GDC - ‘Be legal, decent, honest and truthful’

GDC issues advertising guidance for dental professionals

New guidance aimed at ensuring that advertising by dental professionals is clear and never misleads the public, has been issued by the General Dental Council (GDC).

The guidance covers all forms of promotion of services by dental professionals in print and on the internet, stating that any advertising by dental professionals should be a ‘source of information’ to patients.

Advertising by dental professionals can be a source of information to help patients make informed choices about their dental care. However, according to the GDC, advertising that is false, misleading or has the potential to mislead patients is unprofessional, may lead to referral to fitness to practise proceedings and can be a criminal offence.

It also guides dental professionals on appropriate use of specialist titles and explains that only dentists who are on one of the 15 specialist lists held by the GDC may describe themselves as being a specialist (eg orthodontists) or describe themselves as a ‘specialist in…’.

The new guidance also specifically states that dental care professionals (DCPs) must not imply they have specialist status by giving themselves a title with ‘specialist in’ in it, such as ‘Smile specialist’ or ‘Denture specialist’. Instead, registrants are permitted to say, for example, that they have a ‘special interest in…’ or are ‘experienced in…’.

Under the guidance, dental professionals will be required to feature their GDC registration number in advertising their services. Websites must contain details of a dental practitioner’s complaints procedure and information of who patients may contact if they are not satisfied with the response, eg the relevant NHS body for NHS treatment and the Dental Complaints Service for private treatment.

The guidance also makes clear that every dental professional has a responsibility to ensure that any promotional information containing their name, in print or online, is current and accurate.

Much of the guidance is in line with European guidance.

Chair of the GDC, Kevin O’Brien said: “The duty of all dental professionals is to put their patients’ interests first. Related to advertising, this means never making claims which could mislead patients. This new guidance will help to ensure that patients’ basic right to clear, accurate information is protected and that dental professionals have helpful guidance to assist them with ethical advertising.”

The new ethical advertising guidance, which is effective from 1 March 2012, aims to ensure that patients and the public are not misled; it also sets out to provide more clarity to the dental profession on what should and should not be included in any promotional material.

The guidance covers advertising services, websites and the use of specialist titles as well as honorary degrees and memberships. Full details can be found on the GDC’s website www.gdc-uk.org.
Helping people live healthier lives

Preventing cancer, cutting tooth decay in children and the population weighing less, are just some of the challenges local councils will be able to track their progress against when they take over looking after the health and wellbeing of their residents, Health Secretary Andrew Lansley announced.

For the first time, public health will be measured against a framework, which sets out 66 health measures, so councils and the Government are able to see real improvements being made and take any action needed.

From April next year, councils will be given a ring-fenced budget – a share of around £5.2 billion based on 2012/13 funding – a share of around £5.2 billion based on 2012/13 funding

"It is absolutely right that the government is measuring what councils are doing to improve health," Mr Lansley said.

"We are giving local councils the power, the expertise and the information to decide what is the most important public health concern for them and spend the money appropriately.

"It's also about tackling the causes of ill-health. That is why the new measures also look at school attendance, domestic abuse, homelessness and air pollution.

Speaking at the Royal Society for Public Health, Andrew Lansley said:

"We are giving local councils the power, the money, the expertise and the information to decide what is the most important public health concern for them and spend the money appropriately.

"The Health Secretary also highlighted how public health has already started to change, thanks to the Responsibility Deal.

"Now, people on the high street can be reassured that artificial trans fats are not lurking in their food from many outlets such as Greggs, Costa or McDonald’s.

"People might not realise that these changes are down to the Responsibility Deal but we can now see that it is helping people to live healthier lives."

Stamping out illegal dentistry

A campaign has been launched to crack down on the growing scourge of illegal dentistry across the UK.

The British Association of Clinical Dental Technology (BACDT) has created a website – www.dentureprofessionals.org – which allows consumers to find a clinical dental technician who is registered with the General Dental Council.

Unless a CDT is registered with the GDC, they are not permitted to provide dentures direct to the public. However, there are a rising number of cases of dental technicians – as opposed to clinical dental technicians – breaching the GDC’s regulations.

Dental technicians are not registered to provide dentures to consumers or work independently in a clinic.

Barrie Semp, a member of the BACDT board and owner of a denture clinic The Smile Centre, said: "The BACDT has become increasingly concerned about the rise in illegal dentistry and the website we have launched is aimed at helping to stamp out the problem.

"Our profession has very clear rules which state that only properly registered Clinical Dental Technicians are allowed to consult patients and provide members of the public with dentures.

"Dental technicians, while qualified, are usually based in dental laboratories or, with further training, permitted to assist CDTs or dentists."

The site has arrived at a good time as concerns surrounding clinical dental technicians who are not properly qualified, have no insurance and are neither regulated nor registered are mounting.

Clinical dental technicians are incredibly positive about the new website and believe its role will help “flush out” those who are not registered and help to protect patient lives from being endangered by non-register CDTs.

A Devon man recently pleaded guilty to carrying out illegal dentistry practices. Stephen Sicklemore was found to be running an illegal denture fitting and supply business from his home in Dawlish following an investigation by Devon County Council’s Trading Standards officers.

Roger Croad, a Devon County Council Cabinet Member, said: "The law protects patients by putting a strict duty of care on dental care professionals to be suitably qualified and medically competent before they can treat a patient."

The new site has other functions as well, one being to promote CDTs. Currently more than six million people in the UK where a denture of some kind, however not everyone is aware that CDTs are specialists in this field.

A spokesperson from the GDC said: "All dental professionals (dental technicians and clinical dental technicians included) have to be registered with the GDC to work in the UK. The duties each title can carry out are laid out in our Scope of Practice document.

"The GDC is committed to taking action against people who practise dentistry illegally, whether they’ve been removed from our register or never gained the qualifications to register in the first place. They are a risk to the people they treat and the GDC will do everything it can to ensure public safety.

"To report illegal practice please email: IllegalPractice@gdc-uk.org"

Anyone considering using the services of a Clinical Dental Technician should visit the BACDT’s website www.dentureprofessionals.org and can also verify their choice of CDT by visiting the GDC’s website at www.gdc-uk.org.

'Plain packs will make smoking history'

Stripping cigarette packs of their colourful exteriors and forcing them to be sold in plain packaging has become the new weapon of choice for governments across the world as they fight against tobacco companies; and for the global tobacco industry it could prove to be a fatal blow.

With successful trials already in place in Australia, a UK campaign group aims to lobby for plain packs as soon as the Department of Health begins its consultation on plain packaging for cigarettes. So far they have launched the Plain Packs Project partnership with Smokefree South West, Cancer Research UK and other key health bodies.

According to a report, Simon Chapman, a professor of public health at the University of Sydney, believes that plain pack cigarettes will have an instant effect on tobacco firms’ profits, mainly because there will be no clear leader in the hierarchy that has been established within the tobacco industry thanks to successful marketing campaigns.

However, although there has been a string of successes against tobacco companies, with price hikes, smoking bans and advertisement bans, Chapman has raised doubts that other tactics could be put in place with health issues such as drinking and obesity. Even though drinking can contribute to the risk of mouth cancer, Chapman believes that using plain packaging for alcohol will only “antagonise people unnecessarily”; however, he does back restricted opening times for pubs and clubs and graphic warnings on labels. http://www.guardian.co.uk/society/2012/jan/24/simon-chapman-plain-cigarette-packaging-activist?INTCMP=SRCH
Editorial comment

I'm sure, like me, many of you have been following with interest the new national interview process to determine the allocation of Foundation Dentist places at practices across the country. Much has been said about the advantages and challenges the new process has thrown up. DTUK is looking to analyse the situation and look at the issue from the angles of the organisers, the trainers, the students and the Department of Health.

If you'd like to comment on the issue, I would love to hear your thoughts. Get in touch with the subject line FD Training to lisa@dentaltribuneuk.com.

I've been trying to avoid mentioning the CQC this week, but with the organisation’s Chief Executive Cynthia Bower and Director of Operations Delivery Amanda Sherlock appearing before a hearing of the Public Accounts Committee, I feel I can't let them off!

It seems that dentists aren't the only ones queuing up to see senior members of the CQC board face up to criticism of the organisation's way of working, its efficiency and culture. Although there was only scant mention of dentistry, it was still interesting viewing.

To watch the recording of the hearing, go to http://www.parliamentlive.tv/Player.

From “My Family” studio to Bangladesh!

The long-running BBC sitcom, My Family, has been the unexpected source of a dental surgery for the Aloshikha Centre in Bangladesh. The surgery equipment was leased to the BBC by UK company, The Dental Directory, for the studios in which the series was filmed, starring Robert Lindsay as dentist Ben Harper and Zoë Wanamaker as his wife Susan. The comedy ended in 2011 after ten series and the dental equipment was returned to The Dental Directory, who generously offered it to Dentaid.

An extension to provide a dental surgery at the Aloshikha “Maria Mother and Child Health Care Clinic” was funded by the Japanese Embassy in Bangladesh, but this lacked any equipment. Of the 1,100 children enrolled in Aloshikha's pre-school programme, 50 per cent are suffering from dental caries and 10 per cent in constant oral pain. Thanks to 25 Lions Clubs in the MD 105 area, sponsorship of £3,500 was donated towards a Dentaid project to supply two refurbished dental surgeries which are due for shipping this March to Bangladesh.

Dentaid is grateful to The Dental Directory and to the Lions Clubs for their continuing invaluable support.

Prove it to Yourself - Whiter Teeth in 1 Minute

Take sample and leave toothpaste on teeth for 1 minute before brushing

Look out for our free sample within this issue of Dental Tribune

Need Advice?
Ask the sensitivity & stain removal experts:
www.beverlyhillsformula.com
Some of the nation’s best-known brands and retailers are giving their backing to National Smile Month 2012 to help improve the nation’s oral health.

A campaign to improve the UK’s oral health in 2012 is being supported by some of the nation’s best-known brands and retailers. Wrigley’s Extra, Oral-B, Listerine, Stradadent, Bupa, Denplan, Dencover, Lloyds Pharmacy, Aldi, Wilkinson and SleepRight are all giving their backing to National Smile Month – the UK’s biggest annual campaign to improve oral health.

Despite major improvements in recent decades, millions of people in the UK are still affected by poor oral health. It is estimated that a third of all children starting school have tooth decay; three in every ten adults suffer from regular dental pain and over four-fifths of the population have at least one filling.

More needs to be done to improve the nation’s oral health habits. It is estimated that a quarter of adults don’t brush their teeth twice a day and around a quarter of all adults say they have not visited a dentist in the past two years.

National Smile Month, which runs from 20 May to 20 June 2012, is organised by UK charity the British Dental Health Foundation and encourages everyone to follow three basic rules for great oral health throughout life:

• Brush your teeth for two minutes twice a day with a fluoride toothpaste
• Cut down on how often you have sugary foods and drinks
• Visit your dentist regularly, as often as they recommend

In 2012, the campaign is also promoting a water-saving message in partnership with Save Water Save Money and 18 water companies.

The British Dental Health Foundation’s Director of Campaigns and Fundraising, Simon Howell said: “National Smile Month is a charitable campaign that needs the support of a wide range of supporters and sponsors to help improve the nation’s oral health.

“This year, we have received incredible interest in National Smile Month and we would like to thank all of our sponsors for their educational grants and generous charitable support.

Headline sponsors in 2012 include Oral-B, Wrigley’s Extra and Listerine. James Fulton from Listerine said: “Listerine are proud to partner with the British Dental Health Foundation to support National Smile Month 2012. We are dedicated to improving oral hygiene in the UK and think that National Smile Month is a great way to get people thinking about the importance of a good oral hygiene routine. We look forward to working together to deliver another successful campaign this year!”

Jane Kilson, Oral-B Professional Oral Health Country Leader UK & Ireland, said: “Oral-B are delighted to be working with the British Dental Health Foundation again in their common aim to improve dental health in the UK. Oral-B applauds the Foundation for their efforts and implores dental professionals, the media and manufacturers to all do their bit to get behind the campaign and promote better oral health.”

Hamish Thomson, Wrigley UK General Manager said: “We are proud to, once again, be a Platinum Sponsor of National Smile Month in 2012. Our ‘Eat, Drink, Chew’ message is all about driving awareness of the dental benefits of chewing Extra sugarfree gum after eating and drinking. So we are very excited to be involved with such an important and successful event for promoting oral health in the UK.”

The symbol of this year’s campaign is the ‘Smiley’ and everyone can find out more about the campaign, and how to improve oral health at www.amilemonth.org.

Major organisations get behind drive

education centre gives dentists the edge

The new Education Centre at the Queen’sway Dental Clinic in Billingham has officially opened its new Education Centre after substantial investment and growth from the company throughout 2011.

The creation of the new Education Centre is in direct response to an increased demand for a regional training facility, which corresponds with Queenway’s plans to enhance its events programme, training days and postgraduate offerings. Housed in its own building, located close to the practice, the Centre can accommodate 50 delegates and is equipped to cater for a diverse range of courses and lectures.

The practice will work closely with several industry experts, including Warwick University with whom they will deliver courses such as the General Implant Forum and Training Gift as part of the University’s MSc in Implant Dentistry, as well as Noel Biocare with Dr Ian Lane from Queenway delivering their training days in the North East. The Clinic is also certified to deliver the National Accreditation Board for Dental Nurses (NEBDN) qualifications for Dental Sedation Nursing, Dental Radiography and Oral Health Education, which is open to all Dental Nurses across the region.

Numerous courses have already been confirmed for the year, including the first event, which is being held to update dentists in the region of current concepts in primary care sedation. A Queenway lecture series will be launched later in the year, with a number of lectures running throughout 2012 on topics including oral surgery, orthodontics, endodontics and periodontics. Further training events will be announced on the Clinic’s website throughout the year.

The Education Centre follows a year of development into the clinic, which included the investment of £100,000 for a new laboratory, as well as the introduction of new treatments including periodontics, endodontics, facial aesthetics and all-on-four same day dental implants, among other services.

Paul Averley, Partner at Queenway Dental Clinic said: “We are thrilled to open the Education Centre, which marks the start of yet another exciting year following the considerable progress made in 2011. Our training days have always proved popular and we required more space to accommodate the growing demand, so the new centre was a logical step and natural expansion for the practice. We have invested £40,000 into the Centre, which will ensure we can provide the latest technology, in order to be able to teach to the highest standards. Not only is the new Centre a great investment and resource for the dental industry, it also reinforces our commitment to the ongoing regeneration of Billingham and the growth of the business community in the town.”

Queensway Dental Clinic is an award winning practice based in Billingham, which provides comprehensive dentistry services for NHS and private patients, as well as an extensive range of cosmetic dental treatments. The practice also treats referred patients from dental practices throughout the North East offering complex procedures including sedation for anxious patients, specialist orthodontics and specialist oral surgery.

Online site allows “inappropriate comments”

The British Dental Association (BDA) has appealed to NHS Choices to consider the way that comments about dental practices posted on its site are moderated.

The appeal has been made following feedback from a number of BDA members about the way that the site allows serious but unsubstantiated allegations to be made about practitioners anonymously and the often-slow process for moderating inappropriate comments.

The BDA is also concerned that many primary care trusts appear to be retaining the editing rights for practice profiles on the website, despite previous assurances that the ability to edit would be opened up to practices as the feedback functionality on the site was rolled out.

Dr John Milne, Chair of the BDA’s General Dental Practice Committee, said: “Dentists have very reasonable concerns about the way that malicious or even fictitious feedback can be given anonymously via the NHS Choices website. We’re asking NHS Choices to take those concerns on board and to ensure that this facility isn’t abused and that the way the site is moderated and edited is fair and efficient.

“Feedback is extremely valuable to dental practices because it helps to drive improvements for patients and dentists therefore welcome constructive comments from their patients. But malicious unattributed comments from individuals who may not even be patients at a practice are not only unhelpful, but could also be damaging. In seeking to achieve the very laudable aim of promoting patient choice, we must be careful not to unfairly sacrifice the reputations of clinicians. The issues the BDA is raising will help to ensure that dentists are treated fairly.”

The NHS Choices site allows serious allegations to be made about practitioners anonymously.
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
Basil Mizrahi
Fraser McCord
Mhari Coxon
Amit Patel
Anthony Roberts

EARLY BOOKING DISCOUNT
Knowledge of patient lifestyles ‘a must’ to improve oral health

Two dentists from Illinois in the US are suing an odontologist after he allegedly used a case they testified at as an example of how bite mark evidence can lead to wrongful convictions.

According to reports, Russell Schneider of Waukegan, and Carl Hagstrom of Fox Lake, filed the complaint against Ventura, CA, dentist Dr Michael Bowers in November 2011 in Cook County Circuit Court.

Reports state that during a presentation at the annual meeting of the American Academy of Forensic Science, Dr Bowes talked about cases where there had been wrongful convictions due to bite mark evidence; one of the cases had been one that Dr Schneider and Dr Hagstrom had worked on.

The dentists reportedly alleged that by using the example of how their work was “flawed” and subsequently led to the wrongful conviction of Bennie Starks in 1986, Dr Bowes’ action “subjected them to ridicule and a loss of business”.

As a result of the claim, an inquiry into the validity of bite mark evidence could be brought back into the spotlight.

Over the years, bite mark evidence has been somewhat criticised by courts due to its lack of “scientific foundation”; as it stands, dentists visually compare bite marks on a victim’s skin with x-rays or moulds of a suspect’s teeth to determine if they match.

A Congressional hearing in 2009 focused on the findings of a National Academy of Sciences report on the scientific basis of forensic disciplines. In addition, a 2009 study published in the Journal of Forensic Sciences further challenged bite mark interpretation.

Jaw replacement surgery ends patient’s “unbearable pain”

Just over a year ago Lauren Reed, 55, a music teacher, underwent an operation that undoubtedly altered her life.

For years she had been suffering from constant pain in her jaw and blinding headaches, due to a condition known as temporomandibular joint disorder, which causes pain or reduced movement in the jaw joint.

According to the BBC Lauren suffered from her jaw bouncing in and out of its socket, and at night she would suffer with bruxism, but it wasn’t until her dentist referred her to a joint clinic at King’s College Hospital in London, run by a maxillofacial surgeon, Mr Shaun Matthews, that she was convinced her that a completely new jaw was the only option.

Working via computer with a company in Colorado which makes the titanium joint replacements - which are not made in the UK - Lauren’s implants were created specially to fit using three-dimensional scans of her head and jaw. It was the first time this operation had been performed simultaneously in the UK.

For more than 20 years Lauren suffered in pain, however, after the complete bilateral jaw replacement at King’s College Hospital, which involved breaking her upper jaw and moving it into a new position and replacing both of her jaw joints which were dislocated and had worn away, Lauren is now free from the headaches and pain.

The operation lasted nine hours, and was so complex that the US team created a virtual model of the patient’s bone anatomy.

Dentist uses paper clips in root canals

A Boston dentist is to be sentenced for medical fraud next week after he admitted using paper clips in patient root canals.

According to authorities, dentist Michael Clair, 55, used pieces of paper clips instead of stainless steel posts normally used in root canal treatments to save money, even though the process is likely to lead to infection, discomfort and pain for the patient.

Reports state that Mr Clair admitted to several charges including filing false claims and assault and it is believed that Mr Clair not only billed Medicaid for the full cost of standard root canal posts but he also submitted claims using identification numbers from other dentists.

The defendants also misused other patients’ information. Further charges against Mr Clair, who had a dental practice in Fall River, Massachusetts, include illegally prescribing powerful pain killers, such as hydrocodone and Percocet, to staff members.

As a result of his actions he faces a jail sentence that could see him behind bars for decades.

He was sentenced on Monday (Jan30); his sentence is to be confirmed.
Dentist welcomes crowding for VIP funding investment

A high-profile dentist is to offer affordable VIP treatments to patients across the UK, using online crowdfunding to finance the ambitious project.

Dr Biju Krishnan already runs successful cosmetic dentistry practices in London’s Harley Street and in Edinburgh, counting celebrities such as Holly Willoughby among his patients.

Now the award-winning dentist plans to set up a network of VIP Smiles practices in hundreds of locations across Britain and is launching with 12 high profile dental cosmetic clinics in a geographical spread across the country. He is seeking online backers to help finance the start-up – a first for the UK dental sector.

Dr Krishnan said: “Dentistry in the UK has seen nothing like this until now. Crowd funding is still in its infancy in Britain, but it is a superb way for ordinary people to invest modest sums of money in the most exciting start-up businesses. “With the banks struggling and stocks and shares flat, backing a new business is one of the few investments which can still deliver a handsome return.

“Normally it is only venture capitalists or other big money investors like the TV Dragons who can afford to take the risk, because untried businesses are looking for tens or hundreds of thousands of pounds at a time.

“What is brilliant about this system is that we are asking people to invest as little as £50 and that won’t just get them a stake in the company – they will also receive 20 per cent of their investment back. This will allow investors to take advantage of a range of tax reliefs.

To take part in the project, visit www.crowdcube.com/invest/venture/investor.html.

VIP funding investment

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Cancer survivors face poor quality of life

Up to half of all head and neck cancer survivors face a diminished quality of life, even after five years of survival.

That is according to a recent study undertaken by the University of Iowa, which concluded that a large percentage of long-term neck cancer patients have poor oral function, resulting in persistent eating problems and long-term depression.

More than half of respondents (51.6 per cent) reported problems with eating, while on average one in four survivors still experienced speech problems who lived for five or more years.

It was a similar story when it came to a patient's physical and mental health, with more than a third (36.7 per cent and 39.3 per cent respectively) recording low functionality after the five-year analysis.

Mouth cancer campaigners have recently estimated 6,000 people in the UK contracted the disease in 2011, and while early detection can transform survival rates to 90 per cent, without it one in two will die.

According to Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, the study highlights the problems mouth cancer sufferers face.

Dr Carter said: "The results of the study show the scale of the problems mouth cancer patients have to live with. The corrective surgery required to remove cancerous cells often leaves physical and emotional scars that can take years to heal.

"While all cancer patients require a great deal of care, those recovering from mouth cancer clearly suffer from the after-effects of surgery, both physically and mentally."

While Dr Carter also suggest-ed the results show patients need as much support from the health service as possible, a loophole in the NHS means problems may be compounded, as mouth cancer patients have no guarantee that their restorative dental treatment will be paid for by the NHS.

As a result of this loophole, campaigners are calling for the inequality to be put right in the new commissioning arrangements for NHS dental contracts to make sure that mouth cancer sufferers are exempt from dental charges. An e-petition form, available at http://petition.parlia-ment.gov.uk/petitions/22065 has been established to seek professional and public support, and if sufficient signatures are obtained it will prompt debate on the issue in the House of Commons.

Dr Carter added: "Supporting the e-petition will not only bring the issue into the public limelight, it will help to improve the quality of life for mouth cancer patients."
Managing like a Mongol

Dental Tribune reviews a book about dental practice management with a most unusual mentor...

When I first heard about the book Managing a Dental Practice: The Genghis Khan Way, it was when the news came out that it had been shortlisted for the 2011 Diagram prize for the oddest book title of the year. At the time my thoughts turned off anyone in the waiting room in the latest drive to boost patient numbers!

Of course my imagination had run away with me; instead of focussing on the more gruesome aspects of Khan’s regime, author Michael Young discussed the Mongol’s strategies and ruthless tenacity as qualities needed for managing a successful dental business.

The book is aimed at anyone with an interest in managing a dental practice; from newly qualified students with an eye on one day owning their own practice, to experienced practice managers looking for new insights into efficient systems, and single-handed practitioners wanting to gain better control over the business side of their practice.

Easy read

Genghis is very easy to read and broken down into four main sections: Preparation, People, Planning and Policies & Procedures. Included throughout are Young’s own experiences – both where he went right and wrong – to help illustrate his points.

In Preparation, Young is very adamant that you shouldn’t make any important decisions without discussing them with family, friends, peers who may have already gone through the process of buying their own practice and professional advisers such as the bank or IFA. In fact, teamwork and not isolating yourself is a central theme throughout the book. He also discusses the level of research needed to be done before deciding taking the leap into ownership is the right move for you.

People is a big focus in Genghis, and Young devotes a large chunk of the book on both getting the right team around you and laying the right foundations for effective team working, as well as managing patients and ensuring that they are central to the whole practice’s ethos.

To quote:

To ignore your patients is to ignore the future of your business.

Inside and out

When discussing the role of the practice manager, Young takes a very pragmatic look at the business needs of the practice coupled with the dentists’ own desire to mix management with clinical considerations. His own approach was to have an outsider on the inside and an insider on the outside – he employed a practice manager who he shared the day-to-day running of the practice, but broader management issues were discussed with his wife (a bank manager) then with his practice manager.

Planning is another major section of the book, with the section broken down into Business; Strategic; Financial; Marketing; and Disaster! Young sums up the importance of planning in the first paragraph of this section (and nicely ties our mentor Genghis in as well):

To extend the military metaphor of Genghis Khan at the head of his Mongol hordes, managing your practice is very much like leading an army. If you and your practice are to survive then you and your employees must all be heading in the same direction.

‘Managing your practice is very much like leading an army. If you and your practice are going to survive then you and your employees must all be heading in the same direction’

The final part of Genghis is an acknowledgement that change is difficult for people and that it needs to be managed carefully to ensure that any changes made are successful and embraced by everyone at the practice. Taking control can be the difference between enjoying what you do and being overwhelmed by it. Young concludes the book with a little poem he wrote before he ‘unlocked the secrets of practice management’:

Monday morning
The weekend’s done
Off to work
No time for fun.

Friday night
My work is done
Off to home
Too tired for fun.

Secret formula

Managing a Dental Practice: The Genghis Khan Way is a practice management book that has been written in such a way as to make it easy for the reader to pick out the elements relevant to them; yet still read coherently as a whole. There are no secret formulas here, just practical advice told in an honest manner that aims to help readers avoid expensive and stressful mistakes. And no heads on spikes, however there is always the second edition...
A taste of reality
Neel Kothari discusses the unfair burden placed upon young dental associates

Never in the history of dentistry has a young, newly qualified dentist entered the workforce with all of the idealistic ambitions instilled through university only to be disappointed by the turmoil that awaits them within NHS dentistry. After years of hard academic graft it’s a shame to see many colleagues crushed by the reality of working within a system designed around providing a core service in all but name.

Younger dentists entering into the profession are placed in the ridiculous position of having to accept terms and conditions based on undertaking an arbitrarily calculated number of UDAs, rather than being attributed a level suitable for their stage of career development. To add to their difficulties, when the UDA rates were initially calculated they were based on a test year which bore at least some resemblance to how much work was needed to achieve the UDA target. However, far too often younger associates are given rates of pay per UDA without knowing the full PCT calculated UDA rate. This effectively makes it impossible for a dentist accepting an associate role to know exactly how much work would be needed until after they have committed to a set number of UDAs.

We have seen increases in NHS dentistry spending, but I wonder what proportion of this actually reaches front line services? Historically associate dentists paid principals a proportion of their gross income, typically around 50 per cent. Changing to the UDA system introduced a perhaps unanticipated layer of opacity between the percentages of remuneration; at the same time dentists were asked to ration treatment in terms of meeting a set number of targets. The overall result is that it is quite possible for an associate to be receiving £8.50 per UDA without knowing the true UDA rate set by the PCT, which could be as high as £35.

Why is there so much secrecy surrounding the true value of the UDA rate? I think we all really know the answer.

In my last article I discussed how ‘perverse incentives’ (as highlighted in the Conservative party document ‘Transforming NHS Dentistry’) may influence the actions of those working within NHS dentistry. A particularly memorable story relating to perverse incentives is that of Hanoi in...
the times of French colonial rule, where in an attempt to exterminate rats people were paid a bounty for each rat pelt handed in. Instead of leading to the intended extermination, it ended up incentivising the farming of rats. Forgetting whether or not professionals should be above this sort of behaviour, the question I ask is, are we? Of course, discussing these issues in memory denigrates the scores of dentists carrying out excellent work under the auspices of the NHS, however the financial reality for many younger associates is effectively that they meet their targets or they face the dreaded C word: Clawback.

I appreciate that the NHS will always be working within a budget, but surely the architects of the 2006 contract did not fully envisage the impact it would have on front line services. If there was a union dedicated solely to newly qualified dentists, I suspect they would have called for strike action en masse by now. How can a newly qualified dentist consider providing extensive restorative treatment (even when practice owners are being paid on that basis) when his or her UDA rate makes it impossible to do so? Surely this is now taking the concept of swings and roundabouts too far. If the government wanted to create a system with the motto ‘pay more, get less’ then I guess they may have succeeded; unfortunately for younger associates this also means ‘do more, get paid less’.

The reality faced by younger associates is one where the treadmill that they are on is far more unjust than the former fee per item system, where they could at least set the pace they were running to. Unless this was the intention of the 2006 contract, it seems to me that as an unwanted side effect many of the rights previously held by associate dentists have been part exchanged by central government in order to meet the financial reality of capping NHS dentistry spending. The nGDS contract certainly offers little flexibility for younger dentists, who may have a contract with their practice owners to carry out 6,000-7,000 UDAs, but may not be at the stage of their career where this is a practical reality. Perhaps situations like these have led BDA chair Dr Susie Sanderson to express the view that “this could be the worst time in living memory to be a general dental practitioner in England”.

Given that many of my dental colleagues are younger associ-
All change? Or back to basics?
Michael Sultan discusses the winds of change in dentistry

There is nothing quite like a global economic crisis to focus the mind. It is that very focus during hard times that often leads to change, innovation, business success and an evolution that is almost Darwinian in the sense that a recession is a merciless arbiter of business survival. Tough financial times also force us to reassess our priorities and clearly in dentistry we will see health take precedence over appearance.

Dentistry is a profession that has rarely stood still and although there have been times when change has been more rapid and tumultuous than others, it is to our credit that we have usually found ways to adapt and reinvent, review and revise. When I started dental school, I was warned it was a career that was self-limiting as fluoride treatment, education and wealth would put dentists out of work. It wasn’t and it didn’t. Just think how the words we use about ourselves have changed – dentists have evolved to smile specialists, “practices” are now “spas” and increasingly Botox and fillers are on sale. Clearly we are still learning and adapting to a highly sophisticated and competitive market that is shaped by economics, health policy and patient demand.

Global connection
Of course, the global connection will also play a huge role and even a cursory glance across the Atlantic suggests that there too, is greater emphasis on the health benefits of dentistry. There has been a steady increase in sleep clinics, chronic pain and TMJ management, appliances and procedures to deal with sleep apnoea and nasal problems. Here, sports dentistry is really starting to come of age with new university courses encompassing effective treatment for trauma and the development of mouth guards, the effects of sports nutrition and other products related to sport and oral health.

Cast your mind back to the UK’s post-fluoride generation of Austin Powers lookalikes who had teeth that were generally healthy, but aesthetically unsatisfactory. People were seduced by images and perceptions of perfection, and with cash to spend, cosmetic dentistry in the UK boomed. We became more like our American neighbours in accepting orthodontics as a regular branch of dentistry; braces were no longer ugly metal cages worn by a very few unfortunate teenagers but became...
Comment

When money is in short supply every penny needs to count - not just on what is being bought but from whom and how.

Shifting sands

Of course, only time will tell and I may be wrong, but I believe the shifting sands in dentistry in the midst of this economic depression may settle in a place where health resumes its place as paramount, dentists no longer feel the need to compete with beauty salons and a person’s appearance is not valued above all else.

There is no doubt that times ahead will be hard, but the silver lining could be a ‘back to basics’ that would reinforce the priceless value of dental health.

Every penny counts

almost cool – all in the quest for perfect teeth. Of course, it was not just teeth that had to be perfect and so a whole range of other cosmetic treatments, once the province of the very rich or the very old and rich, came within the reach of a wider market. It will be interesting to see in 20 years or so whether there are any long term health and psychological effects on today’s 20 something’s – I’m always curious to see how Barbie and Ken will age.

Subjective

When the cash starts flowing less freely, we are forced to reconsider our values and to accept that appearance is not all that matters, and anyway perfection is subjective and certainly does not equal happiness. If banks are no longer willing to lend money to cash strapped businesses, they are definitely not going to fund a 28-year-old’s vanity projects as they certainly did a few years back.

When money is in short supply every penny needs to count – not just on what is being bought but from whom and how. Of course, that applies not just to dentistry but across the board – who made those jeans/that gadget, where and under what conditions?

We already know that our patients are well informed and assiduous in their own research; they will want to know about the investment they are making in their long term dental health, the benefits and comfort that will result from the expertise they are buying.

In my experience, when times are tough the rather nebulous concept ‘quality of life’ goes out of the window and is replaced by a return to ‘quality of health’ as the major concern and that will shape the next phase of dentistry in the UK.
Complaints handling

Leo Briggs, dento-legal adviser at the DDU, offers advice to dental professionals on how best to respond to a patient making a complaint

We would all like to go through life without having our professionalism or skills called into question. However, this isn’t always possible. For dental professionals, who see numerous different patients every day, it is likely that at least one occasion during their career, they will receive a complaint. Knowing how to handle it sensitively and appropriately can make a huge difference to the outcome and may mean the difference between a satisfied patient returning to see you again or the complaint being escalated through the NHS complaints system or Dental Complaints Service.

Dental professionals will be all too aware that building good patient relationships is an important part of their day to day work. The way in which you communicate with your patients can also help you to minimise the likelihood of a complaint being made. For example, by ensuring that patients are aware of any risks associated with their treatment before they proceed and that their expectations of the outcome are realistic. However, things can and do go wrong and when this happens it is important that your practice has an effective system in place for responding to issues and concerns.

Common reasons
There are many factors that can cause a patient to complain. Common allegations include the dental professional’s attitude, the standard of treatment provided, time-keeping for appointments as well as fees and charges. Although the exact cause of the individual complaint can be varied, the DDU advises that there are two main underlying reasons for most complaints: the patient is dissatisfied with some aspect of treatment or service, or there has been a failure to meet the patient’s needs or expectations.

Receiving a complaint
A patient may choose to voice their concern to the dental professional face to face; alternatively, they may decide to complain via a telephone call or in writing, all of which will require an appropriate and prompt response. In most cases, patients will raise their complaint directly to the practice, either in person or in writing. Complaints at this level can often be dealt with at practice level, which avoids the need for other organisations to become involved with the complaint.

If the treatment is provided under the NHS, the NHS social care and complaints procedure requires dental practices to ensure that all practice staff have a good understanding of the complaints process and know how to handle and respond to complaints and concerns. For dental professionals working in private practice, it is also important to have an in-house complaints procedure which all staff are familiar with and which should be readily accessible to patients.

Responding and resolution
There are many steps that can be taken to both resolve a complaint quickly and efficiently but the DDU advises that often the advice that solving a complaint about NHS treatment to the Ombudsman. A complaint about private treatment can be directed to the Dental Complaints Service.

The DDU advises that dental practices should have a system in place for reviewing and learning from complaints to ensure similar issues do not recur. It may be useful for the practice to put in place a system for recording comments and suggestions anonymously so that issues can be identified before they become full blown complaints.

Ultimately, although complaints will be an issue for most dental professionals at some stage in their career, it is important to remember that the majority of patient grievances can be resolved at practice level without the need for escalation or the involvement of the Dental Complaints Service or the Health Service Ombudsman. Remember, as soon as you receive a complaint, you are duty bound to direct this to your Defence Organisation for advice regarding how best to respond to the complaint.

About the author
Leo Briggs qualified from University College Hospital, London in 1990. He has worked extensively in the Community Dental Service including a period overseas. He has also worked as a general dental practitioner. Leo gained a masters degree in Periodontology from the Eastman Dental Institute, London in 1995 and is on the GDC specialist register for Periodontics. Since 1995, he has provided specialist periodontal treatment in both the salaried dental service and private practice. He has a particular interest in Clinical Periodontics as well as the salaried primary dental services.
Planning ahead!
Jane Armitage discusses a manager’s routine

The holiday period is over, festivities gone. It’s the same scenario for return to work and see what the coming year will have in store for us.

As a manager you have two options plod along, wait and see what develops then deal with it accordingly or be proactive ensure everything is as up to date as it can be and be prepared.

On the calendar I note everything from GDC renewals, contract updates, clinical governance, BDA Good Practice, insurance, appraisals in fact everything and anything is logged. I will mark the subject when I have commenced renewing and on completion colour code it again so I know this piece of work has been dealt with and can be carried forward to the next year. Until we start again!

My annual routine is normally as follows:

1. Make enquiries to see which legislation is altering or will be new to the profession. I would then mark that on my perpetual calendar

2. All policies reviewed and updated. It’s surprising when you do this as it can enlighten areas that may have slipped through the net - for example someone may have left who could have been the first aider, therefore this rule needs a replacement

3. BDA Good Practice, Health & Safety, Clinical Governance and now an additional item the Information Governance all need reviewing

4. Set a date for contract review and appraisals

5. In January training companies often have deals so this could be one way of saving money, book what you know you may need

The one thing I have found so frustrating is the fact that with the introduction of the CQC last year you will have signposted when you can find a particular policy, maybe it’s identified by number format ie 2.5 could relate to health & safety which could find in let’s say for example fits PCT Clinical Governance requirements. These elements are set out by different bodies that have an interest in what your practice needs to have in place. Trouble is they all use different formats. 2.5 may relate to Health and Safety in your Clinical Governance file but it will not be the same number in other governing bodies’ criteria that have an interest in your practice and require specific paperwork to ensure your compliance.

Then you receive an updated version from whichever body that requires you to comply with their protocols and the format has all changed. 2.5 is no longer

Planning ahead!
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extra pressure. Yes, the updating still needs to happen but you wouldn’t have to restructure the CQC file.

I am sure you agree the amount of paperwork that is required to manage and maintain a dental practice is, for want of a word, excessive. It has now become one person’s job.

Never mind, it will soon be December and we can look forward to Christmas again.

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Your data in safe hands

Neil Sanderson discusses data management services

Practice management software (PMS) has already proven itself to be an asset to any principal, increasing efficiency and productivity at all levels of the business and reducing paperwork. Continual software advances offer ever more opportunities to cut expenditure and improve the running of the practice; however, one of the latest developments in this field directly addresses the issue of data security. Data Management Services, which provide offsite data storage, can take on the responsibility of the smooth running of your PMS as well as industry-approved protection of your clinical and patient data.

A crucial benefit of allocating hosting responsibility externally is the assurance of complete data protection, removing any doubts or fears of missing or incomplete clinical or patient information. Data management in the practice is open to human error via keystroke mistakes, poor handling of storage devices, or incorrect responses to computer malfunction. In addition to this, there are unforeseen events such as flooding or fire, which in-house systems cannot cope with but a remote server would remain unaffected. For absolute peace of mind, Data Management Services also encrypt the information and store it in numerous offsite locations so that your data can always be retrieved, but only by pre-approved staff. These safety precautions also provide demonstrable adherence to standards of quality outlined by outcome 21 of the CQC, which aims to protect patients from harm as a result of poor recordkeeping.

Remote servers enable multi-practice organisations to be compared and contrasted in terms of performance and efficiency, and provide a sound basis for important business decision-making. Communication is free flowing between the practices, too, allowing dentists to swiftly access information from any location within the group, such as patient data for referrals.

It is not only members of the dental team who can take advantage of a Data Management Service. Patients are able to choose a convenient time to organise their next check-up thanks to the online appointment book facility, which facilitates web-based browsing and booking of vacant slots. Empowering patients in this way promotes a positive perception of the practice while easing the administrative burden on staff.

Further support to the online appointment book feature comes in the form of automated reminders. Once an appointment has been made, the system ensures that text messages are generated and sent to the patient’s mobile shortly before the date of the appointment. If the patient is running late or wants to cancel the ap-
pointment for any reason, all the more so, to allocate an appropriate staff member is reply to the text. For patients who do not embrace new technology so readily, the system can be programmed to send them a letter instead. Immediately, the number of telephone calls drops dramatically, enabling receptionists to divert their time and attention elsewhere, such as attending to patients in the waiting room.

The current economic climate gives pause for thought when it comes to investing in expensive new computer equipment or software programmes for your practice. A managed service is a cost-effective solution to this dilemma, as it provides all the benefits of the latest systems with minimal expenditure. The leading provider even offers a rental arrangement that involves monthly payments with no introductory fee. In the majority of cases, practices will be able to use the system from their existing computer set up, however occasionally it will be necessary for the service provider to improve the broadband connection to a high speed version. For the most part, though, transferring responsibility of your practice database and software to a reliable third party is a viable and affordable option for nearly every dental practice in the UK.

To maximise the benefit of an integrated management system basic staff training is a must. Some software is incredibly easy to use and enables all members of the team to perform a variety of tasks much more quickly without requiring in-depth IT experience. However, as with any changes in the practice, an introduction to a new system or procedure saves even more time in the long run.

In the past, staff training was somewhat cumbersome and costly, involving time-consuming offsite courses or the presence of an instructor in the practice, both methods interfering with the day-to-day running of the practice and patient care; however, online training is now the technique of choice for minimal disruption and optimal learning.

The beauty of online training is that it offers live, interactive tuition, which can be organised at a moment’s notice to fit into a convenient time to suit the staff and practice. Prices are akin to traditional forms of training, but avoid the expense and inconvenience that comes with travelling to an external training facility. Pre-recorded instruction videos and other learning materials are readily available and reusable, offering a flexible way to integrate training into your day and assisting a seamless transition to the new system.

Remote hosting services are in the unique position to be able to offer further resources in terms of upgrading and training opportunities, marketing advice and additional services for maximising profits, such as how to exploit the internet for the benefit of the practice.

Developments in modern practice management software are easily on a par with those of clinical dentistry, such as the rapid innovations in restorative solutions. Increasingly, practices are entrusting their databases and administration software to managed services, which are in a position to employ safety measures and data protection compliance that would otherwise be out of reach, expensive or unwieldy. Providers use and maintain extremely powerful remote servers so that practices don’t have to make large upfront investment or arrange to service or repair costly equipment. Each member of the dental team can perform their role to the best of their ability with the support of this highly efficient tool, ensuring the practice is an effective, productive and dependable proposition in an exceedingly competitive industry.

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Are you prepared?
Ray Prince discusses the new pension rules

Public sector workers going on strike, fundamental changes in legislation, the scrapping of having to purchase an annuity at age 75 and the issue of whether associates operating through a limited company are able to accrue future benefits in the NHS Pension scheme – 2011 was certainly a year of constant change and debate in the world of pensions. Ray Prince, Certified Financial PlannerCM, looks at some of the changes (see the end of the article for details of how you can request the ‘New Pensions Rules’ Special Report).

Even though pensions can appear complex, the good news is that they still retain their attractive tax breaks. This means for higher rate taxpayers a contribution of £100 only costs £60 and for basic rate taxpayers the same contribution costs £80, with the Government providing the £40 and £20 respectively in tax relief. It’s even better for additional rate taxpayers with a 50/50 split.

On 6th April 2006, life was meant to get easier for retiree savers as the government introduced a new simplified set of rules, effectively shelving the eight previous tax frameworks for pensions. Known as ‘pension simplification’, investors now had to grapple with many new terms, such as lifetime allowance and annual allowance.

However, as you’ll no doubt be aware the world of pensions has a habit of being tinkered with by politicians, so it was no surprise that even more changes were announced, some of which were implemented in April 2011 with more to follow in April 2012.

As financial practitioners, we empathise with clients who are trying to make sense of the changes! With the new rules come new dilemmas for would-be investors, as well as those already building up their retirement nest eggs. There may definitely be a tax ‘sting in the tail’ for some dentists.

Whilst we aren’t able to cover all the recent pension changes in this article, let’s look at two in particular: the Annual Allowance and the Lifetime Allowance.

Since it is usually best to use examples of how these changes could affect you, let’s briefly look at the new rules, and then some figures.

Annual Allowance (AA)
This is the maximum amount of tax free pension savings you can contribute in a tax year, including the NHS Pension Scheme and other registered pension schemes (such as Personal Pensions).

Please be aware that this calculation is not what you contribute to your NHS Pension in a year but how your benefits have grown. This is known as the Pension Input Period (PIP) which currently runs 1 April – 31 March each year.

• Previously £255,000 pa, the AA is now reduced to £50,000 pa – fixed until 2015/16
• Where this is exceeded, any unused allowance from up to three previous years is available (carry forward)
• If the limit is exceeded, the member will be liable to pay a tax charge at the highest rate on the excess above the AA limit
• Deemed contributions to the NHS Pension Scheme will be valued using a flat factor of 16. Previously the factor was 10, so this is a key change
• An inflation factor is included

The full implication of these changes can be seen in the examples below, and higher earners could well be affected.

Lifetime Allowance (LTA)
This dictates how big an overall pension fund you can amass over your lifetime, excluding State
Pensions.

- This will be reduced to £1.5m from £1.8m in April 2012.
- New statutory reporting requirements mean that the NHS will need to issue statements to members who exceed the allowance.

- If your pension is worth more than the LTA when you draw your benefits, extra tax will be due on the excess above the LTA. The charge is 25% of the excess funds taken as a cash lump sum.
- Rules to help individuals that may exceed this limit have just been announced, known as Fixed Protection.

Fixed Protection (FP)

So what does it do and what are the rules?

- If you have fixed protection your LTA will be fixed at £1.8m rather than £1.5m.
- You will be able to apply for fixed protection from now until 5 April 2012.
- Your fixed protection will stop if in the future the standard LTA rises to more than £1.8 million. Your lifetime allowance will then be the higher standard LTA.

- Anyone who has pension savings in a registered pension scheme, and does not have primary or enhanced protection, can apply for FP. However, you are only likely to need FP if you think that your benefits from all registered pension schemes will be more than £1.5m when you take your benefits.
- If you lose FP, it is your responsibility to tell HMRC that this no longer applies.
- If you make contributions to a money purchase arrangement such as a personal pension, you will lose fixed protection – so beware.

How could these changes affect you? It is generally thought that higher earners could encounter problems here, so let’s look at some examples:

Case study 1

A 54 year old dentist, with 30 years service, earning £128,000 pa (pensionable income) in the NHS:

- At the beginning of the year, the accrued benefits are:
  - Pension - £48,000
  - Tax-free lump sum - £44,000

Opening value: You now need to find the ‘opening value’, and this is done by multiplying the pension by 16, and then adding the lump sum. This gives us a running total of £402,000.

Then, you increase this by the relevant inflation figure, which is currently 5.1% per cent (this changes each September), bringing the new running total to £404,272.

Closing value:

This is the value of the client’s pension at the end of the year, and for this example we assume that the dentist has received an overall increase of 4.5% per cent in pensionable earnings, bringing the new benefits to:

- Pension - £49,873
- Tax-free lump sum - £49,018

Doing the calculations again, we now have a closing value of £497,587.

You then subtract the opening value from the closing value giving a figure of £7,515 made within the PIP.

So, this dentist does not exceed the £50,000 AA figure. Also, it leaves room for contributions into another pension scheme, such as a personal pension, of £42,685 if desirable.

What about the LTA issue? Well, here you need to multiply the pension by 20, and add the lump sum:

- Pension - £48,873 x 20 = £977,460
- Lump Sum - £149,018 = £1,146,478

In this case, unless this dentist has a personal pension fund worth, say, more than £550,000, there is not an immediate problem.

However, if the £1.5m LTA limit is not increased in the next few years, and a member has, say, five years to go to retirement with increasing benefits each year, the dentist may exceed the LTA.
year, it may well be an issue!

What about Fixed Protection? Well, if this dentist had applied for this, then their increase in NHS scheme benefits would break what is known as the ‘relevant percentage’ rule, meaning that they would lose FP.

Case Study 2

A 57 year old Maxillofacial dentist with 33 years service, earning £148,000 pa NHS pensionable income:

At the beginning of the year, the accrued benefits are:
- Pension - £61,096
- Tax-free lump sum - £185,150

Using the same calculations and inflation figures, we get an Opening Value of £1,195,008 and a Closing Value of £1,248,880. Subtracting the opening value from the closing value gives a figure of £52,972 made within the PIP.

So this dentist certainly does exceed the £50,000 AA figure. Also, it leaves no scope at all for contributions into a Personal Pension, unless the carry forward rule is used. Further, if no carry forward is possible, there will be a tax charge of the excess, meaning an unwelcome tax bill of £4,866 if a 50 per cent tax payer.

This problem results because of the ‘double whammy’ of a much lower AA, and the factor increasing from 10 to 16.

What about the LTA in this example? The calculation comes to £1,511,802, just over the £1.5m limit, and you can also mitigate this somewhat by foregoing an element of pension to boost the lump sum (commutation). In this case taking the maximum tax-free cash option from the NHS pension, it would result in a value of £1,408,523.

In addition, let’s presume this dentist also has a personal pension fund worth £200,000. So now there is most definitely a problem with the LTA, taking the total to £1,608,523.

Therefore, technically, it would seem worthwhile for this dentist to apply for the FP £1.8m limit. However, yet again the ‘relevant percentage’ rule is broken meaning that FP would be lost.

The member will need to make the decision whether to opt out or remain in the scheme. For such an important decision, we would recommend taking professional advice.

In summary
Increasing contributions to any pension is becoming ever more problematic, and we therefore recommend that you review your situation in detail.

But is not adding to your pension benefits a problem? Sometimes we find that there is no need for NHS dentists to buy more pension benefits in addition to their current planning (and on other occasions more contributions need to be made into pensions).

When asked why they are investing more into pensions, a new client will often say that it was for tax reasons, or that they thought they would need more pension as they would not have the full 40 years’ NHS service at age 60.

Whilst understanding these reasons, often the decision to buy more pension has been made in isolation of their overall financial picture. Our suggestion is to have your financial plan created in advance to any major financial purchasing or investing decisions – diagnosis before prescription!

The above information is based on our best understanding of recently announced legislation and no action should be taken by any NHS Pension Scheme member based purely on this information.

About the author
Ray Prince is a fee - based Certified Financial Planner with Rutherford Wilkinson Ltd and helps dentists plan towards their ideal retirement, as well as getting the best deals on prescriptions and investments. You can contact him on 0191 217 5540 and ray.prince@rutherfordwilkinson.com. For more free tips visit www.medicaldentists.com Rutherford Wilkinson Ltd is authorised and regulated by the Financial Services Authority.

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Selling your practice? Beware the incorporation choice

There is no shortage of commentary on the pros and cons of incorporation, however Jeff Williamson of specialist dental accountants PFM Townends, covers the issues that arise when selling an incorporated practice.

For most practices operating through a Limited company retirement will be the second occasion that you have sold your business and the proximity to the original incorporation will have a bearing on the nature of the sale. More precisely the balance left owing to the director/shareholder on their loan account will influence the make-up of any offer.

1. Are you selling your shares?
2. Is your company selling its assets?

Selling shares
This is often the preferred option for you as the vendor but increasingly “change of ownership” clauses within NHS contracts may prohibit the transfer of the company’s contract to a new entity and a sale of shares is the only option.

• Any consideration for the shares will attract Entrepreneur’s Relief with an effective rate of Capital Gains Tax of 10 per cent.
• The purchaser takes over all the assets, liabilities and trading history. This includes your director’s loan account so make sure the agreement gives you security if there is any deferment of the repayment of that loan.
• Any monies received in settlement of your director’s loan account...
are free of tax.

Company selling the assets

Purchasers prefer this route as they can obtain tax relief on assets purchased as well as Goodwill if purchased through a company.

As the vendor you have the second step of extracting the sale proceeds from the company, potentially facing a double tax charge.

- Your company will have a corporation tax charge on any uplift in the value of Goodwill since your incorporation.
- Initially any monies will be used to pay off the residue of any director’s loans, again no tax.

Then you have choices:

1. Dissolve the company and take the reserves out as capital with an effective rate of 10%. WARNING – after 1st March 2012 a formal liquidation will be required. Or;

2. Retain the company and take dividend income with the possibility of avoiding any income tax where total income can be kept within the basic rate band. May take a number of years to fully extract. Although;

3. The monies remaining in the company could be used for investment purposes. Perhaps buy-to-let properties, another investment purpose. Perhaps the company could be used for the possibility of avoiding any income tax with the rate band. May take a number of years to fully extract. Although;

Inheritance tax (IHT)

The shares you hold in your trading dental company qualify for full Business Property Relief (BPR) so there is no Inheritance tax liability. It is, however, worth noting that Director’s loan accounts do not attract BPR. After you sell, the cash you receive for your shares has no such relief so an IHT review is recommended.

If you sell your shares in a dental trading company that you controlled (owned more than 50 per cent) but retain an interest in the trading property then you will lose the 50 per cent BPR that you had on that property.

This is a complex area where many taxes are involved and timings can be critical. Timely advice that can influence the structure of a sale will prove invaluable. Be sure you get that advice.

Money Matters

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About the author

Jeff Williamson

is an experienced chartered accountant and leads PFM Townends’ dental team. PFM Townends provide accounting services exclusively for dentists. Please visit www.pfmtownends.co.uk for further details. PFM Townends is a joint venture between Practice Financial Management Ltd and Townends Chartered accountants.
Practice management and the pernicious effects of stress

Glenys Bridges looks at ways to improve the quality of a practice’s service

A lack of sleep can have a major effect on someone’s work

The introduction of Clinical Governance into NHS dental practices is designed to increase consistency in standards of care and service. Although policies and procedures are the cornerstone of consistency, their effectiveness depends on the essential human factor to ensure they are translated into improved outcomes. All the policies in the world will have no effect if the team member is overwhelmed by stress. This article looks at this issue of stress and considers ways to harness the human factor to improve the quality of a practice’s service.

It has often been noted that there is a causal link between a positive mental attitude and successful businesses. This is especially true of successful dental practices which rely heavily on the quality of the relationships between patients and the dental team. Many managers comment to me that a particular member of their team has great training and abilities; whereas their member of their team has great interpersonal skills are not so technical skills; whereas their interpersonnal skills are not so good.

Interestingly, it’s not unusual for the team member’s cooperation and communications being particularly poor at the beginning of the day. A practice manager once told me she knew what mood the hygienist would be in by the sound of his tyres on the gravel outside the practice. She went on to say: “He just is not a morning person. He needs about an hour to come round.”

Although some people can put out the lights at 10pm and sleep soundly until morning, others find it difficult to sleep before dawn and have trouble getting up. Difficulty in getting to sleep can also be linked to dread of the long day ahead. Those who suffer from work related anxiety tend to look to sleep as a comfort bubble or refuge, and long term sleep disturbance only compounds the problem.

Work-related stress is linked to a number of factors:

1. Poor work organisation (the way we design jobs and work systems, and the way we manage them)
2. Inadequate training
3. Unsatisfactory working conditions
4. Lack of support from colleagues and supervisors

Research findings show that the most stressful type of work involves demands and pressures that are not matched to workers’ knowledge and abilities; where there is little opportunity to exercise any choice or control, and where there is little support from others.

We should remember that health is not merely the absence of disease or infirmity but, according to the World Health Organisation, is a positive state of complete physical, mental and social well-being. A healthy working environment is one in which there is not only an absence of harmful conditions but an abundance of health-promoting ones. The Health and Safety Executive requires employers to ensure the pressures on employees are appropriate in relation to their abilities and resources; to the amount of control they have over their work, and to the support they receive from colleagues and managers.

In a large organisation, this could include continuous assessment of risks to health, the provision of appropriate information and training on health issues and the availability of health promoting organisational support practices and structures. In smaller organisations, such as most dental practices, the practice manager plays the key role in helping team members thrive in a healthy work environment.

The practice manager needs to be able to communicate well with the team on a frequent basis, ensure their workload is properly organised, and be able to appraise their performance to match the work to their abilities. A well developed training and support culture will not only increase practice productivity, it will also reduce the levels of stress and anxiety within the team.

In a challenging business and regulatory climate, the importance of setting it right in the workplace has never been greater. We know the chances of success are enhanced through the introduction of clear policies and procedures are the cornerstone of consistency, they also require well trained, positive team members to make them work.

The easiest way to achieve this is a team organised and supported by a skilled practice manager. All of these skills and more are included in the Dental Business Academy’s BTEC Professional Diploma in Dental Practice Management. Contact Glenys Bridges is an independent dental team trainer. She can be contacted at glenysbridges@gmail.com.

‘A healthy working environment is one in which there is not only an absence of harmful conditions but an abundance of health-promoting ones’

About the author

Glenys Bridges is an independent dental team trainer. She can be contacted at glenys.bridges@gmail.com.
To Drill or Not to Drill - That is the Question

The Dentistry Show 2012 is an event not to be missed. A wealth of dental specialists will be travelling from all over the world to take part in an invigorating range of debates, presentations, hands on learning and live theatre demonstrations.

Hosting many of the presentations are a list of greatly respected and internationally prominent experts, who will take the stage to share their information, ideas and passions at this important event. One speaker is Dr Harris Sidelsky whose presentation “To drill or not to drill - that is the question?” will look at the aesthetic future of minimal invasive dentistry.

Dr Sidelsky was a general practitioner for the first fifteen years of his professional life and at the age of forty, decided to go to the University of Michigan where he completed a Masters Degree in restorative dentistry/prosthodontics. Afterwards he returned to his practice and opened up a second location in the West End of London. For the past twenty years he has operated from these two premises. In addition to this he runs a restorative course, which started in 1990.

Different speakers have different motivations to talk in public on their chosen subject and Dr Sidelsky gives some background into his own reasons behind his future presentation. “I was always drawn to tooth preservation as a primary treatment goal. Now in 2000 Mount and Hien Ngo published their article in Quintessence on minimal invasive dentistry and it was for me one of those ‘aha!’ moments we all have from time to time. I quickly became acquainted with other like-minded individuals and specifically with Chris Brown of GC whose company have always been the leaders in this field.

We met regularly and exchanged ideas. I started lecturing for him and soon had in place a more defined tooth decay management programme in my practice. I began the rebranding of my practice centred around the MI approach with new brochures and info for my patients. I want to share with all my colleagues my passion for this wonderful way of practicing dentistry.”

Commenting further on what he hopes delegates will achieve from his presentation Dr Sidelsky states, “I hope they will be excited about learning easy new techniques which they will just love doing and to learn how this approach can be highly financially rewarding as well. We need to get the message out there, as this is definitely the way forward. Hopefully dentists will see that they can be remunerated well and enjoy their dentistry much more than before.”

Join the 6,000 visitors who are taking part in this world-class event, which has five stimulating conference programmes all equipped for Aesthetic Dentists, Dental Business, Aesthetic Technicians, Hygienist and Therapist Symposium and the Nursing Network.

The Dentistry Show is at the NEC, Birmingham March 2nd and 3rd 2012. For more information, please visit www.thedentistryshow.co.uk, call 020 7348 5269 or email info@thedentistryshow.co.uk.
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Operating principle
The highlighting and qualification of instances of demineralisation affecting the enamel or dentinal tissues in the process of decay, which was described by Banerjee in 2002, was redefined by Prof. Tassery’s team at the Marseilles Faculty of Dental Surgery, via the LIFEDT® concept. This concept was then concretized via the design of the Soprolife® camera (Acteon® Group). What is involved is a high-performance intra-oral camera (featuring a zoom that enlarges up to approximately 400x) equipped with white LEDs or LEDs that generate different types of fluorescence depending on whether the enamel or dentine are healthy or decayed, using blue LEDs.

Soprolife is both a traditional intra-oral camera and a diagnostics support tool. It may be connected to a computer (PC or Mac) featuring software which acquires, stores and manages the images. A monitor may also be installed in front of the patient in order to communicate with him or her and monitor the treatment carried out.

The protocol is simple:
• Observe under white light and blue light in order to identify the suspect zones
• Clean using an air polisher
• Confirm or rule out the suspect zones
• Minimally-invasive or conventional preparation with step-by-step control of the preparations using fluorescence.

Primary caries: diagnosis and preventive treatment. Red fluorescence reveals the presence of a suspect zone. If the red fluorescence persists after cleaning (air polishing), then the lesion is confirmed. Whether or not demineralisation is highlighted may lead to the decision to seal cracks for therapeutic purposes.

Primary caries: diagnosis and minimally invasive treatment. A minimally invasive approach should be limited to eliminating solely enamel and dentinal tissues, which is necessary for the approach, and solely to demineralized tissues that cannot be retained. It enables a smaller filling to be created, subject to lower mechanical strains, offering a wider range of materials. In the clinical case being discussed here, during the excavation phase, the practitioner is guided by the red fluorescence of decayed dentine. Preparation is limited solely to the red interface, which will have to be either partially or completely eliminated, depending on the residual hardness and the type of carious activity.

Secondary caries. The susceptibility factors, and the difficulty of applying “perfect” fillings, enabling optimal bacterial plaque control, facilitate secondary caries. Diagnosing them as early as possible will avoid lesions that experience development often masked by the adhesive qualities of modern materials. The sealants must also be tightly controlled. Enlargements and fluorescence can assist with diagnosis and earlier treatment.

Diagnosis of fractures. Fractures in healthy or decayed teeth may prompt the patient to come in for a consultation for pain with an aetiology that is sometimes difficult to determine without using enlargements and the differentiation that the fluorescence intra-oral camera can enable.

Fluorescence enables very early diagnosis (during the first stages of demineralisation of the enamel), enabling chemical treatment of the initial lesions. Firstly by the patient (brushing and home treatment of identified lesions in their early stage), and of course by the dental surgeon: professional prophylactic cleaning, treatment using fluoride varnish, etc.

Soprolife® is an outstanding tool for motivating people as the patient can see the first stages of the lesions and can even follow the gradual remineralisation of the tissues treated.

Fluorescence shows us where and how to act. It also makes it possible to explain why preventive measures should be reinforced and, above all, it enables the preventive or curative treatments to be justified to the patient.

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About the authors
Dr Michel Bloque DDS, BSc, PhD, University Fellow in Paediatric Dentistry at the Nancy Faculty of Dental Surgery. Private practice in France and Luxembourg, limited to minimal invasive and prophylactic dentistry and medical periodontics
Prof. Herel Tassery (co-author), Professor at the University of the Mediterranean

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Core Curriculum

The Core Curriculum at The Dawson Academy UK has been developed as a complete plan for general dentists, specialists and dental practice team members striving to develop a highly effective practice. The continuing education courses have been designed to clarify the concepts and provide hands-on training in the skills that are needed to practice master quality, complete dentistry. Our dental continuing education hands-on classes are held at The Dawson Centre UK and are limited in enrollment to afford participants the maximum opportunity to practice the skills in a hands-on format. We utilise state of the art learning techniques to ensure that students go beyond just understanding principles to actually being able to implement the concepts and skills in their practices.

Testimonials

"I would recommend this course to everyone that wants to move away from single tooth dentistry and more into the realms of full mouth dentistry. The great thing is it also improves your decision making for the simpler cases."
Harvinder Singh Thara, Nottingham

"My clinical confidence has grown immensely and my case assessment feels stress free now. The uptake for work, and therefore my income, has increased massively. I had easily recouped my investment in the course fees plus a lot more in just six weeks."
Tim Earl, East Sussex

"Great atmosphere, a lot of fun!"
Thomas Milstram, Sweden

"Ian Buckle is incredibly knowledgeable, approachable and realistic."
Jacqueline Ferguson, Aberdeen

"I felt the pace of theory and hands on was spot on, clearly understandable processes to take back to my own practice."
Steven Reece, Buckinghamshire

"Life-changing (dentally!) every dentist should attend."
Neeta Shah, Middlesex

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The Dawson Academy is a postgraduate educational facility dedicated to the advancement of dentistry. All our instructors are practicing dental professionals who have implemented the Dawson teachings into their own practices and bring that real-world experience back into the classroom.

The recommended path of learning through the basic Core Curriculum will provide the principles and skills necessary for the successful practice of complete, quality, predictable dentistry. The temporomandibular joints and comprehensive aesthetic restorative dentistry.

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Ian Buckle BDS
Senior Teaching Assistant, Director, The Dawson Academy UK
Ian is the first International member of the senior teaching faculty at the Dawson Academy for Advanced Dental Education in St Petersburg, Florida. Ian is directly involved in hands-on courses within the curriculum. Ian has over 20 years experience in general practice both in private sector and NHS and lectures nationally and internationally on functional and aesthetic dentistry.

John C. Cranham DDS
Dental Director, The Dawson Academy
Dr. Cranham is the Clinical Director of The Dawson Academy where he is involved with many of the lecture and hands-on courses within the curriculum. An active educator, he has provided over 450 days of continuing education for dental professionals throughout the world.

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For more information on our Core Curriculum, team events and guest lectures or to book a place please contact us:

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