newly formed Charity Committee, Manrina is keen to take on board the many lessons she’s learnt and make 2013 a year to remember for the Academy and its charity partner.

“We’ve just got so many ideas for the coming year,” continues Manrina. “Of course we will see a return of some of our favourite events from last year but I’m also really keen to add some more events to the diary as well. In February for example we are planning a bowling event, while in May we are looking to host a karoke night as something a little bit ‘different’ to bring members together while also raising some money for charity. As if that wasn’t already enough in the summer we are planning a family day where we can really get everyone involved while I also have an amazing plan lined up to mark our 10th Annual Conference. I can’t tell you precisely what it is yet as I want to keep it a secret, but let’s just say there may well be music involved!”

With so much to look forward to in the coming year, Manrina is confident the BACD will raise more money than ever, while also providing the perfect excuse for members to get together to socialise and unwind. Aside from the many different social events that are planned for the coming year, 2013 will also see a return of the BACD’s popular charity whitening drive.

“The whitening drive is something I’m really keen to push this year,” says Manrina. “It’s quite a simple idea. We’ve arranged deals with a number of labs and whitening suppliers so we can receive trays and whitening gel for free. Dentists then support our fundraising by giving up some of their time to assess the patient and take impressions. We raise money by attracting patients to take part in our charity whitening for a fee a little bit below what they might normally pay. Patients must donate via our JustGiving page at the practice and then the whitening will be carried out. The programme was run previously to great effect, and this time round we aim to push it ever further still and I think we can really raise a significant sum!”

For further information about the British Academy of Cosmetic Dentistry, call 0207 612 4166, fax 0207 182 7125, email suzy@bacd.com, or visit www.bacd.com

---

### Monkey can buy you happiness

**Quality dental crowns at the best value. NO HIDDEN COSTS!**

**PRIVATE PFM NICKEL FREE**

**Only £29.95**

**e.max**

**Only £49.95**

10 reasons to make you happy

- ISO 9001, ISO 13485 and DAMAS accredited laboratory
- FREE courier service - traceable online
- FREE remakes in the unlikely event of mistakes
- FREE reduction copings to rectify minor mistakes in preparation
- FREE articulation on all cases
- Metal and material certificate with every job
- All restorations made to bespoke fabrication standard
- No extra charge for multiple shades
- No surcharge for extra bridge units

Supplied by DAMAS accredited laboratory

Send us a case today - Call Gag Sopai on: 07590 920544 or Paul: 0845 862 7333 or email us info@bds.me.uk www.bds.me.uk

---

**BDS Laboratory**
Getting to know Gary Morgan

Dental Tribune profiles Gary Morgan, owner of Milestone Experts

From humble beginnings in Harrow, Middlesex, Gary Morgan is the business owner and lead trainer of Milestone Experts, a company dedicated to helping businesses increase sales and improve client retention through effective call handling. He is also an international speaker, regularly sharing his knowledge up and down the UK and in the Republic of Ireland.

Milestone Experts has a diverse client base, but Gary’s area of expertise lies with dental practices. He explained, “I cover everything from sales (which I know is a disliked word in dentistry) to customer service, which includes telephone call techniques. We also recognise that every call counts and offer a telephone answering service.”

With a recent BDA study revealing that dental treatment in the UK is highly rated, despite the OFT report stating that patients are not given enough treatment information, competition among practices is fiercer than ever before. Therefore, it’s important that practices ensure high standards are maintained at all times, not just in the clinical setting, but also in regards to customer service.

“One ultimately, I want to ensure that the practices I work with become the ‘go to’ practice in their area. Even the most minute detail can determine whether a potential patient joins you or instead goes to the competition,” said Gary.

The early days

After leaving school with only a few qualifications, Gary is testament that hard work really does pay off. He said, “Over 20 years ago, at the beginning of my career, I was offered the opportunity to go into sales, and discovered I was pretty good at it. This was also when I was first introduced to training, as the company directors asked me to train new staff. I really loved sharing my experience; I could advise and recommendations.

From this role, Gary learnt a great deal about business management. He was unfortunately made redundant but as they say, everything happens for a reason, because from here, Gary made the bold decision to set up his own contract cleaning company. Despite this happening during the recession, the business thrived in the economic downturn.

“I learnt from having my own company that to be successful, you have to offer a much better service than the competition, and we were renowned for customer excellence,” said Gary.

After a successful nine years, Gary sold his business to spend more time with his family, but the workaholic in him knew his heart was in training and consultancy. Gary missed the buzz but realised he had to take one step back in order to go two steps forward. Eventually, he made the decision to approach a famous directories business, known for their exemplary staff training, to learn

Upgradability
- OPG units can be upgraded to 4cm or 8cm diameter CBCT and/or CEPH units at any time.

Quality
- High Performance Detectors for very high resolution 2D and 3D Scans.

Accuracy
- Smart Scout Technology for exact positioning of the CBCT scans to the patient’s anatomy.

Ease of use
- Push-button selection of the correct scan protocol and area of interest for both 2D and 3D scans.

Integration
- Easy workflow from existing patient records by linking the DP-700 into your practice management system.

Why Choose IDT Dental Products Ltd?

Experience
- Over 7 years of experience in supplying and supporting CBCT machines.

Dedication
- Supplying, installing, maintaining and supporting hardware and software for Dental CBCT scanners is our core business.

Expertise
- Our factory trained engineers look after your CBCT equipment starting before installation and continuing throughout its working life.

Referrals
- We can help you to generate referrals for your i-CAT or Gendex CBCT machine.

Introducing the New Low Cost CBCT Scanner from Gendex

Small Field of View CBCT

GX DP-700™

Series

OPG ................. from £25,000 + VAT
OPG+CEPH ........... from £34,000 + VAT
OPG+CBCT .......... from £51,500 + VAT
OPG+CEPH+CBCT from £60,500 + VAT

Upgradable at any time!

Why Choose Gendex?

Upgradability
- OPG units can be upgraded to 4cm or 8cm diameter CBCT and/or CEPH units at any time.

Quality
- High Performance Detectors for very high resolution 2D and 3D Scans.

Accuracy
- Smart Scout Technology for exact positioning of the CBCT scans to the patient’s anatomy.

Ease of use
- Push-button selection of the correct scan protocol and area of interest for both 2D and 3D scans.

Integration
- Easy workflow from existing patient records by linking the DP-700 into your practice management system.

www.ctscan.co.uk
IDT Dental Products Ltd, Unit GC Westpoint, 36-37 Warple Way, London W3 0RG.
Tel: +44 (0)20 8600 3840  Email: info@ctscan.co.uk

Gendex is a trademark of KaVo/Gendex Dental Systems, Lake Zurich, USA. Prices were correct at time of going to press.

Speak to a CBCT expert at IDT today to discuss your Gendex DP-700 options.
Getting to know Gary Morgan

Dental Tribune

Dedicated to helping business owners and lead trainer of Milestone Experts, Gary Morgan is the business owner of a successful training company. His expertise is in creating the very best results for dental practices.

9-year-employee has always been a key driver for Gary, and starting his own training company, Milestone Experts, four years ago, was a huge milestone in itself.

“IIn the early days of Milestone Experts, a dentist asked me to help him with his practice after learning about the sort of help I offer. After I started working with him, he began to see very positive results. He recommended me to colleagues, and then I started to proactively offer my services to dentists. The business has really grown into a successful operation. For the first time, I feel like this is it, everything I’ve been waiting for.”

7-Star Programme

Milestone Experts offers the 7-Star Dental Practice Programme. This is designed to help practices improve patient retention, increase patient numbers and help encourage existing patients to increase their treatment spend. To do this, Gary mystery shops practices to identify how they are currently performing against a 7-Star Dental Practice Scorecard; analyses every aspect of the practice; and offers his advice and recommendations. The training topics covered can be delivered as team or on a one-to-one basis.

“On this programme, we ask practices to imagine they are a 7-star hotel. Patients would expect the best of the best. But it’s not just the level of customer service I look at; I also evaluate the aesthetics of the practice, inside and out, it’s the minute details that count. Creating the very best impression from the outset, right through to post-treatment is very important,” explained Gary.

Going forward

With Milestone Experts being such a success, especially with dental practices, Gary wants to take his services global. He hopes 2013 will see the launch of his e-learning and video learning packages.

“Wherever practices are in the world, online learning will allow me to engage with them all. Offering something different, as everyone has their own preferred learning style, the video learning will be fun, interactive and fresh.”

In-practice training can range from a full day (between 8am and 8pm) or just two hours, allowing practices to take part without taking up too much clinical time.

Gary’s logical approach to improving practice performance has been well received by an array of practices. He said, “Delegate feedback has been fantastic, with responses ranging from ‘informative’, ‘insightful’ and ‘useful’ to ‘engaging’, ‘interesting’ and ‘helpful’.

“We offer a very unique service at Milestone Experts, which provides fresh, up-to-date ideas on how practices should operate.”

With over 10 years training and coaching experience under his belt, Gary thoroughly enjoys what he does. “I’m really passionate about what I teach and thrive off sharing my knowledge and advice. Speaking to larger audiences allows my message of improving patient retention, etc., to reach more people simultaneously and ultimately allows me to make a bigger difference.

“I am really looking forward to a prosperous 2013 and grabbing all available opportunities with both hands.”

About the author

For more information, visit www.milestonesexperts.co.uk or telephone 020 8600 3540; or email gary@milestonesexperts.co.uk

Follow Gary on Twitter: @everycallcounts

Why Choose Gendex?

Gendex is a trademark of KaVo/Gendex Dental Systems, Lake Zurich, USA. Prices were correct at time of going to press.

Why Choose IDT Dental Products Ltd?

IDT Dental Products Ltd, Unit GC Westpoint, 36-37 Warple Way, London W3 0RG.

IDT Dental Products Ltd is a leading UK dental supplier, known for their expert knowledge and customer service. They can offer support with the DP-700 into your practice management system.

Gendex is a leader in providing advanced technology for dental imaging. Their CBCT Scanner is a high-quality, high-speed imaging system that meets all requirements of the most demanding dental cases.

Meet us at:

IDS 2013

Hall 3.2
Booth E18 & F19
Cologne, Germany

HYGIENE INSTRUMENTS

DN ISO 13485:2003 Quality guaranteed!

- Larger, lighter grip for excellent tactile sensitivity
- Special American high carbon super-steel alloy
- Stay sharper longer - PD Maxx & PD Light
- Sharpen-Free Technology - PerioColor
- We guarantee it!

Free custom printed coffee mug with all orders above £50.00

( * Quote ID advert while placing order )

Manufactured by:

® Heidelberg, Germany
PREVEST DenPro GmbH

DIE ZUKUNFT DER ZAHNMEDIZIN

WEB: www.dentala2z.co.uk FREEPHONE: +44 (0) 800 04 39 503
Setting Up On Your Own
Financing the practice and choosing the right location and premises

Every new practice will need a financial injection when starting up in order to buy equipment, establish a workplace, and meet marketing and advertising costs before the first patient walks through the door. Even then, there is going to be a time lag before cash starts flowing in and this also has to be financed. There are a number of financing options when starting up and choosing the right one/s for your needs is essential. It is advisable to take financial advice to ascertain which is the best option for you. You could: use your own money; borrow off family and friends; borrow from a bank; attract outside investors.

Deciding upon the right location is a crucial business decision and is one of the most important factors in determining the success or failure of the practice. It is vital to your ability to build up practice goodwill. Make sure that you re-search your intended location before making a final decision. You should consider:
- what type of treatment you wish to provide (private/NHS/mixed)
- whether you treat children

Money Matters
You could: use your own money; borrow from a bank; attract outside investors; use practice profits; seek finance from side investors; get a small business loan; obtain funds from local著 investors.

A key decision will also be whether to pay rent or purchase premises. You will need to make sure that the premises are suitable for you and when the practice grows. Owning a commercial property is a good investment as it can give your business stability and you will acquire a capital asset. You will also have flexibility of the repair and decoration of the property. However it is a big financial commitment as you may need to take out a mortgage to finance the purchase and in most cases, you will need to finance the initial deposit yourself which means that monies that could be used for the purchase will be diverted to the property.

Leasing a property will obviously tie up less capital at the start but as the upfront costs for leasing are less than purchasing a property (provided you do not pay a premium for the lease), however, a Lease can be an onerous document and it is advisable to obtain specialist legal advice to negotiate the terms of the Lease so on behalf of your requirements.

Care also needs to be taken to ensure that the new business does not burden itself with a premises arrangement that makes it difficult for other colleagues to join, or “buy into” the business.

About the author
Puja Patel is a member of the Commercial Team at Lockharts and works primarily in advising dentists, dental care professionals and dental corporate bodies on the commercial aspects of dentistry.

Protect your smaller patients with Dentanurse’s range of children’s safety eyewear

From £9.49 to £15.49 meeting your duty of care with EN166 approved specs has never been so affordable.

Tel. 01981 500135 www.dentanurse.com sales@dentanurse.com

Dentanurse®
Timing is everything when selling your practice

Martyn Bradshaw explains why the timing of your practice sale is key

I

tten see principals approaching retirement by reducing their workload in the years prior to the sale of their practice. Nice idea, but the winding down period can hurt your pocket two-fold, with reduced income and reduced sale proceeds.

NHS practices

Although your practice will have a regular income from your NHS contract it is important to ensure that the UDA target is met, otherwise you risk the possibility that the NHS contract is reduced, especially where there has been a shortfall year on year. As the NHS contract is unlikely to be reinstated this could arguably be more of a concern than just a dip in your income before retirement.

Private practices

Purchasers (and their lenders) are likely to only pay a price based on the valuation at the time of the sale. Where there has been a reduction in income in the years running up to the sale, crucially purchasers will consider the final year as a basis. There may also be concerns if where the trend illustrates reducing income, especially in the current economic climate. This may lead a purchaser to offer a lower price and/or put more strenuous clauses in the sale/purchase contract.

Valuations

The valuation methods used commonly take into account the income levels of the practice whether by turnover or a multiple of the profitability. A reduction in turnover will clearly have a direct impact on any valuation based on turnover. However the more commonly used calculation, now based on a multiple of the profit (known as EBITDA), will be impacted upon even more so, by reduced fee income. This is because overheads are generally fixed. The end result is that (lower) profitability is multiplied to give an even bigger price differential.

What are your options?

If you are seeking to reduce your workload then there are a number of options to ring-fence the value in your practice.

• Employing associates to undertake the proportion of your output you wish to reduce, is one of the most common and preferred routes. This helps keep turnover at the same value. Although profitability will dip due to the cost of the associate this can be ‘added back’ when assessing the practice for sale; i.e. your purchaser can assess profitability without this associate in situ. Great care needs to be taken when negotiating the split of income here. A note of warning: a newly qualified associate may not produce the same level of gross fees as you do within the same timescale and this should be monitored very carefully.

• Sell earlier than intended. Where your practice is a multi-chair practice we experience more dentists selling their practice a few years prior to retirement and continuing on as an associate. This allows you to continue undertaking the dentistry but lose the administrative burden. Your sale contract can include the requirement to keep you on as an associate. It also ensures that the sale price achieved is based on the gross fees before you start reducing your hours. Flexible retirement is now a well trodden path.

It is encouraging that practices we bring to market often have a sale agreed in a very short space of time however the legal work takes on average six months from start to finish. In summary, if you are contemplating retirement early planning is required.

About the author

Martyn Bradshaw is an experienced dental practice valuer and practice sales agent. He is a director of PPh Dental, one of the leading dental practice valuations and sales in the UK. Martyn can be contacted on 0685 2414986. Visit www.pphidental.co.uk for further details.
Ray Goodman looks at some things to consider

There is much to be considered when buying or selling a practice and professional legal advice will always be beneficial when it comes to negotiating terms or drawing up a contract. With the right know-how a transaction can be made simpler and all the more likely to succeed.

There are a number of ways to own a dental practice, each with legal, financial and clinical responsibilities. Sole ownership means more responsibility, in the event of a liability default the principal’s personal assets will be at risk. A partnership is also quite common; this can be agreed between any number of partners who jointly own and operate the practice and liability is shared. A partnership agreement is drawn to agree the obligations and entitlements of the partners between themselves. Liability of partners to third parties is however joint and several, which means in the event of a claim against the partners a claimant can recover from any or all the parties.

A dentist buying shares in a limited company becomes a part owner of the company but not necessarily a director with the means to influence its policies or operations. Limited Liability Partnerships (LLP) differ from traditional partnerships as they limit the personal liabilities of the partners. An LLP is a legal entity in its own right in the same way that a limited company is and the business operates along similar lines to that of a limited company. To an extent an LLP has some of the benefits of a limited company and of a partnership. If a practice is already owned by a limited company it may be that the only option is to buy the shares. This is a more risky and expensive transaction as the buyer will take the company with all of its liabilities including historical tax issues, so it is crucial that the buyer has expert advisors who can carry out due diligence both against the practice and the limited company and safeguard the buyer from any future claims.

Many dentists share premises and common practice expenses, such as reception staff etc. With each practitioner responsible for an agreed proportion of the expenses, the individual practitioners will each own their practice but share other income and expenses on a pre-agreed basis. This should be documented in an expense sharing agreement to avoid dispute and to provide a procedure to deal with the situation should one of the expense sharers die or wish to retire from the practice.

Any problems further down the line can derail a proposed sale, so it is important to clarify what is being sold. A sales memorandum called a Heads of Agreement or Heads of Terms is often drawn up to define the basic terms and to ensure that the parties are agreed as to the fundamental terms before any expense is incurred in the sale process. Generally speaking Heads of Agreement will not be legally binding though; it can be expressed that some provisions are and if not properly worded they can create binding obligations, so it is important to have an experienced dental lawyer review such terms before they are agreed upon and signed.

The sale and purchase contract is the definitive agreement between buyer and seller, once signed and exchanged by both parties it is a legally binding document. All practices and deals are different, so the structure of sale and purchase agreements will vary. At the outset the contract will name the parties to the sale. The full details of ownership and addresses of every participant in the transaction will be recorded, the core of the agreement is the description of the assets and how they will be paid for.

Warranties given by the seller (such as the condition of its assets) regarding the state of the practice should be included in the
agreement and an experienced dental lawyer will tailor these to cover any issues arising from due diligence. The terms under which the buyer assumes responsibility for any inherited liabilities will also be detailed, along with provisions relating to the transfer of contracts including PCT contracts, appointments of private and NHS work in progress and a myriad of other matters. All of which are designed to provide certainty to the parties and thus avoid any problems post completion.

A potential buyer must have access to the necessary funding before entering into a binding agreement. Fortunately dentistry is still seen as a relatively low risk investment area for lenders and even in today’s climate many banks are still happy to provide loans to dentists. Though, the lender will not usually sanction the release of purchasing funds prior to the transfer of ownership being completed. The buyer must therefore be aware that he or she may have to cover any transaction costs that may occur early on such as a deposit.

Due diligence should be conducted on behalf of the buyer; this is when the lawyers request information about and consider all aspects of the practice. This is done to check that there are no issues that are likely to affect the value or operation of the practice in the future; this will cover matters like property title and rights of any occupiers of the premises. Compliance with GDC guidelines and Doll regulations will be taken in to consideration. As will conformity with all regulatory regimes such as CQC, environmental law and ionising radiation regulations etc.

An important detail of Due Diligence is the inspection of the accounts; buyers will need to be aware of any previous errors by the seller. Though under no obligation to give information not requested by the buyer, the seller should answer questions truthfully and fully. Failure to do so could give rise to a claim for damages on the grounds of misrepresentation or breach of warranty if loss is sustained by a borrower as a result of any error or omission. The responsibility is therefore firmly on the practice purchaser to perform due diligence with the utmost attention to detail to safeguard his own interests.

Rarely will buying a practice not involve the acquisition of its premises, either on a freehold or leasehold basis. Typically, freehold is the less complicated of the two, it can however occur that the property is subject to an outstanding mortgage, or is the security for a loan. In this case the buyer’s solicitor needs to make sure such liabilities will be discharged prior to or on completion of the transaction.

With leasehold premises, there are two further fundamental factors to consider; how long is left on the lease and whether the current holder has the consent of the property owner to transfer. Finance providers will in many cases need to take a mortgage over the lease and may require a minimum of fifteen years and evidence of remaining security of tenure. If a new lease is to be arranged, the incoming tenant will often be responsible for maintenance and repairs, so the buyer’s solicitor will need to negotiate the best form of repairing covenant to safeguard his client against future claims. Planning issues will also need to be checked.

Once securing your practice, the worst-case scenario is to discover that the seller has set up shop just down the street and has taken 90 per cent of his patients with him. To avoid this, a buyer can seek the insertion of a restraining clause in the sales agreement which will prevent the outgoing dentist from establishing another business locally, within a designated time frame. Flexibility will be expected to reach a geographic solution that suits both parties. If the restraints imposed upon the seller are deemed by a court to be unreasonable having regard to the circumstances of the case they will not be enforceable.

Transferring ownership of a practice can be a complex process, a specialised dental lawyer will help make it easier and reduce risks involved.
An associate’s guide to practice purchase

David Brewer advises associates

As we move into the new year many resolutions will have already been broken but from past experience we know associates who have made a resolution to buy a dental practice are not easily swayed and the majority of associates we deal with aspire to become practice owners, possibly as a result of logical career progression or simply to protect their own position and to be in control as they see their income share percentage reducing.

How they must look enviously at their colleagues who purchased practices in the early to mid-2000s when it seemed the banks would lend to anyone simply because they were a dentist... asking very few questions and making available the full asking purchase price by way of loan - quite often at rock bottom rates.

As we all know the financial world has now changed somewhat...

The banks are now taking a much more critical approach to any finance requests and will review in depth all aspects of any proposal.

The bank’s main focus nowadays is on the individual (or individuals) looking to buy the practice and it is essential therefore to ensure you present yourself in the best possible terms to the bank in question – with particular attention given to three areas.

Your CV

The bank WILL ask for this. Ensure your CV is fully up to date – include all positions worked from VT onwards and try to avoid any gaps in employment/working history. Include any specialisms/additional qualifications and having worked both Private and NHS at a number of practices will be viewed as a good thing. Highlight also any managerial or staff responsi-

‘It is a big jump from being an associate to a practice owner and the bank will need the confidence you can take this step’

bilities you may have undertaken especially if you have any separate business qualifications and/or family friends who do.

It is a big jump from being an associate to a practice owner and the bank will need the confidence you can take this step.

Track Record / Earnings

Many banks would now expect any applicant to have worked at least TWO years as an associate in the UK before any lending for practice purchase can be considered.

It is essential that your financial accounts are kept up to date as these will form a key part of any lending assessment – with the banks looking closely at prior GROSS earning (before current principal) as a guide to what you could achieve as practice owner. For example, if you gross £140k as associate (take home say £40k)
but looking to acquire a practice where current owner grosses £250K this may be considered too big a jump – unless you can reasonably explain why...

Deposit / Contribution

The banks will certainly be looking for any prospective purchaser to put a deposit down towards any new purchase. The banks would prefer cash but WILL consider equity in property as a quasi-contribution – but be prepared as banks may not consider your property asset to be worth as much as you think.

For security purposes they will tend to place a ‘security’ value of somewhere near 70 per cent of open market value on the property – so once discounted by this figure – less an existing mortgage there tends to be no equity left.

For example: a house with a value £500,000 and a £500,000 mortgage.

Banks would value at 70 per cent of £500K less the mortgage leaving ‘security’ value of £50,000 (somewhat less than the true equity of £200,000).

As a rule of thumb 20 per cent contribution is required by the banks, however in certain cases 10 per cent can be considered (and the banks are often happy to include a contribution – cash or property – which is gifted from family – a common way for purchasers to get onto the practice owning ladder).

TOP TIP... BUY YOUR PRACTICE FIRST AND HOUSE SECOND - your deposit can be put towards the practice purchase. Once you have

The banks ARE still lending for practice purchase and the dental sector is viewed by them as relatively low risk - which is great news for prospective purchasers.

HOWEVER it is essential your application is presented in the right manner to the right person at the right bank. Simply walking in to your local branch will not achieve the right result – and could go against you if the local manager does not understand the profession and says ‘no’. Once you receive a ‘no’ it is then extremely difficult to overcome this.

ALWAYS engage the services of an independent specialist to work on your behalf (we currently have access to eleven banks who are actively lending to the dental market) – who will package the proposal in a manner which will satisfy the bank’s credit criteria (all banks have slightly different requirements) and ensure you areersonally introduced to a number of the specialist dental divisions of these banks - by involving more than one bank a degree of competition can also be generated to ensure more competitive terms secured.

Remember that you only get one chance to make a first impression with the Bank which is crucial in today’s market for raising Practice finance - make sure you get it right...

About the author

David Brewer
Head of FV & Finance has worked in the health care sector for over 20 years and is responsible for securing many millions of pounds for the dental profession to enable practice purchases. For more information David can be contacted on 0207 2483568 or email david.breuer@ft-associates.com

The latest must have...

£19.50 +vat - 5 Large Syringes - Order your trial kit NOW

...AND MORE

4W Laser - 8W Laser - Cordless Laser - IntraOral Cameras

British Products

QuickLase QuickWhite Call us 01227 780009 www.quicklase.com
Turn your good practice into a great one – part one

This new series by Jacqui Goss takes you on a journey toward perfection!

Happy New Year! So, is 2013 when you’ll develop your good dental practice into a great dental practice? I hope so because that’s what my new series of articles should help you to do. In a further nine instalments I’ll run through everything from telephony excellence to patient satisfaction and systematic follow-up to instinctive marketing.

Don’t misunderstand me; this is not a series of master-classes. Far be it from me to claim virtuosity. What I do have are years of experience in retail management followed by more years in dental practice management and business development. Currently, I’m racking up the years in practice management consultancy – meaning I get to visit, assess, advise, help and mentor a lot of dental practices.

Together with the practice owner and practice team we move things forward, improve the patient journey, attract more patients, increase turnover and profits and make the practice a happier, more efficient place to work. The key word in that sentence is together.

This series will be me sharing ideas with you, raising topics for you to consider, recommending sources of information, suggesting ideas and explaining what does and does not work. You don’t need to do everything or even any thing I suggest. You may take a contrary view and choose a different course of action. At the very least, I hope my articles help you think, help you assess where you and your practice are along the development continuum and help you decide what steps to take. Who was it that said: “standing still is not an option”? I don’t know. But then none of us knows everything, do we?

While it’s true that a journey of 1,000 miles begins with the first step, unless you make that step in the correct direction, you’ll so get lost! With this in mind, the journey from good practice to great practice could usefully begin with an audit. Aaargh! Stop reading now... I’ve written the a-word! Don’t worry I’m suggesting a back of an envelope audit rather than a full-scale Audit with a capital ‘A’. It will be a quick assessment of where you and your practice are. Consider it a glance at a map and the taking of a compass bearing to ensure your first step is in exactly the right direction.

You can do it solo or in conjunction with your associate(s) or practice manager but I strongly suggest you involve your whole team. Not only is their cooperation and support going to be vital during the development of the practice but also they see and know things that you and senior staff don’t.

On the basis that developmental action is best done if it’s fun, I suggest you set the tone from the start. So, for the next team meeting, ask each member of staff to bring along an envelope. As an aside, you may wish to note those who come with a used one rescued from the paper recycling bin (positive Brownie points) and those who bring a brand new one taken from the stationery cupboard (negative Brownie points). Say you wish to conduct a back of an envelope audit of how good the practice is and then join your staff writing down very broad headings such as: premises, marketing, appointments, ambience, in-house communication, dealing with complaints and so on.

Start the ball rolling and then take suggestions for headings from team members – until you have about ten or a dozen. Now ask everyone to rate the practice from one (poor) to 10 (brilliant) against each heading and do so yourself. You should encourage quick personal responses without debate or discussion. Collect the envelopes and look at the ratings after the meeting. If one or more headings have been marked low (especially by more than one person), you’ll need to bottom out what the problem(s) is/are and work out how to resolve it/them as a priority. For ideas and assistance you can access my previous Dental Tribune articles here; http://www.dental-tribune.com/printarchive/index/product/25

My guess is that yours really is a good practice, the ratings should be above the median value under all headings. So, which direction is now appropriate for your first steps toward dental practice greatness? I suggest you follow the same route as I intend taking with this series of articles – the patient journey. This should also ensure you develop a (even more) patient-centred practice.

Without going into detail at this stage, I suggest the patient journey comprises the following stages:

- step four, a patient is dealt with according to whether they are new or existing
- step five, a patient receives clinical assessment or treatment
- step six, the recommended course of action is discussed with a patient
- step seven, a patient is dealt with according to the agreed course of action
- step eight, feedback is obtained from the patient

It doesn’t end there, of course, as the feedback should be one of the things that influence changes and enhancements to step one and the rest of the journey.

Now, I fully appreciate that I’ve not included some of the terms, such as telephone excellence and instore marketing, which I mentioned earlier. I’ve also apparently left out topics such as administration systems, follow-up procedures and PR. To my mind, all these things should flow from the patient journey. For example, PR and marketing should relate to step one in that potential new patients need to learn of your existence in the first place. Administration systems should support how efficiently patients are ‘processed’ and should allow for proper management of the practice – they are not there merely for their own sake or just to give practice managers a headache when they go wrong!

With each of my articles, I’ll try to suggest further reading or research for you and your team. This time, I recommend you buy or borrow The 7 Habits of Highly Effective People® by Stephen R. Covey, which is an excellent book for focusing on specific ways of thinking and acting to become more effective.

About the author

Jacqui Goss is the managing partner of SooRESULTS dental practice consultancy. Many practices utilise her knowledge and expertise to considerably improve their patients’ journeys.

Email: jacqui@sooresults.co.uk

www.virofix.com

A journey of 1,000 miles starts with the first step

Introducting Virofix,™ an innovative alcohol-free high level surface disinfection system for use on non-invasive medical devices.

Each super-concentrated 8 ml cartridge of Virofix is highly effective against bacteria, fungi, TB, Hepatitis and Rotavirus. Tests have shown that, even after 24 hours, surfaces sprayed with Virofix have a high resistance to contaminating organisms.

Even the dispenser pack itself is bacileidal!

Virofix is compatible with all surfaces and materials. Even the lightweight cartridge refill pack is equivalent to a heavy, cumbersome 5 L container of conventional disinfecting solution.

The light weight cartridge refill pack is equivalent to a heavy, cumbersome 5 L container of conventional disinfecting solution.

Available exclusively in the UK from and Topdental.

Call 01535 652750 or email sales@virofix.com

The Dental Directory
Heavyweight Disinfection

(Just add water)

Introducing Virofex™, an innovative alcohol-free high level surface disinfection system for use on non-invasive medical devices.

Simply add 500ml of tap water to the system bottle, put one Virofex cartridge into the neck, replace the trigger, shake for a few seconds and it’s ready!

Fresh, perfect strength working solution every time, without any spill hazard or the need for cumbersome and dangerous 5 litre refill containers.

Concentrated

- Each super-concentrated 8ml cartridge of Virofex makes 500ml of working solution.
- The lightweight cartridge refill pack is equivalent to a heavy, cumbersome 5L container of conventional disinfectant – and it can be wall-mounted.

Effective

- Virofex is highly effective against bacteria, fungi, TB, viruses and spores; including MRSA, C-Diff, HIV, Hepatitis and RotaVirus.
- Tests have shown that, even after 24 hours, surfaces sprayed with Virofex have a high resistance to contaminating organisms.
- Even the dispenser pack itself is bactericidal!

Safe

- Virofex is compatible with all surfaces and material types – eliminating the need for different solutions.
- Alcohol-free and non-flammable, Virofex does not smell of harmful biocides.

Available exclusively in the UK from The Dental Directory and Topdental

For more information on this innovative new product, call 01535 652 750 or email sales@virofex.com
Alternatively, watch our demonstration video on YouTube.

www.virofex.com
I t’s the start of a new year, a time when many want to reinvent themselves, and possibly emulate the “Hollywood smile” brandished by many celebrities and TV personalities. As a result, you may find that at the beginning of 2013 more patients will be asking, “How can I achieve whiter teeth?”

It’s no secret that tooth whitening is one of the most popular types of cosmetic treatment in dentistry; in fact, a third of all cosmetic dental treatment carried out involves tooth whitening. This is unsurprising after a survey last year revealed that nearly one in five people (18 per cent) find stained teeth a real turn off.

Consequently, patients may seek professional whitening to lighten the natural colour of their teeth, which have become discoloured due to smoking, drinking tea, coffee and red wine, and/or eating spicy foods. But, this can leave teeth sensitive, and some patients may experience discomfort in the gums, a sore throat, or white patches on the gum line. Also, this procedure is often considered an expensive, private treatment.

Alternatively, toothpastes which lift stains and whiten teeth in a cost-effective way, are available. However, by the same token, it can be misconstrued that patients need an abrasive toothpaste to remove stains.

Abrasion levels
All toothpastes contain abrasives; they provide the cleaning power needed to keep teeth clean and help prevent gum disease by removing plaque, stains and debris. However, highly abrasive toothpastes can damage the teeth and gums, and attack the enamel.

As tooth enamel is worn away, the dentin beneath is more visible and teeth become more yellow in appearance. Abrasive toothpastes can also remove the lustre and polish of porcelain veneers and crowns, dulling an otherwise beautiful smile; and can also cause teeth to become sensitive. In the most severe of cases, infection and even tooth loss can occur.

When you are recommending a whitening toothpaste, it’s important that it is a brand that enables patients to achieve a brighter, healthier smile without potentially damaging tooth enamel.

Laboratory testing
Toothpaste abrasiveness is measured by its RDA (relative dentin abrasivity) value, and any figure over 100 is considered to be “abrasive”. In July 2012, a USA-based independent testing laboratory tested the abrasion levels of 13 toothpastes. The results confirmed

The Beverly Hills Formula Total Whitening Expert toothpaste removed over 91 per cent of stains, outperforming many of the leading whitening toothpastes and toothpolishes, including Colgate Max White with Micro Crystals (Crystal Mint) toothpaste, which removed only 54 per cent of stains.

Stain Removal Study Results (UK*, 2012)

<table>
<thead>
<tr>
<th>Product</th>
<th>% Stain removed following 5 minutes treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beverly Hills Formula Natural Whitening Expert toothpaste</td>
<td>91.8</td>
</tr>
<tr>
<td>PLMO/1 x 1158 Stain Removal (Beverly Hills Formula Perfect White toothpaste)</td>
<td>90.8</td>
</tr>
<tr>
<td>Beverly Hills Formula Dentist's Choice Gum &amp; Whitening Expert Sensitive toothpaste</td>
<td>88.9</td>
</tr>
<tr>
<td>Beverly Hills Formula Dentist's Choice Gum &amp; Whitening Expert Sensitive toothpaste</td>
<td>87.9</td>
</tr>
<tr>
<td>Colgate Max White One toothpaste</td>
<td>74.9</td>
</tr>
<tr>
<td>Beverly Hills Formula Natural White toothpaste</td>
<td>72.5</td>
</tr>
<tr>
<td>Colgate Total Advanced Whitening toothpaste</td>
<td>60.5</td>
</tr>
<tr>
<td>Beverly Hills Formula Sensitive Whitening toothpaste</td>
<td>59.6</td>
</tr>
<tr>
<td>Colgate Max White with Micro Crystals (Crystal Mint) toothpaste</td>
<td>54.0</td>
</tr>
<tr>
<td>Oral B Pro-Expert toothpaste</td>
<td>55.9</td>
</tr>
<tr>
<td>Arm &amp; Hammer Advanced Whitening toothpaste</td>
<td>52.5</td>
</tr>
<tr>
<td>Colgate Sensitive Whitening toothpaste</td>
<td>51.7</td>
</tr>
<tr>
<td>Pearl Drops Daily Whitening toothpolish</td>
<td>48.7</td>
</tr>
<tr>
<td>*UK leading Dental School</td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td>48.2</td>
</tr>
<tr>
<td>Oral B Pro-Sensitive toothpaste</td>
<td>47.0</td>
</tr>
<tr>
<td>Sensodyne Rapid Relief (Mint) toothpaste</td>
<td>46.8</td>
</tr>
<tr>
<td>Sensodyne Repair &amp; Protect toothpaste</td>
<td>46.6</td>
</tr>
<tr>
<td>Colgate Sensitive Pro-Relief &amp; Whitening toothpaste</td>
<td>44.1</td>
</tr>
<tr>
<td>Pearl Drops Hollywood Smile Whitening toothpolish</td>
<td>42.9</td>
</tr>
<tr>
<td>Sensodyne ProNamel Gentle Whitening toothpaste</td>
<td>41.2</td>
</tr>
</tbody>
</table>
that Beverly Hills Formula's whitening toothpaste is less abrasive than other leading brands of both whitening and regular toothpastes. In fact, Beverly Hills Formula Total Breath Whitening scored as low as 90 on the Abrasivity Index, while some leading competitors have levels as high as 158. Beverly Hills Formula Perfect White scored 95; and Beverly Hills Natural Whitening Expert, 99.

However, it is important to remain aware of the fact that the RDA value is often not included in the marketing or promotional information supplied with toothpaste products, and many patients and even some dental professionals are unaware of what harm their toothpaste could be causing.

To support these abrasion results, an in-vitro laboratory study found that Beverly Hills Formula whitening toothpastes remove stains in just one minute. Beverly Hills Formula Natural Whitening Expert toothpaste proved more effective at removing stains when compared with other leading brands of whitening toothpastes and toothpolishes, with over 91 per cent of stains removed over a five-minute period.

Performed by a UK Dental School, the study aimed to discover how effective various toothpastes were at removing dietary stains from Perspex, compared to water. Other products within the range also scored exceptionally well with Beverly Hills Formula Perfect White toothpaste removing nearly 91 per cent of stains and Beverly Hills Formula Dentists' Choice Gum & Whitening Expert toothpaste removing over 88 per cent. Meanwhile, other leading brands of whitening toothpastes and toothpolishes scored as low as 44 per cent, a remarkably low percentage, considering water alone removes 48 per cent of staining.

The brighter way forward

These results demonstrate that removing stains caused by tea, coffee, red wine or tobacco no longer requires harsh abrasives or bleach. This new generation of whitening toothpaste offers a more tooth-friendly solution, helping patients to restore their teeth to a natural white colour, quickly, safely and effectively.

The Beverly Hills Formula range also provides complete gum and tooth protection, which is, of course, of utmost importance. As modern dentistry leans towards a more prevention-focused approach, you will now be encouraging patients to take more responsibility for their oral health. As well as encouraging regular dental and hygiene visits, and advising patients to avoid excessive consumption of teeth-staining foods, why not also encourage them to use oral health products, which can be used as part of an effective at-home oral healthcare regime, whilst also cost-effectively removing stains and whitening teeth? For extra stain removal, the toothpaste can be left on the teeth for up to one minute before brushing.

As a dental professional, your recommendation carries considerable weight so when patients ask, “How can I achieve whiter teeth?” it’s important that you recommend a toothpaste that can fulfil this request, but in the most safest and efficient way possible.

Contact Information

For more information on Beverly Hills Formula products please call +353-8642 0811, email info@beverlyhillsformula.com or visit www.beverlyhillsformula.com.

Twitter: @BHFWhitening

Advertising feature

Product Spotlight 27
Wear Centre® for consultation and treatment planning advice only or for Professor Andrew Eder, Specialist in Restorative Dentistry and Prosthodontics, London Tooth Wear Centre is a specialist referral practice in Central London purpose) to deliver its patented pulsed oxygen cosmetic treatments. Costing range of cosmetic therapies (wrinkle reduction; lip profile enhancement;  

The London Tooth Wear Centre invites you to visit The London Tooth Wear Centre is delighted to open its doors to dental colleagues for a series of exclusive referral evenings. Each evening provides an opportunity for just a few visitors to meet together, gain an hour of worthwhile CPD in an setting on tooth talk and discuss how we can support you and your patients. The London Tooth Wear Centre is a specialist referral practice in Central London offering an evidence-based approach to management of all dental needs. Prestige Medical is a market leading manufacturer of equipment, with a range of innovative products designed to reduce the cycle times of the dental decontamination process.

Soren Ager, General Manager of Tavom UK, is delighted to announce that a new partnership agreement has been reached with The Dental Directory.

Dr Ghasoon Smith from Bexton Dental Care in Cheshire was delighted by the CEREC cosmetic techniques with ease, and benefit clinically and financially. His treatment Centres

The Sirona T1 Classic handpieces are innovative with their local communities. We are thrilled to help put on the

A CEREC Data for Your Diary – March 21st 2013 A free webinar will take place on Thursday 21st March at 7.30pm hosted by Dr John Moore. He will explain how CEREC is used by around 40,000 dentists worldwide to create beautiful posterior and anterior restorations both in the surgery and in conjunction with their laboratory.

A general fan of the recent CEREC software evolution and material developments, John feels that all cosmetic restorations can now learn high quality CEREC cosmetic techniques with ease, and benefit clinically and financially. His style is to teach practical advice and working techniques for busy practitioners who need to understand the advantages of digital dentistry.

For more information, please contact The Dental Directory on 0800 585 586, or visit www.dentaldirectory.co.uk.
SDI PolaRay and PolaLux PolaRay and PolaLux are from SDR are two cosmetic whitening systems that will help your patients achieve a whiter and healthier smile.

Both PolaRay and PolaLux are...
The Dental Advisor, Vol. 23, No. 3, p 2-5

contradictions. Thanks to its unique rheological active

ping impression materials. Because normally the rheological

Often times, compromises have to be made when develo-


new endodontic microsurgical course

2 DAY INTENSIVE HANDS-ON APICOECTOMY TRAINING UNDER MICROSCOPE

SUBJECTS COVERED

• treatment planning and considerations
• incision techniques and micro-suturing
• osteotomy window
• ultrasonic retrograde preparation and filling
• bone augmentation

This course is intended for the serious generalist, special interest dentist, specialist endodontist or oral surgeon who wishes to expand his/her knowledge and expertise. The hands-on training will fortify and will positively impact the trainee’s confidence and skill for this challenging and important treatment option after failed root treatments.

The hands-on training will include preparing apicectomies on at least 6 extracted teeth set in phantom heads with the use of microscopes and more.

Please phone Dr Zolti BDS MSc 0161 792 5223 or 07780 901 916 or email info@proendo.co.uk for more details. Sessions are limited to 10 participants and are booked on a first-come-first served basis.

£649.00 per day

www.proendo.co.uk

AIMS: to advance the standard of surgical endodontics.

OBJECTIVES: to obtain a full and current knowledge and skill to perform microsurgical endodontics with confidence. The hands-on training will provide not only the necessary skill but ensure there is coherence in its implementation.

OUTCOME: the participant will obtain information for treatment planning and the necessary skill to perform the complex endodontic surgery.

14 hours cpd

Dental Support Service

Consistently achieves excellent results in all of its courses

We are now recruiting for the following courses:

• NEBDN National Diploma for Dental Nurses
Starting May 2013
• NEBDN Certificate in Dental Radiography
Starting February 2013
• NEBDN Certificate in Oral Health
Starting March 2013
• City and Guilds Diploma in Dental Nursing
Starting June 2013

If you are interested in becoming one of our successes

Contact us for more details

Tel: 0208 555 9000
Email: info@dentalsupportservices.co.uk
SUCCESS

The CAMLOG® Implant System has been a genuine success story since 1999. Its outstanding user-friendliness, first-rate precision, and coherent prosthetic orientation have convinced more and more users. Rounding off its overall offer with an exceptional price-performance ratio, CAMLOG has become the trusted supplier of choice for numerous implant professionals. Go and see for yourself: www.camlog.com

CAMLOG stands for success.

a perfect fit™