CQC reg fees – just when will we know?

With just two weeks before registration with the Care Quality Commission goes live, when will dental practices find out the cost?

With D-Day for practices registering with the Care Quality Commission (CQC) approaching, practices are still waiting for the answer to the question – just how much is this going to cost us anyway?

The profession has been wait-
ing for guidance on registration fees since October 2010, when the consultation on the provision of a fee scheme for all registrants of CQC was published. The con-
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In the consultation, the CQC stated: ‘We do not understand the impact on providers of pay-
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tinue to do so. We have a respon-
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mation about providers’ com-
pliance that we make available to people who use services, the wider public and commissioners of services. There is also the reass-
urance of knowing that we will tackle poorly performing and un-
registered providers to ensure that standards overall are maintained.

We will consult every time that we propose any changes to fees, and we will provide enough de-
tail so that our plans can be scruti-
nised and challenged openly. We have no interest in setting fees higher than they need to be: our overall income is capped by the Department of Health, so that every pound raised in fees is deducted from the grant that we would otherwise re-
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With the potential for fees starting from upwards of £1,500, practice owners have been call-
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The British Dental Associa-
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Dr Susie Sanderson, Chair of the BDA Executive Board, said: ‘It is staggering that dentists are still in the dark about CQC fees so close to the deadline for regis-
tration. We call on CQC to make an announcement on this issue immediately so that practices have the information they need to plan effectively for the new finan-
cial year.

‘The BDA has made a strong case for no fee being charged for registration and we hope the delay means that CQC has been able to reflect on responses to its consultation and will draw a sens-
able conclusion that reflects the economic circumstances and the resources dental practices have invested in becoming registered.’

A CQC spokeswoman said: ‘We will announce the fee struc-
ture for dental providers next week. These providers will start to be invoiced in April.’

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DENTAL TRIBUNE
The World’s Dental Newspaper · United Kingdom Edition

News in Brief

Cosmetic dentistry ‘most popular aesthetic treatment’

According to a recent report, cosmetic dentistry is the most popular form of aesthetic treatment.

The survey, which was con-
ducted by The Sun, found that four per cent of those who took part in the survey have had their teeth whitening, whilst three per cent have had teeth whitening. How-
ever, not everyone who took part in the survey had undergone cosmetic surgery. The report stated that 85 per cent of respondents said that they had not had any work done, but many said that relatives had suggested getting some form of cosmetic treatment.

Dentists after dark

A raunchy short film on vam-
pires has hit the internet in a bid to young patients through the ‘Delivering quality for den-
tistry’ is the message being communicated by the BDTA to dentists and laboratories.

The video, which can be seen on YouTube, shows two voluptuous female vampires, one with blue eyes and the other with red ones, visiting the dentist. Target-
ates of 18-24 year-olds were not found that a large population of people aged 18-24 year-olds were not visiting the dentist. Target-
ing directly to this younger group turns the vampire away be-
cause of his bad breath. The

New BDTA campaign launched

‘Delivering quality for den-
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The internal workings of a watch mechanism have provided the imagery for the campaign due to its obvious connection with precision, accuracy, reliability and the opportunity to explain that BDTA members help dental practices and laboratories ‘run like clockwork’. Link-
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Heidi Robinson writes about her dental mission

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www.dental-tribune.co.uk
2011 Clinical Innovations Conference: Worldwide Expertise That Will Inspire You

AOG and Smile-On, in conjunction with the Dental Directory and the Faculty of General Dental Practice (UK), will again be hosting the 2011 Clinical Innovations Conference (CIC). Now in its eighth year, the CIC promises to be bigger and better than ever, with a wealth of top speakers, including the AOG's President, Poni Datta, who said “Last year’s conference and the dinner brought together innovators and thinkers of this millennium. We are going to build on that with our partners and friends. We want to make this the most exciting annual event in Europe.”

The 2011 conference promises to be outstanding, with an impressive lineup of speakers and guests and with the benefit of hands-on sessions to aid in your education, the event will be an inspirational learning experience for all dental practitioners, regardless of your field or ability. In addition, attending the Clinical Innovations Conference will earn you up to 14 hours of verifiable continuing dental education, the event will be of hands-on sessions to aid in your education, the event will be an inspirational learning experience for all dental practitioners, regardless of your field or ability. The 2011 Clinical Innovations Conference is due to be held on the 6th and Saturday 7th May, at the Royal College of Physicians, London. Due to the high demand for places in 2010, practi-

tions are advised to book early in order to ensure their attendance.

Dental professionals can expect to learn more about the latest developments within the field of endodontics from the likes of Julian Webber, occlusion from Raj Rayan OBE, as well as discover the benefits of practising mini-

mally invasive orthodontics with speakers such as Tif Qurishi and James Russell, Wolfgang Richter, president of the EACD, will also be speaking at the event. His lecture entitled ‘Esthetic Excellence with Direct Composite Restorations’ will enable practitioners to: establish their own goals on the way to dental excellence; to understand the importance of knowledge in material properties; and learn the sensible handling of bonding materials and technical sensitivity.

Other confirmed speakers include the internationally acclaimed Nasser Barghi, Joe Omar, Peer van der Vyver, Eddie Lynch, Bob McLelland and Wyman Chan, amongst many others.

On Friday May 6th, attendees will also have the opportunity of attending the Conference Char-

ity Ball, which will be held at the fashionable Millennium Mayfair Hotel. Last year’s proceeds went to the AOG-sponsored project in Chitrakoot to repair cleft lips and palates and provide dental treat-

ment for 500 villagers in one of the most rural parts of India.

With an unprecedented line-

up of relevant lectures and prac-

tical hands-on sessions on the programme, dental professionals of all levels are bound to find the 2011 CIC a truly stimulating and motivating learning experience.

So why not use this opportu-

nity to keep in touch with inno-

vations in this dynamic and fast-growing area of dentistry and help your practice reach its most profit-

able potential?

For more information, visit www.aoguk.org

For early bird offers, or to book, call Jamie on 0207 400 8989 or visit www.clinicalinnovations.co.uk

‘Striking the balance’ for civil litigation costs

Sir Rupert Jackson, a judge of the Court of Appeal has put together what has been regarded as a “comprehensive and cogently argued” Review of Civil Litigation Costs and as a result, the Government is to have a consultation about civil litigation funding, marking a turning point in civil litigation.

The aim of the consultation is to “strike the right balance” between those are require justice and an assurance that costs are fair and appropriate, implement Sir Rupert’s recommenda-
tions on reforming ‘no win no fee’ conditional fee agreements (CFAs), where costs can far exceed the compensation awarded. One such case recorded that a patient who claimed compensa-
tion for a damaged back tooth was awarded £1,500 within five months; however the patient’s solicitor claimed costs of £220,000.

To reform the costs of civil cases successfully, it has been suggested that necessary claims can be brought, reasonable claims should be settled as early as possible, and unnecessary claims should be deferred.

If Sir Rupert’s First Report is implemented it could lead to a significant reduction in legal costs, for not only claimants and defendants, but also the Govern-
ment and the taxpayer. This is because many disproportionate costs of defending claims are footed by the taxpayer.

Rupert Happenbrouwers, head of the DDU said: “We believe that the current system is unfair to the general dental prac-
titioners: we represent who are paying for these spiralling legal costs through their subscriptions as well as to taxpayers who are funding those dental cases in-
denified by NHS bodies. The DDU wholeheartedly supports the changes proposed which ad-
dress the problem of excessive and disproportionate costs, without affecting the ability of patients to seek compensation when they have been negligently harmed.

MDU Head of Claims, Jill Harding added: “We agree with the proposal that defendants will not recover costs from los-
ing claimants in CFA-funded cases and in return claimants won’t need to take out insur-

ance against these costs. Claim-
ants themselves should be ex-
pected to fund their solicitors’ success fee from any damages awarded and would then have an interest in the costs incurred on their behalf. To ensure fair-
ness to claimants, we agree that the success fee needs to be capped and that there should be a 10 per cent increase in the general damages that claim-
ants are awarded. We think this approach strikes the right balance and hope that the proposed changes will be introduced.”

Kevin Lewis, Director of Dental Protection, commented: “Recent years have seen a rapid increase in the number of UK dental claims, and in the propor-
tion of overall costs that is con-
sumed by the lawyers acting for the patients concerned. Overall, the claimants’ lawyers receive much more than the patients they rep-resent, and in some cases a lot more. This is particularly likely when claims are being conduct-
ed by certain law firms operating under Conditional Fee Arrange-
ments (CFAs) – popularly de-
scribed as ‘no win no fee’, and this fact is starkly illustrated by two examples drawn from recent cases:

a) Patient received damages of £14,500 - claimants costs claimed £125,000.

b) Patient received damages of £3,500 - claimants costs claimed £350,000.

“We gave evidence to Lord Justice Jackson’s review of the civil justice system, and wel-
comed his recommendations and the early indications since then that there is an appetite within government for these much-needed reforms which strike a fair balance for all par-
ties, We particularly applaud the proposed new test of proportion-
ality taking into account all the factors of the litigation, not just the fact that the costs were neces-
sarily incurred. This would address the problem of very high legal fees claimed by claimants’ lawyers in connection with rela-
tively modest dental claims.”
Editorial comment

There has been a great emphasis lately on the growth of social media in the dental profession (coincidentally, we have an article on that very subject in this issue, see pages 9-10). This was never more apparent than at this year’s Dentistry Show in Birmingham, when both days saw a dental ‘Tweet-up’ – a meeting of people involved in Twitter for their companies or practices.

Friday’s Tweet-up saw a networking group of roughly 30 people, most of which only knew each other through tweets. It was great to put faces to names and network with people who I would not normally have had the chance to speak to at such an event. Thanks to those who had the idea to get together and make it happen, and also to those who attended.

You can follow Dental Tribune on Twitter @dentaltribuneuk.

The GDC’s view to postpone the decision affecting the use of the title Dr has given practitioners whose input to the consultation was dismissed as being the ‘Usual Suspects’ to reiterate their point. If you’re not a usual suspect – now is your time to make a contribution to the debate as the strength of feeling is so high right now there has never been a better time to have your voices heard. Take a look at page six to see clinician comments on this. Anxieties over the introduction of a long-envisaged oral health assessment follow-up plan for Scotland continues to be a great embarrassment.

Focusing on the quality of care patients receive will also be important, the manifesto says. It calls on the new Government to re-think lifelong registration which was introduced in 2010 and recognise the importance of regular attendance in stemming the growing number of cases of oral cancer Scotland is suffering. It also calls for the fluoridation of water supplies; something the BDA believes could dramatically improve the oral health of children in Scotland’s most deprived communities.

The number and location of dentists in Scotland also requires attention, the BDA believes. The manifesto cites the continuing shortage of dental academics and geographical disparities in the provision of both primary and secondary dental care as problems that must be addressed.

Andrew Lamb, BDA Director for Scotland, said: “Despite improvements in the dental health of Scotland over the last 40 years, there is a great deal still to do if we are to eradicate persistent oral health inequalities. We have successes to celebrate, including the excellent Childsmile scheme and improvements in access to dental care in some areas, but the new Government will nonetheless face significant challenges in the field of dentistry and oral health. Candidates standing for election this year must pledge to work on those challenges and deliver improvements for patients.”

Inequalities should be top priorities

BDA Scotland’s manifesto for the election, Something to smile about, provides a reminder that Scotland’s oral health continues to fall behind Western European norms. The manifesto explains that measures such as the expansion of the successful Childsmile scheme have a key role to play in addressing this issue. It also calls for the fluoridation of water supplies; something the BDA believes could dramatically improve the oral health of children in Scotland’s most deprived communities.

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Top 10 strangest requests...

When it comes to oral care, dentists are the experts. However, as our recent news stories reveal, there are some patients who have asked for some special requests for their smiles. Prosthetic fangs, gold “grilles” and tooth tattoos might sound like slightly crazy requests, but there are some requests that are simply weird.

The Chicago Dental Society surveyed more than 500 members to find out the strangest dental requests they’d ever received from patients. Their answers might shock you!

10) “Can you extract my tooth without anaesthesia?”
9) “Please wire my mouth shut to aid in my diet.”
8) “Can you ID this set of dentures left in the bathroom of the bar I work at?”
7) “I will pay you or your hygienist to floss my teeth at my office every day.”
6) “Pull all my teeth, and just give me dentures.”
5) “I just broke off my engagement. Can you prepare my tooth so that I can keep the diamond in it?”
4) “Will you give me local anaesthesia in my lips? I’m going in for permanent “lipstick” tattoos on my lips, and would like to avoid the pain.”
3) “May I have an emergency cleaning visit? It’s my high school reunion and I need a bright, white smile to face my old boyfriend.”
2) “Can I keep the teeth you pull out of my mouth? I’d like to make a necklace out of them.”

And the number one strangest dental request ever received...

1) “Can you give my dog braces?”

The survey was conducted for the Chicago Dental Society’s 146th annual Midwinter Meeting, which brought more than 50,000 dental professionals to Chicago this February 24-26. The Midwinter Meeting is a forum for dentists to learn about new products, technologies, and methods.

Orthodontic treatment changes must be explained

Changes to the future provision of Health Service orthodontic treatment in Northern Ireland must be fully explained to patients waiting for care, the British Dental Association (BDA) advised today. The General Dental Services (Amendment) Regulations (Northern Ireland) 2011 will see the Index of Orthodontic Treatment Need (IOTN) being used to decide which cases will be funded by the Health Service. The new regulations, expected to take effect from July 2011, will stipulate that Health Service orthodontic treatment will be restricted to patients who score 3.6 or more on the IOTN scale.

The BDA believes it is also important to use a ‘common sense’ approach for adjudicating on borderline or exceptional cases with IOTN lower than 3.6.

Peter Crooks, Chair of the BDA Northern Ireland Dental Practice Committee, said: “The use of IOTN for assessing eligibility for Health Service orthodontic treatment represents a significant change for patients. Undoubtedly some patients with an expectation of orthodontic care will be disappointed that they will not be eligible for treatment on the health service, so it’s vital that DHSSPS ensures that patients understand what the index means for them. It’s also important that a ‘common sense’ approach to adjudicating on borderline cases is adopted.”

Frozen and smokeless

The Welsh Health Minister is set to announce that dental charges will be frozen at the 2006 level making this the fifth year in a row that the charges have been frozen.

The current system has three price bands, which relate to the complexity of the treatment; band 1 treatments cost £12, band 2 treatments cost £53 and band 3 treatments cost £177. The cost of emergency treatment will also be frozen at £12. Dental treatment is considerably cheaper in Wales than England.

Along with these price freezes, plans to dramatically reduce smoking levels in Wales have recently been unveiled, outlining that playgrounds and all NHS property could be made into smoke-free zones. The ultimate goal is a “smoke-free society” and to reduce exposure to second-hand smoke.

The chief medical officer has also suggested that there should be a debate on the issue of smoking in cars carrying children and even though the assembly government does not have the powers to ban smoking in cars with children, it remains keen to raise the issue.

According to reports, the current consultation claims that smoking is the largest single preventable cause of ill health and premature death in Wales, causing around 5,650 deaths each year.

National Smile Month to bring out the ‘Smile Factor’

Dental charges will be frozen again in 2011 as the Welsh Health Minister announced today.

The aim of the campaign is to put the smile back on peoples’ faces and help them display their full personalities through the ‘Smile Factor’ theme. Now into its 35th year, National Smile Month remains an integral part of the Foundation’s work in promoting greater oral health. As in previous years, the Foundation will also be raising the awareness of a healthy diet and the link between good oral health and good overall body health and promoting the three key messages of brush for two minutes twice a day using a fluoride toothpaste, visit your dentist regularly, as often as they recommend and cut down on how often you have sugary foods and drinks.

Chief Executive of the BDHF, Dr Nigel Carter, described the thinking behind this year’s campaign: “They say you can hide behind a smile if you are not happy or are self-conscious about your teeth, so many people are missing out on showing their very own ‘Smile Factor’.”

Every year the BDHF encourages local communities, practices and individuals up and down the country to take part and get involved in National Smile Month, and as ever, there will be a wide range of different ways in which people can do just that. There will be many family and community events throughout the campaign – all of which need your support.

If you’d like to find out more about National Smile Month, wish to take part in an event or organise one, all campaign material is now available. Please call the BDHF PR Department on 01788 550972 to request a copy.
What’s Missing?

Three global titles from the Dental Tribune International portfolio are coming to the UK. Published quarterly, each of these glossy, clinically-focused titles aims to bring you the latest developments in the fields of implantology, endodontics and cosmetic dentistry in a clear, easy to read format.

What’s missing?

implants

Fill the gaps... implants, the international magazine of oral implantology, delivers the latest thinking in this fast-moving area of the dental profession. User-oriented case studies, scientific reports, meetings, news and reports, as well as summarised product information, make up an informative read.

You got the look...

cosmetic dentistry

You got the look... cosmetic dentistry - beauty & science presents the most significant international developments in the world of cosmetic and restorative dentistry. With an editorial mix of speciality articles, clinical studies, case reports, industry reports, reviews, news, and lifestyle articles, cosmetic dentistry leads the way.

Enjoy Endodontics?

roots

Down your canal... roots is the place to keep up with the latest developments in the endodontic arena. A combination of comment, studies, case reports, industry news, reviews, and news, those professionals with an interest in endodontics will find roots invaluable.

For more information or to subscribe please call Joe Aspis on 020 7400 8969 or email joe@dentaltribuneuk.com

£30 each for a yearly subscription or as a special offer take all three titles for just £50 per year.
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Referring to a dentist as Dr is prevalent in most countries, however, due to recommendations made by the GDC's Standards Committee the GDC are due to consider whether dentists should continue to use this 'courteous' title.

In response to the proposed removal of their title, dentists across the country are arguing their case. Many feel that they have earned their title and continue to do so with their CPD requirements.

It has also been stressed that the lack of title would instantly promote competition between UK dentists and those who have studied dentistry abroad.

For the present moment, the decision has been postponed to carry out an 'impact assessment' and many are hoping that common sense will soon prevail, allowing dentists to continue bearing the title Dr.

The proposed decision has, unsurprisingly, caused debate throughout the country and here are a few examples of the feedback we have received.

The words speak for themselves:

"Why don't the GDC do work that is actually useful and helpful to both patient and dentist? Do people really get confused or is it just yet another theoretical possibility that someone has come up with to verify their own position?"

Anonymous

"I am sorry, but this all smacks of some sort of convoluted political correctness that has nothing to do with the patient's best interests. I doubt if any resolution by the GDC would force my patients to stop referring to me as 'Dr' anyway. Besides, I would always fall back on my military title of 'Colonel' (despite the fact that I do not bear a weapon) or my civil title of 'Lord' (having bought a small piece of land in Scotland). Give us a bit of dignity and respect please! – particularly when we travel abroad and have to deal with doctors of dentistry elsewhere."

Mark Bouclott

"What I'd really like to understand, is who (individuals or pressure groups) are driving this anti-dentist agenda. With all the other coming requirements, this is an extra stage too far. I had hoped that when this coalition government came in, the "nanny state" was going to be withdrawn... If we do not look after things, then it's our own fault. David Cameron "talks the talk" but when it comes to effective action to create individual responsibility (The Big Society), cutting out "Big Brother" state control seems to be taking a back seat. Let's get back to being real professionals, whose advice and actions can be trusted; not being regulated by ineffectual pen-pushers in NGOs."

Brian J Clarke BDS

"Firstly, I am not sure that I am personally too bothered either way but feel that the profession desperately needs some leadership and those at the top to make a decision and stick to it. If they are really concerned about confusing the public then they should stop doing so! Our medical colleagues are not educated to doctorate level either – in effect their use of the title is also a courtesy title - presumably a gesture of respect to their patients?"

Anonymous

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Anonymous

Anonymous
A take on modern design

A £3.85 million project to build the Broxden Dental Centre in Perth for NHS Tayside has been completed by Archial, one of the country’s largest architectural practices.

The new dental practice will provide general primary care dentistry services and undergraduate teaching spaces for NHS Tayside and NHS Education Scotland. It also makes NHS dental facilities accessible to all in the Perthshire area.

The construction of the building began August last year, comprising of 20 surgeries, clinical skills training rooms, dental laboratory, decontamination units and office accommodation.

According to reports, NHS Tayside chairman Sandy Watson accepted the keys for the site in September and over the last two months staff have been working to install equipment and furniture, ensuring that the building is ready for patients.

Not only has the new centre been filled with calming colours and light and airy spaces, it has been fitted with solar panels, improved air tightness, use of heat exchangers, intelligent lighting controls and sanitary fixtures with reduced water demand, to reduce the carbon footprint of the building.

Botox for Bruxism?

According to one expert, Botox could be used to prevent bruxism.

Writing for the Grinza International Journal of Wrinkles, David Castillo explained that in severe cases of bruxism Botox can be a successful method in treating the disorder.

Castillo said: “Widely used commercially for cosmetic surgery applications, Botox weakens muscles in a person’s jaw, thus disabling them and preventing motion that causes teeth grinding to take place.”

As Castillo states, if untreated, teeth grinding can be “extremely harmful” to a person’s overall oral health, and the habit leading to an eventual loss of teeth in the most extreme circumstances.

Even though Botox could be used as a useful treatment to severe bruxism cases, experts recommend adopting a healthier diet, reducing levels of stress and taking various vitamin supplements, such as magnesium, B5 and calcium to also help. However, the most popular management of bruxism remains to be dental guards or night guards.

Even though the use of a night guard does not prevent bruxism, the patient’s teeth and jaw joints are protected from its detrimental side effects.

According to the Bruxism Association, some one in ten people suffer from excessive teeth grinding, however it is rare that patients receive Botox treatments to help alleviate the grinding action itself.

‘Outcomes’, ‘frameworks’ and actually fixing teeth

Neel Kothari discusses the advantages of taking the leap from associate to principal

S

ince the 2006 dental con-
tract was imposed upon the profession the Department of Health no longer allowed den-
tists to set up practices within the NHS without its expressed say
so. A plethora of new words such as ‘commissioning’ and ‘tender-
ing’ came into force on the basis that new practices could be set up based on local need rather than where dentists want to live. Whilst the cost/benefit of this exercise has been heavily de-
bated, the reality of modern day dentistry now means that the traditional evolution of dental associate to principal has been messily severed.

A few associates might be a

signed a binding agreement to acquire Integrated Dental Holdings (IDH) and simulaneous-
yously merge it with Associated Dental Practices (ADP) in part-
nership with private equity firm Palamon Capital Partners (Pala-
mon). The Carlyle group clearly sees growth opportunities within the NHS and private sector. So when this merger goes ahead, what are the chances that an indi-
nual associate or group of associates can compete with a group that has close to 450 prac-
tices treating 5.5 million patients between them?

At present, the number of den-
tists looking to buy a dental prac-
tice far outweighs the numbers of practices put up for sale - and the list appears to be growing. With such high demand, those dentists who decide to make the invest-
ment now have to face a tough set of choices ranging from acquir-
ing finance (albeit at extortionate bank rates), judging the valuation of the goodwill and entering into a workforce which is probably the most under-regulated industry in the UK.

GDP Mohammad Ishaq of the Dental Studio and Implant Cen-
tre, Cottingham, made the transi-
tion between associate to princi-
pal a few years ago and points out that, unlike buying a house, those looking to buy a dental practice should be very aware that the valuation of the goodwill goes down based on the skill and experience of the buyer, and not just on external market forces. According to Mr Ishaq, securing the goodwill of the practice is an important part of the business of dentistry and, unless the buyer can provide a similar level of den-
tistry to the seller, the goodwill of the practice may go down.

The process of buying a den-
tal practice can in some ways be similar to buying a house. The valuation of a house is based on more than just the costs of the bricks and mortar - essential-
ly it is based on what the highest bidder is prepared to pay. When buying a dental practice, a large part of the cost comes down to the goodwill paid to the seller in order to carry on the busi-
ness concerns of the practice, such as having a patient base to work from. In many cases this goodwill is based upon the gross fees received by the seller, so it is important that any prospec-
tive buyer must consider whether or not they can keep their patients based on the type of dentistry they provide.

It is also important to look at how the goodwill valuation is broken down. A low good-
will value based on a seller who mostly provides advanced den-
tistry such as implants or aesth-
etic dentistry may actually be very expensive if the buyer cannot ‘match’ the level of den-
tistry provided, likewise a high goodwill value based upon relatively simple day to day den-
tistry may seem cheap, espe-
cially if the buyer can offer the pa-
tient base more advanced forms of treatment.

Rajesh Varma from Hitchin
tal Dental Care has been a practice
owner for the past six years and points out that in this time much has changed with regards to the legislation of how a business is run. Rajesh recommends that young dentists should seek to undergo some form of business training and look at companies such as Business Link for further help and advice. Rajesh also encour-
ges prospective associates to compare the operational costs of dentistry as a whole as an asso-
ciate and as a principal, because not all dentists who have made the transition have found that they are making as much money as they thought they would be. Rajesh highlights an important point that most practice own-
ers are already aware of, which is that not all associates make their principals a profit and these dentists would probably be fi-
nancially better off remaining as an associate.

As a dentist who has recently made the transition between as-

About the author

Neel Kothari qualified as a den-
tist from Dental University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has undergone a year long postgraduate certificate in im-
plantology at UCL’s Eastman Dental In-
stitute, and regularly attends postgraduate courses to keep up-to-date with current best practices.

Dental Tribune United Kingdom Edition · March 14-20, 2011
Word of mouth on digital steroids

Dental Tribune’s Laura Hatton looks at the pros and cons of dental practices on Facebook

S
lotting quite nicely into the twenty-something age bracket, I should be stereo-
ypted as part of the online generation, interacting via computer
ner to speak and visualising life
as though everything was four-dimensional. Having grown up
in a technological blogosphere, this judgement should be right.
However, even though I re-
main a twenty-something indi-
vidual, I have recoiled from the
Facebook phenomenon and re-
main impartial to the world it
stands for.

Inundated with narcissism,
Facebook has spanned the world as though it has lived
a thousand lives. It has been
nurtured and moulded into a
popular activity of modern so-
ciety and as a result, the social
networking site has gone viral.
Facebook is a search engine in
itself (Looking for a company?
Find it on Facebook) and it is
this meteoric rise in search
queries that has given Face-
book its edge. Every ounce of
information that can be dis-
played is there, in the format of
status updates, wall posts and
posters.

As a result, social media
has become a catalyst for mar-
keting and communication in
a way that no one could have predicted.

Brand Business
Looking at the facts it can’t be
disputed that Facebook is a
great tool to sell a company’s
brand: in 2009, 200 million
people had joined Facebook
and in July 2010, 500 million
people had a Facebook page.
Even Coca Cola, one of the big-
gest companies in the world,
has a Facebook page and
21,907,247 liked their most re-
cent video. However, as far as
advertising is concerned, for
years companies have been in
control of their product and
the way it is put out into the
world - but now the ball is in
the other court and the con-
sumers are in control. Con-
sumers own networking sites
and so it has become impera-
tive for companies to delve into
the realm of social media; they
no longer need to simply sell a
product, they need to sell their
story. Recognising the market-
ing potentials that social media
holds over the world, dental
practices have started shif-
ting into the unchartered ter-
ritory of Facebook. But from
a dentist’s point of view, is
Facebook really a good choice
for marketing?

A shift in economics
Seeking a public response to
this question I leapt into the
role of the marketer and head-
ed to the masses to find out
related content to a minimum
and keep in mind that Facebook
is fun and social. Posts could
include information about do-
nations that the practice or
dentist is making and celebra-
tions, such as anniversaries
and post news about awards
and achievements.

“Success can be achieved by
exploring new areas of social
networking, having fun, and
building relationships with
patients” Rita suggested,
“it’s all about finding that com-
mon ground.”

Vivid Lime
Not entirely convinced I decid-
ed to seek a different perspec-
tive and spoke to Head of Dig-
tal at online advertising and
marketing group Vivid Lime,
Ify Ahmed. Ify explained to me
that Facebook could in fact be
used in a professional manner.
He suggested that say, for ex-
ample, the main objectives for a
dental practice to have Facebook
page is to gain patients, deal with
customer issues, to ‘air’ the
dental practice and recruit staff
- then having a Facebook page
could provide a platform for
achieving all these goals. How-
ever, I remained slightly scepti-
and future development. But is this really the way forward for dentists when it comes to gaining patients and pushing their practice out into the spotlight?

To answer this question I needed to consider how Facebook stands in relation to marketing.

Word of mouth on digital steroids

One of the basic principles of marketing is delivering your message to as many people as possible. With this in mind Facebook can be a powerful recruitment tool, and even though shifts from the traditional practice of communication have somewhat altered the way in which consumers search for services and the way that companies deliver their products, the basics remain intact.

Erik Qualman, the author of Socialnomics, wrote that social networking is like word of mouth on digital steroids and if used appropriately, social networking can be a weapon in the advertising world.

“Take, for example, two people having a conversation,” Rita explained, “the conversation is short term and limited to the two people involved. Place this conversation on Facebook and the conversation is available to a far greater audience. The conversation becomes long lasting – it has an indefinite shelf life; it can continually be searched for and discovered in search engines and news feeds. It is word of mouth but amplified!”

But the steroids don’t stop working there.

As Iifty demonstrated, Facebook has a unique advantage: it has the ability to target individuals by checking status updates and then selling products and services directly to the buyer’s needs. To quote Qualman, it is “sophisticated targeting”, providing a platform for interaction with people in a way that no other advertising tool can replicate.

So has Facebook really become a complex advertising tool built on the foundations of word of mouth? In reality, social media is at the core of modern existence, altering how the world communicates and it would seem that no matter what direction I look in, “businesses don’t have the choice on whether or not they do social media; the choice is on how well they do it”.

A marriage made in media

Putting aside the elements of social media, social networking, in whatever way you look at it, is high maintenance. “Think of it like a garden where you have to prepare the soil and then constantly nurture the plants as they grow. You can’t let it run wild otherwise you won’t have the result that you want” Rita suggested.

Of course, there are other aspects that have to be taken into consideration, such as using the proper type of Facebook account. In some cases, practices mix up personal profiles and fan pages (business pages), which could result in account deletion. (To save this issue from happening dental practices must use a fan page if they wish to broadcast their practice on Facebook.)

Tracing back to the issue of control, if the dentist doesn’t have control of their page or the page content, there is a potential for problems to arise. If you have Facebook you must consider what your posts say and constantly monitor the presence of what people are saying etc. At the end of the day, commitment is the most important aspect of making the most out of any relationship – social media included.

Am I missing something here?

Undeniably, the world has become entangled inside the web of social networking: We breathe in the blogosphere and become socially unaccountable for if we fail to become part of the “social graph”. So all in all, there does seem to be some economic potential of getting involved with social media and putting your face out into that virtual world that is rapidly entangling society. I’m just not sure if Facebook is the right way.

As Rita outlined, social marketing is only “one tool in a box”. There is never simply just one tool to sustain practice and make it flourish, and despite the hullabaloo of social media, websites continue to remain an important function of running a practice. Never forget that websites turn visitors into phone calls, and phone calls can become patients.

Care in communications

And finally, going back to basics, word of mouth (in whichever form it takes) is the greatest asset to any company or practice. It is real people sharing real experiences, views and opinions. So, take care in communications – it is the life line for any practice.

References

1 Pg. xxii Socialnomics, Erik Qualman
2 Pg. xxii Socialnomics, Erik Qualman
3 Pg. xxii Socialnomics, Erik Qualman
Complete freedom from the burdens of I.T. system management

Carestream Dental Managed Service is the simple and convenient on-line alternative to installing, running and managing software on your own computers.

Using R4 through the Managed Service you’ll never have to install new software or updates, never have to remember to back up, never spend hours over the weekend working out how to get your software back up and running if it crashes, never suffer from a malicious virus attack and never have to buy the most up-to-date computers just so that you can operate the latest software.

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If you’re already using R4 or thinking of changing to it, don’t forget this software does a whole lot more than simply record your patient’s details.
Team Tangawizi - nearly 2,000 patients in 10 days

This team consisted of four dentists, two dental therapists, a hygienist and a dental nurse from across the UK. The leader, retired hygienist Barbara Koffman, has run these clinics for a number of years, but this is the first time the clinics have been near Mbale and Kumi. Three local Ugandan dentists joined the team to help out, and also to increase their knowledge and skills.

Death

With the limited dental and medical facilities in this region people still die from complications of untreated dental abscesses. People are known to put up with toothache for months before seeking treatment. And when treatment is available it often involves walking great distances to reach it. One seven-year-old girl and her grandmother walked more than 50 miles to see us to get a huge dental infection treated.

The equipment comprised folding dental chairs (built by Dentaid specifically for these clinics), basic hand instruments, and disposables donated in the UK and carried to the country by the volunteers.

Translators helped with everything from crowd control to holding torches, patient instruction, and tablet counting, and many became very handy dental assistants too! Each district has a different dialect, so we had to quickly learn to say words such as “hello”, “pain”, “open”, “close” and “bite” in a variety of languages, or at least that’s what we think we were saying. Our efforts certainly amused the patients.

Queue

Upon arrival each day we would find a queue of patients waiting, and assessments would start straight away, whilst the chairs and instruments were set up. With the limited dental and medical facilities in this region people still die from complications of untreated dental abscesses. People are known to put up with toothache for months before seeking treatment. And when treatment is available it often involves walking great distances to reach it. One seven-year-old girl and her grandmother walked more than 50 miles to see us to get a huge dental infection treated.

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Queue

Upon arrival each day we would find a queue of patients waiting, and assessments would start straight away, whilst the chairs and instruments were set up.
up indoors. The most common treatment was tooth extractions as, since there is no electricity, drilling is out of the question. Extraction of decayed, infected and broken teeth is the only viable long-term option. The dentists and therapists became “extraction machines” treating more than 200 patients on some days.

The “post-op” recovery area was usually outside in the shade of the nearest mango tree, where the patients were given painkillers, antibiotics if necessary, and oral hygiene instruction.

‘Jiggers’

Occasionally the team were presented with other problems such as “jiggers” (worms) in the feet, abscesses, cellulitis, and burns which we treated as well as we could under the circumstances.

Lunch was rice, beans and cabbages cooked on a fire outside the clinic. It was also time to let off steam, rest aching arms and play with the children – football, netball, Frisbee … there was a lot of laughter and fun all round.

Most of the clinics were close to primary schools, so some time was spent teaching children about oral hygiene, which was also met with great hilarity.

Many children, particularly during the first week around Kumi, had never seen white people or “bazungu” and they were fascinated, if a little wary, but were very willing to show us how to brush our teeth with a stick.

The experience was an amazing rollercoaster ride, with laughter one minute and tears the next. It is impossible to know the long term impact of these clinics, but having treated nearly 2,000 patients in 10 days we are sure that they have made a positive difference.

Thank You

I would not have been able to participate in this mission without donations from friends, family, acquaintances and complete strangers. Thank you so much for your support.

It feels a little surreal being home. We left Uganda in 50°C sunshine, so homecoming has been both a cultural and climatic shock!

For further information contact Barbara Koffman on 07970 165786; email bkoffman@chrisianreliefuganda.org

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Bien-Air Dental

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The new Bien Air Micro-Series offers ultra-short contra-angles and straight handpieces combined with the new state-of-the-art M02 LED micromotor. With its ultra-compact size, the M02 offers the same performance as our world leading MX micromotor. This includes power, versatility, and perfect speed control, as well as auto-reverse and torque limitation capabilities ideal for endo.

Micro-Series: welcome to a new dimension.
For the last 50 years Sensodyne has been at the forefront of scientific innovation into the aetiology, treatment and prevention of dentine hypersensitivity and erosive tooth wear. In January 2011 GlaxoSmithKline celebrated 50 Years of Sensodyne innovation by hosting a 50th anniversary symposium in Madrid, Spain. Experts in the field of dentistry and dental research discussed the past, present and most importantly the future of oral health, each presenting a perspective from their own field of specialism.

Principal Speakers
The principal speakers at the symposia included Professor Francis Hughes, Professor J.M ('bob') ten Cate, Professor David Bartlett and Professor Martin Addy.

All speakers agreed that dentistry had come a long way in 50 years however good oral health for all is a challenge and can only be achieved by linking treatment to patient needs. “Research into genetic profiling holds many possibilities.” Oral Health prevention, a relatively neglected area of global health, is now key and commitment is needed by policy makers to prevent chronic diseases. “The effectiveness and contribution of fluoride toothpastes are undisputed, however in the future priorities should include ‘Better’ or ‘Smarter’ products that improve compliance, availability and affordability. Every one can learn to brush- however a paradigm shift in prevention needs to occur, as caries prevention is very dependent on fluoride.” Professor J.M (‘bob’) ten Cate

“In future there will be reduced government funding for dentistry practice and research, therefore there is a need for Industry and University collaboration with research focused on clinical needs and realistic outcomes. Prevention of erosion needs changes to formulation of toothpastes which actively protect enamel and dentine from acids”. Professor David Bartlett

“Traditionally there has been a lack of understanding of the aetiology of hypersensitivity and gingival recession. For dentists to offer advice they need to be educated and Industry has a role”. Professor Martin Addy. Professor Addy called for further research that is fully scientifically founded. “Many clinical trials on treatments for dentine hypersensitivity belong in the realms of testimonials. Areas for improvement include Objective Evaluation Criteria, better controls and evidence of stimulus response and therapeutic action. There is a need to be able to really magnify and visualise Dentine ei-
Welcome to a new layer of Sensodyne expertise in dentine hypersensitivity

Today you can go further than treating the pain of dentine hypersensitivity with Sensodyne. Today you have new Sensodyne® Repair & Protect containing NovaMin® calcium phosphate technology. NovaMin® builds a reparative hydroxyapatite-like layer over exposed dentine and within the tubules7-8, starting to form from the first use5, this reparative layer creates an effective and lasting barrier to the pain of dentine hypersensitivity6-8, with twice-daily brushing.

Explore a new layer of opportunity with Sensodyne Repair & Protect

Ground Breaking Research into the management of Dentine hypersensitivity

Up until now pain measurement was subjective and could be influenced by a number of variables. Research for an objective measure for pain using fMRI (functional Magnetic Resonance Imaging) to map brain activity was presented by Dr Ashley Barlow, GSK principal clinical scientist in collaboration with the University of Zurich using a multi-discipline team including experts in medical, clinical, engineering, psychology, statistics and data management. Future GSK investment into pain measurement will bring advances into understanding dentine hypersensitivity and hence more targeted modes of treatment and prevention.

Novamin Innovative Technology

In early 2011 GlaxoSmithKline will be launching the world’s first daily fluoride toothpaste with Novamin, Sensodyne Repair & Protect, a development that clearly illustrates why Sensodyne has become synonymous with dentine hypersensitivity.

Novamin, advanced calcium phosphate technology, employs the same patented bioactive material used in advanced bone regeneration techniques.5,6 It acts as a reservoir to build a new reparative layer over exposed dentine and within the tubules.4,5 This layer has a similar chemical composition to hydroxyapatite mimicking the tooth’s natural composition and strongly binding to the collagen in dentine.4,5

‘Changes are not only seen in structure but can also be measured in changes in chemical composition’

includes employing experts not only in dentistry but also in fields outside to expand the understanding of dentine hypersensitivity. Linking aetiology, research and patient needs has resulted in toothpastes that deliver specific patient benefits.

Expanding expertise GlaxoSmithKline’s significant investment in Sensodyne includes employing experts not only in dentistry but also in fields outside to expand the understanding of dentine hypersensitivity. Linking aetiology, research and patient needs has resulted in toothpastes that deliver specific patient benefits.

Science at the heart and core of Sensodyne success for 50 years

Through collaboration with the dental health care professional and by researching patient’s needs, truly significant advances have been made. Sensodyne was first made available in 1961 by Block Drug. Since GlaxoSmithKline’s acquisition of the brand it has rapidly grown globally and become the dentists sensitivity toothpaste of choice in many markets5.

Specialist in dentine hypersensitivity management

Acknowledgements: This research was supported by GlaxoSmithKline.

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SENSODYNE, NOVAMIN and the rings device are registered trade marks of the GlaxoSmithKline group of companies.

New product spotlight.
techniques to the visualisation & characterisation of the tooth structure and how treatments work in-vitro.

This work was carried out in conjunction with UK universities Cambridge, Leeds and Manchester, and uses various methods including, Scanning Transmission Electron Microscopy (STEM), Environmental Scanning Electron Microscopy (ESEM) and Focused Ion Beam Scanning Electron Microscopy (FIB SEM).

The research shows the transformation of Novamin in saliva - changes are not only seen in structure but can also be measured in changes in chemical composition. This dynamic reparative layer is harder than natural dentine; it is able to withstand daily challenges such as tooth brush abrasion, and dietary acid challenges.13,14,15 With regular twice daily use,13,14 it helps maintain lasting protection to deliver clinically proven relief from the pain of dentine hypersensitivity.15

GlaxoSmithKline-Dentsply Collaboration

GlaxoSmithKline are working with DENTSPLY, a global leader in professional dental products, to develop the new Sensodyne NUPRO Professional Range also utilising NovaMin® technology. The in-Office Prophy Paste is the only prophylaxis product containing the unique patented ingredient, NovaMin®.

Dr Teresa Layer, Vice President, Oral Healthcare R&D is hugely excited about forging a relationship with Dentsply to work on taking the brand forward.

50 years of Sensodyne Expertise

Sensodyne's strengths lie in its dental and clinical heritage, vamMin® technology. The in-Office Prophy Paste is the only prophylaxis product containing the unique patented ingredient, NovaMin®.

References

You can’t retire me!

David Regan discusses the implications for dentists as the retirement age is abolished

The question of how to deal with older members of staff, particularly those who have worked for a business for a long time, is a difficult one for managers. At present, employers must follow a fairly strict retirement process which penalises them for failing to comply, but which does allow them to choose to retire an employee without the employee having any say in the matter. With effect from 6 April 2011, this process will begin to fall away and, from 1 October 2011, it will be age discrimination to dismiss someone by reason of retirement.

History of Retirement

Retirement is a relatively recent historical phenomenon. The concept of retirement on a state pension was invented by Chancellor Otto von Bismarck of Germany in the late 1800s as a response to the rising tide of socialism which was sweeping through Germany. In 1889, Bismarck announced that every German person over the age of 65, who had contributed to a state pension for a minimum of 20 years, would be entitled to receive a state pension. The arbitrary state pension age of 65 (which in those days cost little as few people lived to reach the age of 65) then found its way into national law in many developed countries.

125 years on, the notion of employees reaching the age of 65, retiring and receiving a reasonable income from their combined state and privately funded pensions has become more difficult to uphold. The clear choice for straighter teeth!

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nick@in-line.eu · www.in-line.eu

an attempt to promote his government as protecting the interests of the working class, Bismarck announced that every German person over the age of 65 would be entitled to receive a state pension. The arbitrary state pension age of 65 (which in those days cost little as few people lived to reach the age of 65) then found its way into national law in many developed countries.

Alternatives to the default retirement age

1. Speak to the employee ‘off the record’: Whilst this option is tempting, trying to speak with an employee ‘off the record’ is fraught with difficulty. In brief, simply saying this conversation is ‘off the record’, or ‘without prejudice’, does not mean that the employee cannot use the conversation against the employer. Therefore, an employee could argue that these discussions are an attempt to force them out on the grounds of their age, and consequently, they will give the employer a better idea of who is looking for advancement, who is happy within their role, and who is considering retiring, and plan accordingly.

2. Speak to the employee ‘on the record’: The best time to do this is during annual appraisals, or at regular meetings. Indeed, it may make sense for employers to discuss future plans with all employees at appraisal time, as this will give the employer a better idea of who is looking for advancement, who is happy within their role, and who is considering retiring, and plan accordingly.

3. Keep a close eye on performance: Many employers are concerned that the change in law means that they will be stuck with staff members who cannot perform and who cannot be retired. This is not the case. In fact, under the new law, employers will have to keep a closer eye on who is performing well, and manage all employees’ performance equally, regardless of age or length of service.

4. Set a corporate ‘normal retiring age’: Contrary to popular belief, employers will still be able to set a ‘normal retiring age’ for employees. Although this will be age discrimination, this will be justifiable if the decision can be shown to be a proportionate means of achieving a legitimate aim.

5. Set out Compromise Agreement: One possible solution is to issue a notice of retirement to the employee with an intended date before October 2011, then open ‘without prejudice’ discussions with the employee on the basis that you will let them stay past that date, if they sign a Compromise Agreement.
The process to be used would be as follows:

- Issue the employee with the notice of intended retirement date (to be before 1st October 2011)
- Enter into ‘without prejudice’ discussions regarding the employee continuing to work past that date
- Once an agreed date has been set, enter into a Compromise Agreement with the employee.

There are two important components to the Compromise Agreement:

1. That it is a condition of the Compromise Agreement that the employee signs a second Compromise Agreement (a copy of which is annexed to the first Agreement) at the end of his employment
2. That any payments due under the first Agreement are not to be paid unless the second Agreement is signed.

The advantage to this approach is that, if the employee refuses to sign the second Agreement, he does not receive any payments due under the first Agreement. Furthermore, if he does bring any claims for age discrimination as a result of his dismissal at the date agreed under the first Agreement, then he will be in breach of contract, and any sums that he claims should be ‘damages’ that the employer can claim back.

This relatively simple proposal could save employers from the dilemma of choosing between losing valued staff before they are ready, or allowing staff to continue with no clear idea of when they plan to retire.

**Difficulties**

**Succession planning**

The most obvious difficulty for employers will be that there is no longer a ready-made timetable for retirement, meaning the path to senior positions could be blocked. Employers may also feel unable to ask when an employee is intending to retire, leading to ‘shock’ retirements that leave the employer without a proven successor.

**Employee Relations**

Employers may also find it difficult to start discussions about retirement with employees as detailed above. Even if they do, many employees may not take kindly to the idea that they should retire if they are not ready to do so. In addition, under the ‘old’ law, employees have often been allowed to continue to retirement with managers overlooking lapses in judgment or incremental changes in performance which can be attributed to an employee’s age. Moving forward, employers will be faced with the unpleasant task of performance management longstanding, cherished employees if they are not up to task rather than allowing them to continue with the knowledge that retirement is just around the corner. This could cause particular problems where employees work as part of close-knit teams, such as in the hospital catering industry, with employees becoming known not just to other catering staff, but also to wider hospital staff. In such cases an adverse reaction from the employee could prompt a backlash against the catering manager.

**What is a ‘legitimate aim’?**

Cases under the ‘old law’ have found legitimate aims to be workforce planning, enabling recruitment and retention of younger employees, avoiding adverse impact on pensions and benefits, ensuring continued competence, and having an age balanced workforce ensuring job opportunities amongst the generations. However, employers will need to be careful when implementing a normal retirement age and will need to show that they have balanced the employee’s rights and dignity against the needs of the business.

**Flexible Working**

In practice, some employers may be happy to allow an employee to continue working as long as they choose, and many employees will likely want to at least reduce their hours, if not finish working completely, as they age. It is important to note that the abolition of the default retirement age has no effect upon the flexible working law which is currently in place, and employers will not be under a duty to allow older employees to work reduced hours unless they are eligible for flexible working in the usual way.

**Performance Management**

In addition to the employee relations issues highlighted above, managers must ensure that performance management processes are implemented fairly across the entire range of employees in order to avoid any accusations of age bias, or trying to force out the older members of staff. In addition, managers will need to watch for age related disabilities and, if any disability is found, will need to consider whether or not any reasonable adjustments may need to be made in relation to the employee and their employment.

**Exceptions**

There are two exceptions to the abolition of the default retirement age:

1. It does not affect occupational pension schemes and the setting of a “normal retirement age” for the purposes of occupational pension schemes.
2. Employers may withdraw benefits for employees at or over the age of 65 (with the age at which withdrawal will be legal rising in accordance with the state pension age). This exemption deals with a key concern of employers, namely that the rising costs of benefits and insurance for employees over the state pension age could make the provision of these benefits prohibitively expensive.

**Conclusion**

The abolition of the default retirement age has the potential to have a large impact on businesses, as staff may choose to remain in their position longer, hindering succession planning, and employers and managers will be forced in many cases to invoke disciplinary procedures to manage the performance of longstanding employees, with a subsequent negative effect on morale. However, there is clear ongoing dialogue between managers and staff, and all parties are open to sensible communication; there is no reason why employers cannot connect with their valued work past the current default retirement age should prove to be a problem.

Indeed, managers may find that retaining the services of a valued, longstanding employee for a reduced number of hours during the working week may allow more junior members of staff to learn from someone who would otherwise previously have retired and to gradually take over their role as they ease towards the date at which they intend to retire.

In addition, employers are still free to choose to set a retiring age for their business, provided that they are able to justify this.

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**About the author**

David Regan is a solicitor in the Employment Team at Mundays Solicitors LLP, a leading regional practice which provides quality advice to corporate and private clients. Established in 1960, Mundays has a diverse client base that includes major national companies as well as smaller businesses, individuals and families. Mundays specialises in Banking, Construction, Corporate & Commercial, Dispute Resolution, Employment, Family, Incapacity, Private Wealth, Property, and a wide variety of industry sectors.

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Keep in regular contact with your patients

Cathy Johnson looks at high quality communication for busy dentists

Are you so busy that the mere thought of marketing has you retreating to the sanctuary of your surgery? With so many aspects to their job, dentists rarely have ‘spare’ time and often marketing is considered a spare time task. Yet communicating regularly with existing patients and engaging prospective patients can be vital to the continued growth of a practice.

If the only communication with patients outside of the practice is via a recall letter, the relationship may become insecure and open to invasion by other practices in the area. A newsletter is an excellent way of keeping in touch, making your patients feel valued and bringing them up to date with what your practice offers. You add value to the service you provide by giving something extra.

Articles in a newsletter can be of general interest as well as bringing the availability of new treatments to the attention of readers. This will, in turn, encourage them to visit your practice to discuss treatment options.

How many of your patients know that implants are a permanent solution to missing teeth? Do they know that the staining of their teeth can be corrected?

A trigger to book A feature on whitening or other cosmetic dental treatments, could be the perfect catalyst for a patient to make a booking if they read it before a special event such as a birthday, wedding, graduation day, Mothering Sunday, Father’s Day and so on. Alternatively, somebody might book the treatment as a gift for a friend or relative.

Patients are also more likely to visit your practice regularly.
Delegate the task
Writing your own newsletter probably feels like one of those tasks you will just never find the ‘spare’ time for. Or maybe you will manage one but not produce them regularly – which is almost worse than not doing one at all. A customised patient newsletter lifts this burden and means you save precious time and get your practice noticed with the minimum of effort. Accurate, informative and patient-friendly features are written for you. When branded with your logo (which will be distinctive and expertly designed if you followed the advice I gave last month), contact details, and personalised with, say, 200 words of news about your practice, it will appear totally bespoke.

The perfect size
I recommend double-sided A4 as the best format and the newsletter should be stylishly designed and beautifully printed on high quality coated paper. Ideally, newsletters should be distributed twice a year – in spring and autumn. This means they have a good chance of triggering those cosmetic dentistry appointments ahead of special occasions.

Each newsletter, and past issues, can be uploaded for viewing on your practice website thus potentially attracting new patients as well as keeping you in touch with existing ones.

If you are a busy dentist with little or no spare time and want to attract more patient enquiries as soon as possible, a customised patient newsletter is the perfect solution.

WT

About the author
Cathy Johnson specialises in design for dentists 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.
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Profit with integrity
Glenys Bridges on rules, women and relationships

For 2011 the Girl Guide movement has placed female empowerment centre stage. They are focusing upon enabling girls to develop into confident women, able to fulfil a valuable role in both society and the workplace. In dental workplaces, the role and influence of women has developed significantly over the last 20 years. In the past, what was perceived as the “feminine” ability to nurture and to be empathetic were considered to be weak or trivial. Whereas today, the softer skills in managing teams, leading, mentoring and developing trust among clients are of make-or-break importance.

Carol Gillian’s book, In a Different Voice (1982) reports on a time when women were struggling to find their place in the workplace. She describes how the ability to be empathetic, to listen and the tendency to put people before results were not valued. Gillian discovered that men and women played differently as boys and girls. These games led to normative behaviours later observed in the workplace.

Teamwork is a core value of all successful dental teams. Teams built on open communication, listening, and rapport building. What we have learned over the last 20 years is that by combining ‘feminine’ and ‘masculine’ traits we create a longer-lasting and more profitable work environment. Here are some of the ways combined gender traits play a role in modern dental teams:

1. Teamwork is now the norm. Teamwork calls on skills of leadership, mentorship and development of trust.

2. Mentoring and Coaching programs are becoming more widely used. Their success has led to practices developing formal mentoring programmes and coaching processes for all new employees.

3. Practices are making more use of self-assessments to help people learn more about their strengths and weaknesses. (See www.strengthfinder.com)

4. Win/Win leadership approaches are becoming more popular. In the past the goal was ‘we win/you lose’. In fact the kind of manager who got results regardless of the people’s/ he left behind was admired. Today, we search for consensus and opportunities to build relationships through win/win.

5. Social Consciousness. Many organisations and companies look beyond their products to the impact of that product on the community and the planet. Being environmentally, internationally and socially aware is an essential aspect of ethical practice.

Feminine traits have set the pace for a workplace that no longer eats people up, but welcomes them as individuals with a heart and soul. The rules have definitely changed. Now with increasing pressure on all dental professionals to strike an ethical balance between masculine traits (such as competitiveness and profitability) with feminine and the scene is well and truly set for meaningful teamwork – a bi-gender approach results in profit with integrity.

About the author
Glenys Bridges is managing director of the Dental Resource Company and has provided training for dental teams since 1992. For more information, visit www.dental-resource.com or call Glenys Bridges on 0121 241 6693.
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IDS ‘the premier showcase for innovation in the global dental industry’

An interview with Oliver P. Kuhrt, Executive Vice President Koelnmesse, and Dr Martin Rickert, Chairman of the Association of German Dental Manufacturers (VDDI)

After the successful 2009 edition, how many exhibitors and visitors do you expect this year? Oliver P. Kuhrt: We expect approximately 1,900 companies from 55 countries to attend IDS 2011. Due to the increasing participation figures, both the organiser and the VDDI are looking forward to replicating the success of the 2009 show where more than 100,000 visitors from all around the world came to Cologne.

A lot of manufacturers have released new products prior to IDS Cologne. Is this going to affect the number of visitors? Dr Martin Rickert: I do not anticipate any effect as the IDS is the premier showcase for innovation in the global dental industry. You see, dental professionals have to deal with complex solutions and applications that go beyond the news value of common consumer products and, therefore, innovations for practice and laboratory do not lose their appeal once they have been released. The decision on whether and how to incorporate new methods into our own businesses is based on how deep we are willing to look into it. Overall, IDS still offers the most comprehensive overview of innovations for dentists and dental technicians.

The last IDS saw an increased number of Asian manufacturers. Will we see any new country participations this year? Oliver P. Kuhrt: According to the latest exhibitor survey there will not be any new joint country participations. The markets with the largest exhibitor count are traditionally Germany, Italy, South Korea, Switzerland and the United States. In addition, we will also be welcoming companies from countries like Argentina, Australia, Brazil, Bulgaria, China, Japan, Israel, Pakistan, Russia, Spain and Taiwan.

At IDS 2009, the focus was on implant solutions and CAD/CAM technologies. Will this trend continue in 2011? Dr Martin Rickert: We expect a lot of new products and trends in 2011 but digitalisation will definitely be the forerunner. This field, ranging from high quality impression scans to milling processes of different, new dental materials, is increasingly becoming important.

Implantology has been a booming segment for years...
and smaller and shorter implants have been launched over time. Even teeth that show high levels of decay can now be restored to their former functionality for many years to come. In endodontics, the effective cleaning of root canals remains one of the most important topics.

In regard to new business models, the cooperation between distribution centres and the industry comes into mind. Nowadays, every distributor can almost offer the whole spectrum of diagnostic services.

What product segments are showing high prospects? Oliver P. Kuhrt
We experience growth in many dental fields which is basically a result of manufacturers extending and complementing their product offers with promising new products and solutions. The most prominent segments will probably be digital imaging, lab and CAD/CAM. However, we also observed growth in the field of dental practice equipment and functional systems for dental laboratories. The worldwide economy is recovering fast. Have you experienced similar developments in the dental industry as well as the trade show business?

Dr Martin Rickett: Steady demand for dental services by patients confirms that the willingness to sustain their health has not been negatively affected by difficult economic circumstances. Most people know that investments in their health are investments in their quality of life and, last but not least, in their own future.

Due to the recession, the US dental industry has been struggling recently. Do you think this could have an effect on the position of IDS as the world's largest dental trade show?

Dr Martin Rickett: The un-disputed position of IDS as the world’s leading dental trade show is a result of a continuing target-oriented strategy of the German dental industry and its partner Koelnmesse. The strong presence of foreign visitors is creating an atmosphere of global awareness that makes the IDS what it is today, an international dental market place that is independent of temporary or local economic developments.

What else can be expected from this year’s IDS?

Oliver P. Kuhrt: In addition to halls three, four, 10 and 11, we are going to open hall two with an additional exhibition space of 145,000 sqm this year. Due to this measure, all exhibition halls are now located next to each other and are easily accessible through the South, East and West entrances to evenly guide the stream of visitors.
In recent government guidelines on digital imaging, the focus has been on patient safety as much as accuracy and image clarity, so any system that can reduce radiation exposure is a must-have for the conscientious practitioner. In the last 10 years imaging technology, in dentistry as well as other fields, has come on in leaps and bounds and the emphasis in most new machines is on lowering potential radiation exposure.

One piece of equipment that has met with much praise in both general and specialist dentistry is the 3D Cone Beam Computerised Tomography (CBCT) scanner, not just for its increased safety but also for its impressive versatility and convenience.

Willi Kalender
Volumetric CT scanning was developed in the 1980s by Willi Kalender, who nicknamed it ‘spiral’ CT because of the helical trajectory of the rays, and fast became a favourite in the medical profession. Renamed ‘cone beam’ the main advantage of the CBCT scanner was that, unlike traditional flat x-ray plates, the cone generates a full 3D image of the area being x-rayed to give the clinician access to the image from all directions.

This is an invaluable tool in dentistry as it affords a comprehensive view of the patient’s dento-maxillofacial anatomy. It can facilitate diagnoses and allow for better planning of treatment by giving the clinician a better idea of any problems the patient may be facing. As the imaging picks up both bone structure and soft tissue, it can also be an excellent visual tool when it comes to explaining procedures to patients.

Limiting radiation
Government regulations (namely IRR99 and IRMER) state that, with regards to radiography, dentists have a statutory duty to take into account the best ways to limit radiation doses when buying equipment. With the Health Protection Agency (HPA) recommending that the starting point for the optimisation of patient dose be set at 250 mGy cm², low radiation dose should be a serious factor in one’s choice of equipment. The HPA does recognise, however, that local diagnostic reference levels should be set after consultation with the user’s local Medical Physics Expert (MPE) because of differences in equipment models.

When considered in light of this, a 2004 study found...
that overall exposure levels for CBCT systems, whilst higher than those used for conventional dental radiography, were nonetheless lower than those for CT. A further study in 2008 confirmed the benefits of CBCT:

“Dental cone beam CT scanners provided adequate image quality for dento-maxillofacial examinations while delivering considerably smaller effective does to patients compared to the multi slice CT.”

To further limit radiation exposure, the HPA also recommends that clinicians consider purchasing equipment that enables both large and small Fields of View (FOV) as this can lower the dose to patients by focusing only on the essential parts of the image.

Other than safety, the advantage to using CBCT is that its powerful software and accurate scanning capabilities produce a superior image. The cone beam scanner can pick up considerably more information than a traditional flat plate x-ray and the data is processed and interpreted more quickly and more efficiently by the associated software. The HPA have noted, however, that CBCT should not yet replace conventional CT imaging completely because of limitations in CBCT with regards to the level of soft tissue detail that the scanners are capable of generating. The imaging quality is still sufficient in most cases however and, given that the image is 3D, CBCT scanners can prove a considerable boost to diagnostics and treatment.

This, combined with the relative safety, led the NHS Purchasing and Supply Agency to conclude that, with regards to a comparison with CT scanners:

“The image quality of 3D images produced with CBCT is evidenced to be as good as or better than conventional CT for most examinations at a significantly reduced dose.”

However, it should be noted that not all CBCT systems were born equal. A machine may out perform others in one area, but fall behind in another, so it is important for clinicians to consider all their options before deciding which piece of equipment is best for them.

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About the author

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Practice Plan continues to raise the bar...

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40% of denture patients are concerned about denture odour

Yet many denture wearers fail to keep their dentures clean.

That's because brushing dentures with ordinary toothpaste can scratch denture surfaces, and scratched surfaces can lead to bacterial growth leading to denture odour.

As one of the fastest growing organisations in the UK, the AOG has a unique focus on promoting lifelong learning, compliance and best practice. In addition, the AOG has made a major impact with their charity works, which include the Chitrakoot Project, which provides free dental treatment to children and destitute families in the Madhya Pradesh region of India, as well as facilitating overseas volunteer opportunities to its younger members.

It is for this reason that the AOG’s motto is ‘towards the greater good’ and the dedication and compassion of its directors and members make it a unique organisation, and an amazing group of which to be a part.

In addition to regular charity events, the AOG is proud to announce the 2011 dates for the ever-popular AOG Summer BBQ: Sunday 10 July 2011.

In past years, the summer BBQ has proven to be an excellent way for GDPs to meet, socialise, network and have fun with their whole family. Last year’s event was a huge success, both for the people who attended and for the charities that benefited from the generosity of AOG members, and this year promises to be even better.

Highlights of the BBQ will include fantastic food and drink, from burgers and hot dogs to traditional Indian cuisine, accompanied by your choice of wine, beer or soft drinks. With live music to dance to and a special team game, good times are sure to be had.

Don’t forget, you can bring the entire family, with great entertainment including clowns, a petting zoo and a bouncy castle, you can ensure that family members of all ages will find plenty to do.

The Summer BBQ will take place on Sunday 10th July 2011 at Haberdashers’ Aske’s Boys’ School on Butterfly Lane, Elstree, Herts WD6 3BT from 12 noon and will cost £5 for adults and £1 for children in advance, or £10 for adults and £5 for children on the day so book now for great savings.

The chance to attend the Summer BBQ is just one of the many benefits of AOG membership, which also offers you a range of exclusive discounts on IT, imaging and dental telephony equipment, dental education courses, publication subscriptions and consumables.

AOG (Aaa-Ooo-Gee) means ‘Welcome’ in Hindi, Urdu and Punjabi, and the AOG welcomes you to its summer of fun!

For more information, or to join, visit www.aoguk.org
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- Medicolegal aspects of Cosmetic treatment
- Restoration of the root filled tooth
- Marketing of Cosmetic services
- Management of toothwear including the “Dahl” concept
- TMJ, Occlusion & Articulators
- Multidisciplinary treatment planning, e.g. Periodontics & Orthodontics

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