Implant Tribune

Dental Tribune

The World’s Dental Newspaper • United Kingdom Edition

Published in London

November 19–25, 2012

Vol. 6 No. 27

Dental Tribune

News

Complaints

Important years

Implant Tribune

Implant Tribune

Education Centre

A dental training centre has been opened in Northwick Park

Complaints

Dilhani Silva looks at communication

Important years

Georg Bach gives a personal retrospective

Important years

pages 15–18

TRIPOD - A new protocol

Jean-Nicolas Hasson looks at immediate loading

pages 19–22

News in Brief

Dentists sue

Two dentists are suing the owner of a crane left dangling over midtown New York after Hurricane Sandy, for damages incurred from losing a week’s worth of business while they were evacuated. Sandy’s high winds caused the giant crane to snap backwards, forcing the evacuation of homes and businesses in the area from Monday, 29th October until late the

nesses in the area from Mon-

day, 29th October until late the

day. Musikant and Caroline Stern said their dental practices were among the businesses affected by the mishap, and Musikant also had to evacuate his home. Musikant and Stern are seeking unspecified damages. Named as defendants were the crane’s owner, Pinnacle Industries, and contractor Lend Lease; they could not be reached for comment. As reported in the New York Daily News.

FDI

Dr Stuart Johnson, Chair of the Dental Practice Committee, will be leading the FDI dental amalgam task team at the next meeting of the International Negotiating Committee on Mercury (INC 5), set to take place in Geneva from 15 to 18 January 2013. The main subject of discussion will be the Chair’s final text for a global legally binding instrument on mercury. In the draft, the Chair explains his new approach to dental amalgam. Although the Chair’s singling out of dental amalgam clearly demonstrated the impact of FDI’s work on the work of INC, Task Team members are holding discussions to ascertain how far the new draft meets their requirements and to formulate a common position to be suggested to member states regarding proposals for amendments to the draft treaty.

Bogobrush

Bogobrush, a new handheld toothbrush made out of 100 per cent biodegradable materials, has been launched this week. As reported in MLive, Bogobrush was co-founded two years ago by brother-sister duo John and Heather McDougall. The siblings, and children of a den-

tist, said they had the idea of bringing more environmental sustainability to people’s daily routines. Each toothbrush is made of bamboo and has biodegradable nylon bristles. Bogobrush is teaming up with non-profit health centre Covenant Community Care to distribute the toothbrushes to less fortunate people in the Detroit area. Bogobrush will donate one toothbrush for each one it sells. More information can be found at bogobrush.com.

www.dental-tribune.co.uk

© Dental Tribune

Ombudsman: NHS fails to communicate

Six per cent of complaints made against dental practitioners, complaints service details in new report

A new report published by the Health Service Ombudsman shows a significant rise in the number of complaints where the NHS has failed to provide an adequate remedy or proper apology when things have gone wrong.

The report, Listening and Learning, which gives an overview of NHS complaints made to the Ombudsman in 2011/12, includes real-life examples of responses given to people who have complained about the NHS. The Health Service Ombudsman, a free and independent service for anyone who is unhappy with NHS services, is calling on the NHS to improve the way it deals with complaints on the ground.

Ombudsman, Julie Mellor said: “All too often the people who come to us for help are unhappy because of the careless communication, in-sincere apologies and unclear explanations they’ve received from the NHS. A poor response to a complaint can add to the problems of someone who is unwell, struggling to take care of others or grieving. The NHS needs to get better at listening to patients and their families and responding to their concerns.”

The report shows that complaints about the NHS not acknowledging mistakes in care have increased by 50 per cent. NHS hospital, specialist and teaching trusts received the most complaints, with 45 per cent, while the Healthcare Commission received the least, with just one complaint.

The Ombudsman received 1,057 complaints about general dental practitioners in 2011/12; six per cent of the overall complaints made.

Dr John Milne, chair of the BDA’s General Dental Practice Committee, said: “While dentistry has received a relatively small proportion of complaints within the NHS it is important that we are not complacent about patients’ needs and expectations. Good communication between dental practitioners and their patients is essential to ensuring ‘good’ dental and oral healthcare outcomes for patients as well as the profession.”

The NHS needs to get better at listening to patients and their families and responding to their concerns

Surgery | Reception | Sterilisation

New 2012 Specification Cabinets

Order direct from the manufacturer today!

Register today at scottdental.co.uk and we will pay the VAT when you order your new Belmont equipment from us.

Contact Stuart Scott on

T: 01347878904 M: 07836 579854

© Dental Tribune

www.dental-tribune.co.uk
New dental education centre opens

A new state-of-the-art dental training centre has been opened at Northwick Park Hospital.

The training centre, which is a joint enterprise between London Deanery, and the North West London Hospitals NHS Trust, was opened November by Barry Cockcroft, Chief Dental Officer at the Department of Health.

The training centre has a clinical suite with 15 phantom head units with operating microscopes, and a medical emergencies simulation suite with a computerised manikin to simulate medical emergencies and a debriefing room to assess performance of dental teams. It also has a decontamination suite, enabling teams to train in the latest decontamination requirements.

The Northwick Park DEC will be available for lectures and hands-on training, and also has facilities for producing educational webinars.

Elizabeth Jones, Dean of Postgraduate Dentistry, said: “This is an exciting initiative for North West London and I am delighted it has come to fruition. It will give dentists and dental care professionals a state-of-the-art environment in which to learn new skills and practice what to do in emergency situations, among other things.”

David McVittie, Chief Executive of North West London Hospitals NHS Trust, said: “We are delighted to have worked closely with the London Deanery on this initiative. We are also delighted to be in at the start of a revolution in dental and oral healthcare, particularly in light of the extreme importance of maxillofacial service that we have on site.”

Thames Valley forms Dental Local Professional Network

PCTs within Berkshire, Oxfordshire and Buckinghamshire have recently begun testing the outline proposals for a Local Professional Network (LPN) across dentistry by forming the Thames Valley Dental LPN. The network, which has been formed to ‘improve oral health in the Thames Valley’ is made up of local clinicians, a medical director, commissioning managers and a consultant in dental public health.

Dental LPNs are the future for local professional clinical leadership and will have an important role in informing the decisions which commissioners will make regarding all dental services from April 2013.

The Thames Valley Dental LPN is currently engaging with dental clinicians across the region and is encouraging them to attend a forum on either Tuesday 4th December 2012 or Thursday 17th January 2013 in order to learn about the upcoming changes post April 2013 and to share their opinions.

Please email tvd.lpn@nhs.net for more information or to register your interest.

Implant surgical kit released

The Dr Nilesh Parmar Surgical Kit

Dr Nilesh B. Parmar, BDS (Lond) MSc (ProsthDent) MSc (ImpDent) Cert.Ortho, has partnered with Hu-Friedy to release his own implant kit for young dentists starting out in implant dentistry.

The DR NILESH PARMAR Implant Surgical Kit includes everything needed to expose, retract, place, augment/graf and suture almost all implant sites. It comes with two surgical instrument cassettes, designed to fit almost all autoclaves and washer disinfectors.

Dr Parmar said: “When I first started placing implants, I was astonished at the sheer variation in surgical instruments available. It took a few years of experience before I knew which instruments I liked and didn’t need.”

A spokesman for Hu-Friedy added: “We have an excellent global reputation for our periodontal and surgical instruments and part of our focus strategy is to target young dentists who are starting out in implant dentistry. We understand that Nilesh is a well-respected, talented clinician, with exceptional attention to detail – a perfect partner for Hu-Friedy.”

For more information, please contact Atif Ramzan (Clinics and Education Manager UK & Ireland) at Hu-Friedy on aramzan@hu-friedy.com or 07880 762079.

Patient and surgeons responsible for implant success

A study recently published in the Journal of Oral Implantology shows that characteristics of both patient and surgeon can affect the success of dental implants. The 10-year study has found that patient risk factors such as grinding teeth or diabetes increase the odds of implant failure, and it also associates higher implant failure rates with surgeons who have less than 5 years of experience.

The study examined failure rates for factors including type of prosthesis, surgeons’ experience level, smoking, diabetes, bruxism, and implant location—maxillary or mandibular. The implant failures in this study appeared to be affected by patient risk factors, such as diabetes, rather than by implant-related factors, such as location and length of implant.

Twenty-nine per cent of patients with a dental history of bruxism in this study experienced implant failure, with more than 28 per cent of patients with diabetes also suffering implant failure.

The number of years and surgeries performed by the oral surgeon also had an impact on the success of the implants, with surgeons who had performed less than 50 implants being twice as likely to fail. An implant was considered unsuccessful if no implant loss occurred and bone loss was less than 3mm as assessed by peri-apical radiograph.

Your chance to work with the GDC

The General Dental Council (GDC) is looking for two new members to join its Appointments Committee—one registrant and one lay person.

Successful applicants will be responsible for appointing individuals who deal with complaints against dental professionals as part of the GDC’s statutory Fitness to Practise process. They will also help develop systems for induction, training and performance management of those appointed.

Deadline for applications is 5pm on Friday 16 November 2012. Interested applicants can find out more by visiting the GDC website.

Overseas Registration Exam – External Examiners

The overseas registration exam (ORE) tests the clinical skills and knowledge of overseas dentists (non-EEA) who wish to apply for registration to practise dentistry in the UK. The GDC is looking for External Examiners for an initial period of 3 years with the possibility of extension to 5 years.

Deadline for applications is 5pm on Friday 30 November 2012. More details can be found on the website www.gdc-uk.org.

Dr Parmar said: “When I first started placing implants, I was astonished at the sheer variation in surgical instruments available. It took a few years of experi- ence before I knew which instruments I liked and didn’t need.”

A spokesman for Hu-Friedy added: “We have an excellent global reputation for our periodontal and surgical instruments and part of our focus strategy is to target young dentists who are starting out in implant dentistry. We understand that Nilesh is a well-respected, talented clinician, with exceptional attention to detail – a perfect partner for Hu-Friedy.”

For more information, please contact Atif Ramzan (Clinics and Education Manager UK & Ireland) at Hu-Friedy on aramzan@hu-friedy.com or 07880 762079.

A study recently published in the Journal of Oral Implantology shows that characteristics of both patient and surgeon can affect the success of dental implants. The 10-year study has found that patient risk factors such as grinding teeth or diabetes increase the odds of implant failure, and it also associates higher implant failure rates with surgeons who have less than 5 years of experience.

The study examined failure rates for factors including type of prosthesis, surgeons’ experience level, smoking, diabetes, bruxism, and implant location—maxillary or mandibular. The implant failures in this study appeared to be affected by patient risk factors, such as diabetes, rather than by implant-related factors, such as location and length of implant.

Twenty-nine per cent of patients with a dental history of bruxism in this study experienced implant failure, with more than 28 per cent of patients with diabetes also suffering implant failure.

The number of years and surgeries performed by the oral surgeon also had an impact on the success of the implants, with surgeons who had performed less than 50 implants being twice as likely to fail. An implant was considered unsuccessful if no implant loss occurred and bone loss was less than 3mm as assessed by peri-apical radiograph.
Editorial comment
Come see us at BACD

This week sees the Dental Tribune team living it up in Manchester for the British Academy of Cosmetic Dentistry (BACD) annual conference. This three-day annual event is now in its ninth year and is one of the best events for all things cosmetic.

I love going to conferences like this; the intimacy of the event means you get chance to meet with people and make new connections in an environment that is not as time-pressured as large-scale events. Also the calibre of speaker is always very high and I am really looking forward to continuing my dental degree by osmosis listening to the likes of Basil Mizrahi, Rafi Romano, David Bloom, Bobbi Anthony and DT regular contributor Mhari Coxon.

The Dental Tribune team will be based from the Healthcare-Learning Smile-on stand (Stand 21) so please come along and say hi! In return you can receive a complimentary copy of one of our specialist portfolio of journals covering the implant, cosmetic and endodontic sectors.

The gift that keeps on giving

Stuck for Christmas gift ideas? Bridge2Aid are offering gift cards as the perfect present; continuing to give long after Christmas day has been and gone.

Each denomination results in a specific purchase or covering of costs that will benefit people in the Bridge2Aid community:

- £10 buys one head lamp for a Clinical Officer, who often has to work without electricity.
- £15 pays for kerosene, needed to run the pressure cookers employed to sterilise dental equipment.
- £20 provides oral health education packs for six Clinical Officers, used to raise awareness of good oral health in rural communities.
- £35 purchases training materials and resources for six Clinical Officers, for use before, during and after participation in Bridge2Aid’s practical Dental Training Programme.
- £60 pays for an instrument kit, to be donated to a Clinical Officer once training is completed.
- £125 covers the costs of one post-training visit by a Bridge2Aid team member to a District Dental Officer and a Clinical Officer to ensure that they are working in a safe way.

To purchase a gift card or for further information, please email Kerry Dutton at fundraising@bridge2aid.org.
The origins of our pretty smile? A long dead fish

It takes both teeth and jaws to make a pretty smile, but the evolutionary origins of these parts of our anatomy have only just been discovered, thanks to a particle accelerator and a long dead fish.

All living jawed vertebrates (animals with backbones, such as humans) have teeth, but it has long been thought that the first jawed vertebrates lacked pearly gnashers, instead capturing prey with gruesome scissor-like jaw bones.

However new research, led by the University of Bristol and published in Nature, shows that these earliest jawed vertebrates possessed teeth too indicating that teeth evolved along with, or soon after, the evolution of jaws.

Palaeontologists from Bristol, the Natural History Museum and Curtin University, Australia collaborated with physicists from Switzerland to study the jaws of a primitive jawed fish called Compagopiscis.

The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damaged nearby salivary glands. The radiation, while effective for cancer treatment, had inadvertently damage...
Dental Webinars
Be Wherever You Want
The UK’s leading online seminars

Smile-on webinars deliver a unique live experience using the world’s leading thinkers to bring you a ground breaking, interactive learning experience.

Engage with a leading expert, ask questions, get solutions.

Relax in the comfort of your own home and keep up to date through interacting with the world’s leading thinkers.

Webinar 1:
Contemporary no-preparation veneers
Speaker: Dr James Russell
Date: 20th November 2012

Webinar 2:
Dental Implantology - At the Cutting Edge of Dentistry
Speaker: Dr Nilesh R. Parmar
Date: 21st November 2012

Webinar 3:
Peri-implantitis - a future timebomb
Speaker: Amit Patel
Date: 27th November 2012

Webinar 4:
Sharpen Up Your Instrumentation!
Speaker: Alison Grant
Date: 28th November 2012

Webinar 5:
Motivating patients to improve their oral health behaviour
Speaker: Dr Vesna Zivoinovic-Toumba
Date: 29th November 2012

Free
www.dentalwebinars.co.uk
0207 400 8989

Sign up for FREE www.dentalwebinars.co.uk
Patients mass tested after blunder

The Centre for Health Protection has been informed by the University of Hong Kong Health Service’s Dental Unit that it treated hundreds of patients with improperly sterilised instruments last week. More than 254 people, including staff and students, are reported to have received dental treatment under these conditions between 30 October and 2 November.

Meanwhile, the university has issued an apology and called in affected patients for blood tests to rule out infection with bacteria or viruses such as Hepatitis B and C and HIV. In addition, follow-up tests will be conducted six months after the incident, it said.

The kind of dental instruments used for the procedures and the reasons for the negligence were not disclosed; however, university officials indicated that the possibility of infection is likely to be low since the instruments had passed through some steps of the sterilisation protocol. They have set up a task force to look into the incident and review the unit’s procedures on infection control.

The blunder came to light last Friday after a nurse enrolled in the unit found that instruments were not marked as having completed the full sterilisation protocol.

More than 58,000 treatments are performed annually at the clinic, a university spokesperson told Dental Tribune Asia Pacific.

Sheffield GDP wins chair of new BDA English Council

Dr Jim Lafferty, a general dental practitioner in Sheffield, has been elected as the inaugural Chair of the British Dental Association’s new English Council. The English Council exists to advise the BDA Principal Executive Committee (PEC) on all matters relating to policy in England, and to liaise with BDA’s branches and sections.

Dr Lafferty brings extensive experience of representing the profession, both locally in Yorkshire and at national level, to the role. He is a former member of the General Dental Council and both the BDA’s General Dental Practice Committee and the Representative Body, and chaired the Annual Conference of Local Dental Committees in 2012.

Dr Lafferty said: “The BDA, and the profession it represents, face a challenging period in England. A new contract for general practice is being tested, new commissioning structures are imminent and regulation is in the spotlight. Against this backdrop of upheaval the BDA is also changing, with new representative structures coming into being and the way that members are served being reviewed.

“In joining the BDA Council I am well acquainted with the challenges that face dentists in England and Wales, the new English Council has a vital role to play in ensuring that the members it represents have a loud and effective voice. I am honoured to have been elected to Chair the Council and will do my utmost to deliver that voice.”

Dr Lafferty will be assisted by Dr Nilesh Patel, who has been selected to serve as Deputy Chair. Dr Patel is a general dental practitioner in Buckinghamshire and a former member of the BDA’s Executive Board, the body that was superseded by the new PEC earlier this year.

New dental association launched

Dental Fusion Organisation (DFO), a new association with the mission to support and represent dental professionals working in primary dental care, improve oral health and provide social and clinical training for members, was launched on 9th November.

The association has no governing body as DFO members vote directly on every major issue through Web and postal voting. If the members approve, one of the first campaigns will be to reverse the demise of the small independent family practice.

“In addition to dental health and business success, training and assistance with compliance will be a major theme of the new association”, says Chief Executive Derek Watson, pictured “This will be delivered mainly through a series of webinars which enable dentists to learn at any web-enabled PC, tablet or smartphone.”

So far 15 lunchtime webinars have been organised, including Management Monday, Financial Friday and a course on improving your IT skills. These are open to all, but DFO members are entitled to priority registration and verifiable CPD.

Anti bullying campaign by ortho practice

Research from the Journal of Orthodontics shows that being bullied is significantly associated with orthodontic treatment need, with 15 per cent of adolescents aged 16-14 examining a specialist orthodontic treatment report being bullied.

In light of this, Inline Orthodontics, a specialist orthodontic practice in Stevenage, is conducting an anti-bullying campaign during Anti Bullying Week between 19 and 25 November 2012.

To help coordinate the campaign a meeting was held to discuss ways in which professionals in Stevenage can help young people who are being bullied. Key members of the local community, including local dental professionals, were invited to contribute.

Young people were also asked to contribute to the debate by describing their experiences of bullying whilst their parents will be asked how this affected their children.

Jonathan Alexander-Abt, Principal Orthodontist at Inline Orthodontics commented: “Bullying for whatever reason is deplorable and should never be tolerated. This research shows that a significant number of children are being bullied because of the position and appearance of their teeth. As a specialist orthodontist it is important to raise awareness of this and reassure young people that there is something we can do to help them”.

For more information about Inline Orthodontics’ Anti Bullying Campaign visit www.inlineortho.co.uk.
With an ever-increasing number of implant solutions available on the market, finding information about the right treatment option has become difficult, particularly for patients considering such treatment. In order to help non-professionals find answers, the EAO will be presenting a new patient information guidebook and website today at its annual scientific congress in Copenhagen.

The 75-page book, to be officially launched during the organisation’s general assembly, aims to provide comprehensive answers to more than 50 questions related to dental implants, such as the general function of these devices, treatment and possible complications like peri-implantitis. It will be published in five languages, including English, French and German, and will be available for purchase to EAO members. The website, which will be an integral part of the EAO’s online platform, will feature additional communication tools and educational materials like videos.

“Throughout the years, the EAO has worked hard to produce work that will improve dental implant treatments,” remarked EAO president Prof. Søren Schou from Denmark. “We are pleased to be able to share our knowledge with patients too.”

---

**EAO reaches out to patients with new implant guidebook**

**ADI brings together world implant experts at 2013 Congress**

The Association of Dental Implantology (ADI) is hosting their biennial Congress from 1 – 3 May 2013 at the Manchester Central Convention Complex, with the focus on complications, risk management and prognosis of implant treatment.

Delegates will be able to participate in lectures from internationally acclaimed speakers, visit the specialist implant exhibition and network with colleagues from the global implant industry.

The presentations will cover the full spectrum of topics relevant to anybody who is involved with dental implantology or is planning to enter the field. The Congress will feature lectures on the complete dental implant process, from consultation, placement and after-care to associated risks and complications. It will also include sessions on many specific aspects involved in the running of a dental implant service, such as legal considerations and managing patient expectations.

For the full programme and to confirm your registration, visit www.adi.org.uk/congress2013