new
endodontic
microsurgical
course
2 DAY INTENSIVE HANDS-ON
APICOECTOMY TRAINING UNDER MICROSCOPE

SUBJECTS COVERED
- treatment planning and considerations
- incision techniques and micro-suturing
- osteotomy window
- ultrasonic retrograde preparation and filling
- bone augmentation

This course is intended for the serious generalist, special interest dentist, specialist endodontist or oral surgeon who wishes to extend his/her knowledge and expertise. The hands-on training will firstly and will positively impact the trainee’s confidence and skill for this challenging and important treatment option after failed root treatments.

The hands-on training will include preparing apicoectomies on at least 6 extracted teeth set in phantom heads with the use of microscopes and more.

Please phone Dr. Zolty BDS MSc: 0161 792 5223 or 07780 901 916 or email info@proendo.co.uk for more details. Sessions are limited to 10 participants and are booked on a first-come-first served basis.

£649.00 per day
The Dental Directory - They have everything that you need and at a very cost effective price. The Dental Directory stocks over 27,000 different products ranging from sundries to surgery equipment. Whatever you are after, The Dental Directory is on hand to help.

Don’t Just Drift into a Breach
Wayne Walks, Dental Nurse at Pembroke Dental and Implant Centre in West Sussex

“One of the many reasons we have stayed with The Dental Directory for so long is our rep Louise, she is really good. She comes out to see us all the time to deal with any queries or returns. She is always on hand if we need any information and she has always price matched, which is great. The Dental Directory’s surgery products are fantastic. Having all the products available, they have everything that we need and at a very cost effective price.”

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This offer is running until the end of March 2013.

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“The Dental Directory guarantees the highest customer satisfaction on every order.”

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Keeping up with the industry
Dr Richard Kahan at the CIC 2013

17th & 18th May at the Millennium Gloucester Hotel, Kensington

Designed specifically to help dental practitioners keep up-to-date with their dental skills, Healthcare Learning: Smile is a one-stop to host the 10th Clinical Innovations Conference 2013, in collaboration with the AGS and the Dental Directory. Amongst the confirmed line-up of highly respected speakers will be Endodontic Specialist, Dr Richard Kahan.

“After speaking at the CIC last year, I found the event to be very well organised while providing a wide range of education to suit all delegates,” he says. “I found audience participation to be great, and also felt that I got the opportunity to respond to what I was saying. “In order to keep up with such a fast-paced world,” he says, “we have to understand how to use these new methods, and one of these should definitely be attending events such as the CIC. I believe this to be one of the most attended events of the year and the best way to stay ahead of your knowledge and skills, as well as offering a relaxed and friendly atmosphere for networking.”

Dr Kahan will discuss topics such as the importance of consumer satisfaction, and the evolution of endodontic retreatment.

For more information on Waterpik® Water Flossers please speak to your local distributor.

The Waterpik® Water Flosser – the ideal oral hygiene solution for patients seeking to improve their oral health during orthodontic treatment, and is supported by a wealth of scientific evidence to support its use. In a study conducted by Sharma et al at the University of Rome Tor Vergata, 19 patients with fixed orthodontic appliances were randomly assigned to the waterflossing or placebo groups. For 5 minutes per day, patients in the waterflossing group were asked to rinse with a Waterpik® Water Flosser for 3 days per week for 10 weeks. The waterflossing group showed a significant reduction in plaque than those who brushed and used floss, and up to five times more than those using only manual brushing alone.

Available in Boots stores.

For more information, please visit www.waterpik.co.uk or call 020 7400 8889.
A free webinar will take place on Thursday 21st March at 7.30pm hosted by John Moore. He will explain how CEREC is used by around 45,000 dentists worldwide to create beautiful posterior and anterior restorations both in the surgery and in conjunction with their laboratories.

The financial advantages of CEREC will also be explained so you will understand how CEREC dentists use the technology to build their practices. The webinar will show viewers the ease of use and clinical advantages of one of the most flexible of restorative tools, as well as the hard surfaces and medical protocols that make the procedure so efficient.

A CEREC For Your Diary – March 21st 2013

A great fan of the recent CEREC software innovation and material developments, John feels that all cosmetic orientated practices can now learn high quality CEREC cosmetic techniques with ease, and benefit financially and financially.

To reserve your free place visit www.dentalthinkers.co.uk or for further information please contact Simon directly on 0845 671 5400

A breath of fresh air

Philips has re-introduced the BrushHFX 3D trainer as a perfect tool for practice management. This system allows dentists to improve the range of products to help eliminate the volatile sulphur compounds which cause unacceptable breath.

The BrushHFX 3D trainer contains 3D printed overlays of the oral cavity so the patient can see exactly how their teeth and gums are affected by their brushing technique.

The features and benefits of this product are that it contains surfactants. It is a quality wetting agent for bonding that demonstrates increased bond resistance. It is economical kits sold in the market starting from £24 per patient and supported by patients marketing.

To book your place on one of Philips’ CEREC’s verifiable CPD courses please email sales@sparkledentallabs.com or call Mandi on 0845 24416480

The Quicklase PowerPen cordless laser selling at special price of £1950. It is half power at £2250 and the 8w PowerDesktop for £3250.

For any additional information please call 0800 138 6255 or email customerservice@sparkledentallabs.com or visit www.sparkledentallabs.com

A case in point

Positive results reported for gingivitis sufferer using Sonicare AirFloss

When the Philips Sonicare Airfloss was introduced, dental hygienist David Brown had seen enough. Over a two year period in the unlikely event of malfunction. When the Philips Sonicare AirFloss was introduced, dental hygienist David Brown had seen enough. Over a two year period in the unlikely event of malfunction, he was able to reduce the level of inflammation.

It seems clear that the use of the Philips Sonicare toothbrush helped reduce the inflammation created by the airfloss. As well as enjoying the experience, Darren is delighted with his oral health improvements and what this means for his long term oral and general health.

One possible confounding issue is the continued use of the Sonicare toothbrush during the Sonicare Airfloss trial and its possible further effect on BOP reduction could not be measured. Nevertheless, this case study may help make awareness of the risks he ran of more serious gingival problems allied to his diabetes.

Positive results reported for gingivitis sufferer using Sonicare AirFloss

With Darren's admitted non-use of an interdental cleaning regime despite being made aware of the risks he ran of more serious gingival problems allied to his diabetes.

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Directa luxator extraction instruments

Implantology Starts at the Time of Extraction

If there is sufficient bone available, the placement of implants is a relatively simple and straightforward surgical procedure of modern dentistry. However, if there is massive loss of bone due to periapical or periodontal pathosis, implants can only be placed with bone augmentation. The augmentation can be done prior to implantation or simultaneously.

In some cases it is the extraction procedure itself that causes the loss of mostly the buccal wall of the alveolar socket. This also makes it very difficult to place the implant. Careful removal of the tooth from the alveolar socket is often required. The Luxator is based on the possibility of bone expansion. The Luxator is introduced in a rotating fashion parallel to the long axis down the periodontal ligament (Fig. 2, 3). The shape of its blade allows the instrument to be advanced to the apical third of the root (Fig. 4). This is not a forceful movement and will lead to an enlargement of the alveolar socket so the tooth can be easily removed with a slight rotational movement with forceps. Conical roots will sometimes literally “jump” out of the socket.

Luxator instruments come in a wide variety of shapes (eg contrangle, inverted curved, different size blades) so it is always possible to work parallel to the long axis of the root. One can even expand the bone from the distal of the root.

Even though Luxator instruments look a lot like classical elevators, the mode of action of these two instruments have nothing in common (Fig. 6). Luxator instruments are much more delicate than any elevator. You should not use the Luxator as an elevator because this may cause the instrument to bend. Directa has recently introduced a special Luxator for extraction purposes only called “Luxator Forte.”

Luxators have large and ergonomically formed plastic handles that help make the instrument comfortable and efficient to use.

Your patients will be thankful for the atraumatic extraction even if you don’t place an implant at a later time. They will experience less discomfort operatively and postoperatively.

For more information about Luxator visit www.directadental.com.

About the author

Dr. Michael Liebler, D.D.S (Univ. Iowa, USA)
Kaiserstrasse 36, 90 403 Nürnberg, Germany

Your patients will be thankful for the atraumatic extraction even if you don’t place an implant at a later time. They will experience less discomfort operatively and postoperatively.
Lifetime allowance pension trap for NHS Dentists

Jon Drysdale explains the latest in pension regulations

**Lifetime Allowance**

What has changed? The potential problem has arisen because the previous ‘Lifetime Allowance’ (LTA) of £1.5m will reduce to £1.25m from April 2014. Although the NHS pension scheme does not have a fund value as such, HMRC use a special formula to give a deemed value to the pension benefits of retiring dentists. Those who have worked within the NHS throughout their career may well be subject to an additional 25 per cent charge on top of the usual income tax deductions and/or a 55 per cent charge on lump sum benefits deemed to be in excess of the LTA.

When does the charge apply? Although the rules are effective from the start of the 2014/15 tax year they only apply at the point which benefits are taken. Therefore those taking benefits before 6th April 2014 will be assessed against the current limit of £1.5m. However it is worth bearing in mind that the NHS pension scheme advises that dentists give four months notice in advance of taking their pension. In that case the decision to draw benefits before the new rules apply will need to be made by December 2013.

Deemed value

How is my NHS pension valued? The final pension income is multiplied by 20 in order to arrive at a ‘deemed value’. For example gross pension income of £62,500 equates to a value of £1.25m. However as most dentists recently opted to remain on the ‘1095 NHS pension scheme’ the automatic tax free cash of three times the pension income must also be accounted for. In this example an additional £187,500 has to be added to the valuation (3 x £62,500) in respect of tax free cash, giving a total value of £1,437,500.

What are the penalties for exceeding the LTA? For the above example the excess charge is calculated as follows:

\[ 	ext{Excess:} \quad 3 \times £62,500 \times 20 = £1,250,000 \]

\[ 	ext{LTA (from 2014/15):} \quad £1,437,500 \]

\[ 	ext{Income tax applies to the full pension in the normal way.} \]

\[ 	ext{The LTA charge payable to HMRC is 25 per cent of £187,500} = £46,875 \]

This is recovered by reducing the annual pension amount by the charge, divided by a standard factor of 20. In this case the reduction is £2,344 pa. Income tax applies to the full pension in the normal way.

‘Careful planning is required here especially if personal pension funds are involved’

Is it only the NHS pension that counts towards the limit? No, any personal pension funds (actual values) are added to the capital value of the NHS pension and the appropriate 25 per cent charge is applied to income and 55 per cent to lump sum benefits. Pension already in payment is included in the valuation calculations. This is to prevent tax charge avoidance through a phased drawing of benefits.

Transitional protection

How can the charge be avoided? We expect ‘transitional protection’ arrangements to be offered prior to the April 2014 deadline. This is in line with the transitional arrangements for previous changes to the LTA. However, to be effective it is likely the member will have to stop contributions to the pension scheme and forgo further benefit accrual. Those who previously applied for HMRC ‘protection’ may have already lost this, especially if they continued to make pension contributions.

For those who are under the current £1.5m limit but are likely to breach the new £1.25m limit, it may be advisable to start taking all pension benefits by April 2014. However, careful planning is required here especially if personal pension funds are involved.

For some it may be advantageous to remain within the pension scheme and suffer the charge. It will be important to assess your individual circumstances before taking this decision.

Short answer

How do I know what my final NHS pension value will be? The short answer is - you won’t know that figure until you opt to take benefits. However a dentally aware financial adviser will be able to help you with that assessment and all issues relating to the LTA charge, annual allowance calculations and general retirement planning.
Money Matters

Dental Tribune United Kingdom Edition • March 18-24, 2013

ples (for illustration purposes only) of the potential savings that can be made by Dentists who are starting to consider their retirement.

Pension and Retirement Planning should only be carried out following a thorough review of your personal circumstances by a qualified Financial Advisor, authorised and regulated by the Financial Services Authority.

We are able to recommend a trusted dental specialist IFA to assist in this and are happy to refer you to them to make an appointment.

Example 1
Peter has been a dentist for 28 years and works entirely for the NHS. He joined the NHS pension scheme at outset and in addition has been buying added years for the last five years. In addition to his NHS pension Peter has a Personal Pension (PP) with Prudential which he currently makes regular contributions of £500 gross per month.

With the recent reduction to the Life Time Allowance (LTA) from £1.8 million to £1.5 million Peter wanted a “Head Room Check” to be carried out on his pensions as he was concerned that if he exceeds the LTA that he would be eligible to a 55 per cent tax charge on his pension fund over and above this figure.

By using projected figures provided by both the NHS and the Prudential to Peter’s selected retirement age (SRA) of 60, Peter’s combined fund value at 60 could be £1,587,000. As it is unknown what the LTA will be in five years’ time when Peter is 60 it has been assumed that the LTA will remain at its current level and therefore could give Peter a potential tax liability of £47,850.

Further projections from both providers to age 60, this time with no further contributions to the PP and with no additional added years being purchased with the NHS, show Peter’s new combined fund value at £1,065,258 in addition to his Personal Pension, giving a new capitalised value of £1,143,376. This is based on Darmesh taking the Lump Sum but he could take the Additional Lump Sum (ALS) and a reduced pension which reduces his capitalised value. The ALS cannot exceed 25 per cent of the capitalised value, his maximum ALS would be £266,318 with a reduced Annual Pension of £30,947, and a new capitalised value of £997,258 in addition to his Personal Pension, giving a new total fund value of £1,495,369, reducing his tax liability to nil saving Darmesh £40,417.85.

Darmesh would receive the Additional Lump Sum Tax Free but would sacrifice £9,765 p/a pension which would be taxed at source at 40 per cent as he will be a higher rate tax payer in retirement, after tax he will lose £5,859 p/a.

The Spousal Pension would remain the same regardless of the amount of Lump Sum Darmesh takes.

The lifetime allowance will be further reduced to 1.25 million, we strongly recommend you check your headroom.

The Secret to Dental Lab Survival in the Next Decade?

Go Digital.

For a dental lab to survive in today’s market you need to expand your reach. Win new customers. Open fresh markets.

In short – you need to go digital!

3D printing helps you better plan and execute your digital dental workflow so your clients will immediately notice the difference in quality and turnaround.

Objet 3D Printers from Stratasys are leading the digital dental revolution and can be found in many of the world’s leading dental labs, including Glidewell, Albensi, ClearCorrect and ClearStep. So why let it wait?

Contact Stratasys to find out why now is the right time to move to digital dental production with Objet 3D Printers.
Chris Strevens advises a well-planned exit strategy

If you are considering a sale in the next three to five years you really do need to start planning now. A well prepared and informed principal can only realise maximum benefit if an effective exit strategy is in place.

The physical sale of a practice should be seen as the tip of the iceberg as underneath this asset there has to be layers of financial and legal strategies in place to ensure the maximum benefit is realised.

Frank Taylor & Associates valuer and sell hundreds of practices across England and Wales every year and recognise how individual the practices and the principals are. However, there is much common ground and one area where we regularly hear concern is around pension provision.

We work closely with specialist dental trusted advisers and are aware of new regulation which could have a massive impact on dentists with a reasonable NHS practice.

In April 2012, the Standard Lifetime Allowance (LTA) was reduced from £1.8million to £1.5million (and a further reduction to £1.25 million will take effect from April 2015). This means any pension assets held on retirement exceeding £1.5 million will be taxed at 55 per cent. This has sparked a necessity for high-earners nearing retirement to perform a headroom check to make sure their level of Pension contributions does not take them over £1.5million and incur a large tax bill on retirement.

White-coat professionals are ideal candidates where a headroom check is a necessity. On average Dentists have a high level of earnings and usually make contributions to Personal Pension schemes to enhance their pensions for retirement. Where the LTA can catch these individuals out is because they also receive an NHS pension which could easily take them above £1.5million.

It’s not easy to go through the process of all the calculations yourself and dealing with the NHS can take up valuable time. It helps to use a specialist who also understands dentistry and can provide a detailed forecast of where your current path will take you. An experienced specialist advisor can also suggest ways of planning your finances to avoid unnecessary tax and maximise your pension.

For instance - taking your NHS pension enhanced cash lump-sum can bring you within the LTA, or contributing instead to ISAs (tax-free environment) will avoid unnecessarily increasing your personal schemes.

There are a number of other clever ways to manage your pension contributions does not take them exceeding £1.5 million will be taxed at 55 per cent. This has sparked a necessity for high-earners nearing retirement to perform a headroom check to make sure their level of Pension contributions does not take them over £1.5million and incur a large tax bill on retirement.

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Even if you’re not nearing retirement, the earlier you perform a headroom check the better planned you will be with setting up the best and most tax-efficient pension schemes for your retirement years.

To demonstrate the effect of staying over the LTA threshold we have put together two examples to show how Pension finances have been managed.

Listed are just some exam-
Setting Up On Your Own
“Kitting Out” the Practice – Intangible Assets

Branding is a fundamental intangible asset

Last month, we looked at the tangible assets that you will need to acquire when setting up a dental practice. This month, we will focus on building up “intangible assets” i.e. goodwill and intellectual property rights.

As you are starting from scratch, you will not be purchasing another dentist’s goodwill and you will therefore need to focus on, right from the outset, establishing your practice and building up your own goodwill. Clearly, this is not as simple as, say, purchasing equipment or an IT system and it will require clear, defined objectives and a detailed Business Plan on how to meet the objectives.

You will have already established a core Business Plan when applying for finance. Now is the time to start developing it, with the aid of your bank/lender or financial advisor. Clearly, not all objectives in your Business Plan will be achievable when applying for finance. Now is the time to start developing your Business Plan and it will require clear, defined objectives and a detailed Business Plan on how to meet the objectives.

Put shortly, goodwill can be defined as the likelihood of patients to come back – the more prospect of repeat business, the higher the goodwill and the saleability of the practice in the future. In order to develop goodwill, and the success of the practice, one key part of your Business Plan will be to ensure that you have a precise marketing plan. A common approach is to divide the plan into six Ps. This will include what services you want to provide (“Product”), your charges for providing the services (“Price”), where you want to provide them and ensuring the practice is professional, clean and well maintained (“Place”), how to target patients (“Promotion”), ensuring that your staff are adequately trained and developing their skills (“People”) and the efficient management of a patient’s appointment and after care (“Processes”).

A key aspect in establishing goodwill is promoting the services that you want to offer. You will need to budget into your Business Plan the cost of advertising and promotion of the practice. Your advertising method will need to fit in with the type of patients you want to provide services for as clearly your target areas will be different if you are offering private care as opposed to NHS services, if you are providing care for mainly children rather than adults or if you are looking to create a niche market by specialising in specific services. You will also need to ensure that your advertising budget is realistic and accounted for in the

‘Goodwill can be defined as the likelihood of patients to come back – the more prospect of repeat business, the higher the goodwill and the saleability of the practice in the future’

About the author
Puja Patel is a member of the Commercial Team at Lockharts and works primarily in advising dentists, dental care professionals, non-dental corporate bodies on the commercial aspects of dentistry.

All businesses will want to develop intellectual property rights as this will be a valuable asset to target patients (“Promotion”), ensuring that your staff are adequately trained and developing their skills (“People”) and the efficient management of a patient’s appointment and after care (“Processes”).

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Your intellectual property may include, amongst other things, the practice name, the practice logo and your website. It is vital to your practice’s success to ensure that your IP rights, such as business name and domain name, are protected and secure.

Next month: Hiring Staff and Engaging Associates and Hygienists
an event to your exacting requirements. LonDEC has successfully run several large conferences and education events for up to 500 delegates. Take a look at our facility below and see what we have to offer.

Seminar/lecture room
As with all the rooms in LonDEC, the Seminar/Lecture Room is fully air conditioned 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 complement 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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Tuesday 16th April 2013 – 6 hours CPD – Course Fee £349
Smile Design – Creating a Beautiful Smile
Hands-on programme includes: Techniques of assessing and improving a smile, Trial composite build-ups and aesthetic mock-ups. Direct and indirect options with the practical sessions based on the advanced Magne and Gurel techniques, providing predictable tooth preparations and outcomes.

Friday 10th-Sunday 12th May 2013 – 21 hours CPD – Course Fee £1099*
3 Day Aesthetic & Restorative Masterclass
Day 1: Shape, Shade and Colour. Day 2: Smile Design – Creating the Perfect Smile. Day 3: Aesthetic Indirect Restorations. Preparations will be cut on the latest state-of-the-art phantom heads, which will then be scanned and assessed using the latest 3D CAD teaching software and hardware.

Tuesday 14th May 2013 – 6 hours CPD – Course Fee £275*
Gorgeous Gums
Develop an understanding of the current concepts in the management of soft tissue defects, the biological principle and evidence supporting various techniques. Hands-on surgical element covering soft tissue grafting techniques on animal jaws.

Thursday 13th June 2013 – 6 hours CPD – Course Fee £175*
An MI Approach to the Management of Tooth Wear in General Dental Practice
Restorative management protocols for predictable clinical outcomes. Developing an understanding of the latest technology in dental adhesive materials and the principles behind simple care planning of tooth wear cases. Discussion of tooth wear cases and treatment planning options.

Thursday 11th July 2013 – 3 hours CPD – Course Fee £50*
CDTs, Therapists and Hygienists’ Role in Oral Medicine
This lecture will provide an overview of the common oral medicine conditions seen in general dental practice, including: Management of dry mouth, burning mouth and altered taste; Recognising and managing white lesions, red lesions and premalignant lesions.

Saturday 13th July 2013 – 6 hours CPD - Course Fee £349*
Immediate Veneers – Direct Options and other minimally invasive techniques to restore smiles
An opportunity to learn about three different methods to restore teeth and create new smiles using minimally invasive composite materials in three formats. The day will consist of seminars and hands-on to cover smile design, treatment options and direct composite, indirect composite and prefabricated veneers.

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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 you 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.

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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.

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About the author
Caroline Cross is Practice Manager of The London Smile Clinic and Course Co-ordinator 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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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
**Chicken or Egg?**

Amit Rai discusses workforce planning

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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 could 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 has 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 limit 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 Berufsgenossenschaft Für Zahnärzte Für Den Bezirk Westfalen-Lippe Case C-344/08 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 delays in supply become viciously problematic - similar to the recruitment and retention issues we have seen in the past.

The British Dental Association suggests that setting a maximum age for NHS staff in the interests of safety is justified by the European Court of Justice 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 limit 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 Berufsgenossenschaft Für Zahnärzte Für Den Bezirk Westfalen-Lippe Case C-344/08 ECJ). Surely revalidation could help to assist staff in working out when is a safe time to hang up their tunics?

**NHS dentistry 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**

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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.

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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 dentistry 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.

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surface of the restoration is prepared to accept certain types of dental cements, both to enhance its strength and to ensure successful bonding. It is important to ensure that the bonding surface is clean and free from any debris or contaminants that could affect the bond strength.

It is essential that dentists understand the different types of dental cements available and their application techniques. Dentists should also be aware of the different types of ceramic materials available and how they can be used to optimise ceramic restorations. It is also important to be aware of the different types of dental cements and their clinical indications, as well as the different types of ceramic materials and their applications, such as metallic, ceramic, and composite materials. Dentists should also be aware of the different types of dental cements and their clinical indications, as well as the different types of ceramic materials and their applications, such as metallic, ceramic, and composite materials.

The importance of education is paramount in the field of dentistry. Education for the whole team, particularly for dental professionals, is also important. It is important to ensure that the team is well-trained and has the necessary skills to deliver successful dentistry. It is also important to ensure that the team has the necessary equipment and supplies to deliver successful dentistry. It is important to ensure that the team is well-trained and has the necessary skills to deliver successful dentistry. It is also important to ensure that the team has the necessary equipment and supplies to deliver successful dentistry. It is important to ensure that the team is well-trained and has the necessary skills to deliver successful dentistry. It is also important to ensure that the team has the necessary equipment and supplies to deliver successful dentistry.
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

A s the dental team continue to face new challenges, from bureaucracy and regulation, to managing patient expectations, to consequently 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 GDCs “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...
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, hmmmnnn! My first case involved whitening and direct composite resin to restore a trauma tised upper central incisor. Thought 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 not a 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.}

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. 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, HMMMNNN!

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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 fully private practice where he specializes in Sunderland and Newcastle upon Tyne specializing in complex dental reconstruction cases based upon sound treatment planning protocols. He is one of only two Accredited Fellows of BACD, holds full membership of BAAD and remains a sustaining member of AAGD. He is currently UK Clinical Director for the California Center for Advanced Dental Studies and the only UK Graduate and Mentor of the Kois Center in Seattle.

DT
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 gains my sense as the season of mists and mel- 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 whiten-

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

ing; the saviour of aesthetic dentistry! The science has been comprehensively cov- ered. 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 at-

tacking 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. Den-
ist butchers perfectly healthy teeth in the name of cosmetic improvement, shock horror!!

The profession responds with alarm and a new phi-

losophy 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 offer-
ing when the evil cosmetic 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 aes-
thetic dentistry to just stick-
ing bits of composite to teeth, admirable though it is, seems just a teensy bit reductive I feel, and yet another excellent module concerning the resto-
ation of root filled teeth am-
ply 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 ante-
rior aesthetics module where

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sure you are wholly prepared for your examination.

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.

With 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’
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...

According to the GDC, 13,607 DCPs have logged more than the minimum hours, and 4,167 have logged no hours.

Evidence 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.

The database also shows that Dental Technicians are least likely to have logged their hours, with 21 per cent having not yet declared any.

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 NEBDN 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

Dental Nurse Education Zone, 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 to date treatment and care. Registrants should take CPD that is relevant to their practice, and take into account the needs of their patients.

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.

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

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.

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, Radiography IR(ME)R, 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.

Contact Kiran Nautay at West Midlands Deanery via code issued from West Midlands Deanery. Get started today – sign up with your unique voucher £50 and extend the licence for a further 12 months.
As we arrived at the centre, we were greeted by more than 250 children aged four to 16 and community workers who seemed a little curious as to why we were there. However as we unloaded the bags of toothbrushes and toothpastes that had been donated, it soon became apparent.

Following a demonstration by Dr Greenwall with some fun participation from the children using the giant toothbrush and plastic teeth, we split into groups where each child was given a toothbrush and a smear of toothpaste to practice with.

This was a wonderful opportunity to interact with the kids and also put into practice some of the basic community outreach training I have received while at university. Some of them were so young they couldn’t quite hold the toothbrushes properly but it was wonderful to watch as the older children in the group helped the younger ones. This was actually very touching as it dawned on me that many of these children were in fact orphans and so rely heavily on their friends and siblings to look after them.

After our tooth brushing sessions and an extremely heartfelt thank you from the kids, we were treated to a tour of this incredible community centre to see just how it helps support over 8,000 members from the local community. Working in extremely difficult conditions with limited funds resources, the ladies who run the centre are miracle workers. They truly are inspirational people who make a positive difference to the children’s lives every day.

Although there is some government support for the centre, Afrika Tikkun is largely funded by corporate donors and individual philanthropists from around the world and it is quite amazing to see just how effective these are. We often question if our donations really make it to the grassroots level or just get eaten up in administration fees but this centre is evidence that it does, and it is making a difference every day.

I am incredibly grateful to Dr Greenwall for inviting me with as part of the DWT and would certainly recommend for anybody who has the opportunity, to get in touch with Linda to visit one of the centres or even just lend their support as it really does go a long way. It was a wonderful experience but one that only makes me more eager to continue to support the DWT in their aim to improve the oral health of children such as those at Afrika Tikkun.
In December 2012, I had the honour of accompanying Dr Linda Greenwall of the Dental Wellness Trust and friends to the Afrika Tikkun community centre in the Delft township of Cape Town to provide some basic oral health advice.

In an area that is plagued by alarmingly high levels of unemployment, poor access to health care, basic sanitation and good nutrition not to mention the growing number of orphaned children, centres such as Afrika Tikkun are essential in providing basic support and services to the local community.

Afrika Tikkun focuses primarily on children and offers wonderful opportunities for the kids to play, learn, eat and have fun in a safe and friendly environment. The centre goes much further than that though, providing food, healthcare and other basic services to the families of these children, reaching out to over 8,000 members of the community.

With so many barriers to good oral hygiene such as education and finances, our goal was to teach some of those children just how easy it is to brush their teeth as well as a few basic facts about the dangers of too many sweets, chocolates and fizzy drinks. By empowering the children with this basic information, something we all take for granted, it will hopefully allow them to look after their own oral health and ultimately their general well being.
The futility of heroism

Alexander Holden discusses consent and autonomy

Autonomy is vitally important as a principle; many feeling it rises above the other bioethical principles of Justice, Beneficence, Non-maleficence and Veracity with respect to importance. Autonomy is respecting people as a means to themselves, respecting their choices and life-plans. It has been championed by philosophers such as Immanuel Kant and John Rawls who saw it as an integral part of creating and maintaining human dignity. However, we seem to have become lost along the way in our clinical practise of what this means and how this should be achieved.

Herodontics

A term coined ‘herodontics’ appeared not too long ago. It describes the practise of heroically performing treatment at the request of a patient; the prognosis usually being poor which the practitioner knows in his heart of hearts will eventually fail due to never having a real chance of success. Many practitioners in general practice (and I’m sure in other spheres) will have come across clinical situations where a tooth can’t be saved or a prosthesis is not appropriate, but due to the insistence and pleading of a patient, has felt obliged to at least consider or try and provide treatment they demand. Our duty of care seriously in providing treatment that will not harm the patient and that is fit for purpose, ethical and legal.

Kant believed that being autonomous meant that as individuals we have the capacity to engage in rational self-governance. He links this with the idea of dignity, in that practitioners making decisions around the concept of rational self-governance, we gain dignity as mature adults. So how does this relate to the clinical autonomy of our patients? Well, if we follow Kant’s thinking; simply to give patients what they ask for under the impression we are respecting their autonomy, we actually don’t respect their autonomy at all, we treat them like petulant children with no dignity whatsoever. In doing this, we also give up our own autonomy as skilled professionals, simply becoming the agents of patients’ desires.

Universal Principle

This is a universal principle (as with all of Kant’s philosophies) that we respect regardless of rank or status, paying or non-paying because we are all capable of being moral and dignified. In interpreting autonomy in this way, we effectively deny patients dignity whilst at the same time promoting them above ourselves as morally superior beings, with the capability of over-ruling our own professional autonomy and ability to make clinical choices. There are some in healthcare who agree with this interpretation, feeling that it is right to act as patients want (or demand) without regard to their best interests or for justice in the allocation of resources.

Autonomy has for a long time enjoyed its status as the principle to trump all others. This is evident in such legal cases where professionals’ beneficence has meant they have not gained consent for medical procedures (i.e. removing tumours found incidentally during surgery performed for other reasons) and have subsequently been sued for doing so. Whether this is right or wrong is not the purpose of this article, but needless to say it does raise questions as to the absolute sovereignty of our favourite principle. The waste of resources in providing futile treatment is the same whether the treatment is privately or publicly funded. Even the argument that if a patient is willing to pay privately for a professional’s time, then the futile treatment is less ethically perplexing is flawed as we are all health resources; unjustly spending our time on futile treatments rather than treating actual disease or complaints is not ethical.

Duty

Not only is this poor misinterpretation of autonomy unethical, it can lead to legal complaint too. Some dentists are under the false impression that if a patient says yes, if they know a treatment is futile and have signed piece of paper acknowledging so, then they are divorced of the responsibility for that treatment’s outcome. Unlike ethical debate which does at the end of it all boil down to shades of grey, this is legally wrong as no argument can be made that we are able to side-step our professional duty of care. Improving treatment that is not in patient’s interests, not fit for purpose or damaging to that patient’s oral health, regardless of patient’s consent, that treatment is negligent. Anyone who argues that it is not forgets that our primary purpose is first do no harm. Legally, treatment that is inappropriate or not fit for purpose is likely to be shown as negligent. It will be shown in any negligence case that dentists have a duty of care to provide treatment that will be fit for purpose; futile treatment by definition is not fit for purpose.

Respect

Autonomy is important, whether it should trump other bioethical principles is a difficult argument, but either way one cannot detract away from the fact that respecting our patients and their individual preferences and needs is vital to our practise as legitimate promoters of oral health. This being said, we all need to be careful in how we put this respect into the way we provide our dentistry, making sure that patients are given treatment that is fit for purpose, ethical and dignified. We also need to care about our own role in this; are we highly skilled professionals or do we instead just want to give patients whatever treatment they demand? Our predecessors worked hard to professionalise dentistry, if we are to justify our continuation as such, we need to take our duty of care seriously in only providing treatments that ultimately respect patient’s rights, not a mockery of them.

The purpose of this article is to highlight why this is so wrong, both ethically as dentists and legally as potential defendants in a negligence case

‘The purpose of this article is to highlight why this is so wrong, both ethically as dentists and legally as potential defendants in a negligence case’

About the author

Alexander CL Holden BDS (Hons) MJDF RCS (Eng) is a dental surgeon in NHS general practice who is also undertaking further training in law and dental public health.

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HANDBRIDGE REPAIRS FROM ONLY £19.50
Owners of the award winning Liverpool Dental Spa, Marius and Debbie McGovern organised a star studded charity ball last week at Liverpool’s Hilton Hotel to raise funds to carry out an expedition with the ‘Dental Mavericks’ to the Rif Mountains in North Africa to treat over 500 children with chronic dental problems.

The glitzy charity event was organised by the owners of the Liverpool Dental Spa in Brunswick Street, along with Julie Perry Events.

Liverpool’s favourite girl band, Atomic Kitten, finally played in front of a home crowd. The girls, who last performed in the city 15 years ago, wowed 200 guests with three of their biggest hits, The Tide is High, Whole Again and Right Now.

The event was hosted by Radio City’s Simon Ross, and entertainment also included sets from last year’s X Factor finalist Chris Maloney and boy band Reconnected, who sang their current single ‘One in a Million’.

Kerry Katona said “It was absolutely fantastic playing in front of a home crowd again as a ‘Kitten’ and doing it for such a worthwhile cause made it all the more special.”

Marius McGovern, Clinical Director of the Liverpool Dental Spa, said: “The event has raised over £20,000 tonight to enable us to help many children who are suffering needlessly. We are very grateful to everyone who has supported us, especially Atomic Kitten, Chris Maloney and our many friends and colleagues who have come along tonight.”

Liverpool dental spa host glitzy fundraising ball for Dental Mavericks

The annual benchmarking statistics just issued by NASDAL show that dental practices have been contending with a significant increase in costs. In the tax returns of dentists in the year ending March 2012, the total average costs of running a dental practice equated to 76.7 per cent of practice income. As a result, profits are almost back to the levels in the 2004-2005 NASDAL survey.

While fee income has risen on average by £21k in NHS practices included in the survey, profit is down. In the private sector, fee income is down and profits static. Larger practices, with associates, have seen the greatest reduction in profit. In the year ending 2010 the average net profit per principal in a practice with associates was £148,408, in the year ending March 2011 it was £129,000 and the year ended March 2012 it was £125,000.

Other indicative findings on income are:
- The average net profit for a typical dental practice in 10/11 was £125,000 and by the end of March 2012 it was down to £122,000.
- An NHS principal’s net profit is down by nearly 3 per cent to £150,000 while a Private practice principal’s net profit is static at £117,000.

Overall, NHS practices continue to earn greater profit than private practices, although the gap has narrowed in recent years.

Other key findings include:
- Associates continue to experience a fall in income and profit, with average net profit reducing from £68,000 in 2011 to £67,000 in 2012.
- Lab and material costs are static.
- The average practice UDA rate is £28.02.
- Dentists appear to be working harder for less.

Rising costs a factor for dentists

UCLA Dentistry gets $5M to establish clinical research centre

Dr. Mick Dragoo and his wife, Mary, have pledged a landmark gift of $5 million to the UCLA School of Dentistry to establish the UCLA Mick and Mary Dragoo Periodontal and Implant Clinical Research and Patient Care Center.

The Dragoo’s gift, the largest single donation from an individual or couple to the dental school has ever received, will create a leading site for clinical research, patient care and education in periodontology and implantology — specialised areas of dentistry related to tooth-supporting structures and tooth replacement.

The new Dragoo Periodontal and Implant Center will be a place for world-recognized faculty to conduct independently funded clinical research to advance scientific knowledge in periodontal and implant dentistry. Researchers from the school will translate their findings into meaningful treatment protocols and will disseminate their research through publications, educational programs and the Internet to advance the state of patient care worldwide.

“With Dr and Mrs Dragoo’s extremely generous gift, our hope is to advance the standard of patient care, as well as influence decisions made by dentists and patients alike,” said Dr. No-Hee Park, dean of the UCLA School of Dentistry. “The Dragoo Center helps us further achieve our mission, which is to improve the oral health of the people of the world. I cannot thank the Dragoons enough for their support.”

Directing the Dragoo Periodontal and Implant Center will be Dr. Perry Klokkevold, an associate professor, acting chair and director of the residency program in the section of periodontics at the UCLA School of Dentistry. Klokkevold has more than 20 years of experience in education, administration and clinical practice in periodontics and implantology.

“I am fully committed, honored and inspired to have the opportunity to direct the Dragoo Periodontal and Implant Center,” Klokkevold said. “I share the Dragoo’s vision and goals of improving patient care worldwide through independence funded clinical research.”

London Centre of Innovation Excellence launched

The centre will focus on technologies in key areas:
- dementia
- cancer
- infectious diseases
- immunology
- biomarkers for disease; and
- surgical devices to make surgery quicker, faster and safer.

Innovation Expo will showcase other examples of fresh thinking and creative solutions to prevent ill health and improve care. This includes the new Health Apps Library to help the public easily find safe and trusted apps to help manage their health.

The library will be continually added to and currently includes around 70 apps to provide advice and support for a range of conditions, access to online services and general health and fitness information.
Postmenopausal women who have smoked are at much higher risk of losing their teeth than women who have never smoked, according to a new study published in the Journal of the American Dental Association by researchers at the University at Buffalo.

The study involved 1,106 women who participated in the Buffalo OsteoPerio Study, an offshoot of the Women's Health Initiative, the largest clinical trial and observational study ever undertaken in the U.S., involving more than 162,000 women across the nation, including nearly 4,000 in Buffalo.

Smoking has long been associated with tooth loss, but postmenopausal women, in particular, experience more tooth loss than their male counterparts.

In the study, heavy smokers - defined as those who had at least 20 pack-years of smoking, or the equivalent of having smoked a pack a day for 20 years - were nearly twice as likely to report having experienced tooth loss overall and more than six times as likely to have experienced tooth loss due to periodontal disease, compared to those who had never smoked.

Participants provided information to researchers using a detailed questionnaire covering smoking history. Each participant also underwent a comprehensive oral examination and reported to the dental examiner's reasons for each tooth lost. In some cases, the patient's dental records also were reviewed.

"We found that heavy smokers had significantly higher odds of experiencing tooth loss due to periodontal disease than those who never smoked," explains Mai. "We also found that the more women smoked, the more likely they experienced tooth loss as a result of periodontal disease."

Researchers showed female smokers risk for tooth loss

Women smokers more likely to lose teeth

Biological tooth replacement: a step closer

New research published in the Journal of Dental Research describes an advance in efforts to develop a method to replace missing teeth with new bioengineered teeth generated from a person's own gum cells. The research is led by Professor Paul Sharpe, an expert in craniofacial development and stem cell biology at King's College London's Dental Institute.

Current implant-based methods of whole tooth replacement fail to reproduce a natural root structure and end, an organisation that cares for adults with life-limiting illnesses in the area of Dartford, Gravesend, and Swale and its children's hospice chips that care for more than 120 young people in their homes across West Kent and the London Borough of Bexley.

Equipped with plants, tools and bags of enthusiasm, and led by founding committee member Lyn Yorke, Henry's Angels overhauled a large patch of garden. After this successful pilot project, Henry's Angels became an ongoing initiative of Henry Schein, with a standing committee of five Team Schein Members who supervise all projects.

Since the first project of Henry's Angels, nine projects have been completed with more than 2,150 hours of work, spent either painting children's bedrooms or charity shops, gardening, moving hundreds of bricks, wrapping gifts or washing cars to fundraise for materials needed.

A team of employees from Henry Schein UK had the wish to give something back to the world and found an extraordinary solution driven by dedication, team spirit and empathy. Henry's Angels was formed in January 2011 by Team Schein Members and is designed specifically to keep up-to-date with their dental skills, Healthcare Learning: Smile-on is proud to host the 10th Clinical Innovations Conference 2015, in collaboration with the AOG and The Dental Directory.

Amongst the confirmed line-up of highly respected speakers will be endodontic specialist, Dr Richard Kahan.

"After speaking at the CIC last year, I found the event to be very well organised while providing a wide range of education to suit all delegates," he says. "I found audience participation to be great, and really felt that delegates were responding to what I was saying."

"In order to keep up with such a fast-paced profession, I think it is important that clinicians employ a variety of learning methods, and one of these should definitely be attending events such as the CIC. I believe this to be a very useful way for practitioners to update their knowledge and skills."

"As well as offering a relaxed and friendly atmosphere for networking, the trade exhibition also enables delegates to meet the experts behind new products, giving them a better understanding of techniques."

Richard will be joining a fantastic programme of speakers which include Nasser Barghi, Irfan Ahmad, Ian Buckle, Manish Bose, Ash Parmar, Wyman Chan, Adi Moran and many more.

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Your chance to win tickets to the Shard

Members of the dental team who register for BDra Dental Showcase 2015, the largest show in the dental calendar, before the end of March will automatically be entered into a prize draw to win a visit to the tallest skyscraper in the UK! Registration is free of charge.

BDra Dental Showcase 2015 will be held from 17-19th October at the NEC, Birmingham. Last year the exhibition attracted over 13,000 visitors from the profession and trade, making it the most popular and best-attended event on the calendar.

This year, BDra Dental Showcase is focused on helping the whole team see, learn and find all that’s new in dentistry. The show is dedicated to offering visitors hands on demonstrations and face to face discussion with the biggest names in dentistry who will provide their largest display of products. The combination of the latest new launches from dentistry brands and special show offers, make it a fantastic time for both research options and make a purchase. In addition, last year visitors benefitted from almost 5,000 free, verifiable CPD sessions offering a further reason to attend.

Register now for your chance to win 4 tickets to visit the viewing deck of the Shard. The lucky winners will experience the most sought-after attraction in the UK, with views stretching across 40 miles of London.

To register for the UK’s largest dental exhibition visit www.dentalshowcase.com now!

Education, education, education

Education is the key to raising awareness about the risks of mouth cancer

“Research shows that three in four people who have mouth cancer have smoked at some point in their lives. Most people are now aware that smoking carries serious health risks – but they assume it means lung cancer. They do not always associate it with the lesser known head and neck cancers so we have to keep banging the drum until our message gets through,” says Dr Vinod Joshi, Founder of the Mouth Cancer Foundation.

One way the Mouth Cancer Foundation is doing that this year is to use National No Smoking Day to shout about a brand new initiative the Mouth Cancer Screening Accreditation Scheme which aims to educate both dental practices and patients that a thorough head and neck cancer screening can be carried out at routine dental appointments by Dentists in just two minutes.

The Mouth Cancer Screening Accreditation Scheme will recognise dental practices that demonstrate a visible commitment to increasing public awareness of mouth cancer screening to all patients and to establish a documented referral pathway with a local specialist department. The scheme officially launches at the BDA Conference on Saturday 27th April 2015.

The Mouth Cancer Foundation will accredit dental practices that routinely participate in oral cancer screening. Full membership includes access to a dedicated section of the charity website and FREE one hour CPD element as well as professional development and training modules suitable for all members of the practice team to ensure regular screening benefits practice patients.

Fluoride in drinking water cuts tooth decay in adults

An international study conducted by researchers at the University of Adelaide has resulted in the strongest evidence yet that fluoride in drinking water provides dental health benefits to adults.

In the first population-level study of its kind in the world, researchers have found that fluoridated drinking water is preventing tooth decay for all adults regardless of age - and significantly for people who have had exposure to fluoride for most of their lives.

Conducted by the Australian Research Centre for Population Oral Health (ARCPOH) at the University of Adelaide’s School of Dentistry, the study adds to the established evidence that fluoride in drinking water has dental health benefits for children.

The study looked at data from a random sample of 8800 Australians aged 15 and over. The results are now published online in the international Journal of Dental Research.

“By looking right across the Australian population, we now have good evidence that fluoride in drinking water is effective in preventing tooth decay in adults,” says co-author Professor Kaye Roberts-Thomson, Director of ARCPOH at the University of Adelaide.

“We’ve known for some time that fluoridated drinking water can prevent tooth decay in children, but this is the first time that research has conclusively shown this in an adult population.”

The results show that adults with more than a 75 per cent lifetime exposure to water fluoridation have significantly reduced tooth decay (up to 50 per cent less) when compared with those with less than 25 per cent lifetime exposure.

“Those people who have had longer exposure to fluoride in water obviously will have the greater benefit. However, and this is an important aspect of the study, even those people who were born before water fluoridation existed have since received some benefit in their lifetimes,” Professor Roberts-Thomson says.

‘Dental technician’ prosecuted

The General Dental Council (GDC) has taken legal action against Liam Sherry for practising as a dental technician illegally.

According to This is Kent, Sherry appeared at Maidstone Magistrates’ Court on Thursday and pleaded guilty to the offence of the illegal use of a title.

Between September 2011 and August 2012 he was using the title ‘dental technician’ when he was not registered with the GDC. He was operating a company by the name of LPS Prosthetics, 265 Tombridge Road, Maidstone, Kent ME16 8ND.

Sherry has been fined £650, ordered to pay a £15 victim surcharge and ordered to pay costs to the GDC of £550.
Monitor decision gets positive BDA response

Confirmation that primary care dentists will initially be exempted from licensing by Monitor, the NHS economic regulator, has been greeted as a victory for common sense by the British Dental Association (BDA).

The intention of the Department of Health to exempt providers of primary medical and dental care holding contracts with the NHS National Commissioning Board from the requirement to hold a Monitor licence has been confirmed in the newly-published Protecting and promoting patients’ interests – licensing providers of NHS services. The Commissioning Board formally assumes responsibility for commissioning dental care in England on 1 April 2013.

The exemption follows extensive campaigning by the BDA during the passage of the Health and Social Care Act, and was proposed in the Department of Health consultation published in August 2012.

It will, however, be reviewed in 2016/17; a proposal opposed by the BDA in its consultation submission.

Dr John Milne, Chair of the BDA’s General Dental Practice Committee, said: “High street dentists in England are already subject to an extensive system of personal and practice-based regulation. The BDA has worked hard to make the case for a proportionate approach, arguing that it was unnecessary to extend Monitor’s jurisdiction to the licensing of dental practices. We are pleased to see that we have been listened to and look forward to the exemption being confirmed by the laying of regulations before Parliament.

“The BDA will now continue to make the case for the plan to review dentistry’s exemption in a few years to be reconsidered. Conducting a review because a certain point in time has been reached is arbitrary and unnecessary.”

Editorial comment

A week on from the announcement of the demise of Clearstep, I am still saddened by the whole situation. I feel for the employees of the company, now made redundant (having been there I know how it feels). I feel for the patients who are mid treatment and are unsure of what is going to happen. And I feel for the practitioners who are now left to deal with their worried and angry patients, needing to find suitable solutions and counting the cost.

One of the saddest things about the situation came home to me today, when a copy of the asset catalogue for Clearstep was sent to me. Ten years of build-up and development boiled down to just 148 auction lots. As you read this, the auction will be over and items from 3D printers and scanners, computers, monitors, desk chairs and even down to a Twin section aluminium extending ladder, (24ft approx.) will have been bid on, paid for and collected.

I wonder how many auction lots we would all boil down to?
Campaign launched for BDTA Dental Showcase

The 2015 BDTA Dental Showcase marketing campaign has officially launched!

The BDTA is well-known for its exciting and dynamic themes each year and 2015 is set to be another huge success for BDTA Dental Showcase. This year’s theme, for the UK’s largest dental exhibition, reflects the exciting opportunity the show provides for every member of the dental team to see all that’s new in the world of dentistry.

The advertising campaign’s creative visually communicates ‘Seeing What’s New in Dentistry’ - one of the key reasons over 15,000 visitors from the profession and trade flocked to BDTA Dental Showcase in 2012. More visitors than ever told the BDTA they came to see what’s new in 2012 and BDTA Dental Showcase 2015 promises to build on this by providing new opportunities to meet one-to-one with over 550 exhibitors, experience hands on demonstrations and product displays by leading dental companies.

A visit to BDTA Dental Showcase 2015 promises to offer visitors the chance to:

- See the latest innovations from the largest selection of exhibitors, with face to face discussion and trial
- Track down the best offers from leading manufacturers and suppliers all under one roof
- Keep up to date with the latest in the world of dentistry
- Find out more about product and technique developments
- Gain CPD through the series of mini lectures and live theatre demonstrations

Tony Reed, BDTA Executive Director comments, “We’re extremely proud that BDTA Dental Showcase continues to be the UK’s most popular dental exhibition. It offers visitors the opportunity to see, feel and try new products first hand, as well as helping to drive innovation through the face to face interaction between exhibitors and visitors.”

Dental Showcase takes place from 17 – 19th October at the NEC Birmingham. For further information and to register for this year’s BDTA Dental Showcase visit: www.dentalshowcase.com now!

Brighton woman named UK Dental Hygienist of the Year 2012

Christina Chatfield scoops two awards at the DH&T Awards

Christina Chatfield opened the Dental Health Spa in Brighton in 2007 following changes to the law that allowed registered members of the dental team, other than dentists, to manage the business of dentistry.

With over 20 years’ experience in practice, she has worked amongst major blue chip health companies, including Gillette, Braun/Oral B, Braun Oral-B and Pfizer.

She has long campaigned for hygienists to provide direct access to patients, believing that they should have an option as to where they should be able to seek dental treatment and advice – without a prescription.

Now her work and her surgery have been recognised with two prestigious awards - Best Dental Marketing 2012 and the UK Dental Hygienist of the Year at the Dental Hygiene and Therapy Awards.

Commenting on her awards success, Christina said: “For many years I have had a vision of changing the industry and empowering the patient by making dental hygiene more accessible for all.

“I am passionate about direct access for patients and bringing dental hygiene to the high street of the UK so that they should have an option as to where they should be able to seek dental treatment and advice – without a prescription.

Standing out from the crowd was dental nurse Lyndsay, whose application outlined: “I have always dreamed of doing something to make a difference to another person’s life. I really hope I get the chance to do that. For a person who is passionate about their career, Bridge2Aid is really ‘living the dream’.”

Competition judges included Chris Barrow (Coach-Barrow) IDH’s Alex Handley, ProDental CPD’s Rob Dyas, Practice Plan’s Nigel Jones and last year’s competition winner Maddie Brathwaite, as well as Bridge2Aid’s CEO Mark Topley.

Lyndsay and the B2A Visits Team will now confirm a date for Lyndsay’s trip to East Africa. Talking about giving the opportunity to experience DVP, B2A Founder Ian Wilson commented: “I am delighted that Lyndsay’s passion for helping others will contribute to the passion of the B2A team, both in Africa and in the UK. I’m sure she’ll be an amazing asset. Enjoy it, Lyndsay”.

Dental nurse Lyndsay McGrath

Dental nurse wins trip to Africa
Antimicrobial resistance poses ‘catastrophic threat’

CMO gives stark warning of a ‘discovery void’

Global action is needed to tackle the catastrophic threat of antimicrobial resistance, which in 20 years could see any one of us dying following minor surgery, England’s Chief Medical Officer Professor Dame Sally Davies has said.

The stark warning comes as the second volume of the CMO’s annual report is published, providing a comprehensive overview of the threat of antimicrobial resistance and infectious diseases.

Calling for politicians to treat the threat as seriously as MRSA, the report highlights a “discovery void” with few new antibiotics developed in the past two decades.

It highlights that, while a new infectious disease has been discovered nearly every year over the past 50 years, there have been very few new antibiotics developed leaving our armoury nearly empty as diseases evolve and become resistant to existing drugs.

In addition to encouraging development of new drugs, the report highlights that looking after the current arsenal of antibiotics is equally important. This means using better hygiene measures, prescribing fewer antibiotics and making sure they are only prescribed when needed.

The CMO also states that more action is needed to tackle the next generation of healthcare associated infections, including new strains of pneumonia-causing klebsiella, that will be harder to treat.

Seventeen recommendations have been made, including:

• A call for antimicrobial resistance to be put on the national risk register and taken seriously by politicians at an international level, including the G8 and WHO
• Better surveillance data across the NHS and world wide to monitor the developing situation

• More work carried out between the healthcare and pharmaceutical industries to preserve existing drugs and encourage the development of new antibiotics
• Building on the success of the NHS in cutting MRSA rates, which have fallen by 80 per cent since a peak in cases in 2005 through better hygiene measures, which should be used when treating the next generation of healthcare associated infections such as new strains of harder-to-treat klebsiella

Prof Dame Sally Davies said: “Antimicrobial resistance poses a catastrophic threat. If we don’t act now, any one of us could go into hospital in 20 years for minor surgery and die because of an ordinary infection that can’t be treated by antibiotics. And routine operations like hip replacements or organ transplants could be deadly because of the risk of infection.”

The UK Antimicrobial Resistance Strategy and Action Plan will:

• Champion the responsible use of antibiotics – ensuring NHS staff have the skills, knowledge and training to prescribe and administer antibiotics appropriately
• Strengthen surveillance – by improving the recording of data on the numbers of antibiotics prescribed and trends in antibiotic resistance, this information can be used by clinicians to change patterns of prescribing. This will help reduce the level of resistance and help ensure patients respond to treatments
• Encourage the development of new diagnostics, therapeutics and antibiotics, for example by continuing to support the Innovative Medicines Initiative (IMI) and other initiatives that encourage scientific research.

To find out more, and on visit www.medicinesresistance.org.uk