A positive step forward

New consultation on the potential relaxation of restrictions on HIV positive health workers launched by Dept of Health

Following a review by a group of leading experts, a consultation into relaxing the restrictions placed on the work that can be undertaken by HIV positive healthcare workers has been launched by Chief Medical Officer Dame Sally Davies.

For some time the current regulations on HIV positive healthcare workers have been deemed as out of date, especially when you take into account the current standards of infection control and advances in medicine.

However, the Expert Advisory Group on AIDS, the UK Advisory Panel of Healthcare Workers Infected with Blood-borne Viruses and the Advisory Group on Hepatitis have all developed evidence-based and achieve a fair balance between patient safety and the rights and responsibilities of healthcare workers with HIV.

There are currently around 110 healthcare workers with HIV (in England) who might be affected by the current restrictions. We need to ensure that the guidelines and restrictions imposed are evidence-based and achieve a balance between patient safety and the rights and responsibilities of healthcare workers with HIV.

Dentist Allan Reid, who lost his job after he was diagnosed with HIV in 2007, spoke to Dental Tribune about his take on the issue: “I’m really happy to see that a sensible evidence-based approach is finally going to be adopted at last...however, my own feelings are that it comes far too late and is long overdue. This evidence on the role of anti-viral treatment on reducing transmission risk to essentially zero for all dental procedures has been known about for years and certainly since the last DH review back in 2005, when there was a missed opportunity to change the policy at that time, in line with most other EU countries and the US.

“My opinion is that prejudice, discrimination and pandering to misinformation public opinion was the driver for that missed opportunity back in 2005. In the meantime, between then and now, myself and other dentists and healthcare workers in the UK have had to not only come to terms with our HIV status, but as a result of the policy, been plunged into poverty, had our livelihoods taken away from us and all that includes: homelessness, loss of dignity and self-respect, victimisation and facing subsequent prejudice and discrimination when trying to rebuild our shattered lives when looking for alternative employment...for all this I am absolutely furious."
HIV diagnosis and continued to practice, working in an area known to be one of the highest HIV rates in the UK. I did this because I knew that I did not pose a risk to my patients and I wanted to continue to provide the excellent standard of care and dental treatment that I always had. I also did not want to risk my own life completely ruined by what was, in fact a pretty simple diagnosis of an increasing common, but easily treatable viral condition.

"By this proposed change in policy at last, I now feel completely vindicated in how I handled my own diagnosis and in my decision to continue to practice. This change in policy is the first step for me and dentist like me who had to endure what I went through to claim back our dignity and professional lives."

Chairman of the Expert Advisory Group on AIDS, Professor Brian Gazzard said: "I welcome this consultation. Our careful review of the evidence suggests that the current restrictions on healthcare workers with HIV are now out of step with evidence about transmission of infection to patients and policies in most other countries.

"This risk can be reduced even further if the healthcare worker is taking effective drug therapy for HIV and being monitored by HIV and occupational health specialists."

Sir Nick Partridge, Chief Executive of HIV and sexual health charity Terrence Higgins Trust, said: "It's right to review these restrictions in the light of modern evidence... We know far more now about HIV and its transmission than we did when these rules were made."

Dental Protection also welcomed the announcement. Kevin Lewis, Dental Director said in statement: "The introduction of effective antiretroviral therapy in the 1990s combined with the absence of any proven transmission in the dental setting makes it totally unfair to continue to force members of the dental team to quit their chosen profession. Apart from the huge financial and personal consequences, these skilled clinicians are removed from the workforce that currently struggles to provide sufficient access to dental care for the growing UK population."

"The changes to the regulations proposed by the Department of Health is a logical step that restores fairness for these members of the dental profession as well as safely managing the dental needs of the population." The consultation invites views from the medical community as well as the public on whether current restrictions should be maintained or how the expert group's findings could be implemented effectively. The consultation runs until 9 March 2012. Visit http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_151552

News the Government is planning to slash health and safety red tape for small business as early as January has been welcomed by the Forum of Private Business.

Employment Minister Chris Grayling announced this morning that Government will begin immediately with a wholesale revamp of UK health and safety legislation - binning more than half the rules and regulations currently in force over a three-year period.

He also signalled a "sooner rather than later" approach, with the first rules removed from the statute book within a few months.

From 1 January he also announced a new "challenge panel", allowing businesses to get the decisions of health and safety inspectors overturned immediately if they have got it wrong.

The announcement follows today's publication of the Lofstedt Review into health and safety legislation, commissioned by the Employment Minister in March. It recommends health and safety law should not apply to self-employed people whose work activity poses no potential risk of harm to others. If implemented, the changes would benefit around a million self-employed people.

Health and safety regulations will also be reduced through combining, simplifying and reducing the approximately 200 existing regulations. The report also makes recommendations to ensure that employers are not held responsible for damages when they have done all they can to manage risks.

The Forum's Senior Policy Adviser, Alex Jackman, said: "We have waited a while for the results of the Lofstedt review, and now they are here we're not disappointed."

"There are recommendations that will see a tangible difference to the shop floor, but also a wider acknowledgement for the needs of health and safety to be a shared responsibility with staff as well as employers."

"The Forum of Private Business has long been calling for a more robust and realistic approach to health and safety red tape and we are pleased that the Government has listened."

"Civil action against businesses is a huge issue for our members, and many over-compensate where health and safety is concerned. Not only does this unduly raise the cost of compliance – disproportionately so for the smallest businesses – but it also raises the expectations of employees to personal injury unfortunately befell them."

"We welcome moves to redress the imbalance we currently have where employers can be successfully prosecuted despite having taken all reasonable steps to protect their employees."

"Finally, at a European level, the report identifies the need to engage early with Europe on health and safety issues. Whilst this will hardly an earth-shattering new conclusion, the planned 2015 EU review of health and safety makes it essential," he added.

Earlier this year the Forum research found small firms are spending extra time and money on complying with employment legislation. The study carried out with members suggests the cost of compliance is a staggering £16.8 billion – or £14,200 per firm on average.

"Complying with health and safety regulations has become a serious burden for business and a major barrier to growth," added Mr Jackman.

"That this Government is finally taking action to streamline and improve the system is brilliant news for SMEs who have for too long been drowning under a sea of needless rules and regulations that are infrequent and over bureaucratic."

"Common sense should be at the heart of all health and safety legislation and today appears to herald the beginning of the end for pointless red tape. This should save employers money and make for a fairer, fit-for-purpose system with an emphasis on personal responsibility."

"Moving forward, we wish to see these proposals implemented as soon as possible, taking into account the current progression of impacting work in other areas of Government, notable changes to the Local Better Regulation Office and reforms of 'no win no fee' agreements."

"Many businesses have positive views of the benefits of health and safety, but the proposals today will, once implemented, go some way towards reducing the wider perception that small businesses have on health and safety and make it harder to litigate when employers are not at fault."

A report by the National Audit Office has suggested that the CQC has “struggled to deliver”

In its report the NAO stated that the registration process failed to “go smoothly” and recruitment constraints caused staffing problems.

In conclusion the NAO decided that the CQC had so far failed to achieve value for money, with both the Department of Health and the CQC to blame.

Publishing this latest report, Amyas Morse, head of the NAO, was quoted in a BBC report: "Against a backdrop of considerable upheaval, the CQC has had an uphill struggle to carry out its work effectively and has experienced serious difficulties."

"It is welcome that it is now taking action to improve its performance."

"There is a gap between what the public and providers expect of the Care Quality Commission and what it can achieve as a regulator. The commission and the Department of Health should make clear what successful regulation of this critical sector would look like."

CQC chief executive Cynthia Bowker was quoted saying: “Not everything has gone smoothly, but we have learned, reviewed what we do and made changes."

"We are a young organisation and we are still evolving - but I firmly believe that we are making real progress."

A Department of Health spokesman said it was currently reviewing the CQC, it was further reported that the findings of its review would be published in 2012.

In the BBC report Margaret Hodge, chair of the House of Commons public accounts committee, said on the NAO report: “The findings are deeply worrying and highlight significant failures that put patient care at risk."

“There has been too much focus on box-ticking and not enough on crossing the threshold and assuring the quality of care.”
Editorial comment

Hi and welcome to the last issue of Dental Tribune for 2011!

It has been a big year for the dental profession; and a rocky one too. Regulation went up, income went down, Grouppon threatened to bring the profession into new levels of disrespect and the GDC’s dirty laundry was peeking out of the washing basket.

Away from the headline-grabbing doom and gloom, there were also many positives. An RAF dentist was honoured after saving a woman’s life when her car plunged into a river; whitening regulation came a step closer to clarity after regulation amendments were proposed at the EU; new technologies and research allowed for better understanding of many oral conditions and after 20 years in the wilderness there is hope for HIV+ healthcare practitioners as the Department of Health launches a consultation into the removal of restrictions on working practitioners.

Suffice it to say, there hasn’t been a dull moment this year and the team at DT have relished the challenge that keeping our readers up to date brings.

Although we won’t be printing for a few weeks (Issue 1 is due out January 16th, 2012), we won’t be putting our feet up for Christmas just yet! There is always plenty to do in the world of dental publishing...

From everyone here at Dental Tribune, wishing all of our readers a relaxing and peaceful holiday season... Merry Christmas!
The nightmare of Christmas time

Our modern-day Christmas can put a strain on most people. It’s supposed to be a time of happiness and celebration but for those already struggling financially, the “festive” season can be hard to bear, heralding even further stress and hardship.

With the burden of debt, rising living costs and the added pressures and expectations at Christmas time, dentists who are unable to work or struggle to get through the cold winter months, especially for those with families, who are elderly or suffer from ill health.

The BDA Benevolent Fund helps UK dentists and their families during difficult times such as these by offering vital support through grants and interest-free loans.

Funded entirely through the kindness of those in the dental profession, the Ben Fund could not exist without your help.

The annual Christmas Appeal is an important source of income for the charity. So while deciding on Christmas presents for your loved ones, please remember your colleagues by giving generously - your valuable support will help provide comfort, security and peace of mind.

For more information please call Sally Atkinson on 020 7486 4994 email dentistshelp@btconnect.com or go to www.bda-benevolentfund.org.uk

All enquiries are considered in confidence. The BDA Benevolent Fund is a registered charity no 208146.

The Benevolent Fund aims to help out dentists in need.

BADN outstanding contribution to dental nursing award 2011

The 2011 BADN Outstanding Contribution to Dental Nursing Award, sponsored by WR Berkley (Europe) Ltd, was presented to Fiona Ellwood at the sixth Honours and Awards Dinner at the Chancery Court Hotel, London on 24 November 2011.

Fiona started work as a dental nurse in 1983 and became a BADN member when she qualified in 1986. She is currently a Director of the Dental Business Academy and leads their educational sector.

Over the last 15 years, Fiona has been developing educational programmes for student dental nurses on a national level and is currently developing international programmes. She is also a valued member of the mentoring development team and a key skills assessor for the Faculty of General Dental Practice, and a member of their Editorial Board, as well as BADN’s Regional Coordinator for the East Midlands. Fiona is an Internal Verifier and an Assessor; a member of the Institute for Learning, the Institute for Verifiers and Assessors, and the National Oral Health Promotion Group, as well as a BADN Fellow. She is also a consultant/training advisor for dental corporate IDH.

BADN President Nicola Docherty, who presented the Award to Fiona, said “I am delighted to recognise Fiona’s contribution to dental nursing, and particularly to dental nurse education, over the last two decades. It is dental nurses like Fiona, who give freely and willingly of their time and expertise, who are the future of our profession. I should also like to thank WR Berkley, providers of indemnity cover to BADN members, for their generous sponsorship of this award.”

The Dinner, organised by the BDA and sponsored by the BDTA, included the presentation of awards by several dental associations. Peter Davey received a Fellowship from the Dental Technologists Association, Terry Abbott was awarded the British Dental Trade Association Award, and Gail Marsh was added to the British Association of Dental Therapists’ Roll of Distinction - together with numerous BDA awards including the 2011 BDA Good Practice Scheme Good Practice of the Year, which was awarded to Osborne Dental in Newcastle.

A denture holiday

We’ve all heard about the Lakes being the Adventure Capital of the UK, and adventure holidays. However, Cumbria is about to be known for another very special type of holiday – Denture Holidays.

Dental entrepreneur Chloe Booth and business partner Matthew Burrell have opened the doors at Grange Denture Centre to local people, but also hope to attract the attention of holiday makers.

The duo are already looking after the local resident’s dentures and offer home visits to those who are unable, or find it difficult to leave the house.

However, they have had visitors popping in to repair a denture that has been broken whilst away from home, and so the idea of the ‘Denture Capital of the UK’ has been born!

“Grange Over Sands is a holiday hot spot for many people, and some even choose to take a coach trip to this beautiful sea-side resort,” said Chloe. “We are well connected with some of the hotels and bed and breakfasts in the area, and together we will enhance tourism opportunities for local businesses.”

“We believe that if some of Grange’s visitors can use their time not just to enjoy the scenery and shops of Grange, but to look after their mouth at the same time, it would be a very valuable trip indeed.

Many denture patients aren’t aware of the options that are open to them these days, and if the pleasant trip and denture re-vamp can be complimentary to one another then it’s time well spent,” said Matthew.

Matthew’s expertise in making dentures has already attracted clients from as far away as Spain, and his sights are set globally, hoping that antipodean visitors will take advantage of his proudly Cumbrian service: “I’d be absolutely thrilled to see a Cumbrian-made denture taking a flight to Oz!”

The bone maker

Researchers at Washington State University have used a 3D printer to create a bone-like material structure that can be used in dental work and orthopaedic procedures; it has even been reported that it can be used to deliver medicine for treating osteoporosis.

According to reports, the bone-like material acts as a scaffold for new bone to grow on; when its job has been fulfilled, the “scaffolding” dissolves with no apparent ill effects.

The researchers spent a year enhancing a 3D printer that was originally designed to make metal objects, however, using inkjets, layers of powder about 20 microns deep and by following directions from a computer, the printer is able to create a scaffold which after a week is able to support networks of new bone cells.

The authors have reported the material’s success in the journal of Dental Materials; according to Susmita Bose, co-author and a professor in WSU’s School of Mechanical and Materials Engineering, the development goes further than this however, and she states that it will be possible to create custom order replacement bone tissue in a matter of years.

“If a doctor has a CT scan of a defect, we can convert it to a CAD file and make the scaffold according to the defect,” Bose said in a report.
The World’s First Online
MSc in Restorative & Aesthetic Dentistry

Master of Science in
Restorative & Aesthetic Dentistry
‘The Best of Everything’

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

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

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

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

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

Call Smile-on to find out more:
tel: 020 7400 8989 | email: info@smile-on.com
web: www.smile-on.com/msc
It wasn’t supposed to be like this

When you qualified from dental school they didn’t tell you about the stress some of you would face. They didn’t tell you about the high suicide rate. They didn’t warn you about the treadmill, about burnout and about how dealing with bureaucrats can sometimes feel like bashing your head against a wall.

Of course many of you qualified years ago, before the UK became one of the most litigious countries in the world. And all of a sudden you wake up one morning with the stark realisation that the equation has changed.

And yet there are many of us who still love our dentistry. We treat and employ great people. We love our jobs and we love our lives, and the natural challenges that appear in the path of our lives only make us stronger.

So where are you, right now? Don’t shy away from asking an awkward question of your own game or do you see them as an all powerful Ogre stalking the realm of the Dentalfolk? Do you do five minute check-ups, or do you spend the time you need to build rapport with your patients?

It’s never about the system. It’s how you react and work in the system. It’s never about the situation; it’s how you react to the situation.

You might feel you are in a dark place right now, ever burdened with regulation, hit financially by the recession, your work suffering from self-doubt and disconnection. And what you need to remember is that it’s often in your darkest moments that your true character emerges. There can be no light without the dark, and even the bleakest winter is always followed by summer. Life’s greatest opportunities usually come wrapped up in what seem like impossible situations. Trust me, I know.

Of course, sometimes we need a little help. Recently 30 of some of the top names in UK dentistry came together to collaborate in a book called “Messages from Dental masters”. In this book are 50 never before seen articles, ranging from advice to stories of self discovery. They have agreed to share their knowledge on how dentists can improve their working lives.

The book contains such well-known names as: Chris Barrow, Ellis Paul, Paul Tipton, John Goodarz, Kevin Lewis, Barry Oulton, Raj Rattan, Sheila Scott, Amarjit Gill and many more.

There is another reason for the book of course. 40 per cent of all profits will be split equally between the BDA Benevolent Fund and the Dentist health Support Trust. Want to know more? Visit www.GDPResource.com today.

We had a good day. With Sirona

A mid much anticipation Sirona Dental Systems recently opened the doors to the brand new Centre of Excellence, training facility, showroom and offices, based close to Heathrow with easy rail and road links.

Terry Patuzzo Sirona’s MD explained what a huge step forward this is for the company to show their range of equipment including Sinius Treatment Centres, digital x-ray, CEREC and hygiene systems, in working order to enable training and product demonstrations as well as lectures and hands-on courses for dental surgeons and their staff at the bright, airy Centre of Excellence. The Company are actively encouraging dentists to visit this new facility, whether they are new or existing customers, to broaden the professionals’ knowledge of Sirona Dental Systems innovations and solutions.

During the opening ceremony the delegates had the opportunity to listen to Dr Quentin Gusrichmoy of London Practiceitioner who explained how Sirona has helped to grow his practice. He believes that Sirona has changed the way that he practices dentistry through their innovative products and made reference to the future of dentistry being digital.

The President of the BDTA, Mr Tony Reed, made the point that member companies are subject to quality control and that it’s important for dentists to look carefully at dental companies before investing to ensure that the company and the service it provides are up to scratch. Sirona is a company that certainly passes rigorous testing.

Jeffrey Sholin, President of Sirona Dental Systems and Thomas Scherer Vice President explained how the company are continuing to invest despite the economic times with a staggering 6 per cent of the company’s revenue invested in R & D. They feel that the UK is an important market for Sirona and congratulated Terry and his team on the opening of the Centre of Excellence in the UK.

Managers achieve ILM management qualification

A record-breaking 72 dental practice managers and dentists have achieved an Institute of Leadership and Management qualification with UMD Professional Ltd in 2011.

The successful candidates all achieved a qualification awarded by the ILM, either through attending a workplace-based course or studying via distance learning. They will be presented their certificates at a ceremony in London in January 2012.

These exceptional results highlight the continued success of UMD Professional in providing effective business and management training for dentists and managers.

Fiona Stuart-Wilson, Director of UMD Professional said: “We are delighted to be celebrating the achievements of all those who have worked so hard for their qualifications, and congratulate everyone on their success.

The high number of candidates this year demonstrates the increasing importance that managers and dentists place on having a management qualification and the benefits that this brings to their practices.”

UMD Professional has more Level 5 and level 7 Diploma in Management regional workshop programmes starting in the New Year, and continues to offer a distance learning option for those studying for the Level 5 and Level 5 qualifications. A limited number of grants are still available for the Level 5 and Level 7 Diploma courses in some areas, for more information please contact Penny Parry at UMD Professional on 020 8255 2070 or by email: penny@umdprofession al.co.uk.

Research and patient empowerment

The release of important health data will stimulate medical research and enable patients to take informed decisions about their care, the Department of Health has said. As outlined in the Chancellor’s Growth Review, new world-first data services will help to drive improvements in care. The UK is uniquely placed as being one of the few countries to have a universal ‘cradle to grave’ health system boasting some of the most detailed, anonymised information on patients. The UK has the potential to lead the world as a location for data-enabled health research, with direct benefit to patients, via the Clinical Practice Research Datalink.

For the first time services provided by the NHS Information Centre for Health and Social Care will link datasets from GP and hospital care, providing health service, pharmaceutical industry, academics and other professionals with unparalleled levels of information about the journeys of patients through the care system and the outcomes of different treatments. Alongside this boost to medical research, patients will be able to see new data on GP performance on NHS Choices website this December, helping them make informed choices about their healthcare. Further data on GP prescribing will be published which information providers can use to inform patients, supporting them as they make decisions about their own care.

Endo course

Many GDPs lack confidence in their ability to provide good quality endodontics and would love the opportunity to be more proficient in their ability to save teeth and offer about burnout and about endodontics to their patients.

With this in mind, Dr Richard Bahan (former Eastman CPD Endodontic Course Director), recently launched a mentoring programme of GDPs so that they can improve their skills at a specialist practice and really enjoy their endodontics.

Only eight places are available on the programme and applications are now being invited via www.endoacademy.co.uk. You’ll have to be quick though – the closing date is 31st January.

Many of the GDPs who have attended this course have already found it very useful and are looking forward to further sessions. As such the programme is due to run in 2012 and will be repeated in 2013.

For more information about the Endo course please contact Penny Parry at UMD Professional on 020 8255 2070 or by email penny@umdprofession al.co.uk.
British inspiration that’s simplicity itself

*Dental Tribune* talks to the inventor of the KwickScreen, Michael Korn

**A** s CQC regulations start shaping dental practices across the country and decontamination rooms and various spaces are required in a range of medical environments, an innovative product – titled the KwickScreen – has sent a buzz through medical sphere as it claims to fulfill these needs. Already it has generated a buzz and various spaces are re-imagined into a range of medical environments, an innovative product – titled the KwickScreen – has sent a buzz through medical sphere as it claims to fulfill these needs. Already it has generated a buzz and various spaces are re-imagined into

KwickScreen looks set to stay. Michael Korn, the brains behind the idea, came up with the product whilst studying industrial design and engineering at the Royal College of Arts. During several visits to hospitals throughout his course, Michael noticed the lack of space that was available for isolating infected patients; there were also problems arising with single sex accommodation and a lack of side rooms to help curb the spread of infection. But most of all there was a general need for dignity and privacy in the hospital environment. To help fix the problem that so many hospitals were experiencing, Michael set about inventing a portable, retractable room divider that was flexible, easy to clean and could divide a room efficiently and easily, eliminating the need for a side room.

“The idea was to divide a room up effectively without using a wall or a divider because the need for space changes all the time; so the product needed to be flexible, portable and easy to use.”

“In the medical environment, the KwickScreen was initially designed to increase each hospital's capacity to treat infected patients and create areas of space for privacy, it was soon noted that there was another market in which the screen had a place.

“We started selling the KwickScreen to hospitals and then after a talk at the Royal Society of Medicine dentists started getting in touch. Most of them had space issues in the practice; they wanted to have private areas or they needed sterilisation rooms and from selling to hospitals we've now started selling to dentists. We've stumbled on a brilliant market!”

KwickScreen bends up to 3.5m wide; in effect Michael set about inventing a portable, retractable room divider that was flexible, easy to clean and could divide a room efficiently and easily, eliminating the need for a side room.

“On a side note, we've stumbled on a brilliant market!”

Dentist Andrew Bain, whose enthusiasm is helping create interest from other dental professionals, spoke to Dental Tribune about the way in which he is seeing the KwickScreen being integrated in the dental practice.

“We've only just started using it in dentistry but already we've got a dentist down in Brighton who, after having issues with building compliance, is using the screen to create a separate contamination area. He's got a Grade I listed regency house that has very restrictive building regulations, so the KwickScreen is a nice compromise in creating a 'separate' decontamination room. It not only brightens up the room with its cherry blossom design, but it hides away all the autoclaves and disinfectors!”

Although he’s not going to reach best standards with CQC (because he can’t get a separate room), he has received some very positive feedback. And even though he is still waiting for a full inspection, they understand the building restrictions with which he is faced. Fortunately, there is a paragraph in the HTM 01-05 document which states that, if people cannot meet this best standard, then it will be understood. From the conversations they’ve been having, it seems like a good way of moving towards best practice.

“Of course, not every practice is going to want one as it won’t be suitable in every practice, but there are quite a lot of practices out there that will find it very useful. Some people have brought it for one purpose and have ended up using it for something else, like they’ve had an unsightly repair that they wanted to screen off. However, I think the three main reasons for having one are:

- Practices that are struggling with CQC regulations
- For orthodontic practices
- Sedations practices for recovery areas.

“It’s very flexible – you can screen off areas at right angles, double back on themselves and you can split a

**Kwick Screen with floral print**

**Kwick screen bent**
room in two providing a space for recovery patients and normal patients. These are the main areas where I see it being used – in the right practices – it will have a good use in dentistry.

Apart from the contamination and space boxes that the KwickScreen ticks, the innovative screen had another purpose, as Michael explained: “A screen can have pictures printed onto it, which is making them ever more popular. For example, the environment of the dentist’s treatment room is one where the look and feel of the place is important because there are patients that are fully awake and alert. Also how the waiting room looks like is important. With the KwickScreen you can have something printed on the screen that is calming and is easy to change so you don’t have to stick with the one design.

“We’re actually running a competition at the moment, which is based in the Royal College of Arts, where we’re asking people to design pictures to be printed on the screens. There’s also an external competition where people can submit their design and we print them. The competition should lead to some quite interesting ideas!”

As Michael explains, since its inception onto the medical market, the KwickScreen and its inventor have won several awards, both in the UK and internationally. To begin with, Michael was the UK winner of the UK Dyson award, and was also runner up for its international award. “To be the UK winner is amazing, it’s prestigious. I’m really delighted, it was tough competition and as far as companies and people to be associated with and to be endorsed by, I don’t think I can get any better than James Dyson. He’s exactly what we’re about.”

If there are any dentists that are budding artists or photographers who wish to enter their pictures visit www.kwickscreen.com and click on the art tab.

KwickScreen has recently undergone trials in the University College Hospital and the National Hospital for Neurology and Neuroscience in London, and has received very favourable feedback on both a microbiological and user level.

KwickScreen in dentistry

Midi Pro

Simple and reliable unit with generous specification, made in USA.

- reliable, pneumatic unit based on DCI parts
- piezo scaler and fibre optic handpiece outlet
- services hidden in the chair’s base
- modular build (spittoon, delivery system, light) with various mounting options (chair, wall, cabinet)
- only 8% VAT
- optional upper hoses delivery system and mobile cart
- optional knee-break chair

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

£7,990

Diplomat

Diplomat Consul DC210

Price includes delivery and installation, electric motor and optic scaler. Easy-to-clean glass touch panel. Full specification on request.

Well-established manufacturer with traditions since 1952, based in Slovakia.

In-house production of all components with strict quality control.

Yearly production of over 2,400 dental chairs and units.

£11,950

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

27 Woodcock Close
Birmingham, B31 5EH
mobile 07981075157
e-mail office@profi-dental.co.uk

WWW.PROFI-DENTAL.CO.UK
Stop the world, I want to get off
Michael Young answers the question: What else can I do apart from dentistry?

My first article touched upon some of the reasons why dentists might be dissatisfied and disheartened with the profession, and offered some words of encouragement. This next article is for those who have made the decision to leave and for those who, for whatever reason, have to leave. It answers the question, “What else could I possibly do, apart from being a dentist?”

The first thing you must do is perform a SWOT analysis on yourself, that is, determine your personal strengths and weaknesses, and what are your opportunities and threats. Draw up a list of your transferable skills; be honest with yourself.

Dentistry is obviously a scientific discipline, so it is not unreasonable to suggest that a dentist could move with relative ease into another scientific field. A number of years ago I bumped into one of my contemporaries from dental school who, not long after graduating, had decided that dentistry was not for them. They retrained as a teacher and taught general science at a local college. They were happy with their choice. There are many science-based jobs that a dentist could think about doing, but perhaps in the current economic climate, now is not the best time to be looking for any job!

Dentists working in practice might want to simply free themselves from the hassle of a practitioner’s life, but don’t want to give up dentistry altogether. Making the sideways move into a dental school could be one option worth exploring, either as a teacher or as a researcher. However, nowadays universities have their own set of pressures, targets, rules and regulations. I was fortunate enough to work in two dental schools over 20 years ago, when the atmosphere was fairly relaxed.

You might be contemplating a complete change of career altogether. One career that seems to attract its fair share of dissatisfied dentists is the legal profession. Through my work as an expert witness I was able to dip my toe into the waters of the law; I speak from experience when I say that the grass is definitely not always greener. The law is often about conflict so you must be prepared for that and it is nearly always about money. The area I worked in was clinical negligence, most of which was funded by legal aid, which the government now plans to radically cut. Imagine if instead of just having your fees tinkered with, as in NHS dentistry, they were stopped altogether!

I learnt that dentists and lawyers inhabit totally different intellectual worlds. The legal profession is not like dentistry; lawyers are trained to extract information from documents, to ask closed questions, but above all, to win their argument no matter which side they are on. An excellent solicitor or barrister will be able to present a good argument from both sides. When putting together their case they want answers to the particular and the general, the empirical and the theoretical, the objective and the subjective. What you do as a dentist seems rather less certain when a good lawyer interrogates you. Your most difficult patients are put-
sycats compared with the mauling a fellow lawyer may give you when defending their client. Unless you want to stick to conveyance and house purchase, be prepared for conflict. I was never tempted to become a lawyer.

Perhaps you could turn your hobby into your fulltime job. Photography, for example, might be something you do at work as well as in your spare time. Could you set yourself up as a freelance photographer? This is just one example, but there must be many more hobbies you can think of that could become your main occupation.

Sometimes people leave dentistry because they have no choice. The two most obvious reasons are because they have had their names removed from the register, or because they are deemed medically unfit to carry on. I suppose it depends at what age you are forced out as to whether or not you need to carry on working and earning, but let’s assume that you either have to or want to carry on working. Let’s also assume that whichever of these two categories you come under, you would have liked to carry on working as a dentist. For both groups, coming to terms with having to do something different and not out of choice, is often the first hurdle they have to overcome.

I had to give up dentistry when, looking back, my practice was at its peak. I can, however, remember a certain sense of relief when I finally closed the door, because for months I had been aware that the condition of my hands and wrists had turned me into a liability, and that physically I simply could not continue. This had made me extremely anxious, and this feeling continued as I struggled to come to terms with what I call “losing my label”. Loss of confidence and a loss of self-esteem take a lot of coming to terms with and professional help may be needed. What I then went on to do after my 25 years in dentistry is, I think, fairly well known, but the point is that if you play to your strengths and regard every threat as an opportunity, then you will always find a new road on which to travel.

People are often drawn into a particular career thinking that it is something that it is not, or because they feel obliged to join the family business. It’s your career, so even if you realise late in the day that either you are not suited to it, or it is not suited to you, and you have genuinely tried to change things, then stand by your decision and move on.

For me, the secret of main-
Trying something different: Michael Young with his book How to be an effective expert also led to me writing the book Practice. Expert witness work also indirectly one of the catalysts that helped improve my practice, and as a writer, but it was allowed me to develop as a clinician and as a writer, with a view to making my job better. I just wanted to know how to make my practice better.

I have only touched on a very small number of career options; don’t forget that you can consult an appropriate career guidance service for impartial advice.

When the idea for these articles first came up it soon became apparent that they could very easily become words of doom and gloom for a profession that was already under pressure. The dental press is, after all, there to promote all that is good about dentistry and not to be merchants of despair – at least I hope it is. What I have tried to do is be realistic. There are dentists who seriously want to leave the profession; there are also dentists who have no choice other than to leave the profession. In the first instance, before you turn your back on dentistry, in the belief that the grass is always greener on the other side, stop and look at what it is that is driving you away, and ask yourself, “Can I change things?” This may be too simplistic a view; however, I believe that it lies at the heart of the matter. If you have no choice about leaving dentistry, then once you have come to terms with your enforced career change, don’t fall into the mind-set of believing that dentistry is the only thing you can ever do; you are not a one-trick pony! There are many jobs out there that you will be able to do, some that at first not too obvious, all of which you should explore and investigate before making that leap.

Away from dentistry, I have “re-trained” as an arts graduate, which broadens the range of jobs I could apply for, that is, if along the way I had not become a full-time writer.

My expert witness work allowed me to develop as a clinician and as a writer, but it was also indirectly one of the catalysts that helped improve my practice. Expert witness work also led to me writing the book How to be an effective expert. For effective infection control, the UltraClean II Washer Disinfector Dryer helps you protect your patients, your staff and your reputation.

For effective infection control, the UltraClean II Washer Disinfector Dryer helps you protect your patients, your staff and your reputation.

For more information
Tel: 01254 844 103
E: sales@prestigemedical.co.uk
www.prestigemedical.co.uk

Integrated decontamination solutions

Prestige Medical – the first company with a series of solutions to ensure you stay on the right side of compliance with legislation. Products include decontamination cabinetry and furniture, washer disinfectors, autoclaves and sterilizers, data recorders and printers. We can also provide advice on the latest guidelines.

For more information
Tel: 01254 844 103
E: sales@prestigemedical.co.uk
www.prestigemedical.co.uk
A wonderful thing called hindsight
Laura Hatton delivers the final instalment of the Harry Baldwin series

Harry Baldwin's speech on jaw development, image courtesy of King's College London

When I began re-searching the life and career of Sir Harry Baldwin, I didn’t think I would stumble across a seg-ment of his life that so greatly reflected today’s research; the relationship between diet and health; the immediate con-nection between oral health and the body, and most recently, how diet affects the shape and size of modern human jaws. But although in today’s so-ciety these discov-eries are perceived as “new research”, as Richard Fowler, Godson of Mary Baldwin, explained to me during our interview, these ideas are in fact 100 year-old concepts that Sir Harry was exposing on a daily basis.

Harry embarked on his campaign to publicise the imp-ortance of good oral health and how it can directly affect the health of the body and general development at a time when the population’s mouths were ravaged by dental diseases. It was obvious to Harry that something dras-tic had to be achieved to alter the state of the na-tion’s health and with little hesi-tation he launched a crusade on oral health, starting at the basics of brush-ing, before progressing onto the complex function of saliva and the controversial subject of diet.

Harry began his campaign by captivat-ing the audience during an address on the 22nd November 1915, where he en-lightened the audience on the subject of brushing and most importantly, gum brushing. By the time the address was over Harry had exerted himself as a brushing guru, revealing that gum brushing was the mira-cle cure in preventing infec-tion, pyorrhea, gingivitis and chronic septic infections of the tooth sockets; his solution was simple: “Gums must be vigorously brushed with a stiff brush twice a day! If you find you have sore gums it means you must brush more!”

Although his advice seemed to show little room for compassion, (the old saying of “you have to be cruel to be kind” springs firmly to mind) Harry didn’t once seem to step back from issuing instructions on how to maintain a good level of oral health; he would state how gum brushing pre-vented the formation of sub-gingival plaques, and he even went so far to proposing how salt becomes an antiseptic and can cleanse bleeding gums. In the end he knew that fric-tion on the gums prevented con-gestion and kept them healthy and he had to share his knowl-edge if he had any hope of sav-ing the nation’s smiles.

Mother Nature’s mouthwash
Harry soon turned his atten-tion to theories as to why there was significant mal-develop-ment in the nation’s mouths; although development in this area would hardly seem like an area for concern, Harry knew too well that this was the “gateway to disease” and could have a direct ef-fect on a person’s health: “We know that dental diseases are septic, putrid and poisonous... and an unclean mouth with decaying teeth and decay-ing gums supplies a constant stream of poison to the entire body and results in an untold amount of chronic illness, de-generation in various ways, premature old age and even death.”

Harry understood the ur-gency of uncovering the rea-son as to why there were de-velopment issues throughout society; he came up with theo-ries such as starvation and poisoned food supplies, but the conditions were too wide-spread, affecting the rich and the poor, the country dwellers and the urban townpeople. He knew it had to be some-thing that all classes were subject to, but his answer was a controversia-1 one; the trou-ble, he said, must have lain in the food.

Commercial fabrication
The uproar over Harry’s an-swer began during a speech on Tuesday 6th January 1925, where Harry, who was Vice Chairman of the Food Educa-tion Society, stated to the Food Education Society that white bread and white flour were the worst foods in the nations diet. Harry argued that during the milling process to make bread, white flour are the worst foods in the nations diet. Harry argued that during the milling process to make bread, white flour are the worst foods in the nations diet. Harry argued that during the milling process to make bread, white flour are the worst foods in the nations diet.

“Harry had exerted himself as a brushing guru, revealing that gum brushing was the miracle cure in preventing infection”

Harry had exerted himself as a brushing guru, revealing that gum brushing was the miracle cure in preventing infection’

The lion’s share
Harry knew he needed to take decisive action and it wasn’t long before he recalled on experiments where lions, de-prived of vitamin-rich internal organs, suffered from cleft-palate and were crippled by rickets; he then spoke of the Esquimaux [sic] staple diet of raw seal meat and organs; their diet meant they were not only healthy, but had strong bones and teeth that had developed in perfect condition; what’s more they were caries free.

To Harry the results were

Durrant’s Press Cuttings, Morning Post, image courtesy of King’s College London
obvious: the development of 

vitamin rich foods, such as 

internal organs and whole 

wheat. For a person whose 

diet was full of carbohydrates 

and deprived of vitamins, it 

was imminent that they would 
suffer deformities, with the 

jaw bearing the brunt of the 

problem. Around him the 
signs were clear; the nation's 

jaws displayed every inch of 

physical deterioration either 

being small or ill developed, 

or undersized and pinched in 

with overcrowding and irreg-

ularities of the teeth. It was a 
national outcry.

With his research behind 
him Harry approached the 

Government suggesting with 
all his might and knowledge 
that white bread should be com-
promised during his lifetime. 

Harry remained unsatis-

fied and with World War I a 

haunting memory and the eve-
tals came of value after the 

wars, Harry's legacy 

remained a strong fixture 
in the dental world through 

his research and scholarships. 

After his death, Harry's wife, 
Lady Lucy Baldwin, donated a 

sum of money to The London 

School of Dental Surgery to 

fund the Baldwin Scholarship, 

which was to be presented for 

excellence in porcelain resto-

rations, in which Harry was 

chiefly interested in. It was 

also noted that a foundation 

scholarship providing free 
education was offered to, and 

accepted by, the governors of 

Epsom College. The scholar-

ship, which was to be awarded 
to a scholar who had achieved 
a dedication at Epsom, is just 
the beginning of Harry's in-
credible legacy, because from 
here the first RFD examina-
tion was formed.

I hope that throughout this 
series I have painted a pic-
ture of Sir Harry Baldwin as 
he once was; a typical late-

Victorian man who was fas-
cinated by everything, from 

dentistry to motor cruising, 
to collecting Japanese prints 

and Chinese porcelain, right 

up to porcelain German art. In 
the end, Harry was not only a 

fantastic dentist and surgeon who helped save 

the lives of thousands of sol-
diers, but he is a part of dental 
history and a part of our fu-
ture. But what's best of all was 
that his own advice served 
him well; he died with a full 
set of teeth!

• I would like to thank Rich-
aud Fowler for giving me the 
opportunity to write this ar-
ticle and for the resources that 
he donated to King's College 
London. I would also like to 
thank the staff at the Archive 
Department at King's College 
London for their help and 
guidance whilst completing my 
research.

'...the truth was that for Harry dentistry wasn't merely a job, it was his service and duty...'

As gastric disease and cancer broke out into the streets of Britain Harry continued to put in his pennies' worth. As far as he could see, the nation's health was deteriorating fast, and he knew that something had to be done before it was too late.

A life cut short

Unfortunately, Harry never saw his ideas fully imple-
mented during his lifetime. On Sunday, September 20th 1951, almost a year to the day since his paper 'Food and Den-
tal Hygiene' had been printed in the Scottish Health Maga-
zeine, Harry's life was abruptly cut short. Following a tragic 
motor accident off the Brittany coast, the famous 
white bread slayer 'contracted typhoid, which claimed his life 
three weeks later.

Like an artist whose paint-
ings come of value after the 
artist has passed away, Harry's 
message soon became invalu-
able in the medical and den-
tal world. Just days after his 
death the country went to 
public realise the importance 
of diet and his views regard-
ing it. Harry's message was 
declared as "indefatiga-
able in his efforts to make the 
people according to their means. Stories that flitted between 
the London surgeries spoke 
of Harry undertaking unpaid 
treatment, reducing patient 
costs and devising payment 
schemes for those patients 
who had famously slated white 

dentistry wasn't merely a job, it was his service and duty; he was left reeling over the reality that only the richer 

members of society could af-
cord it.

The truth was that for 
Harry dentistry wasn't merely 
a job, it was his service and 
duty. As his voice continued 
to rock the delicate medical 
world, he stood strong, af-

firming his belief that "a little 
dentistry at the right time may 
save a world of trouble". But 
no matter what he said or did, 
the general health and physi-
cal development of the people 
continued to remain unsatis-

fying and with World War I a 

haunting memory and the eve-
tals came of value after the 

wars, Harry's legacy 

remained a strong fixture 
in the dental world through 

his research and scholarships.

Harry had been a 

national outcry.

With his research behind 
him Harry approached the 

Government suggesting with 
all his might and knowledge 
that white bread should be com-
promised during his lifetime. 

Harry remained unsatis-

fied and with World War I a 

haunting memory and the eve-
tals came of value after the 

wars, Harry's legacy 

remained a strong fixture 
in the dental world through 

his research and scholarships.

After his death, Harry's wife, 
Lady Lucy Baldwin, donated a 

sum of money to The London 

School of Dental Surgery to 

fund the Baldwin Scholarship, 

which was to be presented for 

excellence in porcelain resto-

rations, in which Harry was 

chiefly interested in. It was 

also noted that a foundation 

scholarship providing free 
education was offered to, and 

accepted by, the governors of 

Epsom College. The scholar-

ship, which was to be awarded 
to a scholar who had achieved 
a dedication at Epsom, is just 
the beginning of Harry's in-
credible legacy, because from 
here the first RFD examina-
tion was formed.

I hope that throughout this 
series I have painted a pic-
ture of Sir Harry Baldwin as 
he once was; a typical late-

Victorian man who was fas-
cinated by everything, from 

dentistry to motor cruising, 
to collecting Japanese prints 

and Chinese porcelain, right 

up to porcelain German art. In 
the end, Harry was not only a 

fantastic dentist and surgeon who helped save 

the lives of thousands of sol-
diers, but he is a part of dental 
history and a part of our fu-
ture. But what's best of all was 
that his own advice served 
him well; he died with a full 
set of teeth!

• I would like to thank Rich-
aud Fowler for giving me the 
opportunity to write this ar-
ticle and for the resources that 
he donated to King's College 
London. I would also like to 
thank the staff at the Archive 
Department at King's College 
London for their help and 
guidance whilst completing my 
research.

Section from Harry Baldwin's diary on jaws, image courtesy of King's College London

Scholarship policies, image courtesy of King's College London

Section of wheat germ, image courtesy of King's College London

The truth was that for Harry dentistry wasn't merely a job, it was his service and duty.
Dental fundamentalism

Neel Kothari takes an ironic look at dental regulations, and looks at issues such as windows and breathing

Unfortunately, despite the best of efforts, the government really have not gone far enough when it comes to rules and regulations within the industry. The slight inaccuracy H1M01-05 and the CQC have placed upon practices is clearly a step in the right direction, but the question I ask is: have they gone far enough?

Here is a list of potential policies that we need to encourage the government to urgently address.

To start off with, we desperately need to risk assess the feasibility of having windows in our surgeries. The risk that fresh air poses to our patients (and us) really cannot be underestimated. How would you feel if you were treated in a room and someone outside had an illness and bacteria came in through the window without any form of filtration? In the future we really need to ask the government if they can help us by providing some sort of guidance and hopefully also organising companies with vested interests (in helping patients) to supply and install ‘sterile’ air filtration systems, all to the required regulations.

If we look at the disinfection of surfaces I think it has now been clearly proven beyond all reasonable doubt that soap and water is not adequate and thankfully many companies have come to the rescue of patients by providing disinfectants capable of thoroughly disinfecting surfaces. However in the future we have to ask ourselves is this enough? I think the reality here is that, despite worktops being around for a long while, we now have to question whether or not they are actually safe and if there is a place for them in the future.

Another area that the government desperately needs to look at is the risks presented to patients and staff by pieces of equipment such as the dental probe. This piece of equipment was clearly designed before health and safety became a legal requirement and I cannot foresee a situation where its usage can continue without some form of rubber bung. Ideally this rubber bung should be available on a single use basis and hopefully fully should cost less than a mere 50 pence per bung from government approved compliant manufacturers.

Dentistry of the future surely must also consider the risks posed to patients through the usage of non single use clothing. Suggesting that dentists must change their apparel in between patients may sound extreme, but in reality what other alternatives do we have? Also most clothing manufacturers really do not provide undergarments designed specifically for dental needs and, whilst many of us actually do not want to discuss the risks posed by undergarments, hopefully companies with vested interests (in protecting patients) will be able to provide government compliant steam sterilisable underwear, but I suspect that the regulations would state that this would only need to be changed on a daily basis rather than in between patients. Hopefully there will be some scope to allow dentists to make their own judgment calls if the patient is sufficiently scary.

Again another sensitive area that will almost certainly need addressing is excessive body hair. The risks posed to patients through excessive body hair are far too long to be fully itemised here, but it would be fair to say that bacteria and other micro organisms can live in and around hair follicles. In an attempt to achieve a degree of political correctness, excessive body hair may have to be classified under two main categories

1. hair above the neckline
2. hair below the neckline

A simple policy of quarterly government approved inspections carried out by tax payer funded companies should ensure compliance with this policy. Of course, in order to protect patients, a naming and shaming policy would need to be enforced for those in breach of either category. Finally, whilst many of you may think that this policy is completely unnecessary, please be aware that as a British Asian my people stand to suffer the most. Hopefully by the time this policy is actually implemented many of the dental manufacturers would also be in a position to offer a full range of hair removal services with a minimal of interruption to the dentist’s daily working life with most probably only needing to take as little as a week off work.

By now I bet many of you are in eager anticipation, wondering when these changes are likely to take place. I suspect it will probably take a few years before these policies are implemented; however one thing that we all have to accept is that we really cannot afford to take the risk of waiting for any of these policies to be vigorously piloted or sent to an independent body for review, as that may take months, if not years. By doing this it would also open us up to a whole set of problems - I mean what would we do if they get back to us with results that don’t support our position?

As a dental fundamentalist and in line with CQC outcome 1, I cannot allow myself to offend you all by wishing you all a Merry Christmas. So please accept my sincere wishes that you enjoy the government endorsed bank holidays around the 25th and 26th of December and the 1st of January, which is internationally recognised as ‘New Year’ for many cultures.

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works as a partner at Sawston Dental Practice, Cambridge. He has completed a year-long postgraduate certificate in implantology and is currently undertaking the Diploma in Implantology at UCL’s Eastman Dental Institute.
THE Clinical Innovations CONFERENCE 2012

18th and 19th May 2012
Millennium Gloucester Hotel & Conference Centre, London Kensington

info@smile-on.com | www.clinicalinnovations.co.uk | 020 7400 8989

Switch on to new ideas

Speakers:
Prof Nasser Barghi
Dr Richard Kahan
Prof Gianluca Gambarini
Dr Wyman Chan
Dr John Moore
Dr Ajay Kakar
Ms Jackie Coventry
Dr Mona Kakar

EARLY BOOKING DISCOUNT
Do you wish Facebook and other review sites would just “go away?” If so, you are not alone. At almost every live event I speak at, there is at least one person who’d love it if all this social media stuff would disappear. Unfortunately the genie has been let out of the bottle... people realise they can now easily vet you before making a decision about whether you are a good choice for dental care or if they should allow you to deliver the treatment you recommend. Online research has become a pass-time for many people. What this means for practices (and all businesses) is that social media and reviews will continue to either help or hurt your business.

Remember when the phrase, “As Seen on TV” was a great selling point? For years “As Seen on TV” helped to skyrocket the sales of many products—however what about today? I recently heard about a cool new product called CitiKitty (you cat lovers will especially appreciate this). CitiKitty is a “revolutionary” product that can help you eliminate the use of cat litter by helping you to essentially potty train your cat. Imagine the sales possibilities. Seriously, who wouldn’t want to give up the miserable chore of cat box scooping?

I decided to look into CitiKitty for my smart kitty. A Google search and visit to their CitiKitty.com website made their product look great. CitiKitty had a nice little video on the website showing an animated version of how fabulously their product worked. The product seemed almost too good to be true, which is why I was so relieved to see the Facebook logo on their website homepage. Perfect, I’d visit their Facebook page and check out what real people are saying about the product.

Note that before Facebook came along, I (and likely hundreds of others) could have been “sold” outright on the website presentation alone and purchased the product then and there. Remember, before the social media genie was let out of the bottle, we didn’t think about researching to the level we do now.

Back to the CitiKitty Facebook page. The page had a spat-tering of success stories, which had mainly been posted by the page administrators. The page was fortunate enough to have good participation on behalf of “likers”. Many of the page posts had several (in some cases 12+ comments), however quite a few of the comments were questions, concerns, or stories about failures (I won’t get into the details about the reported kitty potty failures). The point I want to make is that rather than respond to questions or concerns, the page administrators ignored the majority.

So what does this say about CitiKitty? It might mean that CitiKitty needs to go back to the drawing board and make product improvements. At minimum, CitiKitty needs to respond to their existing customers. This situation is a real life example of what not to do on Facebook. Don’t expect to set up a social media presence, post a lot of positive PR about yourself and ignore any questions or concerns that may pop up. Here is a list of Facebook “don’ts” that CitiKitty (and all of us) can learn from:

1 Don’t ignore your fans or followers. Always respond to comments, questions, or concerns. Good, bad, or ugly. Social media is not the place for complacency.

2 Don’t put your head in the sand. Learn from patterns. Whether consistent themes of kudos or complaints exist, there are lessons to be learned. What do your clients (or patients) consistently say they like or dislike?

3 Don’t rely on automation as a solution. To make matters worse, CitiKitty page administrators have recently integrated their Twitter to their Facebook Page. So at the time of this writing they are not only seeming-ly ignoring their community, they are also posting (what non-Twitter users will interpret as) non-sensical hashtags and gibberish.

The purpose of this article is not to hash CitiKitty. I think the woman who invented the product had nothing but good intentions. Perhaps her kittens are just smarter or more trainable than others... I’d love nothing more than for CitiKitty to go back to the drawing board and find solutions to make this product work on a grand scale. Or perhaps CitiKitty wouldn’t work for every household, but the company had such a positive and well-loved kitty community that people bought the product regardless.

This is a great example of the enormous power of social media. It can literally make or break businesses. Today, it’s not just about how you handle yourself in one on one conversations—it’s also about the way you handle the conversations that are occurring between you and potentially dozens or hundreds of others. How will you learn from the lessons CitiKitty has stumbled upon? When patients research you online, what will they learn (and think) about you?

About the author
Rita Zamora is an international social media marketing consultant and speaker. She and her team actively co-manage dozens of dental practices’ social media programs. Her clients are located across the United States and internationally. She has been published in many professional publications. Rita is also Honorary Vice President to the British Dental Practice Managers Association. Learn more at www.DentalRelationshipMarketing.com or email rita@ritazamora.com.
To be or not to be... qualified

Jane Armitage discusses how you’re never too old to learn

O

ver the years I have received a vast amount of calls from principals and practice managers, their questions covering a wide range of practice management issues. Managing a dental practice is not an easy task, it doesn’t come naturally and is a journey of learning, and each year you continue to learn something different. I can’t remember a year that everything remained the same, and we didn’t have to change some form of protocol or legislation to ensure as a practice we were compliant.

But what really surprises me is the amount of managers who contact me, who are running someone’s business and state that they don’t know much about practice management but don’t want the staff to know! Sometimes it makes me wonder how can that happen, how can anyone expect their business to thrive and have everything that is required in place, if the person who is managing the business is unsure. Ok, so there will always be elements you come across that make you test your ability, but surely gaining the qualification not only helps the manager but helps the principal.

I spoke with a manager only last week who told me she was new to the profession with no dental background and didn’t know anything about dentistry but was fumbling her way through. I replied “I take my hat off to you, but you probably know more than you think,” so I asked her what did the letters GDC stand for, she provided me with the correct answer so I said “see you do know”, and I followed this by asking “what is the GDC there for”, the reply shocked me, the answer was “oh I don’t know that, you’re going to have to help me please.”

How can anybody run a practice without dental knowledge and understanding? What’s more from a business point of view is this good business move. Managing a bank or an office is nowhere near like managing a dental practice. I am aware that there are many managers who run practices who hold various management qualifications and yet I believe that the practice is being run by a trained and qualified practice manager who feels totally competent in all aspects of running a dental business.

I also believe that once you have gained the diploma, it only a starting point, it provides you with a foundation and the understanding, plus it gives you the confidence to handle issues, BUT for me it’s how you put into practice what you have learnt and more importantly how you are going to continue with the day to day developments that are being imposed on all practices through legislation that matters.

It’s only a course but it’s a start and although you may think you don’t need tuition, you’re never too old to learn.

Training is essential and personally I believe that all managers should be qualified in Dental Practice Management.

I understand that there will be non-managers who have gained formal qualification in practice management; I just find the statistics a talking point. It may be interesting to have a poll to determine the actual figures. It’s impossible to guess the overall figures as there are many managers who have gained formal qualification in dental practice management. I was back at school. However, looking back I learnt not only from the tutor but from other managers taking the qualification.

I was in my forties when I sat the diploma and suddenly I was back at school. However, looking back I learnt not only from the tutor but from other managers taking the qualification. It wasn’t like study and it was surprising how many others were like me, all experiencing different issues and together we would tackle everyone’s problems. It was a win - win situation. In March I will have been in dentistry 40 years and I am still learning.

I understand the cost of various courses can be expensive but surely this outweighs the fact than a clinician can continue to treat patients and earn the revenue with the knowledge that the practice is being run by a trained and qualified practice manager who feels totally competent in all aspects of running a dental business.

About the author

Jane Armitage is an award-winning practice manager and has almost 40 years industry experience. She is currently a practice manager for Thompson & Thomas, and holds a Vocational Assessors award. She is also a BDA Good Practice Assessor, BDA Good Practice Regional Consultant and has a BDA Certificate of Merit for service to the profession. She has her own company, JA Team Training, offering a practice management consultancy service, which includes on-site assistance covering all aspects of practice management with a pathway if required for managers to take their qualification in dental practice management. If you’ve any memories of the early 1970s or any specific choices of topics you’d like addressed, call Jane on 01425 455346 or email jaarmitage@talktalk.net.
Why improving your practice is a mystery - part three

Jacqui Goss explains how to create a good impression without saying a word

At the end of my previous article, I promised to consider the feelings a potential or actual patient has when entering a dental practice for the first time. As you can imagine, a good impression at this stage is critically important so here goes.

Be warned, if you book me to visit your practice to discuss training or my consultancy services I shall invariably arrive early (M6 traffic willing). I’ll stand outside for a while. I’ll walk towards the entrance from different directions. I’ll look in and through the window (only if you’re on the ground floor!). I’ll sit in the reception or waiting area – in different seats. I’ll get up and read the notices, shuffle through the magazines and visit the toilet. I’ll drink your coffee if I’m offered a cup (or will it be a mug?).

In short, I’ll do all the things you and your team members never or rarely do but which your patients and prospective patients do all the time. Why? Because you may be a whizz with a high-speed or slow-speed drill, your nurse might be Olympic standard and your hygienist could be world-class but if the door handle is loose that’s what will determine a patient’s lasting impression.

If some of the things I’m about to describe seem trivial, why do I come across them so often? Why aren’t they fixed or corrected or sorted out? Why risk that negative first impression?

I know a practice where the first appointments after lunch are made for 2pm. The staff have their lunch from 1pm to 2pm and the practice is closed. But we all know that patients invariably arrive early for appointments (you don’t like them being late) and so have to wait outside (in all weathers) until the door is unlocked on the dot of 2pm. In practice, the first appointments after lunch don’t begin until 2.05pm or even 2.10pm so early arriving patients have unnecessarily braved the weather. Why not make the appointments a little later or open the doors five minutes earlier?

Another example: I visited a practice and there was a handwritten note on the toilet door saying the lock was broken. It was a nuisance but these things happen. Unfortunately, when I visited again several weeks later the same note was still there. Was the reason a chronic shortage of handy-men in the locality or a distinct lack of interest on the part of practice staff? I know what I thought.

And now I’ll have a go at Richard Branson. Not for the service on his airlines (I’ve never flown Virgin Airways) but because as “litter tsar” in the 1980s he failed miserably. The peculiarly British habit of dropping litter is more rampant than ever these days. When I do a performance audit on a practice, I include photographs in my report. Surprisingly often there is litter outside a practice – on the pavement, in the gutter and in the car park (if there is one). While I agree few people take notice of it, wouldn’t a litter-free approach to your practice eliminate the possibility of a bad initial impression?

The approach to your practice is important in other ways. An A-board on the pavement (subject to local authority...
rules and, in some cases, a fee) is always a good idea but I've seen many that can't be read until you're right on top of them and/or contain so much information that a passer-by will simply be that—a passer-by. Similar considerations apply to signage at your practice. Oh, there are some awful logos out there—yet there are many (inexpensive) brilliant designers.

And now for your “shop” window, should you have one. What is it they say about people in glass houses? That’s right, they should undress in the basement. Tidy away those boxes of leaflets and the recent delivery of surgical gloves and get those mugs off the counter please. As for the window display—do have one. There’s no need to employ a visual merchandiser (aka window dresser), as a few brochures standing upright will do. You can include your opening hours and your website, Twitter and Facebook addresses (useful if people look in the window when you’re closed). How about a couple of photos of smile makeovers you’ve done with testimonials alongside? Awards you’ve won could go in the window too. How about a welcome message on the door—Come on in for a better smile?

Now I’m in a practice and looking around. That noticeboard could do with sorting out. And where on earth did those prints come from—they are so depressing! I suggest you Google “dental practice interior design” and look through the galleries of the various companies that come up. Okay, so they are new builds or complete refurbishments but they will give you ideas for artwork, flowers and seating arrangements. If you’re with a plan provider, they’ll probably help too.

What’s next? It has to be good health, an unhygienic toilet is a big no no. More than that, it does not look good if there are paper towels on the floor, if the waste bin is full, if the soap dispenser is empty and so on. It just needs members of staff to check it regularly—and sort out any problems.

That’s many of the visual things covered. To finish, I’ll deal with music, television and videos. Until quite recently, I accepted these as quite normal in dental practices—in the same way as they’ve become common in shops and shopping centres. Then a colleague told me about Pipe-down—the campaign for free-dom from piped music (www.pipedown.info). Download its fact sheet and you’ll discover that more people hate piped music than like it. A survey of blood donors found that playing piped music made them more nervous.

If you’re tempted to screen patient education material in your practice consider that an animation about an implant showing a scalpel cutting the gum and drills of increasing size boring into the bone will be a complete turn-off for most patients!

In my next article, I explain how to find out what your patients really think of the service you give, of your practice, of your staff and even of you!

---

**About the author**

A proven manager of change and driver of dramatic business growth. Jacqui Goss is the managing partner of Yes!RESULTS. By using Yes!RESULTS dental management tools, practices not only increase in treatment plan take-up, improved patient satisfaction and more appointments resulting from general enquiries. Yes!RESULTS turns good practices into great practices.

Jacqui Goss
Managing Partner, Yes!RESULTS

Ashton House

Sale

Cheshire M33 6HE

Tel: 08456 448066

Mob: 07795 562617

Email: jacqui@yesresults.co.uk
Website: www.yesresults.co.uk

Twitter: @Yesresults

Facebook: www.facebook.com/Yesresults

Email: jacqui@yesresults.co.uk

---

**Contact Carestream Dental**

For more information or to place an order please call 0800 169 9692

email sales.uk.cs@carestream.com

or visit www.carestreamdental.co.uk

Carestream Dental

© Carestream Dental Ltd., 2011.

---

**E-FORMS**

Eliminate paper from your practice

.....and save a tree

**R4 Practice Management Software**

GIVES YOU MORE

---

**FEATURES OF R4**

R4 Mobile
Direct link to PIN pad
Patient Check-in Kiosk
Care Pathways
Communicator
Steritrak

**E-Forms**

Patient Journey
On-line Appointment Booking
Text Message and Email reminders
Clinical Notes
Appointment Book
Digital X-Ray
Managed Service
Practice Accounts

---

**Text Message and Email reminders**

---

**Practice Management**

---

**December 12-18, 2011 United Kingdom Edition**
Applying your dreams to the business of dentistry

Alun Rees provides a table of things to do

In previous articles I have emphasised the importance of balance in all aspects of your life, suggested ways that you can discover your core values and shown a technique for exploring and defining your dreams. The title of this piece deliberately places emphasis on the words your and business. Critics will say (and they frequently do) that it’s all very well having these “pie in the sky” dreams but business is harsh. All this talk of ideals and values are fine for coaches and consultors to pontificate upon, but come Monday morning you have to get real and put all that stuff to one side. Nobody appreciates that more than me.

So how does Monday bring the practice you want? I am a business coach - the strap-line of Dental Business Partners is “building your perfect practice”. I have no illusions about how hard it is to build and maintain a successful dental practice. I did it for 20 years in general practice and I am currently the business director of a successful orthodontic practice. Using simple, tried and proven methods I help my clients achieve their goals whether they are running a multi-chair NHS facility, a specialist referral unit or a one chair bespoke practice.

The ideas and experiences have over the course of more than two decades evolved to become “The Seven Pillars of Dental Practice Management©”. They are:

• Vision
• Financial Controls
• Sales
• Marketing
• People
• Environment
• Systems

Each and every pillar is equal-ly important, when one fails the rest are put under extra pressure and business success is threat-ened. Here’s what happens when dentists embrace the changes:

It is possible to square the circle of building your dream practice where your patients are treated ethically and comprehen-sively whilst running a profitable business that satisfies your core values and provides balance in your life.

About the author

Alun Rees trained at Newcastle University and started his career as an oral surgery resi-dent, before work-ing as an associate in a range of different practices. With this solid founda-tions, Alun went on to launch two prac-tices in the space of just 15 months, a challenge in the toughest economic conditions. After years of hard work Alun finally sold his award-winning business in 2005. Alun now runs Den-tal Business Partners to offer specific and specialised support for dentists, by dentists. He has served as a media representative for both the BDA and BDHF and is an authority consulted by the media and has featured on BBC2, Sky TV and various radio stations. For more information go to www.dentalbusinesspartners.co.uk, email alun@dentalbusinesspartners.co.uk or call 07778 145853/01242 513127

Join the fast growing success of Syneron Dental Lasers

Presenting

LITE TOUCH™
The unique fiber-free Er:YAG laser

Dentists’ 1st Choice for hard and soft tissue procedures

To explore cooperation opportunities please contact: dental@syneron.com

WWW.SYNERONDENTAL.COM
<table>
<thead>
<tr>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision</strong></td>
<td><strong>Financial Controls</strong></td>
</tr>
<tr>
<td>• You have no clear idea of where you want to be in the next five years, three years or even tomorrow</td>
<td>• The bank might or might not be on your back</td>
</tr>
<tr>
<td>• You look at the next day’s list and complain because:</td>
<td>• You can't think about the Inland Revenue without coming out in hives</td>
</tr>
<tr>
<td>1. It’s not fully booked or</td>
<td>• Your accounts reflect ancient history</td>
</tr>
<tr>
<td>2. It’s double booked</td>
<td>• You hope that the money outlasts the month</td>
</tr>
<tr>
<td>• You worry about the knock-on effect of taking a long weekend</td>
<td>• Everything's fine (really?)</td>
</tr>
<tr>
<td>• This way you can check you are going in the right direction</td>
<td><strong>Sales</strong></td>
</tr>
<tr>
<td>• You have a clear idea of where your personal and professional life will be in five years and beyond</td>
<td>• Your patients make informed decisions for the benefit of their long term dental and general health and wellbeing</td>
</tr>
<tr>
<td>• You can plan the steps you need to take</td>
<td>• You and your team know how to present treatment options - including doing nothing</td>
</tr>
<tr>
<td>• Time management means that you decide how the day list looks and how much profit you will generate</td>
<td>• You check routinely that patients’ wants and “not wants” haven’t changed</td>
</tr>
<tr>
<td>• You know where your money is both coming from and going</td>
<td>• Patients request treatments</td>
</tr>
<tr>
<td><strong>Sales</strong></td>
<td><strong>Marketing</strong></td>
</tr>
<tr>
<td>• A dirty word</td>
<td>• You have a marketing policy which produces measurable results</td>
</tr>
<tr>
<td>• Unethical</td>
<td>• Your patients remember you, appreciate what you do and refer people</td>
</tr>
<tr>
<td>• Unprofessional</td>
<td>• Social media is no longer a cause for puzzlement but a valid part of your marketing</td>
</tr>
<tr>
<td>• You already know who can and can’t afford treatment and what’s best for them</td>
<td></td>
</tr>
<tr>
<td><strong>Marketing</strong></td>
<td><strong>People</strong></td>
</tr>
<tr>
<td>• You’re in the Yellow Pages between Demolition &amp; Design but it’s getting so expensive</td>
<td>• Sometime servers who just turn up and do it</td>
</tr>
<tr>
<td>• You have a website but it hasn’t been updated for a year or more</td>
<td>• Not sure if they’re an asset or a liability</td>
</tr>
<tr>
<td>• Twitter is for Twits and Facebook is for kids and has nothing to do with dentistry</td>
<td>• You think you have some potentially great people that you just haven’t the time or resources to develop</td>
</tr>
<tr>
<td>• Asking for business is tacky and unprofessional</td>
<td>• They work as a team - your team</td>
</tr>
<tr>
<td><strong>People</strong></td>
<td><strong>Environment</strong></td>
</tr>
<tr>
<td>• Sometime servers who just turn up and do it</td>
<td>• Surgery from the Space Shuttle</td>
</tr>
<tr>
<td>• Not sure if they’re an asset or a liability</td>
<td>• Reception from Ikea</td>
</tr>
<tr>
<td>• You think you have some potentially great people that you just haven’t the time or resources to develop</td>
<td>• The last time it was decorated you did it over Easter</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td><strong>Systems</strong></td>
</tr>
<tr>
<td>• Surgery from the Space Shuttle</td>
<td>• Suction and handpieces can be heard over the telephone</td>
</tr>
<tr>
<td>• Reception from Ikea</td>
<td>• Patients comment about the “dental” smell</td>
</tr>
<tr>
<td>• The last time it was decorated you did it over Easter</td>
<td>• Everyone appreciates that first impressions count and they’re excellent</td>
</tr>
<tr>
<td>• Suction and handpieces can be heard over the telephone</td>
<td>• Regular examination of all stimulants of the five senses</td>
</tr>
<tr>
<td>• Patients comment about the “dental” smell</td>
<td>• Patients comment about the sight of fresh flowers</td>
</tr>
<tr>
<td><strong>Systems</strong></td>
<td><strong>Before After</strong></td>
</tr>
<tr>
<td>• You “passed” the CQC registration but dread the inspection</td>
<td>• You have a practice manual that:</td>
</tr>
<tr>
<td>• “All these systems are “killing” dentistry</td>
<td>• Reflects your ideals and values</td>
</tr>
<tr>
<td>• Thankfully the ever reliable Suzie has everything under control - what would you do without her?</td>
<td>• Is a complete guide to anyone joining or visiting your practice “how it’s done here”</td>
</tr>
<tr>
<td>• Suzie is planning to join your associate in a cold squat three miles down the road</td>
<td>• Is three steps ahead of current legislation</td>
</tr>
</tbody>
</table>
Opportunities to impress

Following her last article on brand continuity, Cathy Johnson suggests how to maximise opportunities to impress and to think outside the box

Presentation is becoming increasingly important in many areas of life and the way any business presents itself sets the level at which it will be perceived. When buying from an expensive shop, for example, we would be surprised if our luxury purchase were handed to us in a cheap carrier bag. Tea at the Ritz served in earthenware mugs would simply never do – there’s a natural expectation of the finest bone china.

Individuals subconsciously register when things are not congruous with their expectations and may equate it with lack of authenticity. They will want an appropriate match between the brand promise and the product. If things don’t add up, the result will be cognitive dissonance – the discomfort and disappointment felt when experience clashes with expectations.

Practices differ in many ways, but whatever your practice and whoever your patients are, the question to ask is whether the presentation and overall experience is congruous with the level of treatment, the overall experience and the fees charged.

Are you, for example, charging four-figure sums yet handing out treatment plans on a single sheet of blank or headed paper? When looking at making a considerable investment in their dental treatment, patients may well appreciate and expect something more polished and personal in terms of presentation.

“My patients will think I’m overcharging if I dress everything up too much,” you may protest. But consider this: most people like to feel special, certainly if they are looking to invest in a beautiful smile. So why not insert the treatment plan into a stylish branded folder or bespoke personalised wallet? In not doing so you miss an opportunity to impress, risk brand dilution and even potential loss of sales and loyalty.

Patients often choose the web to find a dentist. It makes perfect sense, being easy, convenient and informative. Yet that special touch of being given something that looks and feels good – a beautiful welcome pack, an invitation, a product in a glossy bag or perhaps a gift of some kind – distinguishes your practice from others. It’s the equivalent of the boutique hotel chocolate on the pillow. These added-value details not only make the recipient feel valued, they also show that you take pride in your practice and help you.

The new Honigum Pro. Impressions made your way.

Stays where you need it – Flowable when you want it.

Honigum Pro is the new VPS impression material with patented crystal structure: for the best usage comfort and for a consistently perfect result. More information at www.dmg-dental.com.

New!
**Adapting with nature**

**OsseoSpeed™ TX Profile – anatomically designed implants for sloped ridges**

Imagine being able to achieve 360° bone preservation around the implant, even in cases with sloped ridges. Now you can.

With OsseoSpeed™ TX Profile – a uniquely shaped, patented implant, specifically designed for sloped ridge situations – you no longer have to choose between buccal and lingual marginal bone preservation and esthetics; you can have it all – 360° around the implant.

As with all Astra Tech implants, OsseoSpeed™ TX Profile is based on the documented key features and benefits of the Astra Tech BioManagement Complex™. Used in combination with patient-specific Atlantis™ abutments, you and your patients can look forward to long-term function and esthetics.

For more information, please visit [www.astratechdental.co.uk](http://www.astratechdental.co.uk)

---

**About the author**

**Cathy Johnson**

specialises in branding for dental practices and will design your practice image, stationery, welcome packs, referral packs, external signage and website to raise the profile of your practice and attract the patients you are looking for. She also writes and produces a biannual patient newsletter, branded for you to send to your patients. Cathy’s success is built on more than 25 years of experience as a graphic designer combined with in-depth understanding of the needs of the dental profession. She and her team are based in London and work with practices across the UK and abroad. Working with single practitioners through to large dental groups, all services are tailor-made to suit each individual practice.

Cathy Johnson Design
Tel: 020 7289 1215
Email: cathy@cathyjohnsondesign.com
www.cathyjohnsondesign.com
Dental nursing in Wales

Elaine Simmons discusses what’s out there for Welsh dental nurses

There are 2,241 dental nurses on the GDC register working in Wales and the number of trainees is unknown. These nurses are employed either at Cardiff Dental Hospital, Community Dental Service or in general practice, of which there are approx 514 NHS practices.

The Principality of Wales has its own Government and employed within it is the Chief Dental Officer for Wales, Dr David Thomas, who began his role earlier this year; he is a great supporter of dental nurses and appreciates their role, hard work and their value within the dental team.

The Postgraduate Department DCP Director for Education in Wales is Kirsty Moons, and together with her team they are incredibly supportive and forward thinking in their approach to the excellent provision of training, which is available to all dental nurses working within the principality. They provide training in the Certificate in High Education for Dental Nurses, Sure Start, a course for nurses who have not started their “official training”; in addition the NEBDN Certificate course and the Post Graduate course in Oral Health and the NEBDN postgraduate qualification in Radiation, Orthodontics and Sedation are also available.

There are also outside training providers of dental nurse education, which cover various areas in Wales and provide qualifications and the National Certificate to nurses in practice. Some also provide the NEBDN postgraduate qualification courses. Continuing Professional Development (CPD) courses covering the GDC core topics is also provided within the postgraduate centre or within your own practice for the whole team if applicable. This will ensure that both patients and the dental team derive the maximum benefit from these courses. As well as the core topics, Law and Ethic and Child Protection and Conflict Resolution are also provided.

A recent survey highlighted courses that dental nurses would like to attend and it was little surprise that forensic dentistry was high on the list. The majority of nurses preferred courses or lectures aimed at their route of learning; however, the barriers to furthering their education were lack of funding, cost, venue and work cover. I feel that this is the case for all dental nurses, and not just in Wales.

Nevertheless, dental nurses felt mandatory training had raised their profile and welcomed it; for them CPD was valuable for their career progress and mandatory CPD kept them up to date.

There is a DCP Symposium in Cardiff, which is not only for invaluable for the interesting topics but it is a great networking opportunity. Gregynog in Newtown Powys also holds a study day and it never fails to impress; keeping the audience interested it is stimulating from beginning to end.

Dental nurses in Wales have good provision for their educational and professional development needs and there are people out there listening to what they say. Not only is it a privilege to be born in Wales, but it is a privilege to be a dental nurse in Wales.

About the author

Elaine Simmons qualified at Liverpool Dental Hospital in 1974 gaining both the United Liverpool Hospitals Diploma and the National Certificate. She later completed the Royal Society of Health Diploma in Dental Health Education in 1978, in 1999 the University of Bangor Radiography for Dental Nurses, with Distinction and the A1 A2 Assessor’s Award NVQ City & Guilds followed, in 2005, by the BTEC Management Level 4 & C&G 7407 Tutors Course 2005 Licentiateship Award as well as the Licentiateship in Dental Nursing. A Fellow of BADN®, Elaine has worked in Community Dental Service, General Dental Practice and the prison service.
Invest wisely
You get the handpiece you pay for

In these times of economic downturn any purchasing decision is made with a certain degree of reticence, so it is imperative that you make the right decisions when investing in your practice. The newspapers reiterate time and time again how difficult it is to survive in a period of decline making it absolutely necessary for all purchases to be right for your current needs. This is even truer now that so many practices are independent, sitting firmly within the ranks of small businesses, where survival is dependent upon growth and profit, only attainable through prudent investments.

Individual manufacturers need to be offering their custom-
novations in cutting instruments to improve their working envi-
ronment, especially considering the product is a long term invest-
ment with high user interaction. Investment in a handpiece that
suits you is an essential part of the efficient functioning of the
practice, so pay particular attention to some fundamentals when
selecting and using your preferred handpiece.

It is important that as dental professionals you look to offer
your patients quality care, which comes from using high quality,
reliable products, while remembering that you spend many
hours per day holding your handpiece. So what should be impor-
tant when selecting a handpiece? Your priorities when making
your choice should be the influence it will have on our patients,
yourself and your team. A smaller handpiece head for easier access,
reduced levels of noise and vibration all result in greater comfort
for both practitioner and patient. Ergonomics is important as you
should consider whether your choice will reduce the risk of re-
petitive strain injury and cumulative trauma disorders. Look for a
handpiece design which is comfortable and easy to hold without
stress to the hand or fingers such as the W&H Synea range. Hand-
piece illumination has improved

A bright idea!
Especially for non-optic dental units

If you thought you couldn’t use optic handpieces just because you don’t have optics on your dental unit, think again!

Alegra LED G turbines and contra-angle handpieces from W&H generate their own light - so you can use them on any dental unit, non-optic or optic. You don’t even need to be an existing W&H user to benefit from this revolutionary technology, because models are available for all of the major connections. An extremely bright idea!

In addition, Alegra LED G handpieces have the very latest LED+ technology as standard, with the best colour rendering index on the market to ensure that colours in the mouth appear natural, which in turn enhances your working environment.

W&H. People have priority.
beyond recognition with the advent of LED. The colour rendering index (CRI) is an important aspect of artificial illumination with a perfect colour rendition having an index value of 100. Therefore you need to be looking for a handpiece that offers a CRI of over 90 which will give you the rich colour contrasts you need for a life-like view. Choose carefully as there are many different offerings giving varying levels of enhanced visibility and reduction of eye stress.

Select an LED which offers daylight grade lumination as it is kinder on your eyes, gives improved visibility, better colour definition and reduced heat, such as the W&H LED+ handpieces. Some handpieces such as the W&H alegra offer an integrated led generator allowing you to enjoy LED technology regardless of the motor or coupling you are using.

Only purchase handpieces that adhere to current regulations for health and safety and those that are both thermo-washer disinfectable and sterilisable.

Good quality handpieces, made by good quality manufacturers, are easy to recognise and should be supplied with at least a one-year warranty as standard. It has been proven over many years of research that the higher the quality of the handpiece, the superior the performance over longer periods of time. It is therefore worth investing wisely and looking after your investment. If the handpiece or manufacturer chosen does not meet the above criteria, then it is not likely to offer long-term value for money.

To prolong the useful life of your handpieces and to protect both the patient and the team from the risk of cross contamination, it is important that the dental team follow a strict infection control regime. When selecting your handpiece, it is worth identifying whether the manufacturer can meet all your needs, whether they are able to offer a full range of products, local service support, care and maintenance training and the appropriate solutions for decontamination. You should be given guidance on the products available to assist you in looking after your handpieces, such as automatic handpiece care systems like the Assistina, which provides a fast and effective cleaning and lubrication procedure.

Remember, you get what you pay for, so it is always worthwhile making a sound investment and purchasing a well-established, well supported brand known for quality and reliability.
The POWER is in your hands!

New improved B.A. Turbine Range with 20 watt torque is more powerful than ever.
Feel it yourself with our 7 day happy or your money back guarantee.

B.A. International: 01604 777700
Kent Express: 01634 878787

B.A. Ultimate Power
New B.A. International Power + with new design, improved ergonomics and handling. Stainless steel, ceramic bearings, fibre optic glass rod, available in two powerful head sizes:
Standard (BA700 = 20W) and Mini (BA300 = 14W), with 5 connections available: Kavo, NSK, Bien Air, Shano and W&H. Anti retraction valve, thermostable and autoclavable up to 135°C, made in Germany, 2 year guarantee.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA700K</td>
<td>Standard head Kavo fitting with light</td>
</tr>
<tr>
<td>BA700L</td>
<td>Standard head LNS fitting with light</td>
</tr>
<tr>
<td>BA700W</td>
<td>Standard head W&amp;H fitting with light</td>
</tr>
<tr>
<td>BA700M</td>
<td>Mini head Mini fitting with light</td>
</tr>
<tr>
<td>BA700N</td>
<td>Mini head NSK fitting with light</td>
</tr>
<tr>
<td>BA700B</td>
<td>Mini head Bien fitting with light</td>
</tr>
<tr>
<td>BA700S</td>
<td>Mini head Shano fitting with light</td>
</tr>
</tbody>
</table>

£519

B.A. Optima Range
New B.A. Optima Range, ceramic bearings, fibre optic glass rod for models with light. Standard head (BA500 = 17W torque, anti retraction valve, thermostable and autoclavable up to 135°C, made in Germany, 3 connectors available: Kavo, NSK and W&H), with 1 year guarantee.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA500K</td>
<td>Standard head Kavo fitting with light</td>
</tr>
<tr>
<td>BA500L</td>
<td>Standard head LNS fitting with light</td>
</tr>
<tr>
<td>BA500W</td>
<td>Standard head W&amp;H fitting with light</td>
</tr>
<tr>
<td>BA500N</td>
<td>Mini head NSK fitting with light</td>
</tr>
<tr>
<td>BA500B</td>
<td>Mini head Bien fitting with light</td>
</tr>
<tr>
<td>BA500S</td>
<td>Mini head Shano fitting with light</td>
</tr>
</tbody>
</table>

£259

B.A. Ultimate Range
New B.A. Ultimate Range, available in 2 powerful head sizes: Standard (BA600 = 20W) and Mini (BA300 = 14W). Ceramic bearings, fibre optic glass rod, anti retraction valve, 5 connections available: Kavo, NSK, Bien Air, Shano and W&H. Thermostable and autoclavable up to 135°C, made in Germany, 1 year guarantee.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA600K</td>
<td>Standard head Kavo fitting with light</td>
</tr>
<tr>
<td>BA600L</td>
<td>Standard head LNS fitting with light</td>
</tr>
<tr>
<td>BA600W</td>
<td>Standard head W&amp;H fitting with light</td>
</tr>
<tr>
<td>BA600N</td>
<td>Mini head NSK fitting with light</td>
</tr>
<tr>
<td>BA600B</td>
<td>Mini head Bien fitting with light</td>
</tr>
<tr>
<td>BA600S</td>
<td>Mini head Shano fitting with light</td>
</tr>
</tbody>
</table>

£419

B.A. Optima 10 Curing Light
- Light and compact curing light with a curing output of 1200mW/cm².
- 3 curing modes: Full power, Ramp, Pulse.
- Digital display and simple use.
- 5 colours available: Red, Green, Blue, Black & Silver.

<table>
<thead>
<tr>
<th>Code</th>
<th>Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA60010</td>
<td>Black</td>
</tr>
<tr>
<td>BA60020</td>
<td>Blue</td>
</tr>
<tr>
<td>BA60030</td>
<td>Red</td>
</tr>
<tr>
<td>BA60040</td>
<td>Green</td>
</tr>
<tr>
<td>BA60050</td>
<td>Silver</td>
</tr>
</tbody>
</table>

£189

For our latest offers or to place your order contact B.A. International or our exclusive dealers:

B.A. International: 01604 777700
Kent Express: 01634 878787

B.A. International: 01604 777700
Kent Express: 01634 878787

www.bainternational.com
The Endocare ethos – quality patient care

Endocare’s team of highly skilled specialist endodontists is solely committed to root canal treatment, the diagnosis and treatment of dental pain and infection. Endocare’s ethos is quite simply – quality patient care. That means the practice team is focused 100 per cent on patient well-being and comfort, takes time to listen and discuss all the treatment options with patients.

Endocare’s experienced endodontists and clinical team offer a wide range of technical and professional standards alongside the latest technology and a comfortable experience for patients. Endocare is at the forefront of patient care with a mission not only to achieve successful root canal treatment but to ensure referral patients return to their own dentist pain-free and reassured, having been treated in a sensitive, caring and empathetic manner.

Endocare practice begins and ends with happy, pain-free and comfortable patients.

For more information about Endocare please call 0122 724 0999 or visit www.endocare.co.uk

The NOMAD® Pro Portable X-ray is a great addition to your practice. The NOMAD® Pro Portable X-ray is a portable unit that is lightweight and easy to use in multi surgery practice and confined spaces. The NOMAD® Pro Portable X-ray is designed to withstand multiple operator input needs and the exposure time, which is entered on the user-friendly digital control panel.

For further information contact Quality Endodontic Distributors Ltd on 01730 890290 or email info@sabertoothwhite.com or visit www.sabertoothwhite.com

Carl Zeiss Dental Loupes from Nouvein

When it comes to complete specialist procedures such as endodontics and implantology, clarity, precision and accuracy is of the utmost importance. High quality dental optical systems such as those found in Carl Zeiss surgical loupes, provide the perfect way to maximise the experience of both patient and dentist.

The new range of Nouvein loupes provides the dentist and their patients with even better weight distribution, promotes comfort and minimises fatigue. With an ergonomic design, the new Weman range of Carl Zeiss surgical loupes features a lightweight, comfortable endodontic specialist at Gerrards Cross Specialist Dental Practice. "As part of a prelaunch, I have been placing the New Reciproc® Conical Connection and Platform Shift implants for the last three months, and all the patients have been delighted with their excellent early bone responses," Dr O'Reilly adds. "Many of the patients have been referred from dentist colleagues who have previously used the NobelReplace® Conical Connection and Platform Shift implants. In addition, the NobelReplace® Conical Connection and Platform Shift implants are easy for clinicians to adapt, while the new implant-abutment interface allows for a stable and hard tissue."

For more information please call 0208 750 3100 or visit www.nobelbiocare.com

Kent Implant Studio – Affordable, Quality implants for all your patients

With huge advances in dental technology, the range of treatment options available to patients is greater than it's ever been. Utilising the latest restorative dentistry techniques, Kent Implant Studio is taking referrals from practitioners seeking to offer their patients a wider range of treatment options.

These options include referral to treatment with the innovative All-on-4TM technique - a solution that dramatically improves the lives of patients with dentures or failing teeth. The All-on-4TM procedure is provided in conjunction with Nobel Biocare, the world’s leading manufacturer of restorative and aesthetic dental solutions. The Kent Implant Studio offers on-site manufacturing capability, so Nobel Biocare & Kent Implant Studio is able to transfer cost savings directly to patients, thus enabling even the most advanced restorative treatments well within reach. Kent Implant Studio provides the highest level of safety, quality, and patient care for your practice.

For more information contact Kent Dental on 01268 731446 or email info@kentimplantstudio.co.uk or visit www.kentimplantstudio.co.uk

Enhance your income streams with Saber Tooth White

Saber Tooth White custom made bleaching trays are ideal for surgery and home use. Each tray fits perfectly and offers you the opportunity to match out to a wide range of patients.

You ‘ve got ‘em set up. Surrounding the client with the Saber Tooth White ‘kit comes complete with 602 minute treatments that allow dentists to offer quick, safe and efficient whitening procedures.

For more information contact Saber Tooth White on 0800 080 3017, email info@sabertoothwhite.com, or visit www.sabertoothwhite.com

Clarke Dental – ‘nothing is too much trouble’

“Both systems combine the familiar and user-friendly surgical and prosthetic interfaces for the last three months, “ says Dr O’Reilly. “All clinicians to adopt, while the new implant-abutment interface allows for a stable and hard tissue."

For more information please call Clarkson Dental on 01268 731446 or email enquire@clarkendental.co.uk or visit www.clarkendental.co.uk

Quality Endodontic Distributors Ltd

RECPROCO® is the first new file system where a glide path is required (in most cases). It works in a reciprocal action within the newly developed VDW Silver RECPROCO® motor, which can also be used with conventional rotary file systems.

RECPROCO® is made from Ni-Mo-Fe HiTi which is stronger and more flexible than standard HiTi, while also being made from HiTi Ni-Mo-Fe, which makes the full advisory of the greatest file of the highest strength. The RECPROCO® file uses 005 (0.08/0.25), 010 (0.08/0.4) and 015 (0.067). Each of which is available in lengths 25, 25 and 31mm. The system also has matching gutta-pera and probes.

RECPROCO® is exclusive to Quality Endodontic Distributors Limited. 01730 890290 or email info@kentimplantstudio.co.uk or visit www.qualityendodontics.com

The NOMAD® Pro Portable X-ray is a great addition to your practice. The NOMAD® Pro Portable X-ray is a portable unit that is lightweight and easy to use in multi surgery practice and confined spaces. The NOMAD® Pro Portable X-ray is designed to withstand multiple operator input needs and the exposure time, which is entered on the user-friendly digital control panel.

For further information contact Quality Endodontic Distributors Ltd on 01730 890290 or email info@sabertoothwhite.com or visit www.sabertoothwhite.com

To learn more, call the Saber Tooth White team today. There’s plenty to smile about.

Whether NHS or private, let CosTech Elite® help you

The Inman Aligner Clinical Manual

RECIPROC® is exclusive to Quality Endodontic Distributors Limited. For more information contact Quality Endodontic Distributors Ltd on 01730 890290 or email info@sabertoothwhite.com or visit www.sabertoothwhite.com

The Inman Aligned Clinical Manual

Passing the puck

At Straight Talk Seminars, we make sure our clients are satisfied with the service and the results. Our seminar is a great way to learn about the latest technology and how to use it in your practice.

For more information on Straight Talk Seminars, visit www.straight-talks.com or phone 01258 725 259

Styling Rejuvenation based in Cambridgeshire:

NobelBiocare® Conical Connection and Platform Shift – familiar and user-friendly surgical and prosthetic procedures

Dr Paul O’Reilly, in private practice limited to Periodontics and Implant Dentistry both at the Burlington Dental Clinic and the Hermitage Medical Clinic in Dubai.

"As part of a prelaunch, I have been placing the New Reciproc® Conical Connection and Platform Shift implants for the last three months, “ says Dr O’Reilly. “All clinicians to adopt, while the new implant-abutment interface allows for a stable and hard tissue."

For more information please call 01453 872 366 or email info@nuview-ltd.com or visit www.nuview-ltd.com

For more information on Dr Cruci’s specialist practice, for more information on Straight Talk Seminars, visit www.straight-talks.com or phone 01258 725 259

Straight Talk Seminars

For further information telephone Quality Endodontic Distributors Ltd on 01730 890290 or email info@sabertoothwhite.com or visit www.sabertoothwhite.com

The Inman Aligned Clinical Manual

For more information about the Inman Aligned Clinical Manual from Straight Talk Seminars is already receiving fantastic reviews. An indispensable reference for any aesthetic dentist’s bookshelf, the Inman Aligned Clinical Manual has 350 pages of digitally images images of cases studied using this innovative treatment. The handbook avoids repeating content from treatment planning to maintaining the effects after the treatment is completed. The Inman Aligned Clinical Manual is a valuable tool for the clinician who seeks and receives invaluable information on the Inman Aligner.

For more information on how your patients can benefit from Under Armour Performance Mouthwear go to www.straight-talks.com, call 01453 872 266 or email lorraine@nuview-ltd.com

Clarke Dental – ‘nothing is too much trouble’

"The battery is incorporated into the handle, which is easily removed for charging and the NOMAD® Pro system comes with a spare battery handle and charging cradle so you can always rely on a charged battery. NOMAD® Pro does the work of multiple conventional X-ray systems, making it even the most advanced restorative treatments well within reach. Clarke Dental provides the highest level of safety, quality, and patient care for your dental practice.

For more information, please call Clarke Dental on 01268 731446 or email enquire@clarkendental.co.uk or visit www.clarkendental.co.uk

Endocare’s practice begins and ends with happy, pain-free and comfortable patients.

For more information about Endocare please call 0122 724 0999 or visit endocare.co.uk

The Endocare ethos – quality patient care

The Endocare ethos – quality patient care

Endocare’s team of highly skilled specialist endodontists is solely committed to root canal treatment, the diagnosis and treatment of dental pain and infection. Endocare’s ethos is quite simply – quality patient care. That means the practice team is focused 100 per cent on patient well-being and comfort, takes time to listen and discuss all the treatment options with patients.

Endocare’s experienced endodontists and clinical team offer a wide range of technical and professional standards alongside the latest technology and a comfortable experience for patients. Endocare is at the forefront of patient care with a mission not only to achieve successful root canal treatment but to ensure referral patients return to their own dentist pain-free and reassured, having been treated in a sensitive, caring and empathetic manner.

Endocare practice begins and ends with happy, pain-free and comfortable patients.

For more information about Endocare please call 0122 724 0999 or visit www.endocare.co.uk

The NOMAD® Pro Portable X-ray is a great addition to your practice. The NOMAD® Pro Portable X-ray is a portable unit that is lightweight and easy to use in multi surgery practice and confined spaces. The NOMAD® Pro Portable X-ray is designed to withstand multiple operator input needs and the exposure time, which is entered on the user-friendly digital control panel.

For further information contact Quality Endodontic Distributors Ltd on 01730 890290 or email info@sabertoothwhite.com or visit www.sabertoothwhite.com

The NOMAD® Pro Portable X-ray is a great addition to your practice. The NOMAD® Pro Portable X-ray is a portable unit that is lightweight and easy to use in multi surgery practice and confined spaces. The NOMAD® Pro Portable X-ray is designed to withstand multiple operator input needs and the exposure time, which is entered on the user-friendly digital control panel.
As the world leader in pain control, Septodont understands the increasing need for safe, simple product solutions for your local anaesthetic procedures. This commitment has made Ultra Safety Plus the standard for needle stick protection.

Now available with a sterile single-use handle.

In addition to the protection brought by the sliding sheath, the new Ultra Safety Plus further enhances your safety. The 100% sterile and disposable body reduces cross contamination risks, and limits lost time in the sterilising process.

To magnify safety and increase ease of use, Septodont has the solution.

www.septodont.co.uk
Dr Basil Mizrahi
Specialist in Prosthodontics and Restorative Dentistry

Advanced Aesthetic and Restorative Dentistry
10 day Hands-on Course, Limited to 10 dentists
Elevate your Dentistry

Venue: Chase Farm Hospital, London, EN2 8JL
Cost: £5000 + VAT = £6000
CPD: 50hrs
Further information: 0 207 426-3194
info@basilmizrahi.co.uk
www.basilmizrahi.co.uk

- Literature hand-outs and Case discussions
- Treatment planning
- Occlusion, faciolabials, bite registrations
- Tooth preparation and impressions
- Mastering temporary restorations
- All ceramic crowns
- veneers
- Post and cores on anterior teeth
- Worn anterior teeth
- Transfer of aesthetic information to the technician
- Dental photography
- Sequencing and controlling complex cases
- Implant aesthetics
- High quality video of live procedures will be used throughout the course

Please contact:
Nick Ledingham BSc, FCA
Tel: 0151 348 8409
Email: mail@moco.co.uk
Website: www.moco.co.uk/dentists

Geoff Long FCA
We can reduce your tax bill if you:
- Own a profitable Dental Practice
- Pay Corporation Tax
- Own your Practice Freehold
- Want immediate access to your Pension Pot Tax Free
Call us on 01438 722224 or email office@dentax.biz

MORRIS & CO
CHARTERED ACCOUNTANTS
SPECIALISTS IN DENTAL ACCOUNTING
- Assistance with Buying & Setting Up Practices
- Tax Saving Advice for Associates and Principals
- Incorporation Advice
- NHS Contract Advice
- Particular help for New Associates
- Help for Dentists from Overseas
- National Coverage
- We act for more than 650 Dentists

www.morrisandco.co.uk/dentists

SMILEGUARD
Get it while it’s HOT...

Custom-fitting Mouthguards – the best protection for teeth against sporting oro-facial injuries and concussion.

OPEOshield – a self-fit guard enabling patients to play sport whilst wearing their custom-fit guard.

NightGuards – the most comfortable and effective way to protect teeth from bruxism.

Bleaching Trays – the simplest and best method for whitening teeth.

Snoreguards – snugly fitting appliances to reduce or eradicate snoring.

OPTrOrefresh – mouthguard and tray cleaning tablets.

In 2007, OPRO was granted the UK’s most prestigious business award, the Queen’s Award in recognition of outstanding innovation.

CONTACT US NOW!
Unit 1, The Grove, Mark Road, Hockley, Wolverhampton, WV2 3PH
Tel: 01543 230664 Fax: 01543 234881
www.smileguard.co.uk
email info@smileguard.co.uk or call 0797 257252

Dr Basil Mizrahi
Specialist in Prosthodontics and Restorative Dentistry

Advanced Aesthetic and Restorative Dentistry
10 day Hands-on Course, Limited to 10 dentists
Elevate your Dentistry

Venue: Chase Farm Hospital, London, EN2 8JL
Cost: £5000 + VAT = £6000
CPD: 50hrs
Further information: 0 207 426-3194
info@basilmizrahi.co.uk
www.basilmizrahi.co.uk

- Literature hand-outs and Case discussions
- Treatment planning
- Occlusion, faciolabials, bite registrations
- Tooth preparation and impressions
- Mastering temporary restorations
- All ceramic crowns
- veneers
- Post and cores on anterior teeth
- Worn anterior teeth
- Transfer of aesthetic information to the technician
- Dental photography
- Sequencing and controlling complex cases
- Implant aesthetics
- High quality video of live procedures will be used throughout the course

Please contact:
Nick Ledingham BSc, FCA
Tel: 0151 348 8409
Email: mail@moco.co.uk
Website: www.moco.co.uk/dentists
The Cavitron® Focused Spray® slimLINE® 1000 insert from DENTSPLY brings together a triple-bend design, slim tip and bevelled edge for the first time, giving quicker, more effective access to interproximal and subgingival areas. A rather brilliant combination, you could say.

The new Cavitron® insert lets you get to places you couldn’t get to before.

The Cavitron® Focused Spray® slimLINE® 1000 insert from DENTSPLY brings together a triple-bend design, slim tip and bevelled edge for the first time, giving quicker, more effective access to interproximal and subgingival areas. A rather brilliant combination, you could say.

Small things. Big difference.