CQC Chief Exec Resigns

CQC Cynthia Bower resigns as critical report is released

I t’s been a turbulent time for the CQC these past few years, what with another report on the performance of the CQC published by the Department of Health (turn to page 20 for more detail on The Performance and Capability Review of the CQC and Cynthia Bower, Chief Executive of the Care Quality Commission (CQC) suddenly announcing her resignation.

Since the news there has been speculation regarding her sudden departure, and deepening the mystery surrounding her resignation, a non-executive member of the CQC issued a ‘warning’ less than 24 hours before the news, concerning ‘planned changes’ to the current inspection regime. The statement revealed that the new approach to be adopted by the CQC will see inspectors looking more for non-compliance, rather than compliance and that from 1 April, there will be no time given for trusts to comply through improved notices; they will simply be labelled as non-compliant or compliant.

Dental Tribune contacted CQC regarding the future of CQC now that the Chief Executive had resigned; a spokesperson said that “CQC will continue to regulate health and social care providers as directed by the Health and Social Care Act 2008.”

In the official press release from the CQC, Cynthia Bower said: “After almost four years leading CQC, I feel that it is now time to move on. The process of setting up an entirely new system of regulation has been intensely challenging - but we have accomplished an enormous amount. We have merged three organisations, registered 40,000 provider locations and brought virtually the entire health and social care network under one set of standards, which focus on the needs of people who use services.

“I am pleased that the Department of Health Performance and Capability review, published today, recognises the scale of what has been achieved - and in particular the significant improvements made over the last 12 months. I’m confident that CQC will continue to build on the progress already made, delivering increasing benefits to people who use services by shining a light on poor care - and I am proud to have played a part in this.”

Jo Williams, Chair of the CQC, said: “I am very sorry that Cynthia has decided to move on, but I understand her desire to take on new challenges. I would like to thank Cynthia for her commitment as CQC Chief Executive. Building a new regulator involves great vision, leadership and resilience. This is always a complex task and one under constant scrutiny. It is great credit to Cynthia’s leadership to have achieved this.”

Una O’Brien, Permanent Secretary of the Department of Health, said: “Cynthia has provided energetic leadership to the CQC from its very outset. Over her four years as Chief Executive, CQC has introduced - for the first time - a new model of regulation for health and social care. Cynthia is a committed public servant and I wish her well for the future.”

Cynthia Bower has agreed with the Chair that she will remain in post until autumn 2012 to allow for an appropriate handover. The recruitment process for her successor will begin shortly.

CQC Cynthia Bower resigns as critical report is released
Proving Turing’s tiger stripe theory

Researchers from King’s College London Dental Institute have provided the first experimental evidence confirming a great British mathematician’s theory of how biological patterns such as tiger stripes or leopard spots are formed.

The study, funded by the Medical Research Council and published online in *Nature Genetics*, not only demonstrates a mechanism which is likely to be widely relevant in vertebrate development, but also provides confidence that chemicals called morphogens, which control these patterns, can be used in regenerative medicine to differentiate stem cells into tissue.

The findings provide evidence to support a theory first suggested in the 1950s by famous code-breaker and mathematician Alan Turing, whose centenary falls this year. He put forward the idea that regular repeating patterns in biological systems are generated by a pair of morphogens that work together as an ‘activator’ and ‘inhibitor’.

To test the theory the researchers studied the development of the regularly spaced ridges found in the roof of the mouth in mice. Carrying out experiments on mouse embryos, the team identified the pair of morphogens working together to influence where each ridge will be formed. These chemicals controlled each other’s expression, activating and inhibiting production and therefore controlling the generation of the ridge pattern.

The researchers were able to identify the specific morphogens involved in this process - FGF (Fibroblast Growth Factor) and Shh (Sonie Hedgeg) - so-called because laboratory fruit flies lacking the fly version have extra bristles on their bodies. They showed that when these morphogens’ activity is increased or decreased, the pattern of the ridges in the mouth palate are affected in ways predicted by Turing’s equations.

For the first time the actual morphogens involved in this process were identified and the team were able to see exactly the effects predicted by Turing’s 60-year-old speculative theory.

Dr Jeremy Green from the Department of Craniofacial Development at King’s Dental Institute said: “Regularly spaced structures, from vertebrae and hair follicles to the stripes on a tiger or zebra, are a fundamental motif in biology. There are several theories about how patterns in nature are formed, but until now there was only circumstantial evidence for Turing’s mechanism. Our study provides the first experimental identification of an activator-inhibitor system at work in the generation of stripes - in this case, in the ridges of the mouth palate.

“Although important in feeling and tasting food, ridges in the mouth are not of great medical significance. However, they have proven extremely valuable here in validating an old theory of the activator-inhibitor model first put forward by Alan Turing in the 50s.”

“Not only does this show us how patterns such as stripes are formed, but it provides confidence that these morphogens (chemi- cals) can be used in future regener- ative medicine to regenerate structure and pattern when differentiating stem cells into other tissues.

“As this year marks Turing’s centenary, it is a fitting tribute to this great mathematical and computer scientist that we should now be able to prove that his theory was right all along.”

CQC performance review published

The Department of Health today published its findings from the *Performance and Capability Review of the Care Quality Commission*.

The review set out that the CQC has made considerable achievements since it was established in 2009 as the new watchdog for health and social care services in England. It has brought together three different organisations, creating the largest organisation of its kind in the world, and set up a new system of regulation.

It has delivered a challenging programme of work, registering more than 21,000 providers since April 2010 and is increasing the number of inspections taking place.

However, the review found that the scale of this task had been underestimated by CQC and the Department, and more could have been done more to manage risks during the early years of the organisation’s operation. The review also acknowledges that the role of the CQC has not been as clear as it needs to be to health and care providers, patients and the public.

But the review recognises that over the last nine months, the CQC has made significant improvements, increasing inspection staffing and focusing more on its core duties to register and inspect healthcare providers.

The review has made a series of recommendations that are designed to support its continuing improvement, by strengthening the CQC Board and building on what has already been learnt:

- The CQC must become more strategic and set out more clearly what success looks like
- The Board should be strengthened with the appointment of additional members and that there should be clearer arrangements between the Board and the Executive to ensure that the Board is holding the operation of the CQC to account
- The CQC should build an evidence base for its regulatory model to demonstrate and ensure confidence in its effectiveness
- Frontline inspectors should have greater access to individuals with professional experience, such as doctors, nurses or social care experts. There should also be more consistency in how inspections are carried out and there should be enough inspectors to meet future demand

The review also recognises that the Department has more to do to support the CQC and ensure that it is held to account for its role in regulating health and social care. Therefore, we will be working with the CQC to recruit additional non-executive members to the Board. This recruitment process will start immediately.

In a letter to the Chair of the CQC, Una O’Hareen, Department of Health Permanent Secretary, said: “Over the last nine months, CQC has made significant improvements in performance and in focus on core purpose. However, the evidence has clearly shown there is more work to do to build on recent successes to ensure the organisation has the capability and capacity to respond to patient, public and parliamentary expectations in the future. Lessons need to be learned from the performance shortcomings of the early years. The leadership of the organisation are willing to listen and act on issues raised about the organisation’s performance.”

In a letter responding to the Review, Jo Williams, Chair of the CQC said: “I would like to give a broad welcome to the findings of the review. The process has recognised the context and complexity of CQC’s work, progress made and where more work is needed to further develop our regulatory approach. We take seriously the recommendations of the review and have a desire to make further progress on all areas of the review.”

The Department will also take steps to strengthen the Board to ensure improvements can be sustained. This includes proposing changes to the Board so that instead of comprising only non-executives, it becomes a unitary Board made up mainly of non-executives but with senior executives also on the Board who are held more systematically to account. DH will set out shortly how it plans to take forward this recommendation.

The review can be found on the Department of Health website www.dh.gov.uk/health/2012/02/cqc-performance-review/.

NHS dental costs to increase in England

The government has announced that from April 1st the costs of basic dental treatment will be raised to £17.50, a 50p rise, whilst prescriptions will be raised by 25p to £7.65.

A BBC report also stated that there will be further rises of up to £5 for complex dental treatment.

Although doctors have previously called for all prescription charges to be abolished in England, the changes in the charges, which were outlined by Health Minister Simon Burns, will be put before Parliament soon.

In Scotland, Wales and Northern Ireland charges have already been scrapped.

The announcement will have an effect on dental treatment, with Band 1 treatment, consisting of examination, diagnosis and advice, X-rays, scale and polish and treatment planning, set to cost £17.50.

Charges for Band 2 treatment, consisting of root canal treatments, extractions, temporary crowns and fillings, will increase from £47 to £48, whilst Band 3 treatment prices will be affected by a £5 increase, meaning that crowns, dentures and bridges will cost £209.

Mr Burns said: “Dental charges represent an important contribution to the overall cost of dental services.

“The exact amount raised will be dependent upon the level and type of primary care trusts and the proportion of practice changes costs, which is valid for three months, will remain at £29.10 and the price of an annual PPC will be held at £104.

Mr Burns said: “PPCs offer savings for those needing four or more items in three months or 14 or more items in one year.”

Further increases will also be imposed, such as the charges for elastic stockings and tights, wigs and fabric support, which are supplied by hospitals.
Editorial comment

So, the event that many in the health-care arena has been waiting for has happened. No, not a freak accident that has wiped the NHS reforms off the face of the planet (although for many that would be high on their miracle list), but the resignation of Care Quality Commission Chief Executive Cynthia Bower.

Ms Bower’s departure coincided with the Performance and Capability Review of the CQC, where despite all the positive spin, the regulator is yet again criticised for simply not being up to the task. Not that that had anything to do with her resigning of course – according to her statement, she feels she can do no more after four years at the helm of one of the most unpopular regulatory bodies ever conceived.

Personally, I’m not sure that Ms Bower’s departure will do more than decapitate the figurehead. The CQC did not grow organically – from the day it was established it was a large organisation that would be difficult to manage, not started small and allowed to grow into its regulatory function. Does the chief executive’s role have any real bearing on the day-to-day running of the regulator or the problems that have been so publicly reported? Interestingly, the regulator has stated that it will be business as usual and Ms Bower’s departure will not signal a change in direction – not sure that is what people will be wanting to hear!

John Siebert, (pictured), has been elected as the new President of the British Dental Health Foundation.

John Siebert, Chairman of George Warman Publications, has become the new President of the British Dental Health Foundation. John replaces outgoing President Daniel Davis and will serve as President for the next two years.

John joined the Foundation in March 2002. After serving his tenure as President-Elect, he now takes his position as President in his 10th year with the Foundation.

John said: “I am particularly proud to lead the Foundation and I would like to thank outgoing President Daniel Davis who helped to lead the Foundation during very difficult times for charitable organisations.

“I believe the Foundation has developed a very strong reputation over the past 60 years. The Trustees and I are looking forward to increasing awareness of the Foundation’s role and activities within the profession and the general public, as well as working successfully with our many partners to help improve the nation’s oral health further.”

Clinically proven non-stop 12 hour protection against bacteria...

Stannous fluoride toothpaste

Colgate Total provides 72% reduction in plaque bacteria regrowth

12 hours after toothbrushing – significant bacteria regrowth vs stannous fluoride toothpaste.

...and protects against most common dental problems, including:

- Cavities
- Plaque
- Gum Problems
- Sensitive Teeth
- Tartar
- Enamel Erosion
- Staining
- Bad Breath

For a healthy mouth recommend NEW Colgate Total.
Dental pulp stem cells transformed by ‘bad breath’ chemical

Japanese scientists have found that the odorous compound responsible for halitosis – otherwise known as bad breath – is ideal for harvesting stem cells taken from human dental pulp.

A recent survey by the British Dental Health Foundation revealed around one in seven (13 per cent) of 12-16 year olds in the UK admitted to smoking. While 97 cent of young people knew the harmful effects of smoking, only half would change their ways.

Smoking is the major cause of mouth cancer in the UK. Drinking alcohol to excess, poor diet and some sexually transmitted infections (Human Papilloma Virus or HPV) are also known risk factors for mouth cancer which is likely to affect 60,000 people in the UK over the next decade.

Chief Executive of the Foundation, Dr Nigel Carter, welcomed the ban.

Dr Carter said: “The ban is another welcome measure to protect them from the long-term ill-effects of tobacco use, including the risk of mouth cancer.

“It is really important that everyone knows the warning signs for mouth cancer. They include mouth ulcers which do not heal within three weeks, red and white patches in the mouth and unusual lumps or swellings in the mouth. Our message to everyone is ‘If in doubt, get checked out.’”

The majority of those dentists who are looking to sell their dental practices in 2012 are not ready for new legislation in regard to EPCs according to Andy Acton of Frank Taylor and Associates and Phil McCabe of the Forum of Private Business. The new changes will come into force on 4 April and mean that:

• An energy performance certificate will be required on all marketing for all properties that are to be sold or let

• The responsibility for the EPC will rest with the ‘relevant person’ defined as either the owner or the agent. Both will have a duty to ensure an EPC is commissioned before marketing a property

• Trading Standards Officers will have new powers to force sellers and agents to produce copies of EPCs for inspection

• It will also be a mandatory requirement for air conditioning inspection reports to be lodged on the central Non Domestic EPC Register

• EPCs will need to be attached to the internal and external walls of all properties that are to be sold or let

• Source: Institute of Physics, Journal of Breath Research

Cigarettes vending machine ban reaches Northern Ireland

Cigarette vending machines will be banned in England and Wales by banning the sale of tobacco products from vending machines in an attempt to make it more difficult for young people to purchase tobacco.

In a speech made last year, Health Minister Edwin Poots revealed that for 14 per cent of 11-16 year olds, cigarette vending machines were the usual source to purchase tobacco.

A recent survey by the British Dental Health Foundation revealed around one in seven (15 per cent) of 12-16 year olds in the UK admitted to smoking. While 97 cent of young people knew the harmful effects of smoking, only half would change their ways.

Smoking is the major cause of mouth cancer in the UK. Drinking alcohol to excess, poor diet and some sexually transmitted infections (Human Papilloma Virus or HPV) are also known risk factors for mouth cancer which is likely to affect 60,000 people in the UK over the next decade.

Chief Executive of the Foundation, Dr Nigel Carter, welcomed the ban.

Dr Carter said: “The ban is another welcome measure to protect them from the long-term ill-effects of tobacco use, including the risk of mouth cancer.

“It is really important that everyone knows the warning signs for mouth cancer. They include mouth ulcers which do not heal within three weeks, red and white patches in the mouth and unusual lumps or swellings in the mouth. Our message to everyone is ‘If in doubt, get checked out.’”

The majority of those dentists who are looking to sell their dental practices in 2012 are not ready for new legislation in regard to EPCs according to Andy Acton of Frank Taylor and Associates and Phil McCabe of the Forum of Private Business. The new changes will come into force on 4 April and mean that:

• An energy performance certificate will be required on all marketing for all properties that are to be sold or let

• The responsibility for the EPC will rest with the ‘relevant person’ defined as either the owner or the agent. Both will have a duty to ensure an EPC is commissioned before marketing a property

• Trading Standards Officers will have new powers to force sellers and agents to produce copies of EPCs for inspection

• It will also be a mandatory requirement for air conditioning inspection reports to be lodged on the central Non Domestic EPC Register

• EPCs will need to be attached to the internal and external walls of all properties that are to be sold or let

• Source: Institute of Physics, Journal of Breath Research

Most dentists not ready for compulsory EPCs

The general public may slip under the radar as it seems to have been announced quite quietly and we want to ensure that dentists are aware of this. Put simply, after the 6th April, the marketing of a dental practice just cannot happen without an EPC.”

Andy commented, “This legislation may slip under the radar as it seems to have been announced quite quietly and we want to ensure that dentists are aware of this. Put simply, after the 6th April, the marketing of a dental practice just cannot happen without an EPC.”

Phil McCabe, Senior Policy Adviser at the Forum of Private Business added, “Any costs like these are an extra burden for small businesses to bear. The EPC scheme is essentially a watered down version of the unpopular Home Improvement Pack (HIP) scheme, which was dreamed up by the last Government but quickly abandoned by the Coalition after it came in to office for being unnecessary and costly. We would say the same of the EPC.

Aside from the cost implications, there’s also the extra paper work that will be involved. More red tape and yet more form filling for businesses at a time the Government is pledging to cut bureaucracy is just not necessary.”

Unlocking a whole world of opportunity

In its 55th year, the BDA/DENSTP3 Student Clinician Awards is an outstanding showcase event, featuring research presented by some of the best young talent in UK dentistry.

Ross Leader of Liverpool University was recently awarded first prize for his research into the Wilms’ Tumour Protein (WT1). As part of his prize, won a trip to San Francisco to present his research to the American Dental Association in October:

“The Student Clinician Awards were in one of a lifetime opportunity, and I urge the other entrants to make the very most of it,” he says, “I'm now really looking forward to meeting delegates from around the world, and I am keen to find out more about their research interests. There's a whole world of opportunity out there – I really can’t wait to see what it brings!”

The full survey can be found at www.gdc-uk.org. General comments about CPD can be sent to CPDReview@gdc-uk.org.
Switch on to new ideas

Speakers:

Prof Nasser Barghi
Dr Richard Kahan
Prof Gianluca Gambarini
Dr Wyman Chan
Dr John Moore
Dr Ajay Kakar
Ms Jackie Coventry
Dr Mona Kakar
Basil Mizrahi
Mhari Coxon
Fraser McCord
Could smoking turn bacteria against the body?

A new study has suggested that smoking causes the body to turn against helpful bacteria that resides in the mouth, making the smokers more prone to disease and infection.

The report states that within the mouth of a healthy person there is a delicate ecosystem of healthy bacteria; however, in the mouth of a smoker, this system is turned into a chaotic and diverse ecosystem.

The effect of this imbalance can cause the body to become more susceptible to harmful bacteria and with smokers already at a higher risk of suffering from oral diseases, this can cause several problems.

“The smoker’s mouth kicks out the good bacteria, and the pathogens are called in,” said Kumar. “So they’re allowed to proliferate much more quickly than they would in a non-smoking environment,” said Purnima Kumar, assistant professor of periodontology at Ohio State University in a report.

“A few hours after you're born, bacteria start forming communities called biofilms in your mouth,” said Kumar. “Your body learns to live with them, because for most people, healthy biofilms keep the bad bacteria away.”

Likewise, the mouth to a lawn in one report, Kumar said: “When you change the dynamics of what goes into the lawn, like too much water or too little fertilizer, you get some of the grass dying, and weeds moving in.” For smokers, the “weeds” are problem bacteria known to cause disease.

Kumar and her colleagues also looked at how bacterial ecosystems are formed. If we want to see an improvement in health and wellbeing, now and in the future, it’s vital that families have easy access to simple, evidence-based advice on what and how to feed toddlers.

The researchers looked at which bacteria were present and monitored how the bodies treated them in whether the body perceived the bacteria as a threat or not.

“When you compare a smoker and non-smoker, there’s a distinct difference,” said Kumar in the report. “The first thing you notice is that the basic ‘lawn,’ which would normally contain thriving populations of just a few types of helpful bacteria, is absent in smokers.”

“By contrast,” said Kumar, “smokers start getting colonized by pathogens - bacteria that we know are harmful - within 24 hours. It takes longer for smokers to form a stable microbial community, and when they do, it’s a pathogen-rich community.”

The results also showed that smokers’ bodies were treating even healthy bacteria as threatening.

For Kumar, the results have a clear message regarding patient care: “It has to do with how we treat the smoking population,” she said. “They need a more aggressive approach. Even after a professional cleaning, they’re still at a very high risk for getting these pathogens back in their mouths right away.

“Dentists don’t often talk to their patients about smoking cessation,” she continued. “These results show that dentists should take a really active role in helping patients to get the support they need to quit.”

The results of the study were published in the journal Infection and Immunity. http://iai.asm.org/.

Smoking zaps healthy mouth bacteria

157,000 UK kids start smoking each year

New figures, produced by Cancer Research UK, have revealed that around 157,000 children between the ages of 11 and 15 start smoking each year.

The study not only revealed that 27 per cent of under-15s have tried smoking, but it also exposed how eight out of ten smokers took up the habit before their 19th birthday.

The figures have highlighted how much needs to be done to discourage youngsters from starting the habit and Cancer Research UK believes that introducing plain packaging on cigarettes is a good place to start, making cigarettes visibly less fashionable and attractive.

Jean King, the charity’s director of tobacco control, called in a report: “The tobacco industry spends a great deal of money on designing cigarettes and their packets so they seem glamorous, appealing, fashionable and attractive in an effort to recruit more customers.

“With advertising outlawed, the cigarette packet is now the most important marketing tool the tobacco industry has.”

Charities have already criticised a new report from the Adam Smith Institute, which claimed that putting cigarettes in plain packs would have no benefit for public health; however, according to a report, Action on Smoking and Health argued that the think tank had misrepresented the truth and was ‘acting as the mouthpiece for the tobacco industry.”

Encouraging positive feeding habits

Families with children under three need better practical support if they are to encourage positive feeding habits from an early age, cautions an influential group of experts on childhood nutrition and development.

The Infant & Toddler Forum (ITF) has welcomed recent government focus on early intervention, highlighting the earliest years as key to positive outcomes in later life. However, if intervention strategies are to tackle the long-term impact of children’s poor nutritional and physical health, expert advice that supports families in early years feeding must be a key element.

Dr Atul Singhal, Professor of Paediatric Nutrition at the UCL Institute of Child Health and Chair of the ITF, said: “Early intervention strategies make up a large part of government plans to tackle health and social inequalities, but practical guidance on how to attain good nutrition and feeding is largely missing. Toddlers’ eating habits are hugely influenced at home, and this is the key period when lifelong dietary preferences and eating habits are formed. If we want to see an improvement in health and wellbeing, now and in the future, it’s vital that families have easy access to simple, evidence-based advice on what and how to feed toddlers.”

Visit - www.infantandtoddler-forum.com

Young dentists enjoy ‘sell-out’ conference

More than 500 young dentists attended the Young Dentist Conference in London on 4 February 2012, where the expert panel of speakers included Paul Redmond, Head of Careers and Employability at Liverpool University and Richard Porter, Consultant in Restorative and Implant Dentistry at St George’s Hospital.

Richard Porter opened the seventh annual conference, with topics themed around the ‘generation gap’, by discussing the difficulties young dentists may face when treating the elderly dentate.

This was followed by Paul Redmond, who spoke to the audience about how different generations communicate with each other and how young dentists can utilise this knowledge to better communicate with their patients of all ages.

In an increasingly difficult financial climate, and with NHS pilots under way to review, many young dentists are concerned about how this will affect them in the future and the impact this will have upon their associate contract. Grace Chia and Nick Cooper, two young dentists from a pilot practice addressed some of these concerns and explored how the NHS contract in its current format will impact upon young dentists. Additionally, James Goldman a Senior Legal Adviser from the BDA, described some practical steps which young dentists can take to ensure they are fully protected at work.

In the final session of the day, Alpesh Kheteria discussed his experience of team working and the leadership methods employed to get the best from his team members and himself.

The Young Dentist Conference 2012 was the seventh outing of this annual event organised by Dental Protection, the BDA and BDJ. The organisations also wish to thank the sponsors Schülke for their continued support.
Drink less a day to keep mouth cancer at bay

While mouth cancer charity, the Mouth Cancer Foundation, welcomes the new government campaign on alcohol it also believes it does not go far enough. The charity has been campaigning for a reduction in the amount of alcohol consumed by individuals due to its risk of developing head and neck cancers for many years.

Drinking alcohol is the second most important cause of mouth cancer and 80 per cent of mouth cancer patients say they frequently drink alcohol. Drinking just one glass of alcohol a day doubles the risk of developing Mouth Cancer.

The Government announced a campaign to show that drinking just over the recommended daily limit for alcohol increases the risk of serious health problems.

The competition identified two million for free.

Head of Marketing at Denplan, Richard Ward, said: "The new Mind the Gap App is Denplan’s latest innovation, designed to show dental teams just how much revenue they can lose from missed appointments each year and ways to combat this shortfall. "For example, 90 per cent of payment plan patients attend check-ups every six months, compared with 55 per cent of FPPI patients.

People could soon be directed to free or cheap apps by their GPs to allow them to monitor and manage their health more effectively.

The latest innovations in smartphone technology will help patients and the public to find and use NHS services, manage conditions and make better lifestyle choices in a way that is very convenient for them.

It follows a call to find the best new ideas and existing smartphone apps that help people and doctors better manage care which received nearly 500 entries and over 12,600 votes and comments.

Popular apps include ‘Patients Know Best’, where each patient gets all their records from all their clinicians and controls who gets access to them. The app means that patients can have online consultations with any member of their clinical team, receive automated explanations of their results, and work with clinicians for a personalised care plan. It has already proved successful with hospitals including Great Ormond Street, UCL and Torbay as well as with GPs and community nurses from across the country who are responding to patients’ invitations.

The Diabetes App will also give people with diabetes reminders on checking blood sugar levels and taking medication. It will allow them to monitor, record and track blood sugar information, which can then be sent electronically to their surgery or clinic. The app also uses emerging FoodWiz software to help people control their diabetes or even help those at risk of diabetes to prevent it.

It will help patients to control their diet so they can rely less on medication and attending obesity clinics by allowing them to zap an increasing number of barcodes while shopping and get immediate information on the amount of calories, carbohydrates and fats.

The Department of Health’s current advice is that men should not regularly drink more than three - four units of alcohol per day, and women should not regularly drink more than two - three units of alcohol per day.

Drinking alcohol increases the risk of cancers of the mouth, esophagus, pharynx, larynx, and liver in men and women. In general, these risks increase after about one daily drink for women and two daily drinks for men. For men, the Mouth Cancer Foundation recommends no more than occasional drinking of two standard drinks a day and for women no more than one standard drink a day.

Denplan Launches ‘Mind the Gap’ App

Many practices have reported reduced profitability as a result of the recession and an increase in missed appointments. In response to this, Denplan has developed a unique online application – the ‘Mind the Gap App’.

How much your practice is losing in revenue due to missed appointments, holidays, illness etc can often be a mystery as most practices will be working a year or more ahead of their accounts. The Mind the Gap App not only calculates your practice’s daily income, but the revenue lost through these missed appointments - allowing the practice team to highlight patterns and find appropriate solutions.

The Government’s latest innovation, designed to show dental teams just how much revenue they can lose from missed appointments each year and ways to combat this shortfall. "For example, 90 per cent of payment plan patients attend check-ups every six months, compared with 55 per cent of FPPI patients.

The competition identified two million for free.

Head of Marketing at Denplan, Richard Ward, said: "The new Mind the Gap App is Denplan’s latest innovation, designed to show dental teams just how much revenue they can lose from missed appointments each year and ways to combat this shortfall. "For example, 90 per cent of payment plan patients attend check-ups every six months, compared with 55 per cent of FPPI patients.

People could soon be directed to free or cheap apps by their GPs to allow them to monitor and manage their health more effectively.

The latest innovations in smartphone technology will help patients and the public to find and use NHS services, manage conditions and make better lifestyle choices in a way that is very convenient for them.

It follows a call to find the best new ideas and existing smartphone apps that help people and doctors better manage care which received nearly 500 entries and over 12,600 votes and comments.

Popular apps include ‘Patients Know Best’, where each patient gets all their records from all their clinicians and controls who gets access to them. The app means that patients can have online consultations with any member of their clinical team, receive automated explanations of their results, and work with clinicians for a personalised care plan. It has already proved successful with hospitals including Great Ormond Street, UCL and Torbay as well as with GPs and community nurses from across the country who are responding to patients’ invitations.

The Diabetes App will also give people with diabetes reminders on checking blood sugar levels and taking medication. It will allow them to monitor, record and track blood sugar information, which can then be sent electronically to their surgery or clinic. The app also uses emerging FoodWiz software to help people control their diabetes or even help those at risk of diabetes to prevent it.

It will help patients to control their diet so they can rely less on medication and attending obesity clinics by allowing them to zap an increasing number of barcodes while shopping and get immediate information on the amount of calories, carbohydrates and fats.

The competition identified apps with potentially huge value to patients and the NHS that promote better management of long-term conditions or healthy living. Last month, NHs Choices was visited by 14.5 million people looking for information on health and local services – helping many to get the advice they needed without making an appointment to see their GP. Developing smartphone apps is the next step in giving patients the information and advice they need and want to stay healthy.

At an event showcasing the best ideas for new and existing health smartphone apps, the Health Secretary Andrew Lansley said: "So many people use apps every day to keep up with their friends, with the news, find out when the next bus will turn up or which train to catch. I want to make using apps to track blood pressure, to find the nearest source of support when you need it and to get practical help in staying healthy the norm."

We are looking at how the NHS can use these apps for the benefit of patients, including how GPs could offer them for free.

Have you ordered your free Patient Referral Leaflets?

Call 0844 335 6354 or visit www.waterpik.co.uk

www.waterpik.co.uk

March 5-11, 2012

News 7
In 1977 dentistry was a little different to the dentistry we know today. The working week for a dental technician consisted of three and a half working days, gold crowns cost £20 (25 years later they cost less than £30) and dentists and dental technicians didn’t talk. Fortunately, times have changed and dental technology has grown into a respected profession, and after 35 years of elite service, the founding members of CosTech and their team would like to celebrate with the industry and everyone who have helped them along the way.

After six years as a vital part of the firm’s service, David Hands and Neil Photay, the company’s Elite Managers, have decided that the first course of celebrations is offering ZironArch to dentists for £35 instead of the usual £125 throughout April 2012. This will enable ever CosTech dentist and patient to enjoy having an all-ceramic zirconia crown, may they be NHS or private.

But the generosity doesn’t seem to stop there. To help with the growing problem of dentists using disposable trays over and over again, CosTech will be supplying upper and lower impression trays to every job they send out from May. With the CQC hot on the case of infection control, this is an area that undoubtedly needs attention and their aim is to get every dentist to throw their old trays away and not re-use them on other patients.

"Trays cost pennies, not pounds," CosTech Founder, Mr Photay said. "So, for every job and new dentist, a new set of trays will be sent out. We call them Thank You trays."

Another new venture that CosTech are embarking on is the CosTech Implant Centre, a place dedicated to implant restorations, all designed and created in-house by a team of dedicated dental technicians, using the latest technology in implant restorations.

Watching the technicians at work, carefully crafting and creating the porcelain...
crowns, it becomes apparent that this side of dentistry, (the unseen workforce), should be described as an art form. The detail that the technicians compose is so intricate and personalized to suit the patient: In essence, they are building smiles that change lives.

The CosTech Implant Centre, which is to be launched on 1st March 2012, has already received some fantastic feedback, especially with regards to the no hidden fees and the latest technology process of creating implant restorations that it has embedded in its foundations.

CosTech are also hosting a new product, Implant Complete, which is a one stop shop for implant restorations. By designing and creating the implants in-house, CosTech will be offering better alignment and better accuracy of abutments and restorations, meaning that patients can have all ceramic, bio-compatible and perfect gum fitting dentures and implants.

What's more, the implants work with most major implant systems so CosTech can give dentists the confidence that they will work. The fact that dentists can order any crown for the same price has also been a great hit.

A space to grow in

Amidst all the birthday celebrations, CosTech are also offering their boardroom to dental professionals, practices, companies and even the public.

For the public, CosTech will be putting on a series of live demonstrations to help out with providing patients with more options as to what dental treatments are available for them.

For the dental profession, CosTech will be providing CPD days, lectures hosted by guest speakers, and a space for dental practices to help enhance the relationships between dentists and technicians; because at the end of the day, the more the dentist understands, the more the patient understands.

The boardroom, where these events will be held, is the first of its kind to open its doors to the profession in the South East, and what’s more, the facilities will be free to use. “This is the real deal,” the elite managers explained.

To top off the celebrations, CosTech are currently aiming to invest in the training of the next generation dental technicians. With the ever growing need for more technicians in the industry, if the training programme goes ahead, it will help encourage students to train up as technicians and help fill the expanding hole in the profession. The aim at the moment is to visit local schools to spread the word about the role of dental technology and explain how their work is the fine balance between art and science, creating perfectly functional and aesthetic restorations to match the patient’s natural teeth.

Great new features

**Dental System™ 2012 - the future proof solution**

**Model Builder**

Create lab models directly from TRIOS® and 3rd party intraoral scans. Support for implant models.

**TRIOS® integration**

Receive TRIOS® digital impressions instantly from dentists and start designing right away.

**3Shape Communicate™**

Upload 3D design visualizations with a single click. Share and discuss your cases with dentists.

**2nd Generation Removable Partial Design**

Intuitively mimics the familiar workflow while significantly reducing production time.

**Digital Temporaries**

Create cost-effective temporaries without pouring a model using Virtual Preparation and Virtual Gingiva.

**D500 3D scanner**

3Shape’s new D500 model with Dental System Standard provides the market’s best entry-level CAD/CAM solution for small to medium labs and can later be upgraded to extend the range of available indications.

**D800 3D scanner**

Two 5.0 MP cameras. Scans a single-die in 25 seconds, captures texture and scans impressions.

**3Shape Communicate™**

Upload 3D design visualizations with a single click. Share and discuss your cases with dentists.

**2nd Generation Removable Partial Design**

Intuitively mimics the familiar workflow while significantly reducing production time.

**Digital Temporaries**

Create cost-effective temporaries without pouring a model using Virtual Preparation and Virtual Gingiva.

**D500 3D scanner**

3Shape’s new D500 model with Dental System Standard provides the market’s best entry-level CAD/CAM solution for small to medium labs and can later be upgraded to extend the range of available indications.

**D800 3D scanner**

Two 5.0 MP cameras. Scans a single-die in 25 seconds, captures texture and scans impressions.

**Back ing our users with technology, care and expertise**

**New Dynamic Virtual Articulation**

Like using your physical articulator. Support for Occlusion Compass. KaVo PROTAR®evo, Whip Mix Denar® Mark 330, SAM® 2P, Artex® compatible and more to come.

**Next Generation Telescopes**

Full freedom for designing telescopic crowns. Support for attachment crowns and open telescopes. Add multiple bands, parametric attachments, and customized attachments.
Crosses the midline.2 As the treatment of symptoms originating from disorders of the temporomandibular joint (TMJ), occlusion, it was found that restoring the TMJ to its normal condition resulted in a change of general body health. In most cases, this change was improved general body health. Owing to similar reports, a connection between TMJ status and general body health was therefore hypothesised. However, the mechanism of this relationship remains unclear.

TMJ and myofascial pain

Dental occlusion is the relationship between the maxillary and mandibular teeth when they approach each other.1 The TMJ is the joint of the jaw, which is unique in that it is the only bilateral joint that crosses the midline.2 As the treatment of dental diseases aims to achieve harmony within the entire stomatognathic system, teeth could be considered as a set of gears anchored in bone, while the upper and lower jaws are attached to each other by the TMJ.3

The causes of TMJ disorders can be divided into five categories: dental, trauma, lifestyle habits, stressful social situations and emotional factors. Trauma can be in the form of whiplash, traction applied by mouth, or trauma to the head or jaw. Evidence of significant trauma to the TMJ has also been found following hyperextension of the cervical spine.4 With regard to habits, bad posture, bad ergonomics at work, oral and childhood habits, as well as poor diet and strenuous activities such as heavy lifting, have been cited.5

Myofascial pain, deriving from the hyperalgesic trigger points located in skeletal muscle and fascia, is commonly characterised by persistent regional pain.6 The myofascial compartment has generally been considered to be part of pain syndromes that involve TMJ. Trigger points in masticatory muscles are presumably caused by malocclusion, misalignment and habitual para-function of the jaws, abnormal head and neck postures, or trauma.7

Relationship between TMJ and general body health

There have been several studies on the relationship between occlusion/TMJ and general body health. Among other findings, it has been found that lesions in the masticatory muscles or dentoalveolar ligaments can perturb visual stability and thus generate postural imbalance.8 The position and functioning of the mandible may also have an effect on the centre of gravity.9

Dental occlusion is associated with reduced lower extremity strength, agility and balance in elderly people.10 The proper functional occlusion of natural or artificial teeth has been shown to play an important role in generating an adequate postural reflex.11 The subgroups of general body conditions associated with TMJ may be divided into the following three categories:

1) Synchronisation of head & jaw muscles with other muscles

There is a necessary systematic synchronisation of the head and jaw muscles with the other muscles of the body to maintain proper body posture. The functional coupling of the stomatognathic system with the neck muscles is well known. Patients suffering from occlusal or TMJ disorders have reported dysfunction and pain in their neck muscles.12, 13 An imbalance of sternocleidomastoid muscle activity, often leading to neck pain, can be induced by a unilateral loss of occlusal support.14

The biomechanical impact on the cervical vertebrae during mastication has been calculated, which confirmed that vertical occlusal alteration can influence stress distribution in the cervical column.15 Possible associations between trunk and cervical anatomy and facial symmetry have been reported.16 For example, it has been found that visual perception control is most important in orienting the head in the frontal plane.17 A relationship between dental occlusion and postural control has also been postulated.18

2) TMJ & body stability

Dental occlusion/TMJ condition exerts an influence on body stability. Human beings assume a three-dimensional network extending throughout the whole body.23 This network can be stretched by the contraction of underlying muscles and transmit tension over a distance.24, 25

The fascial tissues are arranged vertically, from head to toe, and four interconnected transverse fascial planes crisscross the body. Therefore, should an injury occur in one part of the body, pain and dysfunction may occur throughout the body.19

Mechanism based on qi and the meridians

The second hypothesis is that the TMJ and other parts of the body are connected through the meridians, which is constituted of the fasciae. Traditionally, acupuncture meridians are believed to form a network throughout the body, connecting peripheral tissues to each other.26 Studies that seek to understand the acupuncture point/meridian systems from a Western perspective have mainly focused on identifying distinct histological features that differentiate acupuncture points from surrounding tissue.27 One of the histological and anatomical associations with the meridians is intermuscular or intramuscular loose connective tissue (fascia).28

Ancient acupuncture texts contain several references to “fat, greasy membranes, fasciae and systems of connecting membranes” through which the qi is believed to flow.29 In terms of connective tissue systems, several authors have suggested that a connection may exist between the acupuncture meridians, which tend to be located along the fascial planes between muscles or between a muscle and bone or tendon, and the connective tissue.30-33

In view of experimental evidence, it has been hypothesised that the network of the meridians can be viewed as a representation of a network of interstitial connective tissues. These findings are supported by ultrasound images showing connective tissue cleavage planes at the acupuncture points in human beings.34 Rather than viewing acupuncture points as discrete entities, it has been proposed that these points might correspond to sites of convergent action in a network of connective tissue permeating the entire body, similar to highway intersections in a network of primary and secondary roads.35

Mechanism of relationship between the TMJ and general body health based on the myofascial aspect

It is the first hypothesis of this article that TMJ and other parts of the body are connected through fasciae, which is a connective element between various anatomical structures,2 similar to the tibial nerve.37 It has been suggested that the claim of 71 per cent correspondence between the acupuncture points and trigger points is conceptually impossible. Furthermore, even putting this conceptual problem aside, no more than 40 per cent of the acupuncture points correlated with the treatment for pain and, more likely, only approximately 18 to 19 per cent of the points are actually correlated.38 The correlation between the trigger points and the acupuncture points clearly need to be further investigated in the future.

The fascial connection theory we propose can explain the functional connection between dental occlusion/TMJ and other parts of the body based on either myofascial release or the qi and meridian system, or a combination of both. Therefore, dental occlusion should be built upon and maintained in an optimal natural condition, while causes for deterioration of the TMJ status should be treated in an effort to restore the natural condition.

Contact Information

Drs Yong-Keun Lee & Hyung-Joo Moon discuss clinical evidence and mechanism of an underestimated relationship

The trigger points and acupuncture points have been discussed since 1977, when 100 per cent of the acupuncture points were found to have clinical pain correspondences for the myofascial trigger points and acupuncture points in the treatment of pain disorders were reported.

A number of similarities between them were also suggested. The two structures have similar locations and needles are used at either point to treat pain. The pain associated with the local twitch response at trigger points is similar to the de qi sensation, and the referred pain generated by needling trigger points is similar to the propagated sensation along the meridians.

It was pointed out, however, that the acupuncture points located at the trigger points are not frequently used by acupuncturists, and do not share the same clinical indications as the trigger points.39 It was further argued that the claim of 71 per cent correspondence between the acupuncture points and trigger points is conceptually impossible. Furthermore, even putting this conceptual problem aside, no more than 40 per cent of the acupuncture points correlated with the treatment for pain and, more likely, only approximately 18 to 19 per cent of the points are actually correlated.38 The correlation between the trigger points and the acupuncture points clearly need to be further investigated in the future.

The fascial connection theory we propose can explain the functional connection between dental occlusion/TMJ and other parts of the body based on either myofascial release or the qi and meridian system, or a combination of both.

Correlation between trigger points and acupuncture points

Although several centuries separate these two millennia, the traditions of acupuncture and myofascial pain therapies share fundamental similarities in the treatment of pain disorders.41 Recent reports have suggested substantial anatomic, clinical and physiological overlap of the myofascial trigger points and acupuncture points.42 The analogy between the trigger points and acupuncture points has been discussed since 1977, when 100 per cent of the acupuncture points were found to have clinical pain correspondences for the myofascial trigger points and acupuncture points in the treatment of pain disorders were reported.
Managing clinical success

Dr Mike Busby discusses how to hone business management principles to ensure on-going clinical success

The goal with every patient in our care is surely clinical success? The Concise Oxford Dictionary defines success as ‘accomplishing one’s purpose’ – so it follows that the purpose of our clinical practice is to help patients achieve oral health. The definition of oral health adopted by the English Department of Health is: ‘A standard of health of the oral and related tissues, which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general wellbeing.’

From this it’s clear there are fundamentally two aspects to assessing oral health success:

• The patient’s perceptions of comfort, function and appearance
• Professional judgements about disease activity

Our ethics, our desire for job satisfaction and even a desire for long term financial success will drive our ambition to be clinically successful. Yet how often, in a busy practising life, do we have the luxury to stop and consider exactly what clinical success is?

What is clinical success?

On a day-to-day basis, practices will provide various different treatments and advice designed to help patients towards the primary goal of oral health. In 2006 the Faculty of General Dental Practice (UK) of The Royal College of Surgeons of England published ‘Standards in Dentistry’, edited by Eaton (SIDs). 17 different clinical treatment areas have defined standards published in detail. These standards support us in determining the success of the different types of care we provide. This document also sets out two fundamental aspects to assessing the success of dental care:

• The patient’s perceptions of outcome particularly in respect of comfort, function and appearance
• Professional assessment of outcome against clinical standards informed by expert opinion

Both Zimmerman (1988) and Golletz et al (1995) have found that oral health outcomes, and therefore clinical success, are related to general patient satisfaction with the service provided. An integral part of clinical success is, therefore, to provide a good overall patient experience. It may be summarised as follows:

Clinical success is achieved with a patient who is comfortable, can eat an unrestricted diet, is happy with their dental appearance, is disease free and, if they have had any dental treatment, the outcome meets current professional standards. The patient experience of any care and treatment should be ‘ideal’.

Applying management principles to achieve clinical success
The three pillars of management suggested in Figure 1 summarise universal principles running through management teaching. They are similar to

Adapting with nature

OsseoSpeed™ TX Profile – anatomically designed implants for sloped ridges

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

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

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

For more information, please visit www.astratechdental.co.uk
the framework used in Investors in People.

This model for the management of clinical success would suggest that practices should not only work to clearly established procedures which have proved to be successful when undertaking individual treatments, which is indeed common practice, but should also have an overall oral health plan or policy for their patient base. (See fig 1)

Developing your practice oral health policy
Developing a practice oral health policy does not have to be a complicated undertaking. The Investors in People Standard would strongly suggest that the whole clinical team should be involved in its development. Current expert opinion would dictate an approach based on oral health risk screening (eg Steele 2009).

In its simplest form, a practice oral health policy would, therefore, set out firstly how patient risk for common oral conditions such as caries, periodontal disease, non-carious tooth surface loss and oral cancer would be assessed. It would then outline an evidence-based approach to care for the various risk groups.

Delivering Better Oral Health (Edition 2 2009) developed by the English Department of Health in partnership with the British Association for the study of Community Dentistry (BASCD) summarises a current evidence base: The personal development of team members may be informed by the oral health policy. For example, dental nurses may be trained to apply fluoride varnish.

Benchmarking
It will be clear from the model in Fig 1 that clinical audit will play a fundamental role in managing clinical success. A broad scope of outcome measurements will be of value. This might include oral health score audits, to indicate overall levels of oral health being achieved, through to auditing individual tooth endodontic success. Patient surveys will also be important to monitor their perceptions and some payment plan specialists can help you with this. Some can also provide clinical study days on Managing Clinical Success, which also offer up to six hours verifiable CPD.

Applying management principles can undoubtedly enhance your chances or sustained clinical success, which will result in a fully satisfied, loyal patient base, better job satisfaction and the on-going success and growth of your business.

‘Applying management principles can undoubtedly enhance your chances or sustained clinical success’

About the author
Mike Busby was a principal in a large practice in Buckinghamshire from 1976 until 2006. He has worked as an Advisor to Denplan since 1990, developing and delivering training courses with particular emphasis on the leadership, management and governance of dental practices. Mike has also been involved with the development of the Denplan Excel Oral Health Score and the Denplan Excel Patient Survey. He is now also an Honorary Lecturer in Primary Dental Care at Birmingham Dental School where he has recently completed an MPhil in ‘Measuring Success in Dental Practice’.

Bench marking
Cycling for Dentaid again

After their Dentaid Devon Coast to Coast family cycle ride in 2009, James and Freya Harris (aged 11 and 9) decided to attempt a sponsored cycle challenge in 2011 for their two favourite charities, Dentaid and the Fisherman’s Mission. After hearing about a friend’s Dad cycling the 874 miles from John O’Groats to Land’s End, they decided to see if they could total the same distance in a year from their home and around the country. Their parents generously agreed to sponsor them for 20p per charity mile and so, in January 2011, they set off, logging all their cycle rides and by June had already reached the target 875 miles, and now have completed 1,540 miles!

Their cycling has taken them as far North as the banks of Loch Lomond, and South to Falmouth, visiting Holy Island in Northumbria in the East and Blackpool in the West. Perhaps the endurance cycling in Devon and the beautiful Exe estuary has given them plenty of stamina to complete such a challenge.

In October James and Freya, with Parul and Fenil, cycled together in Devon and the beautiful Exe estuary has given them plenty of stamina to complete such a challenge.

Presented a cheque to Andy Jong for £508 for Dentaid and spent a day volunteering at the Dentaid headquarters, seeing first-hand what happens to your generous donations - allowing aid to be sent abroad.

They had a busy day, packing instruments to be sent to Bangladesh, mailing Dentaid brochures and DVD’s, helping to move files to utilise storage and reorganising Dentaid workshop.

So watch out Jacqueline and Rob in the office, the ‘A’ team will be back!

Essex schoolboy organises charity evening for Dentaid

Fenil Gandhi is at school in Northumbria in the East and Blackpool in the West.

Falmouth, visiting Holy Island in the Ssese Archipelago to provide 12 portable dental chairs and instrument kits for outreach clinics in the rural villages.

120 students, friends and local business people attended the event at Southend High School. It was hosted by Parul and the delicious three-course Indian meal, (supplied at half price by a caterer/friend of hers) was served by students wearing Dentaid T-shirts. A variety of talents were displayed – musical theatre, Bollywood dancing, street dancing, and singing – all by the school students. A raffle was held and the donated floral arrangements were sold to raise more money. A total of £1001 was raised! Thank you, Fenil and Parul!

One of Dentaid’s volunteer speakers, dentist Rowena da Rocha, gave a PowerPoint presentation about the SHED (Ssese Health Effort for Development) project and another aspiring dentist, gap year student Priyanka Patel, gave a first-hand account of her recent India Trek trip with Dentaid in September.

Youngest member of the India Trek team

Priyanka was the youngest member of the team that went to India in October to trek through the West Bengal mountains to and spend some days assisting at a Dentaid project in Kolkata.

She writes: “I went on the trip to try a new experience and to get a different perspective on life, and this volunteer work did just that. From seeing how hard the tea pickers of Darjeeling tea worked for as little as 100 rupees a month and with the sights of people sleeping on both sides of the road, it really hit home as to how much we as a country take for granted things like the NHS.

“As soon as we set up the dental clinic we had children and parents waiting eagerly outside the door to be treated. Not having any dental qualifications, I was apprehensive as to how much I could do; but it was great to see that I was able to somehow converse to a variety of people that spoke a completely different language, and to others that didn’t speak or hear at all.

“Seeing the appreciation from the people that I was informing about how to brush, what foods to avoid etc, was so fulfilling and gave me much warmth to know that I was a part of helping people to have a better quality of life by improving their oral health.”

About the charity

Dentaid has just heard that the first consignment of four portable chairs and kits has arrived safely at SHED in Uganda. Do look at our website. You will find full details of current and completed projects; how to donate equipment; volunteering opportunities at home and abroad and much more on www.dentaid.org.
Hello again. So, you’ve decided that you can or can’t change the world. You’ve decided what you are going to focus your time on. Now you need to fight your next challenge, something that comes along every day. Stress.

People say that dentistry can be a stressful job. You’re sat there, on your fourth impression for a crown you are having to remake, because the one sent to you by the laboratory doesn’t fit. You are running 40 minutes late, you’re autoclave just broke down and your receptionist has phoned in sick. To top it off, a letter of complaint arrived that morning, and you have a heart sink patient booked in that afternoon. Not your typical day in the office admittedly, but how would YOU handle such a day?

People handle stress in different ways:
• Some people shout and scream, and throw things around the room
• Some people go home at the end of the day and drink a bottle of wine to try and cope, but this gives only temporary relief
• Some people suffer health wise as stress destroys their system
• Some people don’t let it bother them. They seem to glide through life like a sailboat in a gentle breeze.

Which one would you prefer to be? We all know of the dental practitioner who throws a fit at the slightest provocation, even in front of patients. We have all heard of the dentist who routinely storms out of the practice, who shouts at his staff, and who has holes in his surgery walls from where the Luxator became firmly embedded. Some of us know these people because we are that person. A leader should not do this. A leader must always mask the true feeling behind an exterior of calm serenity. You think your job is stressful? Your job is only as stressful as you make it.

Going home to disappear into a bottle of red wine is not the answer. You are not handling the stress, you are using a chemical depressant to try and ignore the negative feelings associated with it. This works for a while, but eventually you will find yourself in a worse situation. You won’t be sleeping properly, and your health will deteriorate rapidly. You will be physically less able to deal with stressful situations, and a vicious circle will be created. Ask the BDA what percentage of dentists abuse alcohol and other drugs, and you will see what I mean.

Things have to change. If stress is ruining your life, it’s time to seek professional help. Not only that but it’s time to start exercising and eating well.

That all being said, an important way of dealing with stress is to change the way you talk to yourself. That little voice that chatters in the back of your mind, during the day and in the dead of night when you lie there awake, worrying your worries:
• Why does it always happen to me?
• I don’t deserve this?
• What if X happens?
• Why am I so busy?
• Bloody [CENSORED] technician
• How will I pay my bills?
• Oh not Mrs Smith again!

This little voice is your means of communicating with yourself, and is yours to control, should you choose to. Unfortunately, it is like an undisciplined child who likes to run rampant through the department store of your mind. It’s time to tame the voice.

• Some people suffer health wise as stress destroys their system
• Some people don’t let it bother them. They seem to glide through life like a sailboat in a gentle breeze.

Stress is a reaction…..it is something you do
• How many days do I want to practice, what would it look like? • If I could work in my ideal practice, what would it be like? • Why aren’t you treating the patient you want to treat? • Why aren’t you earning the money you want to earn? • Why aren’t you treating the patients you want to treat? • How haven’t you employed the staff that you feel are necessary for the job? • Why are you working in a practice you don’t like? • Why are you doing dentistry you don’t enjoy? • You need to take control, and you need systems, which is the very essence of why I started my website in the first place. Systems give you control, they give you focus. You need to know exactly what you want in all areas of your life, and you need to make a plan to accomplish these goals. And if you are stressed because you are treadmill, stop. The treadmill is a choice, and you can slow it any time. Hell you can even step off if you choose to. It’s your choice. Your health is too important to let stress effect it. I know, because I’ve been there.

Periodontal Disease

How do you measure success?

Dentomycin offers:

• 42% reduction in pocket depth after 12 weeks1
• broader spectrum of antibacterial action2 with greater all round activity than metronidazole or tetracycline
• conditioning of the root surface3 and enhanced connective tissue attachment4
• improved healing through inhibition of degradative collagenases5
• effective treatment of chronic periodontitis which has been associated with cardiovascular diseases6-9

4. Riffen BR, Vannini AT, Golub LM. Blocking periodontal disease progression by inhibiting tissue factor expression in gingival fibroblasts, J Periodontol 1988;59:30-7
8. Mattila KJ. Dental infections as a risk factor for acute myocardial infarction. Eur Heart J 1993;8:355-61

Dentomycin (minocycline 2%) is active as halide salt in a light yellow coloured gel (minocycline as hydrochloride dihydrate). Presentation: Disposable applicator in an aluminium foil pouch. Each carton contains 5 pouches. Carton £103.02+VAT. Distributed by: Blackwell Supplies, Medcare House, Gillingham, Kent ME8 0SB or by telephone: 01634 877525
The clear choice for straighter teeth!

In-Line®, the favourably priced alternative from Germany!

For further information please contact:
Rasteder Orthodontic Laboratory UK Office
Nick Partridge · UK Sales Manager
174 Lodge Lane · Solihull · B91 2HP
Tel. +44 (0)121 244 0827 · Mobile +44 (0)7970 207377
nick@in-line.eu · www.in-line.eu

In-Line® splints correct the position of the teeth without compromising the appearance of the patient.

In-Line® splints have a continuous effect on the teeth ensuring a smooth movement to the required position.

People are free to post their comments online

The internet and social networking websites have made it far easier for people to communicate. In many circumstances this can be great, allowing like-minded individuals to share information with each other at high speed. However, it can also cause problems. What happens if a dental professional discovers that a patient has aired their frustrations over treatment or service online? Rupert Hoppenbrouwers, Head of the DDU, discusses how best to deal with criticism when it appears in this very public domain.

The internet has presented many opportunities to the world. Nowadays people can simply type a phrase into a search engine and gain a wealth of information on most topics. If the information they need isn’t already available, they can ask a question on a forum and benefit from the knowledge of people who they have never even met. However, with the free sharing of information online comes risk. If people have a negative experience in any area of their life, they can simply go on the internet and share it.

And it isn’t just large companies who can face the wrath of the public online. Dental professionals too may find that they are the subject of online criticism. Websites such as NHS Choices were designed specifically to allow NHS patients to express their opinion about their experience of NHS treatment and this can mean both the good and the bad. Additionally, social networking sites and other online forums provide patients with a similar opportunity, and, when faced with negative comments made in the public domain, it can be difficult for dental professionals to know what to do.

Responding to online criticism

It is natural for a dental professional to feel angry, frustrated or upset when they see comments about them or their practice online. The comments may present a very one-sided view of a situation and it may be tempting to respond. However, it is important to think very carefully before deciding to respond to negative online comments.

Some practices embrace patient’s online feedback, responding positively to their comments and apologising if they are not happy with the service they have received. Any response must preserve patient confidentiality, and should not appear in any public forum. If a dental professional or practice does decide that a response is warranted, it should be in line with the NHS complaints procedure, which emphasises the need for practices to be open and honest. Patients should be encouraged to get in touch with the practice if they have not done so already so that the complaint can be addressed formally using the practice complaints procedure.

In some circumstances, a practice may consider online posts to be completely untrue or abusive in nature and may want to have the posts removed. On independent forums this may be difficult but any concerns should be raised with the moderator of the website who will be able to assess if there is anything that can be done. The NHS Choices website sets out clear guidelines on what can and can’t be posted and requests that if a post is considered ‘offensive or unsubmitable’, then a moderator is contacted who, after investigating, may remove the post. If a dental professional does complain to a website moderator, it is important that they are cautious about what they say and ensure that they do not reveal any confidential patient information, either directly or through omission or inference. Simply identifying the post in question should be enough for the moderators to investigate whether or not it breaks the sites guidelines and so can be removed.

To remove or not to remove

The decision whether or not to attempt to have a post removed from a website will ultimately fall to the dental professional or dental practice and will depend upon the content of the post in question. It is important to consider that attempting to have a post removed may inflame the situation further, potentially making the patient more angry and more likely to escalate their complaint. They may then choose to post the comments on other forums or websites mentioning the fact that the dental professional or practice has attempted to ‘silence’ them. Alternatively they may complain formally to the GDC, to the Dental Complaints Service or to the NHS, or bring a civil claim for negligence.

It is understandable for a dental professional to desperately want negative comments to be removed, but this must be balanced against the fact that it may draw further attention to the matter. With this in mind, it may be wise to consider an alternative way of responding.

About the author

Rupert Hoppenbrouwers is head of the DDU. He is a former general dental practitioner and was Director of the School of Dental Hygiene at University College Hospital from 1980 to 1996. He has lectured and written widely on risk management and dental legal matters and has a particular interest in clinical negligence and dental care professionals. He is currently Chairman of the UK Dental Law and Ethics Forum.
Dealing with injection anxiety
Michael Sultan discusses the different types of infections

Warming the solution
There is little evidence that this actually helps ease the stinging discomfort of an anaesthetic. This is more likely caused by the pH rather than the temperature. However, it is very simple to warm solutions in special heaters and once again, this approach will help reassure patients and project a caring attitude from the clinician and dental team.

Distraction techniques
Many practitioners have their own tricks to distract patients during actual treatment, but for a local, there is some evidence that suggests vibrating the lip may reduce pain. There are even several special devices designed specifically for just this task, such as the Vibraject – a vibrating device attached to the syringe.

Needle-free systems
It is the needle itself that is the most common, overarching reason for patient anxiety about injections. Needle-free devices have been developed and are used effectively in other forms of medicine but the problem with dentistry is that the anaesthetic has to penetrate bone, so it has to be delivered under higher pressure. The inject system developed for children some years ago, proved unsuccessful as the actual delivery was quite a shock and there could be prolonged bleeds.

Slow injection with low pressure
In my opinion this is the key to delivering great locals for the very simple reason that injecting very slowly into an area that is numb can cause very little discomfort. This really is a drip approach as a few drops are injected before the needle is advanced a millimetre or two followed by another few drops. Slowly, slowly advance the needle until it is in the ideal location. I usually wait a short while before giving the full local. Giving a slow injection very calmly also prevents cardio-vascular problems from giving a local too fast. The Wand, a computer assisted local anaesthetic delivery system, can help administer very slow locals under low pressure.

Whatever techniques you use, the most important aspect of delivering a local is to calm and reassure the patient, listen to and empathise with their anxieties then inject calmly and slowly making sure you allow plenty of time for the anaesthetic to work.

Do you need new patients?
In four short months our website for the public has attracted more than 500 people who are prepared to leave their present dentist and travel in order to find one with The Wand STA. The Wand STA allows you to easily, quickly and predictably anaesthetise a single tooth, with no collateral lip tongue or cheek numbness. Our studies have shown that more than 80% of people prefer The Wand STA to the syringe and are happy to pay a supplement making LA a profit centre.

"The Wand really does give great injections in a slow gentle and very comfortable way" - Dr Michael Sultan

40 million injections prove that The Wand works!
For more information please go to www.d-p-s.uk.com To order please contact info@d-p-s.uk.com

In the 25 years since I qualified, there have been incredible advances in dentistry, the equipment we use and the technology that is readily available. However, despite the media-hype that surrounds the latest needle-free dental injections (and there have been several) one has yet to be developed that is as effective at penetrating bone. It is hardly surprising then that most patients’ anxiety is based on the double fear of pain and the injection. Ultimately a local, delivered neatly and carefully will go a long way to dispelling such anxieties and can help build a practice’s reputation for empathetic treatment.

Of course, many patients will have suffered a bad experience which, in some cases will be because a local anaesthetic was given too quickly and in the wrong location to an already stressed patient. Some patients even say they are allergic to adrenaline when in all probability they were given an injection too fast with the adrenaline going intra-vascularly and leading to an uncomfortable tachycardia. The pain of the actual injection varies according to the technique and the anatomical area; infiltrations in the posterior maxilla can be almost imperceptible while those in the anterior region or palate can be very tender and much of the pain can be caused by tissue tearing especially in the tightly bound periosteum of the palate.

There are many techniques for delivering good local anaesthetics that also help calm anxious patients and while it would be easy to dismiss some of these techniques as mere placebo, I firmly believe that patients have the right to be pain free and, as clinicians, we have a duty to fulfill that whenever possible.

Topical anaesthetic
Studies suggest that the most significantly beneficial factor is using a topical anaesthetic gel is that it helps relax and reassure patients. Although there is some superficial numbness from the gel being placed against the mucosa, the level of penetration is small and of course, there is also the potential for allergy. However, many patients ask for a topical and it may help relax them. Indeed, some dentists often place the topical, then inject a few drops of local and wait before giving the full anaesthetic.

About the author
Dr Michael Sultan BDS MSc DDS FICD is a specialist in Endodontics and the Clinical Director of Endocare. Michael qualified at University of London. He has been chairman of the Alpha Omega dental fraternity. In 2008 he became clinical director of Endocare a group of specialist practices. Dr Michael Sultan can be contacted for advice regarding patients or any issues raised by his articles at info@endocare.co.uk.
I first became involved with charity work about six years ago, since then some of our ideas have escalated and yes we have had some crazy events but the amount of pleasure we have also had has excelled, it’s brought not only united this practice but also the patients and the community. On several occasions I have held City-wide events and on one occasion a transatlantic event.

If you are thinking of planning an event why not think of something that is going to make a difference. I would start now by planning my National Smile Event.

Any event needs careful planning, it doesn’t have to be on a large scale but as May will soon be here if you do intend to support BDHF now is the time to come up with ideas and get the team involved.

We have participated in this event as a practice for several years, but last year I wanted to do something different than the usual drawing competitions, attending the Mall etc. Last year I asked the Lord Mayors, permission to hold an event outside the Town Hall Sheffield being in my opinion prime spot.

This idea soon began to develop into a big City event. Football clubs was involved, the University, Radio Stations in fact if a big name appeared in our local paper I contacted them. I wanted their involvement.

I contacted all relevant departments and was granted a licence to hold the event, the City donated a covered stall, a licence was granted for the collection of monies, I approached as many Companies as I could asking for dental samples, local Businesses also participated by offering raffle prizes. Sheffield United Football Club donated a signed team shirt and game tickets.

Everything was falling into place, I had contacted Dental Companies for donations and then dental samples arrived!!!! Oh my! where was I going to store these. I had that many samples they lasted all day and I have sufficient for our next campaign. Plus I gave so many away to a charity that was going to a third world Country.

Team event
This is always a team event, we hold meetings to discuss ideas and suggestions and together we draw an action plan.

Last year the event was carried out by using two teams, one promoting NSM whilst the other maintained the surgery clinics, halfway through the day we swopped over. You still have to remember you are a business so try to ensure you are still priding.
a service, it’s a case of multi-tasking.

Every team member at some point was involved with the activities of the day. We have 24 members of staff including four BDS students from our outreach practice.

We have two practices, one an NHS/private practice the second an outreach practice, both practices were involved.

Description of the Event

Our aim was to offer advice and support to the people of Sheffield by going as ‘Dentists on Tour’.

I ordered hats and umbrellas with the logo ‘Dentists on Tour’ printed on them. Each member wore either a NSM tee shirt or a handy dress outfit all dentally themed and of course Courrèges the Cat outfit for terminal ill children.

We filled the stall with information regarding all aspects of dental care, information contact details for people without a dentist, held competitions, free raffles, delivered the YUK factor by showing frozen plaque through the microscope, Mouth Cancer Awareness leaflets, also we had a smoking cessation advisor on hand from NHS Sheffield and of course our dentists patrolled as dentist on Tour. It was a packed day, even to the point of one passer-by joining us and shouting declarations.

The idea had really escalated and somehow I had ended up with more than I bargained for. Oh well....

Last year my original idea of supporting only National Smile Month ended with supporting in total four charities, two local and two National but for me this made this event what it was.

The Lord Mayor came out of his office in full regalia and supported our actions. This was an unexpected bonus. The local Newspaper came and we received coverage from the Radio Station as promised.

Our final figure was 4,357 people approached the stand, this figure is an under estimation as sometimes the stall was too full to count correctly.

Charities need all the support they can get, we have the opportunity of supporting BDHF, this is a win – win situation as not only are you doing a great think but it adds that something special to your practice and you will be surprised how involved many patients get.

At last!... independent proof that The Dental Directory gives High Street Dental Practices the very best prices!

The Dental Directory has long said that it offers High Street dentists the very best over all pricing compared to all other dental dealers. Now, at last, this can be proved with independently produced evidence!

The Dental Directory, along with all other major dental dealers, submit their sales out data every quarter to an independent research company, Strategic Data Marketing LLC. They then analyse all of the data on behalf of the large dental product manufacturers.

There can be no doubting this independent data as the prices come from each dealers own sales ledgers.

Strategic Data Marketing LLC. compared the final selling prices of 25 top-selling branded products from the categories shown below. These are the final prices charged to customers, after all discounts and promotions have been applied, and they found that The Dental Directory were an average of 5.2% cheaper than our competitors.

Charity events can really make a difference
Some words resonate when you first hear them. Extrinsic had that effect on me. I'd heard intrinsically before but not extrinsically. The Oxford English Dictionary definition of extrinsic is: coming or operating from outside; not part of the essential nature of something.

I sometimes discover that dental practice marketing is conducted extrinsically. The practice owner brings in a marketing consultant, they work up an excellent marketing plan and it is enacted with very little, if any, involvement of the rest of the team.

I'm not picking on dental practice principals. Similar 'disconnects' happen in many other areas of businesses. How many times have you mentioned a widely (and expensively) advertised promotion to a sales assistant to be met with a blank look? Marketing consultants may argue that the advertising message is not aimed at the social-economic groups into which a company's sales assistants are grouped. True, but aren't the staff an essential part of all marketing strategies? I think so.

Returning to dental practices, I've come across instances of tooth whitening offers being advertised on a website without the reception staff knowing – making for an awkward conversation when they get the first telephone enquiry. Oh, so this article is another roasting of that old chestnut good communication? Er, no!

Merely putting a 'sticky' on the receptionist's computer saying '10% off Botox today' does not count as involving your front of house (FoH) team. What does count is making them feel like and act as ambassadors for your practice. They speak with more potential and actual patients than you do, they have longer conversations, they answer questions and resolve queries, they handle the patients' money and sort them out appointments at convenient times. Hey, they probably have more of a social life than you do and meet more potential patients! Think of them as ambassadors and already your marketing plan starts looking better.

Before you even contact the dental marketing consultant, kick around some marketing ideas in a team meeting. Your front of house staff should be able to say where potential patients learn about the practice and what questions they ask. This information could steer you towards advertising on Yell.com, social media, local newspapers or on the sides of buses. It could help you with your main marketing messages – anywhereville's friendliest dental practice; Children welcome at AN Other Practice; We open on Saturdays etc. You'll want
to monitor the effectiveness of your marketing and, again, the FoH team can help. How easy is it to ask callers where they heard about the practice? Do callers give precise or vague answers? Is it better to give them a choice of, say, three places – from a friend, the website, elsewhere? What, if anything, do callers remember from your advertisements? And is it all just so manic on the reception desk that another way of monitoring the effectiveness of marketing should be found?

Forearmed, you can now work with your marketing consultant. The best ones I’ve come across are not content to remain huddled away with the practice owner and, perhaps, the practice manager. They tour the practice and talk to team members (and patients). They get a feel for the type of enquiries received and the sorts of questions patients ask.

Once you have a draft marketing plan, it’s time to involve your whole team again, including the FoH staff. Not only do you want their comments and feedback but you also need their engagement. Give them marketing messages they can’t believe in and they’ll sound like the employees of large corporations reciting words as required by faceless head office staff. Think: “Have a nice day,” “Please wait and the hostess will seat you,” et cetera, ad nauseam.

FoH staff don’t need a copy of the full marketing plan but they do need an itinerary of key events – dates advertisements are to be placed, for example.

They should also be told (in good time) when special offers are available. We all like to hear a bit of inside information so if, for instance, a patient is chatting at the reception desk and tooth whitening is mentioned, a receptionist could say (with emphasis): “I’d make sure you look on our website tomorrow, if I were you. Here’s the address.”

Similarly, they might say: “It’s Mouth Cancer Action Month starting soon and we usually have special offers for that.”

I’m sure your marketing plan will include posting news regularly on your website and social media pages. Unless you have daily ‘huddles’ (short, informal meetings for staff, including the FoH team, with, say, the practice manager, business manager and patient coordinator) communicating these postings could be time-consuming and problematic. I suggest you encourage FoH staff to (briefly) check your website and/or social media pages online at least once a day. News that the practice raised £300 for a local charity recently or a posting on social media by a satisfied patient can be turned into marketing messages by FoH staff enthused with their ambassadorial role.

A feedback loop is desirable if not essential. You need to know the reaction to your advertisements, marketing messages, news items on the website and so on. The FoH staff are well placed to do this but, as mentioned above, may not have the time (are you missing out on good patient communication if you don’t have sufficient staff resource on the front desk?) to question patients and callers. Nevertheless, you should ask for their feedback at staff meetings. If during the month after an advertisement was placed in a local newspaper no callers mention it, did it contain the right message? If you always promote discounted tooth whitening on Wednesdays via Twitter and there’s no discernible increase in the number of enquiries on that day, maybe that’s not working.

More positively, if FoH staff notice a sudden increase in enquiries about, say, tooth alignment… could this be the result of a television programme, an article in Hello! magazine or recent tweets? Maybe you need to market your ability to undertake tooth alignment...

A proven manager of change and driver of dramatic business growth, Jacqui Goss is the managing partner of Yes!RESULTS. By using Yes!RESULTS techniques dental practices see an increase in treatment plan take-up, improved patient satisfaction and more appointments resulting from general enquiries. Yes!RESULTS turns good practices into great practices.

Jacqui Goss, Managing Partner, Ashton House Sale Cheshire M33 6HH
Tel: 08456 440686
Mob: 07795 562617
Email: jacqui@yesresults.co.uk
Website: www.yesresults.co.uk
Twitter: @JacquiGoss
Facebook: www.facebook.com/yesresults
Website: www.yesresults.co.uk
Email: jacqui@yesresults.co.uk
Mob: 07795 562617

Ashton House Sale Cheshire M33 6HE
Jacqui Goss, Managing Partner, Ashton House Sale Cheshire M33 6HH
Tel: 08456 440686
Mob: 07795 562617
Email: jacqui@yesresults.co.uk
Website: www.yesresults.co.uk
Twitter: @JacquiGoss
Facebook: www.facebook.com/yesresults
Website: www.yesresults.co.uk
Email: jacqui@yesresults.co.uk
Mob: 07795 562617

Seeing is believing!

Unique three tone plaque disclosing gel that identifies new, mature and acid producing biofilms.

Tri Plaque ID Gel from GC.

Part of GC’s Minimum Intervention program.

GC EUROPE N.V.
Head Office
Tel. +32.16.74.10.00
info@gceurope.com
http://www.gceurope.com

GC UNITED KINGDOM Ltd.
Tel. +44.1908.218.999
info@uk.gceurope.com
http://uk.gceurope.com
You’ll never look at toothpaste the same way again...

Introducing Oral-B PRO-EXPERT
One toothpaste with the benefits of many.

The first and only toothpaste with a breakthrough formulation of stabilised stannous fluoride and polyphosphate. The combination amplifies its antimicrobial, anti-sensitivity and acid erosion benefits. 15 years of research and over 70 clinical studies have helped validate this latest toothpaste innovation.

To learn more, visit us at www.oralb.co.uk/professional
Reasons to be cheerful - the banks ARE lending

Lis Hughes discusses the difference between market perception and market reality

The banks are lending to the dental profession

Banks’ and ‘good news’ are words that are rarely nowadays used in the same sentence – but it is true, contrary to popular belief the banks ARE actively lending to the dental profession.

There is though a BIG difference between market perception and market reality. The doom-sayers out there would have us all believe the banks have simply shut up shop and indeed any flick through the pages of the Daily Mail or Express would back up this view.

Market reality however is very different - There are now more high street banks than ever before who will lend to dentists who wish to purchase a practice.

At last count there are nine banks who understand dental practice goodwill and will lend for a new practice purchase – be it leasehold or freehold. Can you name all nine???

Coupled with this there are at least 10 specialist asset purchase lenders who will be able to assist with equipment and potential refurbishment costs.

The UK banks actually have an edit from the Government to lend and with the dental industry being one of very few so called ‘Green Light’ sectors they are being actively encouraged to lend.

All banks though are different - each has their own preference as to the type of practice they will lend on and have differing credit and lending policies and it is difficult for the individual dentist to know the best bank to approach for the best chance of securing a your proposal in to a format which would appeal to the banks and then submit your proposal to a number of these lenders to ensure maximum chance of a positive and in turn secure the best lending terms available.

David Brewer – specialist Business Advisor at FTA Finance said: “The most common question asked of me is ‘are the banks still lending’. My answer is always a resounding YES. In 2011 we submitted over 210 individual dental lending proposals to the banks with overall borrowing of £101M. Of these just over 95 per cent were approved by at least one of the banks. The clients proposal quite often needs an element of ‘tweaking’ to ensure it is presented in a way which will appeal to the banks however once submitted I am confident of securing a positive outcome.”

So whether you are an Associate looking to buy your first practice or indeed and existing practice owner looking to acquire your 2nd or 3rd this is a good time to raise finance.

Even if your Bank says NO - this quite often means there is nothing wrong with your proposal – you simply do not fit that bank’s credit criteria. And remember there are potentially eight other banks out there looking to lend.

At last count there are nine banks who understand dental practice goodwill and will lend for a new practice purchase – be it leasehold or freehold. Can you name all nine?'

At last count there are nine banks who understand dental practice goodwill and will lend for a new practice purchase – be it leasehold or freehold. Can you name all nine?

DO engage the services of an independent firm to liaise with the Banks on your behalf – will ensure proposal is packaged for best chance of a positive response and also to negotiate best terms.

DO ensure you provide an accurate summary of your current position including all savings and existing borrowing.

DO ensure your CV is up to date with particular focus on any past Managerial experience.

DO expect the Bank to want you to put down a contribution towards the purchase.

DO undertake your own research of the local area and find out why the current owner is selling.

Tel: 08456 123 434
01707 653 260
www.ft-associates.com

About the author

Lis Hughes is a Director of Frank Taylor and Associates and works specifically with the clients as the transaction proceeds through the sale and purchase process. A recognised voice of authority on what is happening in the dental sector, Lis will be provide an update on CQC and the impact of good compliance on the valuation of a practice.

Tel: 08456 125 354
Email: lis.hughes@ft-associates.com
Frank Taylor and Associates
@franktaylorassoc

Raising Finance?

Frankly Speaking

www.ft-associates.com
Managing expectations
Michael Sultan on complex attitudes, hopes and fears

Somewhere among the ever shifting sands of success and failure lay outcomes and expectations and if we’re lucky, they may overlap. As clinicians, we’ve all found ourselves in that uncharted territory when the realisation dawns that our assessment of a successful treatment outcome is a million miles removed from the patient’s expectations.

Understanding and managing expectations is paramount, underlined by the 2005 OFT report that stressed the importance of good communication in achieving patient satisfaction, and subsequently reinforced by CQC regulations that require documentary proof of informed patient consent.

Expectations are bound up in rationality and emotion, complex attitudes, hopes and fears. At a very simple level, rational expectation is determined by what is likely to happen – if you drive at 100mph towards a brick wall, it is very likely that you’ll hit it. In other words, by removing the uncertainty that would otherwise mean the car colliding with the brick wall would be a complete surprise, we are effectively managing expectations. However, when emotional expectation becomes belief about what may happen in the future, disappointment is a frequent outcome.

As ever, the media and advertising especially have much to answer for by bombarding us with images of physical perfection in order to sell anything from cars to cosmetic dentistry. Because most of us have realistic expectations, we know perfectly well that buying a particular vehicle is not going to put us on a par with George Clooney as soon as we turn the ignition. But, when an idyllic beach front hotel turns out to be a building site, we will complain not just because it didn’t meet our expectations but it is not what we were sold. Therein lies the conundrum - the ‘contract’ between dentist and patient that is so much more than the simple exchange of money for treatment or services.

The term ‘psychological contract’ was adopted in the 1960s to describe the relationship between employers and employees but in some ways it could equally well apply to the relationship between dentists and patients because the expectations of both parties will include be-
haviour; does the patient take advice, carry out actions to improve their oral health or aid recovery? Does the dentist pay attention to the patient's expectations, their anxiety about pain and fear?

When a patient is referred for specialist endodontic treatment, there are several layers of expectation; the patient's obviously, their referring dentist and the endodontist. One of which sounds eminently straightforward except that it is at this point that the information one gives can alter the patient's expectations which may well be necessary if they appear unrealistic.

With all pain there is the emotional component of anxiety that always needs to be addressed sympathetically. The patient needs to understand how anaesthetics differ, that with infected teeth and swelling, unless there has been good drainage, pain is likely to persist until the treatment or antibiotics begin to work; that low grade pain from bruising is likely, and that there is never a 100 per cent guarantee of success.

Because they are invariably referred while in pain, patients are more concerned with immediate relief than the longevity of the treatment but it is our duty to explain that while endodontists can root fill most teeth there may be little long term benefit if the tooth cannot be restored. If that is the case or there is further coronal leakage, the tooth will fail and the patient has to be made aware that for treatment to last the restoration on top is as important as the root filling.

It is a natural human response to want to reassure that ‘all will be well and the pain will go away’ but we serve our patients and our profession far better by honestly managing expectations.

Endodontics is difficult, time consuming and expensive but patients are fully entitled to expect that they will be treated well, comfortably and efficiently. One always hopes - but never assumes - there will have been several consultations to lay the foundations of what can be expected in terms of treatment and outcome, before the patient reaches the specialist. Once they do reach us, then we must assess and manage the expectations they arrived with, although I do draw the line at following a cosmetic clinic that employs a clinical psychologist to interview patients to avoid problems in the future.

Endodontics is difficult, time consuming and expensive but patients are fully entitled to expect that they will be treated well, comfortably and efficiently, that their pain will be alleviated and the cost and longevity of the treatment will be fully explained to them. All of which sounds eminently straightforward except that it is at this point that the information one gives can alter a patient’s expectations which may well be necessary if they appear unrealistic.

For further information:
01480 477307
info@acteongroup.co.uk | sales@acteongroup.co.uk | www.acteongroup.com

SOPRO LIFE
DIAGNOSIS & TREATMENT

A patented new fluorescence technology which allows you to 'see the invisible' – detection of occlusal or interproximal decay, even in its earliest stages, which is often missed by X-rays. The fluorescence images produced in treatment mode show a differentiation between healthy and diseased tissue, while images can be compared under white light in daylight mode. All images can be evaluated with magnification of 30x to 100x and work seamlessly with Sopro Imaging software.

For a limited time only, get the USB Dock Station (shown right) absolutely FREE when you purchase the SoproLife.
A mission to remember

Jenny Lees reveals the adventures of Dentanurse

Dentanurse has often been approached to supply the dental first aid kits to adventurers travelling to parts of the world where dentistry is impossible to obtain. The Dentanurse first aid kit for teeth has been taken on round the world yacht races and into the jungle by Operation Raleigh and this February a Dentanurse kit was taken on an expedition to The South Pole.

The Dentanurse kit was recently included in the equipment taken to the South Pole by Dr Ian Davis, a Cotswold based GP. Ian has been the doctor responsible for polar medical safety on two trips to the magnetic North Pole for the BBC (once with Dr Michael Stroud and once for the BBC programme Top Gear). He has also been polar advisor to the Discovery Channel presenter Bear Grylls. Dr Davis is one of the contributing authors to the polar medicine chapter in “Wilderness Medicine” regarded by many as the definitive text book for practising medicine in extreme environments and he also edited the polar medicine chapter in the “Oxford Handbook of Wilderness Medicine”. It was therefore very gratifying to have the feedback from Dr Davis that he’d used the Dentanurse kit in temperatures of minus 45 and it had worked well.

The expedition to The South Pole this February was to commemorate the centenary of the historic race to The Pole between Scott and Amundsen. Coincidentally it was on a snowy ski slope that the concept of “Dental First Aid” came to Dental Surgeon Tony Lees when he lost a filling in freezing temperatures. Returning to his hotel he tried to seek help from the local dentist only to be told that the dentist had broken his leg skiing. Tony then set out to locate a pharmacy in the hope of purchasing some zinc oxide and eugenol to make his own repairs but had no luck with this either. He spent a miserable week with an exposed nerve being subjected to the contrasting temperatures of the chilly slopes and the warm hotel. Returning home he reasoned that many holidays must be ruined by what is one of the most common dental accidents...the lost filling!

The expedition to the South Pole was led by Dr Ian Davis, a Cotswold based GP. Ian has been the doctor responsible for polar medical safety on two trips to the magnetic North Pole for the BBC (once with Dr Michael Stroud and once for the BBC programme Top Gear). He has also been polar advisor to the Discovery Channel presenter Bear Grylls. Dr Davis is one of the contributing authors to the polar medicine chapter in “Wilderness Medicine” regarded by many as the definitive text book for practising medicine in extreme environments and he also edited the polar medicine chapter in the “Oxford Handbook of Wilderness Medicine”. It was therefore very gratifying to have the feedback from Dr Davis that he’d used the Dentanurse kit in temperatures of minus 45 and it had worked well.

The expedition to The South Pole this February was to commemorate the centenary of the historic race to The Pole between Scott and Amundsen. Coincidentally it was on a snowy ski slope that the concept of “Dental First Aid” came to Dental Surgeon Tony Lees when he lost a filling in freezing temperatures. Returning to his hotel he tried to seek help from the local dentist only to be told that the dentist had broken his leg skiing. Tony then set out to locate a pharmacy in the hope of purchasing some zinc oxide and eugenol to make his own repairs but had no luck with this either. He spent a miserable week with an exposed nerve being subjected to the contrasting temperatures of the chilly slopes and the warm hotel. Returning home he reasoned that many holidays must be ruined by what is one of the most common dental accidents...the lost filling!

**Testimonials**

“I would recommend this course to everyone that wants to know more about general dentistry and despite the realities of bad mouth dentistry. The great thing is it also enables your decision making for the complex cases.”

Harinder Singh Thiar, Kentish Town

“My clinical experience has grown exponentially and my cost assessment feels stress free now. The uptake for work and referrals has grown considerably. I had really recouped my investment in the course fees plus a lot more return in the week.”

Tim Earl, East Sussex

“Great atmosphere, a lot of fun”

Thomson Webster, Swindon

“Ian Buckle is incredibly knowledgeable, approachable and passionate.”

Jacqueline Fergus, Aberdeen

“The course pace of theory and hands on was perfectly pitched. Tony’s attendance fee was free, at the end of the week, Ian recouped my investment in the course fees plus a lot more return in the week.”

Tim Earl, East Sussex

“Great atmosphere, a lot of fun”

Thomson Webster, Swindon

“Ian Buckle is incredibly knowledgeable, approachable and passionate.”

Jacqueline Fergus, Aberdeen

“The course pace of theory and hands on was perfectly pitched. Tony’s attendance fee was free, at the end of the week, Ian recouped my investment in the course fees plus a lot more return in the week.”

Tim Earl, East Sussex
It was 1985 and a quick search revealed that the only dental first aid kit was one put together by NASA for space travel. So Tony set about making his own and the Dentanurse First Aid Kit for teeth came into being. This involved a steep learning curve with visits to plastics factories to discuss and design the components and learn about ‘medical grade’ plastics then on to pharmaceutical packagers. The pastes had to be formulated to be ‘layperson’ friendly and as a Dental Surgeon Tony wanted a paste that would always ‘deform under the bite’ so as not to create further problems when first aid was applied. The Dentanurse First Aid Kit for teeth is an entirely British made product, from the idea on the ski slope, to the first kits going into Boots Chemists and dental surgeries.

Tony wondered what the reaction of his own profession would be to the kit but he need not have worried for when the kit was first shown and demonstrated at a dental exhibition the support from the profession was overwhelming and dental surgeons were soon selling the kit through their dental surgeries. This was the time of AIDS and Hepatitis B and the Government was urging people not to seek dental treatment when travelling abroad. The kit was a very necessary item for those travelling, especially to countries where sterile supplies were in short supply. Nowadays the Dentanurse kit is an important item for home use as well as for travellers. Anyone dislodging a Crown late on a Friday evening need not spend the weekend embarrassed and unable to smile; a quick trip to Boots, a Lloyds chemists or ASDA will restore their smile until they can seek professional help. There are clear instructions for use and the unique paste in the kit will recement a dislodged Crown and the same mix when left to set will make a temporary filling. There is enough paste to make approximately six repairs. The kit is purely temporary and it is stressed in the instructions that professional help must be sought as soon as possible.

The Dentanurse kit was invaluable on a recent holiday to the Cape Verde Island of Boa Vista. Tony complained loudly that there was something ‘hard’ in his food and looked somewhat sheepish when one of his Crowns clinked on to his dinner plate ... not a very appetising sight for the fellow diners! Thankfully in the suitcase was a Dentanurse kit that had travelled the world with us for many years. Back in the hotel suite Tony mixed the two pastes together (as per the instructions that he had written himself) and re-cemented the Crown, thus saving any damage to the tooth and any further embarrassment.

So whether you are on a desert island or following in the footsteps of Robert Falcon Scott you need to pack a Dentanurse Kit if you are going out and may be some time!
First Dentist to Join BKH Group: Dr Manish Chitnis is Appointed Director of Clinical Services

Dr Al K musicians, CEO of BKH Musician Group of Companies, is pleased to announce the appointment of Dr Manish Chitnis as Director of Clinical Services for the entire BKH Group. ‘Manish is the first dentist to join us’ says Al ‘and we are looking forward to introducing his skills and experience to the business. Manish will also lead the way in demonstrating the excellent patient journey which is the USP of the BKH Group’. The BKH Group comprises a number of divisions, including the dental corporates BKH Healthcare and BKH NHS. BKH ensures that each practice has the best facilities, training and support framework to maximise income and job satisfaction. All dentists will become owners in the BKH Group and receive a share in the profits of the corporation, so that everyone benefits from the group’s hard work.

For more information about BKH please call 0161 820 5466 or email Al Kwong at ad@bkh.co.uk. For more information about BKH please call 0161 820 5466 or email Al Kwong at ad@bkh.co.uk. For more information about BKH please call 0161 820 5466 or email Al Kwong at ad@bkh.co.uk.

EndoCare

The right to natural teeth “If you get rid of a tooth before, you will never go back to the cluttered alternative.” – de Cuny, Dent Gnat. All-on-4™ is a safe and proven system that provides the best long term results and the benefits of endodontic treatment over extraction. After all, losing a tooth can really affect your self-esteem and negatively impact your quality of life. “For me, it’s a really satisfying thing to do, to see the difference you make to patients’ lives,” says Dr Lucas. “I’ve done a lot of the All-on-4™ treatments and I’ve seen the improvements in patients’ lives. It’s really rewarding to see the difference you can make.”

Referring to the Kent implant Studio

To refer state-of-the-art technology and a skilled team of experts, referring practitioners can be secure in the knowledge that their patients will be treated with outstanding care and attention to detail at the Kent implant Studio. The studio, located on Northumberland Park, is staffed by dentists who are qualified members of the Faculty of General Dental Practice and the Association of Dental Implantologists, and is also able to guide you to the best possible treatment for your patients. The Kent implant Studio is able to offer you the best possible treatment for your patients.

For more information please contact Ray Goodman for a no obligation call on: 0151 707 0006 or email: mgp@goodmanco.uk

 showroom

Legal issues regarding the sale of household products

As we all know, banks are tightening their lending criteria as well as their belts. Fortunately, dental practices fall into the free-running sectors to which banks will still lend. However, where premiums are lower, banks are increasingly seeking a minimum of 10-15 years left to run on the lease, and wishing to take a charge (mortgage) over the premises.

If you are considering selling your practice, it may be worth starting procedures to extend your lease within a reasonable times and at the right price. This will usually allow you to agree any other legal costs involved and negotiate through a solicitor if you are not a head leaseee or you have a sub-lease from your landlord which you want to sell as part of the building, from a higher landlord, the situation can be even more difficult.

For more information please contact Ray Goodman for a no obligation call on: 0151 707 0006 or email: mgp@goodmanco.uk

showroom

Thank you impression traps

CosTech Elite introduces a new option for dental professionals looking to boost their bottom line. Set up for a May 2012 Launch, ThankYou Impression Trays will be supplied to dental professionals completely free of charge as a ‘thank you’ to all of CosTech Elite’s customers over the past 35 years. By supplying ThankYou impression traps for free, CosTech Elite hope to eliminate the cost-cutting tactics used by some dentists of reusing disposable trays, which carries a significant risk of cross-contamination.

With features that enable you to automatically generate reports and maximise your income potential, ThankYou Impression Trays are available exclusively from CosTech Elite, presenting an outstanding saving on promotional materials, online payment managing tools, and everything you need to support your patients. CosTech Elite hope to eliminate the cost-cutting tactic used by some dentists and allow professionals completely free of charge as a “thank you” to all of CosTech Elite’s customers.

For more information on how CosTech Elite® can help you, call 01474 320 076 or visit www.costech.co.uk

showroom

Back up your finances with R4 back-office from Carestream Dental

If you are facing a business is interfering with the treatment of your patients, let R4 back-office minimise the risk by ensuring you get back to what’s really important: dentistry. Back-office management is an area where you tend to have everything you need for efficient practice management and best practices. But with the help of R4, you can develop the tools needed to develop an effective practice management and management such as:

• Payroll • Purchase ledger • Nominal ledger • Bank • Stock control • Petty cash • Staff records

Back-office even allows you to create detailed staff records for all your employees, which in turn helps you comply with outstanding 12 requirements relating to workers and 14 (Supporting workers) of the CQC.

For more information, contact Carestream Dental on 0800 169 8562 or visit www.carestreamdental.co.uk

showroom

Legal advice

We are pleased to announce the appointment of Manish Chitnis as Director of Clinical Services for the entire BKH Group. ‘Manish is the first dentist to join us’ says Al ‘and we are looking forward to introducing his skills and experience to the business. Manish will also lead the way in demonstrating the excellent patient journey which is the USP of the BKH Group’. The BKH Group comprises a number of divisions, including the dental corporates BKH Healthcare and BKH NHS. BKH ensures that each practice has the best facilities, training and support framework to maximise income and job satisfaction. All dentists will become owners in the BKH Group and receive a share in the profits of the corporation, so that everyone benefits from the group’s hard work.

For more information about BKH please call 0161 820 5466 or email Al Kwong at ad@bkh.co.uk. For more information about BKH please call 0161 820 5466 or email Al Kwong at ad@bkh.co.uk. For more information about BKH please call 0161 820 5466 or email Al Kwong at ad@bkh.co.uk.
Be a front runner with performance mouthwear
Enhance Dental lips is a private practice based in Luton. Cambridgeshire, and recently became an official Under Armour Performance Mouthwear® (UAPM) provider. The practices head dentist Feryll Chown has been running marathons for the last seven years, as an inspiration to her patients. She named-and-numbered UAPM at the beginning of September 2011 and then during a race that was won on the following month. I’ve been wearing it ever since – it’s part of the running kit now.

“Don’t get the soreness in my jaw anymore. As for my muscles and recovery the next day, I have noticed a real difference, and during the race in October I was much more focused. It definitely helped.”

It’s really comfortable because I can take my loupes when running, and I can still talk with it – I do as we chat far too much or it anything.

“UAPM is part of my training for the next London marathon, I’d definitely recommend trying it.”

For more information on how your patients can benefit from Under Armour Performance Mouthwear® go to www.bitetech.com, call Nuview on 01453 872 266 or email armouths@bitetech.com.

New Curing Light from Oxydent
With the continuing popularity of the Woodpecker brand of products, Quident have introduced a new cordless, LED curing light. The Woodpecker LED-E is a light weight cordless, gun-type curing light operating with a 50W output from 1000 lm. The handheld shape perfectly suits the user’s hand, making it simple and easy to use.

The LED-E features four different pre-set times varying from 30 – 200 seconds, allowing all the various procedures. Additionally, the use of ramps or pulses along with the standard full beam. There is a built in light meter in the base.

The fully charged Lithium battery can safely be 10-second curing point over 200 times, after a charging time of almost 2.5 hours. The rechargeable battery is also replaceable increasing its lifespan.

The Woodpecker LED-E is competitively priced at £249.00 + VAT

If you require any more information on the LED-E, please contact Quident on 0161 217 7375 or email Sales@quident.co.uk

Krisa Zeus Dental microscopes - “Confidence and Accuracy”
Predictable treatment outcomes clear vision of the microscopes and the key to success for their superior optics. Krisa Zeiss Dental microscopes produce bright, high contrast, true-colour images, allowing the user to avoid dexterity, visual and visualisation.

Dr Alastair Fee of A R Fee Dental Practice, Stoke on Trent, recently reported in a Zeiss OPMI ProTe, available exclusively from Nuview in the UK.

“I first discovered Nuview at an exhibition in London, I was impressed but could not justify the cost at the time. Later, in 2009, I attended a microscope training course. I immediately ordered some Krisa microscopes to test out. I was about time to invest in a microscope. Having already looked at the other microscopes on the market and taken advice from colleagues, I opted for the superior performance that Carl Zeiss dental microscopes offer.

“The service I received from Nuview was excellent, and the microscopes performance is every bit as good as I hoped it would be. I use it every major week of my work; the impressive lighting and magnification greatly increases my confidence and has improved the accuracy of the treatment provided.”

For more information please call Nuview on 01453 872 266, email info@routerview-hld.com or visit www.nuview.co.uk

Dr Fergil Gill, an orthodontist at Smile Studio.

I admit to having been very sceptical about a ‘non-orthodontic’ dentist like myself giving advice on such things, but I do believe that orthodontics is not just a cosmetic procedure. It is an operation that must be included in the patient’s treatment plan. As a result of this, I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.

The appliance is straightforward to use and the overall cost of the treatment is very reasonable. I would highly recommend it to anyone looking for a straight, confident smile.

The appliance is very comfortable to wear and has greatly improved the accuracy of my treatment. I have been able to achieve a level of comfort and accuracy that I had never thought possible. I now use a combination of both conventional and digital techniques to achieve the best possible results.
Dental Tribune UK

Editorial Board

Dr Neel Kothari
BDS Principal and General Dental Practitioner

Dr Stephen Hudson
BDS, MFGDP, DEFP
General Dental Practitioner

Mr Amit Patel
BDS, MSc, MDSc, MBRRCS, MRD, RCS, FDS, FHEA
Specialist in Periodontology & Implant Dentist
Associate Consultant Birmingham Dental Hospital

Professor Nick Grey
BDS, MSc, PhD, DRDRCSEd, FDSRCSEd, FHEA
Professor of Dental Education, National Teaching Fellow, Faculty Associate Dean for Teaching and Learning School of Dentistry, Manchester

Professor Andrew Eder
BDS, MSc, MFDS, FDS, FDS, FHEA
Director of Education and CPD, UCL Eastman Dental Institute

Mr Raj Rayan
OBE
Associate Dean of Postgraduate Dentistry, London Deanery

Dr Trevor Bigg
BDS, MGS, RCS (Eng), FFD (Eng), FFGDP (UK)
Practitioner in Private and Referral Practice

Baldeesh Chana
RDH, BSc, FETC, Dip DHE
President, BADT and Deputy Principal, Barts and The London School of Medicine and Dentistry

Dr Stuart Jacobs
BDS MSD (U Ind)
Full-time Private Practitioner

Shaun Howe
RDH
Dental Hygienist

De Richard Kahan
BSc MSc (Lond) LDS RCS (Eng)
Endodontic Specialist

Mrs Helen Falcon
Postgraduate Dental Dean, Dental School, Oxford & Wessex Deaneries

Professor Liz Kay
Dean of the Peninsula Dental School, Plymouth

Pam Swain
MBA LCGI FIAM MCMI BADN®
Chief Executive

Mr Raj Rattan
Associate Dean, London Deanery

Luxator Extraction Instruments were invented by a Swedish dentist to make extractions as trauma free as possible. He developed subtlestes in the design only a practising dentist would appreciate with an acclaimed and ergonomic handle design. For this reason our Luxator instruments are discernably different.

Dental Tribune UK Ltd
4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1N 8BA

© 2012, Dental Tribune UK Ltd.
All rights reserved.

Dental Tribune UK Ltd makes every effort to report clinical information and manufacturers’ product news accurately, but cannot assume responsibility for the validity of product claims, or for typographical errors. The publishers also do not assume responsibility for product names or claims, or statements made by advertisers. Opinions expressed by authors are their own and may not reflect those of Dental Tribune International.

Published by Dental Tribune UK Ltd
© 2012, Dental Tribune UK Ltd.
All rights reserved.

Dental Tribune UK Ltd makes every effort to report clinical information and manufacturer’s product news accurately, but cannot assume responsibility for typographical errors. The publishers also do not assume responsibility for product names or claims, or statements made by advertisers. Opinions expressed by authors are their own and may not reflect those of Dental Tribune International.

Editor
Lisa Townshend
Tel: 020 7400 8979
Lisa@dentaltribuneuk.com

Publisher
Joe Ackah
Tel: 020 7400 8964
Joe.ackah@dentaltribuneuk.com

Design & Production
Ellen Sawle
ellen@dentaltribuneuk.com

Dental Tribune UK Ltd
4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1N 8BA

Follow us on Twitter
SDAL National Association of Specialist Dental Accountants & Lawyers

Please contact:
Nick Ledingham BSc, FCA
Tel: 0151 348 8400
Email: mail@moco.co.uk

- Assistance with Buying & Setting Up Practices
- Tax Saving Advice for Associates and Principals
- Incorporation Advice
- NHS Contract Advice
- Particular Help for New Associates
- Help for Dentists from Overseas
- National Coverage
- We act for more than 650 Dentists

SDAL Website: www.moco.co.uk/dentists

Are You Making These Retirement Planning Mistakes?

Making mistakes with your retirement planning could cost you tens of thousands of pounds, especially when you may not know about any mistakes until it’s too late.

This free guide reveals how to plan for your retirement as mistake free as possible. Just call the 24 Hour PRE-RECORDED LINE today and we’ll send you a free copy of ‘How to Avoid The 7 Most Common Retirement Planning Mistakes’.

“Essential reading for all dentists” Chris Barrow

Rutherford Wilkinson Ltd is authorised and regulated by the Financial Services Authority
21-23 Brenkley Way Blezard Business Park Newcastle upon Tyne NE13 6DS

Will HMRC Be Sending You A Surprise Tax Bill?

Pensions legislation has undergone major changes again and some dentists may fall foul of the new rules without even being aware, resulting in an unwanted additional tax bill.

A new Special Report reveals what you need to know and how to take action with regards to your own pension and retirement planning.

“Essential reading for all dentists” Chris Barrow

0845 653 1020

PFM have many years experience of helping dentists to purchase a practice. We are fully independent and have a reputation for integrity and professionalism.

Visit www.pfmdental.co.uk for details of our regular practice purchase seminars.

For more information contact Jon Drysdale on 01904 670820 / jon.drysdale@pfmdental.co.uk

Geoﬀ Long

We can reduce your tax bill if you:
- Own a proﬁtable Dental Practice & Pay Corporation Tax
- Own your Practice Freehold
- Want immediate access to your Pension Pot Tax Free

Call us on 01438 722224 or email ofﬁce@dentax.biz

Either call the 24 HOUR PRE-RECORDED LINE today and we’ll send you a free copy of ‘The New Pensions Rules - What Dentists Need To Know’.
Evolution in action

The original LED turbine just got even better!

Unbelievable Value:
Buy four W&H Synea Handpieces & receive the least expensive FREE*

Synea offers an unbeatable range of handpieces to meet the needs of our customers. This range includes W&H’s revolutionary range of LED handpieces.

But not all LEDs are the same - and we want our customers to have the best. So we are pleased to announce that W&H has raised the bar once again! Improved positioning of the LED source at the head of the handpiece ensures accurate bright illumination of your treatment site. The new LED+ also has an unparalleled Colour Rendering Index (CRI) giving colours a supremely natural feel. And Synea has a small head too, so your daylight quality light will not be obscured by your handpiece.

Contact W&H today to see things more clearly with Synea LED+.