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 waiting 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 consultation ended January 17, 2011.

In the consultation, the CQC stated: ‘We do not underestimate the impact on providers of paying fees, especially in the current economic climate. We have looked carefully at our costs and will continue to do so. We have a responsibility to collect fees from those we regulate and to demonstrate we are an efficient and effective regulator. The benefit of that for providers is related to the public assurance that being registered provides, and the access to information about providers’ compliance that we make available to people who use services, the wider public and commissioners of services. There is also the reassurance of knowing that we will tackle poorly performing and unregistered providers to ensure that standards overall are maintained.’

He will consult every time that we propose any changes to fees, and we will provide enough detail so that our plans can be scrutinised 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 paid in fees is 'shadowed' from the grant that we would otherwise receive from central government.

With the potential for fees starting from upwards of £1,500, practice owners have been calling for clarification of costs to enable them to include the costs in their budget planning.

The British Dental Association (BDA) has been campaigning for clarity in the CQC’s fee structure; also arguing for no fees to be charged to dental practices to be registered.

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 registration. 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 financial 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 sensible 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 structure for dental providers next week. These providers will start to be invoiced in April.’

www.dental-tribune.co.uk

News in Brief

Cosmetic dentistry ‘most popular aesthetic treatment’

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

The survey, which was conducted by The Sun, found that four per cent of those who took part in the survey had had teeth whitening. However, not everyone who took part in the survey had teeth whitening whilst three per cent have had teeth straightening. 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 vampires has hit the internet in a bid to young patients through the dentists’ doors. Using YouTube as their base, NHS Northamptonshire posted the advert after research found that a large population of 18-24 year-olds were not visiting the dentist. Targeting the younger generation, the short film is of a bedroom scene which goes horribly wrong when the vampire’s female victim turns the tables on him because of his bad breath. The film can be seen on YouTube.

New BDTA campaign launched

‘Delivering quality for dentistry’ is the message being communicated by the BDTA to the dental team throughout 2011. The marketing campaign will promote members’ delivery of superior products and services, accuracy in communication by the BDTA, and we will provide enough detail so that our plans can be scrutinised 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 paid in fees is ‘shadowed’ from the grant that we would otherwise receive from central government.

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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, Pomi 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 line-up 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 verification.

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 minimally invasive orthodontics with speakers such as Tif Qureshi 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 – The Importance of Material Knowledge 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, Peet van der Vyer, Eddie Lynch, Bob McLeod and Wyman Chan, amongst many others.

On Friday May 6th, attendees will also have the opportunity of attending the Conference Charity 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 treatment for 500 villages in one of the most rural parts of India.

With an unprecedented line-up of relevant lectures and practical 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 opportunity to keep in touch with innovations in this dynamic and fast-growing area of dentistry and help your practice reach its most profitable potential?

For more information, visit www.aoguk.org

For early bird offers, or to book, call Jamie on 0207 400 8089 or visit www.clinicalinnovations.co.uk.

2011 Clinical Innovations Conference: Worldwide Expertise That Will Inspire You

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 balance” between those who are require justice and an assurance that costs are fair and appropriate, implement Sir Rupert’s recommendations 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 was negligently harmed in a fall that damaged a 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 Government and the taxpayer. This is because many disproportionate costs of defending claims are footed by the taxpayer.

Rupert Happenbrummers, head of the DDU said: “We believe that the current system is unfair to the general dental practitioners – we represent who are paying for these spiralling legal costs through their subscriptions as well as to taxpayers who are funding those dental cases indemnified by NHS bodies. The DDU wholeheartedly supports the changes proposed which will address 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 losing claimants in CFA-funded cases and in return claimants don’t need to take out insurance against these costs. Claimants themselves should be expected 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 fairness 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 claimants 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 proportion of overall costs that is consigned by the lawyers acting for the patients concerned. Overall, the claimants’ lawyers receive more than the patients they represent, and in some cases a lot more. This is particularly likely where claims are being conducted by certain law firms operating under Conditional Fee Arrangements (CFAs) – popularly described 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 £5,500 - claimants costs claimed £95,000

“We gave evidence to Lord Justice Jackson’s review of the civil justice system, and welcomed 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 parties. We particularly applaud the proposed new test of proportionality taking into account all the factors of the litigation, not just the fact that the costs were necessarily incurred. This would address the problem of very high legal fees claimed by claimants’ lawyers in connection with relatively modest dental claims.”

‘Striking the balance’ for civil litigation costs
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 profession- als whose input to the consulta- tion was dismissed as being the ‘Usual Suspects’ to reiterate their point. If you’re not a usual sus- spect – 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 voic- es heard. Take a look at page six to see clinician comments on this. An- gry of Apple Dental Practice, your profes- sion needs you!

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 dramati- cally improve the oral health of children in Scotland’s most de- prived communities.

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 progress on the introduction of a long-envisioned oral health assessment follow- ing evaluation of pilots for such a tool at the end of 2010.

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 prob- lems that must be addressed.

Andrew Lamb, BDA Director for Scotland, said: “Despite im- provements 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 suc- cesses 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.”

Effective enamel defence. Superior plaque control.* Combined.

Choosing a mouthrinse has often meant choosing between effective enamel protection and effective plaque reduction. Until now. New Listerine Total Care Enamel Guard contains 225 ppm fluoride with high uptake and comparable re-hardening in vitro to formulations with twice the fluoride.1 Add this to its ability to kill bacteria associated with dental caries2 and reduce plaque by up to 52% more than mechanical methods alone3 and you can see why you should consider adding it to certain patients’ oral care routines.

1. Study 103-0193. Data on file 1, McNEIL-PPC, Inc.
Top 10 strangest requests...

When it comes to oral care, dentists are the experts. However, as our recent news story revealed, there are some patients who have asked for some special requests for their smiles. Prosthetic fangs, gold “grills” 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 300 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 anesthesia?”
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 anesthesia 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.”
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 5.6 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 5.6.

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 £55 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’

The UK’s leading independent oral health charity, the British Dental Health Foundation (BDHF), is delighted to announce the theme for this year’s National Smile Month, the ‘Smile Factor’, running from 15 May – 15 June.

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 550912 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-focussed 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 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
Referred 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 Boulcott

“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 is 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 to the length of study. Since BDS takes as long as MBBS (shock, longer if you count the number of weeks) then this argument applies equally. I have pre-reg training etc is longer but that is not where the title is allocated. The public are not stupid as to not realise that Dr Bloggs, BDS, Dental Surgeon is in fact dentally qualified. Furthermore, they also realise that Dr Bloggs, Chiropractor is in fact a chiropractor. They also know that dentists are called doctor in just about every other western country. I don’t think the GDC or Advertising Standards Council are helping anyone by patronising the general public. I have asked my implant company (BICON in Ireland) to not call me doctor. They just laughed - they have realised they have more important problems over there.”

Anonymous

Personally I find this whole situation absolutely ridiculous and a total waste of my retention fee, which in its own right is a waste of money and a totally separate and lengthy discussion. How often and what evidence is there that dentists in the UK are using the “Dr” title in such a manner as to confuse or falsely treat patients?

To my understanding, a dentist is also known as a dental surgeon or a doctor who specialises in the diagnosis prevention and treatment of diseases and conditions of the oral cavity. Much like a physician is also known as a medical doctor, or simply doctor, who is concerned with maintaining or restoring human health through the study, diagnosis, and treatment of disease or injury. We both study at undergraduate level to gain our degrees for the same amount of time and if anything to specialise in a specific field require more study, 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 is 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

“The only people to be confused are the GDC’s shame on them for their pettiness.”

Anonymous

“The proposed abolition of the Dr title is nothing to do with confusing a few patients, anyone that stupid is likely to be confused by their wristwatch.”

Bob

“Dentists worldwide use the courtesy title Dr as do members of the medical profession. If the courtesy title is to be withdrawn from dentists then only those holding a PhD should be called doctor.”

Anonymous

Anonymous

Anonymous

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.


ARE YOU CQC READY?

WE ARE!

- NEW CQC Outcomes Systems for Dental Practices
- NEW Compliance Declaration Audit Tool
- NEW Infection Control System (incorporates the NEW 10 criterion from the 2008 Act, supporting forms and audit tool)

All our NEW CQC Systems can be bought online at our website or we can send you an invoice if you prefer.

See our demo videos of the above at www.requireddentalsystems.com

SEE US ON STAND G51 AT THE DENTISTRY SHOW 4 & 5 MARCH, NEC
‘Outcomes’, ‘frameworks’ and actually fixing teeth

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

Since the 2006 dental contract was imposed upon the profession the Department of Health no longer allowed dentists to set up practices within the NHS without its expressed say-so. A plethora of new words such as ‘commissioning’ and ‘tendering’ 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 debated, 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 keen to compete with tenderers from current practice owners or corporate bodies, however the vast majority will probably not. Recently the Carlyle Group (Carlyle) announced that it has signed a binding agreement to acquire Integrated Dental Holdings (IDH) and simultaneously merge it with Associated Dental Practices (ADP) in partnership with private equity firm Palamon Capital Partners (Palamon). 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 individual associate or group of associates can compete with a group that has close to 450 practices treating 5.5 million patients between them?

At present, the number of dentists looking to buy a dental practice 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 investment now have to face a tough set of choices ranging from acquiring finance (albeit at extortionate bank rates), judging the valuation of the goodwill and entering into a workforce which is probably the most heavily-regulated industry in the UK.

GDP Mohammed Ishaq of the Dental Studio and Implant Centre, Cottingham, made the transition between associate to principal several 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 practice is 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 dentistry to the seller, the goodwill of the practice may go down.

The process of buying a dental 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 - essentially 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 business 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 prospective 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 goodwill value based on a seller who mostly provides advanced dentistry such as implants or aesthetic dentistry may actually be very expensive if the buyer cannot ‘match’ the level of dentistry provided, likewise a high goodwill value based upon relatively simple day to day dentistry may seem cheap, especially if the buyer can offer the patient base more advanced forms of treatment.

Rajesh Varma from Hitchin 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 encourages prospective dental practices to compare the operational costs of dentistry as a whole as an associate 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 owners are already aware of, which is that not all associates make their principals a profit and these dentists would probably be financially better off remaining as an associate.

As a dentist who has recently made the transition between associate and principal I can say that there are clear advantages and disadvantages of both pathways. For many the allure of having a higher degree of control over their clinical practice and a higher financial reward seems greater than the business risks associated with being a practice owner. However as practice valuations continue to rollercoaster in an upwards direction, the risk/benefit ratio becomes much closer, making the transition from associate to principal riskier than perhaps it may have been in the past. The fact that banks are still lending for new practices highlights that they consider the dental sector to be a safe bet, but some are the days when that any prospective buyer must consider whether or not they can keep their patients based on the type of dentistry they provide.

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Word of mouth on digital steroids

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

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lotting quite nicely into the twenty-something age bracket, I should be stereotyped as part of the online generation, interacting via computer 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 remain a twenty-something individual, I have recoiled from the Facebook phenomenon and remain 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 society 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 Facebook its edge. Every ounce of information that can be displayed is there, in the format of status updates, wall posts and profile pictures.

As a result, social media has become a catalyst for marketing 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 biggest companies in the world, has a Facebook page and 21,907,247 liked their most recent 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 consumers are in control. Consumers own networking sites and so it has become imperative 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 marketing potentials that social media holds over the world, dental practices have started shifting into the unchartered territory 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 headed to the masses to find out what potential patients really thought about their dentist being on Facebook. Responses included that adding your dentist on Facebook wasn’t professional and that patients only want to visit the dentist when there is a problem. “Would you add your doctor on Facebook? Or like your hospital?” soon became the theme of discussions and answers generated questions, like why would a dentist want to be on Facebook? The answer came down to one possible solution: it’s not to gain friends, but to gain patients.

For people in the medical sector, Facebook is undoubtedly a great place to connect and share ideas; however, in the pursuit of gaining patients, there seems to be two quite different possible outcomes that the practice could face:

1. The dental practice would look desperate, awkward and unprofessional, especially if the photos were of the Christmas Party or days out. The ‘wall’ could be infiltrated with people who posted messages that you would rather not appear on screen etc.

2. The dental practice could look up-to-date and modern, providing a platform to share information and generate a dental presence in virtual society.

Perspective

Unable to make a conclusion so early on in my enquiries, I spoke to an expert in social media marketing for dental professionals, Rita Zamora, to try and gain some perspective as to what direction a dentist should travel in if they decide to journey down the Facebook route.

Rita discussed several options that dentists could adhere to. Firstly, she suggested that dentists should keep dental related content to a minimum and keep in mind that Facebook is fun and social. Posts could include information about donations that the practice or dentist is making and celebrations, 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 common ground.”

Vivid Lime

Not entirely convinced I decided to seek a different perspective and spoke to Head of Digital at online advertising and marketing group Vivid Lime, Illy Ahmed. Illy explained to me that Facebook could in fact be used in a professional manner. He suggested that say, for example, the main objectives for a dental practice to have Facebook were 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. However, I remained slightly scepti-
Enlightening me to his theory, Ifty explained that using links in the correct formats (Linked-in for example) throughout the profile page could result in viewers subscribing to a service via links to the main practice website; the ‘wall’ would provide a platform for customers to leave feedback, and for the practice to promote special offers, and finally, there can be links back to the practice website for people to leave their CV, browse products, check out those special offers, and most importantly, book appointments. Furthermore, it was demonstrated that you can monitor the click and viewing rate using the measurement tools in Account Settings.

“In response to dentists,” Ifty added, “it could be the difference between gaining patients from the NHS to gaining patients who wish to go private.”

**Haven**

It would seem then that Facebook generates a haven of marketing potential: The site supports the provider’s main destination (their website) and offers a place for feedback 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 steroids¹ 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!”²

But the steroids don’t stop working there.

As Ifty 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”³, 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.”⁴

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 of your 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 too 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 marketing and make it flourish, and despite the hullabaloos 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.

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'"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’"
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Managed Service
Practice Accounts
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. People were very excited to be seen.

My Uganda dental mission

Heidi Robinson writes about how she spent two weeks as part of a dental team providing free pain relief clinics and dental health education in rural Uganda.
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 instructions.

‘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 163788; email bkoffman@btinternet.com or visit www.christianreliefruganda.org

Thank You

‘The experience was an amazing rollercoaster ride, with laughter one minute and tears the next’
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,” Professor Francis Hughes.

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 e-
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 tubules. This layer has a similar chemical composition to hydroxyapatite mimicking the tooth’s natural composition and strongly bonding to the collagen in dentine. 

Starting to form from the first use, this reparative layer creates an effective and lasting barrier to the pain of dentine hypersensitivity, with twice-daily brushing.

Explore a new layer of opportunity with Sensodyne Repair & Protect

Visual representation of dentine cross-section and dynamic reparative layer

Specialist in dentine hypersensitivity management


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‘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.

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 and 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. It acts as a reservoir to build a new reparative layer over exposed dentine and within the tubules. This layer has a similar chemical composition to hydroxyapatite mimicking the tooth’s natural composition and strongly bonding to the collagen in dentine. 

Innovative use of the Electron Microscope

Dr Jonathan Earl, Principal Scientist Sensodyne, using his expertise in material science and engineering has applied electron microscopy to the dentine cross-section and dynamic reparative layer.
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 Beam Scanning Electron Microscopy (STEM), Environmental Scanning Electron Microscopy (ESEM), Beam Scanning Electron Microscopy (STEM). The research shows the transformation of Novamid 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 oral challenges such as toothbrush abrasion, and dietary acid challenges. With regular twice daily use, it helps maintain lasting protection to deliver clinically proven relief from the pain of dentine hypersensitivity.

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, challenges. with regular twice daily use, it helps maintain lasting protection to deliver clinically proven relief from the pain of dentine hypersensitivity.

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 1884, he introduced a state pension for workers who had reached the age of 65. This was based on contributions paid into a pension fund during employment, and was intended to provide a reasonable income from their retirement. The arbitrary age of 65 was chosen because, in those days, life expectancy was low. Today, 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!

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.

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 abolition of the default retirement age therefore stands both as a liberal gesture of social equality, as well as a pragmatic response to the difficulties posed by aging population and declining returns on investment for pension funds.

Changes to Retirement

The key changes to the law on retirement are as follows:

- Notices of intended retirement date cannot be issued from 6 April 2011 onwards
- The default retirement age will be abolished with effect from 1 October 2011

What does this mean for employers?

Notices of intended retirement can now only be issued for employees who are 65 or over on or before 30 September 2011 and the notice of intended retirement date for that employee must be issued no later than 5 April 2011.

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 for age discrimination.

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. 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.

4. 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.

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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 employers will most 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, where there is clear ongoing dialogue between managers and staff, and all parties are open to sensible communication; there is no reason why employees cannot continue to 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.

About the author

David Regan is a solicitor in the Employment Team of 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 and international companies as well as smaller businesses, individuals and families. Mundays specialises in Banking, Construction, Corporate & Commercial, Dispute Resolution, Employment, Franchising, Inheritance, Private Wealth, Property, and a wide variety of industry sectors.

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The unique Cleo II ‘Surgery System’ with folding and extending legrest permits multiple dental procedures in the most comfortable working conditions. Technically advanced, hygiene-conscious and very versatile to fulfil the expectations of the elite surgery. Aesthetically superior too, we think.
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...
Everything you need.

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.

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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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 honest 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 strive for 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)

**Dental Tribune International (DTI):** Registrations for the upcoming International Dental Show in Cologne are in full swing. 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, any distribution centre should almost look like a mini-laboratory to offer small practices 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 offerings with promising new products and solutions. The most prominent segments will probably be dental implants, prophy caps and tools, dental hygiene, cosmetic dentistry and CAD/CAM. However, we also observed growth in the field of dental prac-
tice equipment and functional systems for dental laboratories. The worldwide economy is recovering. Have you experienced similar developments in your dental industry as well as the trade show business? Dr Martin Richardt: The 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 Richardt: The un-disputed position of IDS as the world's leading dental trade show is a result of a continu-
ous target-oriented strategy of the German dental industry and its partner Koelnmesse. The strong presence of for-
mers and 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.

Will first the day of the dental show again be dedicated to dental dealers and im-
plant specialists? Dr Martin Richardt: Definitely! According to most exhibitors and international dealers, the “Dealers Day” on Tuesday has been received very well in the past. Most industry repre-
sentatives feel that specialists that are available non-stop for business con-
tacts and negotiations during that day.

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 145,000sqm this year. Due to this measure, all exhibition halls are now located next to each other and are easily ac-
cessible through the South, East and West entrances to easily 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 doses 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 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 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.

References
3 NHS Purchasing and supply agency, Evaluation Report: Dental cone beam computed tomography systems (CEP0044: March 2010), Summary, p. 4.
4 NHS Purchasing and supply agency, Evaluation Report: Dental cone beam computed tomography systems (CEP0044: March 2010), p.11

About the author
Neil Sanderson
Carestream Dental
For more information please call Carestream Dental on 0800 169 9692 or visit www.carestreamdental.co.uk

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The DAC UNIVERSAL is one of the few devices that can be validated. Since its release the DAC UNIVERSAL has become evident at the “4th National Conference of Instrument decontamination” of which the prestigious University of Glasgow Dental School, Sirona, one of the leading manufacturers of dental hygiene systems, supporting the event as a sponsor, presented the DAC UNIVERSAL, in the exhibition area, was given a very positive reception from the experts.

The DAC UNIVERSAL combined with the Sirona DAS 70 autoclave meets with the Best Practice Requirements of HTM 01-05. It simultaneously cleans and sterilizes up to six handpieces and three contra-angle instruments are ready for use within 15 minutes. Alternatively, the instruments can be wrapped after sterilization and would be suitable for immediate use for up to 21 days. The DAC UNIVERSAL is one of the few devices that can be validated. Since the initial validation has already been carried out by Sirona, an installation validation is carried out by personnel trained by the manufacturers.

A manufacturer’s certification is available to demonstrate to the authorities that this method complies with the HTM01-05.

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“It is so nice to have one company look after everything.”

The Endoless is a referral-only practice offered by Osstem, in London in 2005 by Maria Lessini BDS, MFDS RCPS, MClinDent (Endo) MMDS RCS and Vida Auld, PhD, MSc, MClinDent (Endo). MFDS RCS MRD RCS exclusively for general and specialist endodontists, treatment. Eight years ago we purchased a Schick digital radiography system from Clark Dental and received excellent after-service care. Once we realized they also provided surgery design and fitting, we were won over.

“During the refurbishment, Clark Dental liaised really well with our architects, and we were impressed with the smooth running of the works. Our team are all very happy with the end result. We were able to look forward to examining our patients in a really comfortable environment.”

For further information contact Clark Dental Wickford Essex Office on 01268 733146 or email j.civil@edent.co.uk

Silent Dental Systems: Buy your Sirona Equipment from Edent
Silent Dental Systems: Buy your Sirona Equipment from Edent.

Sirona presents the DAC UNIVERSAL combination autoclave at the national decontamination conference the combination autoclave DAC UNIVERSAL manufactured by Sirona is the only device which cleans, lubricates and sterilizes dental instruments in a fully automatic process. This became evident at the “4th National Conference of Instrument decontamination” of which the prestigious University of Glasgow Dental School, Sirona, one of the leading manufacturers of dental hygiene systems, supporting the event as a sponsor, presented the DAC UNIVERSAL, in the exhibition area, was given a very positive reception from the experts.

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Industry News

Practice Plan continues to raise the bar...

Practice Plan is delighted to announce that finals from their Annual Customer Satisfaction Survey, which showed 97.9 per cent of their clients were happy with the services and support that the company provide.

The lead in practice-branded dental membership plans already has a number of existing developments and plans and the company is currently being taken for a business planning and strategic marketing event headlined by Andy McDougall in September and a one-off refeshed workshop of ‘The One-Day Marketing Action Plan’ with Chris Barrow, back by popular demand, in Birmingham on Tuesday 24 May.

Nick Blewitt, Managing Director, said: “As you can see from our results, we are delighted with the way our practice-branded membership has evolved and our teams have done all we can to ensure our patients and clients. With that in mind, we want to continue to raise the bar for our clients and to give them an even better experience in all aspects of our business.”

For more information on Practice Plan or any of the events, call 01941 681313 or visit www.practiceplan.co.uk or email info@practiceplan.co.uk

Ray’s Units, unbeatable value!

Ray’s Dental, the specialist designers and producers of dental surgery partitioning to meet the needs of the dental professional, offer a complete range of units to meet the budgets of the discerning professional. The new and outstanding Estetico E50, E70 and E80 units are now also available with the added benefit of a one stop shop concept of which is available in lengths 21l, 25 and 31m. The system also has matching porthole penis and paper pans.

Ray’s Dental is delighted with the recent results from their annual Customer Satisfaction Survey, which showed 97.9 per cent of their clients were happy with the services and support that the company provide.

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Ron Clark, 30, who is a skilled dental professional, specialises in offering a broad range of services to his patients including restorative, orthodontic and cosmetic treatments. He has been able to expand his practice to include a number of advanced treatments that are typically only available in larger urban centres. These include clear aligners, Invisalign, and the latest in dental implants and aesthetic procedures.

Over the last decade, there has been a significant shift in the way patients view their oral health. Patients are now more proactive in seeking out treatment for conditions that were previously considered cosmetic. This has led to a rise in the demand for more advanced dental care. In response, Dr Clark has invested in state-of-the-art equipment and training to offer his patients the highest quality of care.

In terms of services offered, Dr Clark provides a comprehensive range of treatments. Apart from general dentistry, he offers services such as crowns and bridges, fillings, root canals, and tooth extractions. He also has a strong focus on preventive care, advocating regular check-ups and good oral hygiene practices.

One aspect of his practice that sets him apart is his approach to patient care. He believes in building long-term relationships with his patients, taking the time to understand their needs and concerns. This personal approach has earned him a reputation as a caring and compassionate dentist.

In conclusion, Ron Clark’s approach to his dental practice is a testament to the evolving landscape of dentistry. By offering a wide range of services and maintaining a focus on patient care, he is able to provide high-quality care that meets the needs of his patients. As technology continues to advance, it is likely that his practice will continue to evolve and offer even more innovative treatments in the future.
Towards the greater good

The AOG changes lives... through charitable deeds, the social networks it creates both nationally and internationally, as well as via the stimulating educational programmes featuring international speakers that it organises.

As one of the fastest growing organisations in the UK, the AOG is ideally placed to make a real difference in dentistry through promoting lifelong learning, compliance and best practice.

In addition to this, 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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- Excellence in Posterior Composites
- 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

Courses are run by Dr Ian Cline and Dr Joe Oliver, as seen on Channel 4’s 10 years younger. The course will consist of lectures, structured tutorials, demonstrations, videos, evaluation of scientific papers, and hands-on sessions. Fees are £540 per day, fully inclusive. Please visit the website or call the number below for full details, including numerous testimonials and an application form.
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