Expand your “Cosmetic” Dentistry

Oliver Harman discusses expanding horizons with an MSC in Restorative and Aesthetic Dentistry from The University of Manchester and Smile-on

In the dental industry today, there are many interpretations of the term “cosmetic dentistry”. Some practitioners would define it as a branch of dentistry that focuses solely on the appearance of the smile, as opposed to the health of the teeth. However these are not two mutually exclusive entities.

In an attempt to reconcile “aesthetics” with “cosmetics”, many practitioners are now enrolling in educational courses to help develop their knowledge and understanding within the area of “cosmetic” dentistry. In today’s society, there is a high demand for aesthetically pleasing smiles amongst the general public. As this demand increases, it is important that clinicians enhance their skills within this field, and produce the results expected by patients.

Dr Oliver Harman from The Harman Dental Clinic in Royal Tunbridge Wells, is one of the two dentists in the UK to pass the BACD Fellowship Examination, and began the MSc course at the beginning of the year.

“I have just completed the introduction to the MSc course, and have so far found it to be an excellent grounding in 21st century dentistry,” he says. “For someone who has been practising for 20 years it has been extremely useful, and it gives a really good overall picture. Technology has developed dramatically in the past few years, and the course offers a very up-to-date and progressive set of lectures, at the cutting-edge of the dental industry.”

When discussing what features of the course he found most beneficial, Dr Harman is finding the eLearning approach to be very positive. “I definitely prefer the webinars live, as I feel it adds something to the lecture. Generally the format works very well and is a realistic method of learning for busy dental professionals. The online aspect provides the fantastic privilege of allowing me to continue working while studying. This is particularly relevant to dental professionals fairly advanced in their careers, as it is more challenging to attend traditional courses regularly with great commitments to their families and practices. The online format allows for more mature clinicians to revisit mainstream education and training without making too many sacrifices.”

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The speakers are also very good, and include some of the leading names in the field. I like that the lecturers aren’t limited to Manchester University, enabling the presentations to provide brilliant exposure to a wider faculty than you would normally have access to.”

When talking about why he wanted to take the MSc in Restorative and Aesthetic Dentistry, Dr Harman is very passionate about the controversies surrounding the concept of ‘cosmetic dentistry’. “Within the dental industry at the moment, there are some very conflicting views about what the term ‘cosmetic dentistry’ covers. Unfortunately, I think many practitioners have formed their opinions based on some of the pretty terrible examples of so-called ‘cosmetic’ work in the past.”

“As far as I’m concerned, ‘cosmetic dentistry’ is not a separate entity in practice. In all my work I aim to complete...”
Approximately 6,000 people in the UK annually are diagnosed with oral cancer - with an estimated 2,000 deaths every year
(Source: British Dental Health Foundation, www.mouthcancer.org)

Oral Cancer – prevention, examination, referral has been designed to support all health professionals by updating their knowledge, highlighting the importance of oral cancer screening, and providing practical tools for communicating with patients and colleagues

The programme comprises four topics:
1: The facts - Providing a background into the incidence, causes and development of oral cancer
2: Team Approach - Looking at all aspects of communication both within the field worldwide, but I think it is very important to have an understanding of the progress within the UK.
3: Screening Examination - Practical advice on improving the opportunistic screening procedure in practice
4: Case Studies - Providing first hand experiences of examining, making referrals and living with oral cancer

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The MSc in Restorative and Aesthetic Dentistry enhances my mainstream knowledge of modern techniques, providing an updated platform for my work. I put a lot of emphasis on keeping up with new advances within the field worldwide, but I think it is very important to have an understanding of the progress within the UK.

“Along with a few colleagues, I wish to help bridge the gap between the widespread views of ‘cosmetic’ dentistry. Though I have just begun the course, I think it will be a tremendous help to knowing and fully understanding the literature and evidence-base behind the work I do - an invaluable benefit both in practice and for the clinical case studies and articles I frequently write.

“With so many contradictory ideas of ‘cosmetic dentistry’ within the dental community, it is no wonder the general public don’t really understand the term. In order for patients to know what we mean, we need to define the term ourselves first. We need to ensure what we’re teaching, learning and trying to achieve is the same for everyone – hospital workers, general practitioners and members of the public.”

The MSc course from Smile-on and the University of Manchester is split into seven units, incorporating webinars, lectures, residential sessions and a dissertation to end. The online resources can be accessed repeatedly, at a convenient time to the practitioner, and from a familiar environment. Including access to advice and guidance from some of the experts at the forefront of aesthetic dentistry, the course provides a solid framework for dental professionals to develop and improve the standard of service they offer their patients.

Smile-on: inspiring better care.

For more information about the online MSc in Restorative and Aesthetic Dentistry go to www.smile-on.com/msc, email info@smile-on.com or call 020 7400 8989

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Implant Training Options, from “Bricks” to “Clicks”

Ken Nicholson discusses how to invest in your career and boost your practice income

Not-one, but absolutely no-one, can have missed the fact that there is a global economic crisis. Perhaps this may have directly affected your practice – fewer patients, fewer referrals, decreased uptake of elective or advanced treatment.

One way of offsetting this situation is to offer something new in your practice perhaps dental implants but this requires training, so what are your options? Let’s take some time to consider these options or different approaches and tailor this article to answer the ten questions most commonly asked of me during my 12 or so years of teaching implant dentistry;

1. Does the course comply with current guidelines?
2. Will I need to spend a lot of time away from my practice?
3. How much hands-on training is provided?
4. Are patients provided?
5. Must I provide patients for treatment?
6. What recognition do I get at the end of the course?
7. Can I offer my patients a discount if treated on the course?
8. Who is ultimately responsible for the treatment (medico-legally)?
9. What happens if my patient’s treatment is not completed before the end of the course?
10. How much does it all cost?

Honigum. Overcoming opposites.

Often times, compromises have to be made when developing impression materials. Because normally the rheological properties of stability and good flow characteristics would stand in each other’s way, DMG’s Honigum overcomes these contradictions. Thanks to its unique rheological matrix, Honigum yields highest ratings in both disciplines.

We are very pleased to see that even the noted test institute »The Dental Advisor« values that fact: Among 50 VPS Honigum received the best »clinical ratings«

* The Dental Advisor, Vol 23, No. 3, p 2-5

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costs. Questions 5, 7 and 10 also have an economic theme. Think about it, what’s the point of the training? By the end of the programme you want to be able to place and restore implants in a safe and predictable manner in your General Dental Practice environment (The Goal) and get a return on your investment. Without a significant amount of hands-on training it is unlikely that you will realise this goal. An implant programme should deliver two things, knowledge and skills. Many implant courses offer the knowledge component but most struggle when it comes to skills training.

What, then, might the criteria be for the ideal implant training programme?

- Cost effective and cost efficient i.e. value for money - minimising the time you need to take out of your practice thereby being cost efficient and having low course fees, thereby being cost effective in allowing you to more readily see a return on your investment.

- Adequate skills training - Patients provided for hands-on (skills) training

- A significant amount of skills training

- A recognised qualification - Patients provided for hands-on (skills) training - A significant amount of skills training

- That shows you are trained to a certain standard that meets the required guidelines

- That will help with marketing your new found skills

Looking at the last of these criteria first what exactly is a “recognised” qualification. This is usually taken as a degree inferred by an academic institution or a qualification inferred by a Royal College. One needs to be very wary of private courses promoting a “Certificate” or “Diploma” at the end of their programme. At best such courses can only offer verifiable CPD or a certificate of course completion.

Of course a recognised qualification is not an essential requirement but the ideal course would at least offer the option.

So what are the current pathways to meeting the ideal course criteria and what are the advantages and disadvantages of each?

The GDC supported FGDP implant training standards document updated in June this year (http://www.fgdp.org.uk/assets/pdf/publications/policy documents/implant training stds jun 12.pdf) clearly indicates that appropriate training can be delivered by a wide variety of providers ranging from universities to individuals. The important point is that the course you enrol on should, as a bare minimum, meet these standards.

The majority of UK universities now offer part-time MSc programmes in implant dentistry but this is probably the most costly route to obtaining a qualification in implant dentistry with average fees for a three year programme in the region of £25k. Furthermore the hands-on (skills) training offered on university programmes varies greatly from one university to the next.

One slightly unusual pathway to a qualification in implant dentistry is the Diploma at the Royal College of Surgeons of Edinburgh. With the right course geared towards the examination this can be the most cost effective and cost efficient route.
The cost efficiency to both the student and the course provider can be hugely increased by the use of e-learning. This is where the situation becomes very interesting. Ever since the first European university, the University of Bologna 1088, universities have been accepted as the societal hub for knowledge and learning. For a millennium the ways in which universities have offered learning, knowledge and student assessment has to a large extent gone unchanged through the huge societal changes created by technology. Today however things seem to be changing with a move from the “Bricks” of the university campus to the “Clicks” of mobile learning.

Change in universities to embrace the technology that can enhance learning and reduce the cost of education tends to come at a snail’s pace - Richard Holeton, director of academic computing services at Stanford University Libraries, has said “Change in higher education, as they say, is like turning an aircraft carrier. In eight or nine years we will continue to see incremental changes, but not the more radical transformations described.”

From the point of view of the GDP looking for a cost efficient and cost effective course e-learning cannot be ignored. A course on which the delivery of the knowledge component is through an e-learning platform means that the practitioner will not need to take expensive time out of practice to attend lectures. Furthermore, a well structured e-learning course can enhance the learning experience through the use of interactive presentations that you can return to time and time again as opposed to the one off lecture with a pretty pointless pdf handout. The structure of the e-learning content is of paramount importance. Web based learning should be exactly that - designed to be exactly that - interactive, engaging and not just a means of dissemination lifeless information. Combine e-learning with “hybrid” or “blended” delivery and we are suddenly now well on our way to meeting the criteria set earlier for the ideal implant programme.

With the use of regular live Webinars, an online discussion forum, on-line assessment, mock examinations geared towards the Diploma in Implant Dentistry at the Royal College of Surgeons of Edinburgh and the provision of patients to treat under supervision we have now perhaps arrived at the ideal implant training programme.

The distillation of years of teaching and clinical experience combined with a knowledge and enthusiasm for IT in education has allowed Dr Ken Nicholson the director of ProfiVision Ltd. to produce such a course hosted on the e-learning platform at http://www.SmileTube.tv

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Dr Ken Nicholson BDS, MSc, Dr Nicholson graduated from Queen’s University Belfast in 1982 winning the Ash prize in restorative dentistry. After several years in general practice he joined the Royal Army Dental Corps where he remained until 1988 when he returned to N. Ireland to establish a successful general practice. After a decade in general practice he opened a dedicated implant referral centre, purpose designed for the delivery of implant treatment and teaching. In 2010 he was employed by the Postgraduate Medical and Dental School at the University of Central Lancashire to construct the NIB programme in Implant Dentistry, prior to this he was instrumental in the development of the MSc course in Implant Dentistry at the University of Warwick where, until April 2012, he was an Associate Fellow in the Institute of Clinical Education. He is the founder of the British Society of Oral Implantology, the co-founder of the European Journal of Oral Implantology, is one of the International Congress of Oral Implantologists, a member of the Faculty of Examiners at RCSEd Edinburgh and sits on the editorial board of the European Journal of Implant Dentistry. The International Journal of Implant Dentistry and Related Research, Implant Dentistry Today and The Irish Dentist.

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Education Tribune

September 3-9, 2012

DENTAL TRIBUNE

United Kingdom Edition

Everybody deserves a beautiful smile

Discover MeToo, a totally new range of professional whitening products, both comprehensive and wide-ranging to cover all your patients requirements. MeToo provides you with fast, effective and gentle strategies of treatment for chairside as well as for take-home whitening to give your patients the smile they deserve.
The vast majority of regulation inspectors will have significant experience of inspecting providers across a whole range of services – most with a background in nursing or social care. Therefore, it’s unsurprising that their enquiries to date have concentrated on aspects relating to these fields.

Denplan has been receiving a steady stream of reports from members about their recent inspections and questions that any member of staff can be asked have included:

- How do you respect and involve patients?
- Who is responsible for safeguarding vulnerable adults in the practice and how is this achieved?
- How do you ensure the safety of child patients at your practice?
- Tell me about local arrangements for safeguarding children?

There are no right or wrong answers to these questions, so it’s best to be as honest and detailed as possible – a ‘stock’ answer may not reflect exactly what happens in a specific practice and could lead to further probing questions. The Inspector wants to see how your policies and protocols translate into safe and effective care and whether the whole team can show that they work together to achieve this, so it’s a good idea to get the whole team involved from the outset.

Safeguarding vulnerable adults and children

Children

One child per 1,000 under four years of age suffer severe physical abuse and an estimated one-two children die each week in England and Wales as a result of abuse. Every member of the public has a responsibility to report their concerns about the welfare of children and vulnerable adults, but the dental team is in a position to observe these groups more frequently and your observations can be crucial when trying to prevent abuse or neglect.

Abuse is classified into the following categories:

- Physical – hitting, shaking, biting, poisoning, burning etc
- Signs of this abuse include orofacial trauma, which occurs in at least 50 per cent of...
children diagnosed with physical abuse. Also be aware that accidental injuries typically involve bony prominences such as the nose, chin, knees etc, so document injuries seen on both sides of the body, on soft tissue and any history of similar or untreated injuries. Black eyes and injuries to the cheeks, intra-oral, ears and neck are also an indicator.

- **Emotional** – being made to feel worthless, unloved, bullied etc
  - Emotional abuse is often harder to recognise but signs include clingy or agitated behaviour and distress when a parent or carer is not present, self harm, abuse of drugs and alcohol, delinquent behaviour and educational problems

- **Sexual** – Including the witnessing of sexual acts or pornography etc
  - Signs of this abuse can include erythema, physical damage to the mouth, ulceration and vesicle formation arising from an STD, inappropriate sexual behaviour or knowledge, anxiety or depression, delayed development, or pregnancy

- **Neglect** – failure to provide adequate food, clothing, shelter, supervision, emotional neglect etc
  - Signs of this neglect can often include failure to comply with professional advice, a child being under or malnourished, have inappropriate clothing for the weather, ingrained dirt or head lice, withdrawn or attention seeking behaviour. There is also the issue of dental neglect which includes severe caries, irregular dental attendance and missed appointments, failure to complete treatment plans and returning in pain at regular intervals

In all these cases, you must be prepared to exercise your judgement - failure to pass on information that might prevent a tragedy could expose you to criticism. Your patient is the most important person, so don’t think ‘what if I’m wrong?’, but instead think ‘what if I’m right?’ Documenting and reporting potential abuse is essential and you must follow your LSCB guidelines. Sample child protection referral flowcharts are also available from Denplan, which you can modify to fit with your local guidelines.

You should also bear in mind that members of the dental team are not responsible for making a diagnosis of child abuse or neglect, just for sharing concerns appropriately.

Vulnerable adults are at risk of all of the same abuse as children, but with the added risk of financial abuse too. A vulnerable adult is classified as someone “who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against signifi-
In both children and vulnerable adults, therefore, it is important to note down your observations if you suspect abuse and document any injuries including the type, extent, pattern and location, as well as the overall appearance of the person and anything else you feel may be relevant. In child cases you should consult your child protection lead in your practice in the first instance and then potentially liaise with other agencies such as your LSCB, your defence union, other health care agencies and social services. In adult cases, the LSCB is substituted by your Adult Safeguarding Board and, dependent on the case, it might be appropriate to involve the police.

If a child or vulnerable adult discloses abuse to you, it is important to remain calm and not to be judgemental. You should avoid asking leading questions, but listen carefully and ask open questions. Follow your child protection policy and record your notes using their own words wherever possible. It’s also important not to promise confidentiality as it is your duty to report your concerns.

Judging mental capacity in vulnerable adults

Some people may lack the capacity to make appropriate decisions for themselves due to age, illness, disability, substance abuse or medication. The Mental Capacity Act 2005 (MCA) covers England and Wales and is designed to protect health carers and can help you make a decision about treatment options. The MCA places on the treating clinician to consider the capacity of the patient and which treatment is in their best interest. It is not for the relative, spouse or carer to make this decision, which can be a difficult relationship to manage for the practice team.

Five principles of MCA 2005:

1. A person must be assumed to have capacity unless it is established that they lack capacity
2. A person is not treated as unable to make a decision unless practicable steps to help him/her to do so have been taken without success
3. A person is not to be treated as unable to make a decision merely because he/she makes an unwise or eccentric decision
4. An act on, or decision made under this act for, or on behalf of, a person who lacks capacity must be done or made in their best interests
5. Could the decision be made in a way that interferes less with their rights and freedom of action

Care and treatment of children and vulnerable adults is an integral part of every dental practice. Policies and training involving the whole dental team is essential to protect these groups and help act appropriately on any concerns encountered. It’s up to you to ensure that your practice team is up to date on all legal and legislative requirements, but knowing and applying best practice will not only improve your chances of an excellent regulatory report but will improve your business model and systems.

About the author

Dr Henry Clover - Deputy Chief Dental Officer, Denplan. Henry is a former general dental practitioner who converted his own practice to private practice in 1993. He joined Denplan’s professional support and member services team in 1998, becoming Deputy Chief Dental Officer in 2004. He was promoted to his current position in 2010 and is responsible for Denplan’s Professional Services team, providing professional guidance and support for all member dentists.
A centre for excellence

Dental Tribune looks at the dental training facility at LonDEC

For the past three years LonDEC has been a centre of excellence in provision of post qualification education and training courses for Dental Professionals. Most courses have principally focused on advancing existing skills and learning new skills via high-end hands-on training. The majority of courses held at LonDEC make use of the state of the art clinical skills training room that hosts the latest phantom head simulators, video operating microscopes and even a CAD teaching aid called PrepAssistant that can scan a single tooth preparation in a matter of minutes and generate reports relating to how it compares to an “ideal” tooth preparation.

Visitors and users of the dedicated dental education centre report that facilities within LonDEC are better than any they have seen locally, nationally or internationally.

As well as having the 26 delegate capacity clinical skills training room LonDEC has a 65 seat lecture room, two seminar rooms that can seat 10 in each and a dental surgery set up for medical emergency simulation training as well as dental decontamination training suite.

This article will look closely at the Medical Emergency and Decontamination training suite, which has been highly acclaimed by many that have attended a course.

Medical Emergency Suite

This is LonDEC’s jewel in the crown and is home to the infamous iStan. iStan shares the facility with LonDEC’s Simulation Suite Supervisor and Training Co-ordinator Kemi Bakare.

For those who are unaware of this existing technology, iStan is a “living” manikin. He breathes, has a pulse, will speak to you and respond to your questions. Most importantly, if not cared for, should an emergency scenario occur, iStan will suffer the full consequences of an medical emergency crisis – would you and your colleagues really know what to do if iStan had an anaphylactic attack, fit, simple faint or even a heart attack whilst you carried out his dental check-up?

Controlled by computer software iStan is a life size Human Patient Simulator. Using iStan’s truly life-like behaviour enables delegates attending courses at LonDEC to see how they would actually behave in an as close to real life scenario.

An MI Approach to Tooth Wear in General Dental Practice

This one-day course provides participants with an understanding of the aetiology and management of tooth wear. Attendance on this course will ensure that you and your colleagues really know how to manage patients with tooth wear.

Core CPD Updates in Dental Radiography and Decontamination

This half day lecture course has been designed specifically for DCP team members with a clinical role. The lecture will provide an overview of the common oral medicine conditions seen in general dental practice. Designed to develop the specific skills and knowledge of the clinical DCP this course will provide an understanding of the evidence base for radiographs and decontamination.

Look at the dental training facility at LonDEC

For further details & to book a place please visit: www.londec.co.uk
Alternatively, please call or email: 0207 848 4570 / info@londec.co.uk
Looking for a suitable venue to deliver first-rate dentistry postgraduate training? Or for a meeting or trade display events? LonDEC facilities are flexible spaces that adapt to meet your needs. Contact us to find out how we can help you.
coping with a life crisis situation as is possible to create. Delegates are able to deal with a medical emergency as if it were happening in their own surgeries.

This learning experience has changed the way basic life support is being taught. Delegates have expressed overwhelming gratitude for the experience, not only to learn the technical way of carrying out CPR but also to have the emotions and urgency that comes with a real life crisis situation.

Delegates are able to review the way they carried out the management of the crisis by watching the automatic recordings that are created. This review process is carried out in a neighbouring classroom and is where most of the learning is carried out. Seeing oneself in action and performing a task well (or less well) is a great way of seeing, and of course believing, what to do better next time or indeed, what had been done correctly and well at the time. Students can self-reflect on their practice against the theory learnt. Discussions can be held amongst the students and the Tutor is able to facilitate their learning by also giving feedback.

Decontamination Suite
Designed as a fully compliant, highly specified Sterilisation room
The aim was to demonstrate what could be achieved in a dental practice, with all the legislation and guidelines to consider.

The suite has enabled, not only dental nurses, but also other dental professionals to understand what needs to be done to achieve the best quality service for our patients.

It also demonstrates the work load required from dental nurses before or after each patient.

The Decontamination suite is an eye opener to working practice and the knowledge gained will benefit all dental professionals.

For anyone looking to design a dental decontamination suite in their own clinic it is a must see facility.

Teaching and training in this important core CPD area takes place on a weekly basis, as it does for medical emergency training. LonDEC is fortunate to have expert tutors for its own courses and for London Deanery courses held at the centre.

LonDEC can provide tailor made solutions for the full dental team and when the whole team do come along they are always surprised by what a great learning experience they have had, what a great team bonding exercise it has been and also they often go away and re-write sterilisation and medical emergency protocols. LonDEC is located a short walk from London Waterloo station in a building that is open 24 hours a day, 7 days a week. Courses can be put on at a time that suits individuals and practices. Why not make a day of it and carry out true-to-life hands-on medical emergency training in the morning, infection control training in the afternoon and then wander across Waterloo Bridge in to Covent Garden for all that the West End of London has to offer by way of shops, restaurants and theatre. The LonDEC staff will happily arrange the whole event, just let us know what you need and it will happen.

Please visit the LonDEC website for more information about the centre and the courses we offer and please feel free to contact us with any enquiries.

We look forward to hearing from you.

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