Countdown to end of CPD cycle

A look at some of the options Dental Care Professionals have at their fingertips do to fulfil their CPD requirements in time for the July deadline...

At this year’s Dentistry Show, held last month at NEC arena, the recurring theme with delegates was how they could gain CPD (continuing professional development).

The purpose of CPD is to provide high-quality care. It is study, training, courses, seminars, reading and other activities which advance the professional development of dental professionals. CPD is a requirement of all dental professionals’ registration with the GDC, with the ultimate aim of benefiting patients through the careers of its registrants, reading and other activities which advance the professional development of dental professionals.

Online learning is a great way to gain CPD. It can be done in your spare time, at your own pace, and is easily accessible. Healthcare Learning: Smile-on has a host of online learning programmes that are useful, informative, and an easy way to earn that all-important CPD.

Evidenced- Registrants must keep their CPD records for five years after the end of the cycle in which they were completed, as evidence may need to be presented to the GDC.

According to the GDC, 15,607 DCPs have logged more than the minimum hours, and 4,167 have logged no hours.

Mandatory
In August 2008, CPD became mandatory for all dental care professionals (DCPs). In four months’ time almost 40,000 DCPs will come to the end of their first five year cycle of CPD; on 31 July 2013 they must have completed the required 150 hours. This is a legal requirement and registrants will have until 28 August 2013 to declare the hours that they have completed or risk losing their GDC registration.

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Evidence
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All you need
Sign up for Core CPD, a site that provides all the resources you need to fulfil the requirements of the GDC. Created in conjunction with the Eastman Dental Institute and KSS Deanery, Core CPD is a website that is flexible and convenient, allowing you to fit it around your lifestyle. Topical hourly CPD requirements include Communication and Complaints, Infection Control for DCPs, and Medical Emergencies. With the core subjects complete, build up the rest of your CPD with one of their many programmes.

Dental Nurse Education Zone, for example, is the UK’s first blended learning website specifically for dental nurses. Together with Tempdent, Healthcare Learning: Smile-on has created this, which includes the Primary Qualifications (NEBD) Diploma in Dental Nursing and NVQ Advanced Apprenticeship.

This website provides everything you need to guide you through your whole dental career, enabling you to reach your full potential. The majority of this blended learning programme is delivered online using the latest technology allowing you to work from home or in the practice at a time that suits you. This learning is fully supported with face-to-face workshops and practice visits to make...
Healthcare Learning: Smile-on’s eLearning libraries, meanwhile, provide something for everyone. Choose from Curlew, Avocet and Lapwing, earn up to 80 hours of CPD and save money in the process – by signing up to Avocet you could save almost £3000. The libraries are designed with different members of the dental team in mind, meaning you can choose the programmes that will best suit you.

Lapwing is their entry-level library, which has five programmes, offering a wide range of learning and some additional benefits that would be hard to match anywhere. When you become a Lapwing member you will also be invited to at least four free webinars (live lectures over the internet), a free informative weekly dental newsletter and our exciting News App.

Avocet, the content on offer in this library is so vast and detailed making it the most competitive of the offerings; there is more than something for everyone. Avocet has 15 programmes, and like Lapwing, the library also includes exciting additional benefits. When you become an Avocet member you will also be invited to at least four free webinars, a free informative weekly dental newsletter, the innovative News App, free subscription to one of the specialist portfolio and free place at the sought after Clinical Innovations Conference.

Curlew has ten programmes, covering just about every area relevant to the modern dental professional. Curlew also comes along with that little bit extra, offering the same benefits as Avocet.

From Vulnerable Patients to Oral Cancer and Communication in Dentistry, Healthcare Learning: Smile-on has a host of programmes to suit every DCP’s needs, ensuring that you log quality, relevant CPD.

For more information and to sign up to one of the programmes, visit www.healthcare-learning.com.
Don’t put the drill away just yet!
Ken Harris continues his blog on the MSc in Restorative and Aesthetic Dentistry.

My heart aches and a drowsy numbness pains my sense as the season of mists and low fruitfulness gives way to winter’s icy fingers. The new year has arrived leaving a trail of over worked and frustrated delegates on this MSc course.

The spectre of the 2500 word essay on tooth bleaching has been tamed, albeit from behind the settee, but that was more than four months ago and we are still awaiting our marks. Any time soon would be appreciated Mr Examiner!!

The media (to say nothing of our own profession) have always seemed intent upon exposing “the unpleasant and unacceptable face of cosmetic dentistry” to paraphrase our former premier, Ted Heath. However, an excellent module now has us all fully spammed on the subject of tooth whitening; the saviour of aesthetic dentistry! The science has been comprehensively covered. Check! We know our Carbamides from our Peroxides. Check! Even internal bleaching of single teeth has been blitzed. Checkitty-Check!! That should hit any media objections clear out of the park, surely?

The media have been attacking cosmetic dentistry (oops, now I shouldn’t have said that now should I, the word is aesthetic!!) since the dawn of time (or at least the dawn of the TIMES) and it goes something like this. Dentist butchers perfectly healthy teeth in the name of cosmetic improvement, shock horror!!!

The profession responds with alarm and a new philosophy is hastily trotted out to pacify the indignant Daily Mail readership. Atraumatic extraction anybody? Perhaps a no-prep veneer?

Now don’t get me wrong, “minimally invasive” should always be the first offering when the evil cosmetic dental devil comes a-callin’, but bleaching alone will not straighten teeth or replace lost tooth tissue ... which is where it all gets a little messy.

Equally, boiling down aesthetic dentistry to just sticking bits of composite to teeth, admirable though it is, seems just a teensy bit reductive I feel, and yet another excellent module concerning the restoration of root filled teeth amply demonstrates that perhaps we should not put our drills away just yet.

Let’s quickly rewind back to the halcyon days of late spring to the start of the anterior aesthetics module where...

‘Equally, boiling down aesthetic dentistry to just sticking bits of composite to teeth, admirable though it is, seems just a teensy bit reductive’

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as well as bleaching we also touched upon the minimally invasive miracle that is “rapid orthodontics” (another fashionable,fad?). We were also lifted to celestial heights of ecstasy watching the prodigiously gifted Dr Gregory Brambilla in action. I would suggest there are few better exponents of the art of direct resin, and we are so fortunate to have him teaching the anterior direct composite section. Nevertheless, the concept of “Pragmatic Aesthetics” (the latest minimally invasive compromise) was also introduced during this module by the ever likeable Professor Trevor Burke, but I do wonder just where the line is drawn with “pragmatic”, I’m not totally convinced my patients would compromise aesthetics for tooth preservation to the degree as was suggested. Furthermore, it takes real skill to convincingly rebuild teeth using just composite resin, and I’m sure Trevor would agree he’s no Gregory Brambilla, I know I’m not.

However, for now we have been asked to demonstrate just our minimally invasive credentials by providing two simple aesthetic case reports to test our progress. Nothing too complex said our tutors; it’s not about showing off, but more about learning your limitations, hmmm! My first case involved whitening and direct composite resin to restore a traumatised upper central incisor. Think I managed that one OK (thank you Dr Brambilla). The other involved replacing two old PFM crowns with all ceramic alternatives. Clinically no big deal, backing up your decision making with academic references is the big challenge. I guess that’s what being an academic is really about, and why I am doing this MSc after all. Fast forward three months and we are still waiting for the results of our labours. It seems feedback, like revenge (and essay marks), is a dish best served cold. In this case positively Polar!

We have two more clinical reports to complete but with no sign of feedback from our first attempts I feel a bit rudderless. But soft, what light through yonder window breaks? Well I never, it’s the marks from our first cases appearing, seventh cavalry-like, just in the nick of time. However, five days before the deadline is a little too late as I have almost completed my assignments and have little time to re write them. On a positive note, I think they liked my earlier efforts, so maybe I’m not too far away.

So, as an otherwise enjoyable anterior aesthetics module draws to a close, we are facing the perfect storm of Research and Statistics which is module four. Oh joy!

My depressive mood is no doubt influenced by our dreary weather. However, with the significant news that one in eight UK adults now owns a “Onesie”, maybe I should lighten up. |  

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### About the author

Ken Harris graduated from the dental school of the University of Newcastle upon Tyne in 1982 and passed MFGDP(UK) in 1988. He maintains a full private practice where he specializes in complex dentures, crown and bridge provision, and restorative dentistry. He is one of only two Accredited Fellows of BAAD, holds full membership of BAAD and remains a sustaining member of AAED. He is currently UK Clinical Director for the California Center for Advanced Dental Studies and the only UF Graduate and Member of the Kois Center in Seattle.
Get the most out of your CPD in 2013!

Chris Parker, Ivoclar Vivadent’s Professional Services Manager, Clinical UK & Ireland, discusses the importance of education and how hands-on learning can benefit the team.

As the dental team continue to face new challenges, from bureaucracy and regulation, to managing patient expectations, to consequentially striving to stay in touch with the latest techniques and product developments, CPD and education has never been so important.

Further developing your skills and techniques beyond the GDC requirements, not only allows you to practise the latest treatments using state-of-the-art technology, thus adding to the quality of care you provide, but it also bestows a feeling of self-achievement and facilitates career progression.

CPD has been compulsory for dentists since 2002 and for dental care professionals since 2008, and was introduced by the GDC to ensure that all dental professionals keep their knowledge current; encourage the development of new skills in order to benefit the care of patients; and to give patients confidence in the profession as a whole. It’s a compulsory requirement as part of the registration process for all clinical members of the dental team.

Recently, the GDC sought the profession’s views on its proposals to reform mandatory CPD requirements. Irrespective of the outcome, the importance of a highly educated and trained dental team will remain at the centre, something which the GDC has made clear in its new Corporate Strategy 2015-2015 entitled, Public confidence in dental regulation. This Strategy details the commitments being made by the UK’s dental regulator.

As part of the regulator’s goals for the future, it wants to ensure new entrants to the profession are safe to practise through an increasingly integrated approach to the regulation of dental education and training.

As well as the GDC’s “Standards for dental professionals”, which requests that you maintain your professional knowledge and competence, the new “Preparing for practice – Dental team learning outcomes for registration” document outlines the standards the GDC expects dental professionals to have reached at the end of their education and training for registration. These outcomes have made a big difference to the profession as the measure of success and progress focuses on what has been learnt rather than the duration of study.

Hands-on learning vs eLearning

Currently, CPD can be gained through study, training, courses, seminars, reading and other activities, which advance your development. With the rise in e-learning via webinars, audio books, etc., dental professionals are able to fit training and education commitments around a busy lifestyle.

However, all dental professionals have got to where they are today because they are good with their hands, suggesting that hands-on learning is still highly beneficial for the majority. For example, using a hands-on approach to help you and your team understand cements and bonding is invaluable.

Learning how ceramic materials are prepared for a restoration and how they are treated to accept different types of tooth surfaces can contribute to a successful restoration. Likewise, having a firm understanding of how the inside...
surface of the restoration is prepared to accept certain types of cements, is also important.

It’s essential that dentists understand the different types of ceramics that are available to the dental technician – ie glass ceramics or oxide ceramics – and recognise where to prescribe these. Not many realise, but using the correct cement with glass ceramics adds strength to the restoration.

Quite often, it’s the dental nurse who will be in contact with the laboratory, so it’s important that they too understand the different types of ceramic materials so they can advise dentists of the protocols and the type of cement to use. Similarly, having an understanding of the materials used for bonding and cementation is also essential for dental hygienists, helping them recognise which materials are compatible with some of the preventative care type applications, such as chlorhexidine and fluoride.

Hands-on learning can be considered more stimulating as it’s easier to break down and digest information, whilst also providing direct social interaction that you wouldn’t receive with e-learning.

Finding a course that suits you, enhances your skills, and/or fills any gaps you feel you are missing can be a frustrating process. But what if you and your team could gain valuable CPD over exciting information and activity packed two days, learning from a worldwide association of professionals who know all there is to know in dentistry? Well now you can, as Ivoclar Vivadent we’re delighted to announce the dates for the ICDE 2015 Anniversary Celebrations.

Following the success of last year’s first anniversary event, which saw 150 dental professionals attend, the ICDE 2015 Anniversary will be taking place on 28th-29th June 2015 at the International Centre for Dental Education (ICDE), located at Ivoclar Vivadent’s UK Headquarters in Enderby, Leicestershire.

The much-anticipated event offers all members of the dental team the perfect blend of seminars and entertainment, ensuring they’re equipped with advanced clinical expertise and can find new ways of team working.

Attracting up to 15 hours of verifiable CPD, UK and international speakers will gather together to present some of the most relevant topics required to create and deliver successful dentistry in the 21st Century. All delegates will have access to unlimited lectures and one live demonstration/hands-on session.

The ICDE 2015 Anniversary is a great educational event for all. Regardless of your position within the team or your preferred learning style, there will be something for everyone; from cements and bonding to increasing treatment options and a chance to catch up with peers and colleagues.

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At the ICDE 2015 anniversary event, Chris Parker will be hosting a hands-on lecture entitled, “Cements and bonding for the dental professional”. Designed for the whole team, it aims to:

- Distinguish the different performance factors of cements and their clinical indications.
- Define how the properties of dental cements can be used to optimise ceramic restorations.
- Highlight the necessity for adhesive bonding.
- Specify the steps for successful bonding of glass ceramics, including tips on tooth preparation, and after-care, all with the use of models.

Contact information

At the ICDE 2015 anniversary event, ICDE 2015 booking information

The cost to attend the ICDE 2015 anniversary event is only £300 (+VAT) and includes refreshments plus an evening meal and entertainment on Friday 28th June at the Marriott Hotel, Leicester. If required, rooms can be booked at the Marriott Hotel at the preferential rate of £85 (subject to availability). To book your place at the ICDE 2015, please contact Laurie Smith, ICDE Coordinator on 0116 284 7886; or email laurie.smith@ivoclarvivadent.com.

About the author

In the Clinical Professional Services Manager for Ivoclar Vivadent the focus of Chris’ role is facilitating research and overseeing dental material studies throughout the UK/Indian dental schools and universities. Education and training on the latest materials, and teaching new techniques to both undergraduate and postgraduate clinical dental professionals, are also an exclusive part of the quality learning experiences delivered by Professional Services under the management of Chris Parker.

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Chicken or Egg?
Amit Rai discusses workforce planning

In some ways the causality dilemma facing the modern NHS is no simpler than the age old Chicken or Egg scenario; should the service be designed to fit the workforce or the workforce planned to provide the service? The aim of Workforce Planning in any organisation is to ensure that there will be a workforce of a suitable size with the skills needed to deliver the required outputs. For the NHS this output is the delivery of safe and effective care to all patients.

Early Retirement
The recommendations of Lord Hutton’s 2011 report into public sector pensions included the raising of the retirement age and basing employees’ pensions on average lifetime earnings. It is feared that these changes would trigger a raft of early retirements (the minimum pension age is currently 50 within the 1995 section of the NHS Pension Scheme and 55 years within the 2008 section), particularly amongst salaried dental services staff. The British Dental Association have raised concerns about dentists being asked to extend their working lives stating that “Dentistry, like other careers in healthcare, can be very physically demanding” which then raises the question of whether a maximum age restriction should be introduced for NHS staff in the interests of safety. This is precisely what Germany has done and their law, setting a maximum age of 68, has been justified by the European Court of Justice as a proportionate means to achieve a legitimate aim of ensuring opportunities for younger people to enter the profession (Petersen v Berufungsauusschuss Für Zahnärzte Für Den Bezirk Westfalen-Lippe Case C-541/08 ECJ). Surely revalidation could help to assist staff in working out when is a safe time to hang up their tunics?

Delays in supply
So, if we do face the risk of dentists leaving the NHS earlier than anticipated then could the solution be to generate increased numbers of staff through training? Possibly, but in the shorter term there would be a significant time delay of at least seven years during which time individuals would need to apply to and graduate from Dental School as well as completing the Dental Foundation Training Programme before they could contribute to service. During this time delay there would be inadequate dental service provision, particularly within the salaried dental services, created by retiring dentists which would deprive the more vulnerable members of society with access to dental care.

Older Patients
If we also throw into this mix the trend of older adults living longer and retaining their teeth (the proportion of adults retaining their teeth has increased since 1978 in the Adult Dental Health Survey) resulting in a concomitant surge in demand for salaried dental services, we may have the recipe for a potential crisis. Domiciliary dental care provision can be very challenging which highlights the non-pilot practices? Although it is true that GDPs are concerned about the rising levels of bureaucracy in their day to day practice, they may not necessarily feel that the deregulation of routine procedures, such as the delivery of Oral Health advice to DCPS, is the answer. Perhaps this is because of the lack of a financial incentive involved or because of concerns about the levels of oversight needed following the extension of DCP duties.

Given that the GDC allow qualified dental nurses to develop additional skills to undertake fluoride varnish applications and that the rate of fluoride treatment for children is likely to be a metric within the NHS Commissioning Board’s Performance Management Framework, GDPs may find that complying with Delivering Better Oral Health is made a lot easier by deploying a skill-mix approach.

Dental Unemployment
Consideration also needs to be given towards the flipside of utilising DCPS within a skill-mix approach - the risk of rendering the traditional role of the dental associate redundant

However, with statistics from the July 2012 study by High Fliers Research showing that an average of 75 students applies for each graduate job, there are some who argue that young dentists should be treated no different from other graduates in experiencing the competitive job market.

In conclusion NHS dentists cannot afford to solely rely on planning the workforce to provide the service, the service should also be designed to fit the workforce otherwise there may be a real risk of dental unemployment. Local input into the development of national strategies will enable workforce training to be responsive to new models of service delivery and this is precisely what Local Education and Training Boards, the statutory committees of Health Education England, have been designed to do. The hope is that dentistry will not only have a voice on these Boards but that this voice will be listened to, otherwise the dental Service or Workforce dilemma may remain just that, a dilemma.

The views expressed in this article are those of the author and do not necessarily reflect the views of, and should not be attributed to, any organisation or institute that he works for.

About the author
Amit Rai is a General Dental Practitioner who teaches and advises. He sits on the Dental Tribune UK Editorial Board.

What came first?
You learn something new every day

Caroline Cross looks at CPD and new skills

Learning is often defined as the process by which you acquire or update abilities, behaviours or information. There are several different physical and mental processes involved when you are learning something new, and as a result you can learn in many different ways. Reading, listening, discussing or indeed experiencing new things are all methods of learning, and it is widely acknowledged that using a combination of the senses can be particularly beneficial.

Personal Development

Regardless of your age, background or beliefs, personal development is an important part of life. It is especially relevant when it comes to your work, as all modern professions require you to continue expanding your knowledge and understanding your market. Technology is advancing quickly and innovative new theories and ideas are always being introduced, leading to the speedy evolution of modern society. To encourage your success in such a competitive society, it is crucial that you can demonstrate a highly up-to-date knowledge base and understanding of your industry market.

This is especially true within the dental industry, with clinical techniques and digital technologies advancing particularly quickly. Entrusted with the safety and comfort of hundreds of people, it is your responsibility to provide the most effective diagnoses and treatment methods for all of your patients. To be able to do this, you must remain abreast of the latest advancements in the industry – as the famous Chinese Proverb says, “Learning is like rowing upstream: not to advance is to drop back”.

CPD hours

Recognising the importance of such an ongoing education, the GDC even made Continuing Professional Development (CPD) mandatory for registration to practise. As a dental practitioner, you must undertake and record the required number of hours of CPD, demonstrating what and how you are learning throughout your career. Nearly 40,000 DCPs will be coming to the end of their first CPD cycle this July, and dentists will reach the end of their five-year cycle in December, ensuring that all members of the dental team remain current.

While much of your CPD training will be refreshing and updating what you already know, some will also involve learning completely new techniques, or developing knowledge in new fields of the profession. All additional skills will greatly enhance the care and service you can offer all your patients, therefore improving the oral health of many people.

Of course, it is not just...
your patients that reap the benefits of your professional development. The better you become at your craft, the more advanced and complex treatments you will be able to offer. As a result you may enjoy a higher income, new opportunities to lecture, teach or research, and may even have more influence in the wider industry. Your practice will also be able to expand the range of treatments it provides, attracting new patients, building its reputation and therefore increasing revenue, so it really is a situation where everyone wins!

Time and effort

In order to learn these new skills however, you do have to put time and effort into studying them. ‘Learning’ is not simply about committing a piece of information to your long-term memory – the process also requires logical reasoning and understanding in order for new data to be ‘known’. As the cognitive process is different for each individual, effective learning also requires you to tailor your methods to suit you.

There are many different ways of achieving your CPD and developing your skills, including watching webinars, reading clinical texts or attending hands-on workshops. As everyone has their own ideal learning style you should establish which you prefer, whether it be visual, auditory or kinaesthetic. It is also widely acknowledged that employing multiple learning methods can be the most effective, so courses or conferences that involve a mixture of different aspects such as lecturers, practical workshops and demonstrations come highly recommended.

Learning styles

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Regardless of what and how you decide to develop your expertise and meet the CPD requirements, constant re-training and learning of skills is an essential element to a successful career in dentistry. As well as enhancing the service offered to patients, you will also remain up-to-date with the latest trends, ideas and innovations, helping you reach the very top of your game.

To find out more about how you could expand your clinical skills with the Inman Aligner, contact the providers today on 0845 366 5477, or visit www.inmanaligner.com

‘The better you become at your craft, the more advanced and complex treatments you will be able to offer’

About the author

Caroline Cross is Practice Manager of The London Smile Clinic and Course Coordinator for Straight Talk Seminars, the only certified provider of Inman Aligner Training. Caroline has enjoyed working in the dental profession for over 14 years as a dental nurse and manager, and is the ‘go-to’ person on how best to introduce the Inman Aligner into your practice.

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As well as having the 26 delegate capacity clinical skills training room LonDEC has a 65 seat lecture room, two seminar rooms that can seat 10 in each, and a dental surgery set up for medical emergency simulation training as well as dental de-contamination training suite. The facility also benefits from a dedicated break-out area where delegates can relax and enjoy refreshments.

LonDEC is available for commercial hire. Whether you wish to run a seminar, hands-on course, conference or meeting, the facility is well equipped to meet your needs. LonDEC enjoys an enviable central London location being a three-minute walk from London Waterloo station in a building that is open 24 hours a day, seven days a week. Events can be run at a time that suits you.

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HE-43  1:1 Straight handpiece

Prices shown are subject to VAT. Offers valid from 1st January 2013 to 31st March 2013 and are available for dental professionals residing in the UK and Ireland only. Not to be used in conjunction with any other offers. Terms and Conditions apply. E & O E.

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AT W&H PEOPLE HAVE PRIORITY
and has a bank of secure day lockers with digital coded locks for delegates to secure their coats and valuables whilst they are with us. This triple projection room can comfortably seat 60 delegates for lectures and has also been designed so it can easily be set up as a meeting or seminar room for more informal teaching. The room has the very latest audio visual facilities to compliment the triple projection, including a visualiser, DVD and video player. There are also video conferencing facilities so that lectures can potentially be sent, in real time, to audiences anywhere in the world, providing the opportunity to view lectures and conferences from wherever they are taking place locally, nationally or internationally.

Break-out area
LonDEC has a very comfortable, light, airy and spacious seating area for refreshments and relaxing. There is ample secure storage for personal effects as well as internet and power sockets available for delegates to use, plus a 40-inch plasma display. This area can also be used for dining and trade displays.

Dental skills training room
This Dental Skills Training Room is equipped with 28 state-of-the-art phantom head stations and a tutor station. Eight of the phantom head stations include video enabled operating microscopes, which are available to support instruction in minimally invasive and related techniques.

Every station has its own web-enabled PC. The PCs and display screens are connected to the digital x-ray system as well as being linked to LonDEC’s 3D preparation scanning system, which is the only one of its kind being used in a graduate training centre in the UK. The room also has video conferencing facilities and a 65-inch plasma display. The room is equipped with the very best daylight lighting, which provides perfect conditions for working in and of course colour matching dental restorations. Each phantom head training station has air and electric hand pieces as well as an ultrasonic scaler, air and suction units.

Please visit the LonDEC website for more information about the centre and the courses we offer and please feel free to contact our Course & Conference Organiser, Tara Owen with any enquiries.

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Skills training room

Dental skills training room

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