Dental leaders in the United Kingdom cautious in Brexit vote aftermath

By DTI

LONDON, UK: Dental stakeholders throughout the UK have reacted cautiously to the results of the referendum that saw the majority of people in Britain last week decide the country should leave the European Union. In a statement on the vote, the British Dental Association (BDA) declared that it would offer support and advice to its members about the full implications of the withdrawal process once its terms had been decided on.

“At this early stage we do not know what shape Brexit will take, but it could certainly mean significant changes for both dental regulation and the dental workforce,” BDA chair Mick Armstrong commented.

The BDA did not take a position in the referendum. While no official statistics are available on how many dentists in the UK who voted to remain or leave, a poll conducted by Dental Tribune online in March indicated that a slight majority of dental professionals would have preferred the country to stay in the EU.

UK dentistry is directly affected by EU legislation in a number of areas, including movement of labour. Last year alone saw more than 7,000 dentists from EU member countries seeking registration with the General Dental Council (GDC). Their future status remains uncertain after the decision—though unaffected in the interim—as does that of British dentists currently working in another EU member country.

Other areas that could be affected by the vote are health and safety legislation, as well as the import of dental equipment and materials.

In a statement on its website, the GDC said: “The Prime Minister made clear that the formal process for implementing the referendum result would be taken forward under a new leader, and that won’t happen immediately. We will communicate any changes widely as and when the position develops.”

“It’s far too soon to predict the long-term impact on our business, if any, from the vote in the UK,” a representative of Henry Schein, the UK’s and the world’s largest dental industry competitor, explains why their use can provide significant advantages to dental clinicians in general dental practice.

Share values too tumbled worldwide in response to the outcome, including those of major dental industry competitors, such as Henry Schein and Dentistry in Meriden, West Midlands.

As a consequence of the outcome of the referendum, David Cameron announced that he would step down as Prime Minister. Former home secretary Theresa May has been meanwhile appointed as his successor.

Negotiations about a new agreement with the EU are expected to begin once a new government has put in place. Under Article 50 of the Treaty of Lisbon, Britain will then have two years to negotiate a new agreement with the EU.

INTERVIEW

Health Education England authors Sam Shah and Edward Sinclair about the impact Brexit could have on dental regulations and the workforce.

BARD 2016

Dr Nisha Sisodia, Leeds, reviews the latest conference of the British Academy of Restorative Dentistry in Meriden, West Midlands.

SINGLE-USE INSTRUMENTS

Robert Jagger, University of Bristol, explains why their use can provide significant advantages to dental clinicians in general dental practice.
Poor dental appearance hinders career prospects

By DTI

LONDON, UK: A new YouGov survey on behalf of the British Dental Association (BDA) has found that over three-quarters of Brits believe poor oral health can hinder job applicants and their career prospects. In comparison, only half of the number ranked being overweight or dress code violations as a barrier to being hired.

The online poll involved 2,028 Brits aged over 18. When asked to being hired.

In contrast, being overweight or self images, it’s for anyone who wants to get on in life,” commented Henriksen-Nielsen said.

Tooth decay remains the chief reason for hospital admissions among young children in the UK. Alarmingly, from 2011 to 2014, the number of tooth extractions in children under 18 increased by 26 per cent, the latest Public Health England figures have shown.

In addition, the 2013 Children’s Dental Health Survey found that insecurities about a poor dental appearance start early. The survey, which provides information on the dental health of children in England, Wales and Northern Ireland, showed that 35 per cent of 12-year-olds and 28 per cent of 15-year-olds were embarrassed to smile or laugh owing to the condition of their teeth. Independent studies have found that oral health issues can have a lasting effect on children’s school readiness, as well as impair their nutrition, development and ability to socialise.

Targeting regions with high decay rates, the government recently announced ten pilot preventive programmes in England. However, no details of the scheme or dedicated funding have been released so far.

“Ministers have viewed oral health as an ‘optional extra’ for far too long. For the children lining up for tooth extractions in our hospitals decay has long-term consequences. Whether they grow up to be solicitors or receptionists, the state of their mouths can affect their life chances,” Overgaard-Nielsen said.

Over three-quarters of Brits believe poor oral health can hinder job applicants and their career prospects.
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“We need to consider carefully how to plan for the future workforce”

An interview with Health Education England’s Sam Shah and Dental Core Trainee Edward Sinclair

After the vote to leave in the European Union Referendum last month and the appointment of Theresa May as Prime Minister, negotiations between Westminster and Brussels are expected to commence soon. In an article published by the British Dental Journal, researchers from Health Education England in London already in May drafted a possible Brexit scenario and its implications for dentistry in the UK. Dental Tribune had the opportunity to speak with authors Edward Sinclair and Sam Shah in London about the possible impact of this historic decision on dental regulations and the workforce.

Dental Tribune: In the EU referendum, the majority of Brits voted for the UK to leave the EU. What impact could an upcoming Brexit have on the British health care sector and dentistry in particular?

Edward Sinclair: To give an exact and short answer to your question would be difficult. I would say that in the short term very little will change. After that it will really depend on the outcome of any negotiations. One would hope that there would be minimal disruption to the existing systems.

One of the areas that could be affected is workforce. At the moment, the UK has many workers from other EU countries who fall under the freedom of movement arrangement and benefit in general from mutual recognition of their professional qualifications. One of the reasons the leave vote triumphed was because a lot of people seemed unhappy with the whole concept of freedom of movement. In the future, it is possible that it will be restricted in some way. What we might end up with is something like the arrangement in North America where professionals are able to come to the UK if they have a job offer.

As a nation we also benefit from products and materials being manufactured elsewhere in Europe that get imported in the UK for use in dentistry, for example in the fields of implant dentistry or endodontics. If there are going to be changes, there will need to be trade agreements in place between the EU and the UK. Inevitably this is likely to have an impact on price disruption to the existing systems.

The likelihood is that future barriers to movement will have an impact on supply and demand within the workforce. This means that for us in the UK we need to consider carefully how to plan for future workforce because our modelling has been based on what happened over the last 10 years. The implications on dentistry won’t be seen for some years to come and it will probably take at least 5 to 10 years before we see any real impact from the Brexit.

Shah: The workforce is an important aspect of the way dentistry as a clinical service operates. There will be implications regarding the workforce because at the moment we have the benefit of both the EU workforce combined with the UK workforce which provide us with stable services to meet the needs of our population.

As an example, the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 became UK regulation in 2013. This originates from EU Council Directive 2004/37/EC on the prevention of sharps injuries in the hospital and healthcare sector. For something like this it would now be up to the UK legislature to decide upon. It’s important to note however, that there are some countries in the EU that have a much lower regulatory burden. I think it was a distortion in the run-up to the referendum to state that leaving the EU would somehow reduce the amount of red tape.

Shah: You also have to consider other European rules for example on ionising radiation or the transfer of clinical images. The reality is whether we are part of the EU or not, there will need to be something whether it is a policy or regulation that addresses matters such as these. It is unlikely that the State would just dismantle the rules without any replacement because there have to be some safeguards in place for society.

Sam Shah: There is a whole myriad of legislation that will need to be unravelled, reinstated or recreated. Those responsible for the workforce will need to consider both the existing EU migrant workforce and various UK residents who are currently training in other EU countries. They will probably be planning to return to the UK in the hope that their qualifications are going to be recognised.

The type of regulation that dentists may be more familiar with are EU competition laws. The UK has its own version of competition laws in any event. There is a chance that we will need an alteration of these rules however they will probably still exist. At the moment, I am yet to be convinced that any EU regulation would not continue to apply in some form if the UK does continue to leave the EU.

...it was a distortion in the run-up to the referendum to state that leaving the EU would somehow reduce the amount of red tape.”

The amount of red tape will have affect supply and demand.

Last year alone, more EU dentists registered with the General Dental Council than the number of dentists that graduated from UK dental schools. How dependent is dentistry on the migrant workforce and would the UK be able to cope with the potential loss of this workforce through stricter immigration regulations?

The general from mutual recognition of qualifications is going to be recognised.

Qualifications are going to be recognised.
Do you see any benefits of the Brexit for dentistry in the UK?

Sinclair: There may be an opportunity to standardise English language requirements, if we start recruiting more heavily from countries where English is the primary language of instruction. It may be argued that it could be easier to introduce people to the workforce and keep standards at a consistent level, but this is only speculation.

Shah: From a competition point of view, there are potential benefits for local workers who through the influx of dentists and other professionals might have been less willing to work at a specific rate or found accessing work more competitive. At the individual level, some of the people in our existing workforce may be more likely to find work post-Brexit but I think migration of professionals will continue provided the UK remains an attractive place to work for people from the EU. There will need to be some arrangement which allows dental professionals to come to the UK.

What aspects do you think will be important to consider in the upcoming negotiations with the EU regarding dentistry?

Sinclair: We know that the NHS (not just dentistry) really benefited from the flexibility of being able to recruit from other EU countries, so ideally negotiators want to establish a similar arrangement, even if it is a special visa for health care workers to come to the UK or work in EU countries. That seems to be a sensible thing to lobby the government on so that we do not lose that flexibility.

It would not have a huge effect on general immigration either because health care workers are only a small portion of net immigration. The government does not have to fear that it would distort the figures too much and it would allow this very important section of the workforce to remain in the country. I expect that the public would support that, whichever side they are on in the whole debate.

Shah: There certainly does need to be some sort of trade agreement for medical devices and health care products. Drugs will probably need to fall into a special category as we know a lot of medicinal drugs already move back and forth across the EU.

Similarly there will need to be some rules for things as basic as data sharing between the UK and EU states, particularly in relation to offsite data backup that could often be used in other parts of the EU where space is often more affordable.

One of the most important aspects is continued collaboration in respect of the public health agenda, which includes oral health. Broader public health initiatives do not necessarily need a formal agreement as it is unlikely that any single EU state will be affected. However, it is more likely that the region as a whole will be affected by issues relating to both general disease and oral diseases. There will need to be continued collaboration between dental and oral policy makers across the European region.

Thank you very much for the interview.
BARD Conference 2016:
More than just an educational experience

By Dr Nisha Sisodia, UK

The 2016 British Academy of Restorative Dentistry (BARD) Conference was held at the Forest of Arden Marriott Hotel and Country Club in Meriden on 3 and 4 June. The event kicked off with an address from the president, Prof. Paul Tipton, and conference chairperson Adam Toft. This was followed by a day of lectures on various topics by speakers from all over the world, culminating with a live patient demonstration.

The patient concerned was delighted about the treatment outcome and gave a touching account of his experience. The first day’s topics focused on anterior restorations, 3-D cleaning of root canals, the Equipoise denture system, whitening treatment, tooth wear, facial aesthetics in dentistry, dealing with and promoting oral health via the media, the Biofunctional Prosthetic System, comfort-level during the extended breaks, avoiding periodontal litigation, and the ArtOn4 dental concept.

After a successful first day, the programme focus changed to new ideas and materials, with presentations on high-performance PEEK polymer and its uses, CEREC and the digital world, occlusion, presentations on high-performance PEEK polymer and its uses, CEREC and the digital world, occlusion, avoiding periodontal litigation, and the ArtOn4 dental concept.

The conference is intended to be more than just an educational experience. It is also designed to be unforgettable and enjoyable, especially when it comes to the social programme. The Saturday evening event this year started with a drinks reception, at which an illusionist had everyone amazed and baffled—“how did he guess that, just by looking at me?” This was followed by a charity dinner supporting the Vine Trust’s Amazon Hope Medical and Dental Programme, which seeks to promote health and dental care in Peru, and even a car.

Sponsors of the event made a fantastic contribution, the response and support exceeded expectations. There were an array of exhibitors offering the latest in materials, products and innovative technology designed to make clinical practice more economical, effective and efficient. The focal point was the JUVORA stand, where a new non-metal PEEK material used for fixed and removable dental prostheses was demonstrated. Sponsors displays included dental materials and instruments, scanning machines, dental courses, loupes, dental implants, dental laboratories, finance and even a car.

The weekend catered for a broad spectrum of interests and the hugely positive remarks praised the high standard and wide range of topics, exhibitors and speakers, as well as the superb social event. Delegates were inspired to go back to their surgeries and incorporate what they had learnt, buzzing about the next conference. Preparations and talks for the 2017 BARD Conference have already begun. The Belfry Hotel and Resort in Wishaw in Scotland is the likely venue for the event to be next spring or summer. For further information and details, visit www.bard.uk.com.
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But it’s different here
An international perspective on the business of dentistry

By Chris Barrow, UK

As a business consultant, I have been providing training, coaching and mentoring services to UK and Irish dentists and their teams for the last 23 years. Additionally, I have had the opportunity to work with clients in a number of European and other countries, including Turkey, India, the US, Canada and Australia. I consider myself a bit of a rebel and love to talk about innovation in business and how it applies in dentistry and the wider health care environment.

In this article for Dental Tribune I want to take you back to the mid-1990s and my first experience of working with UK dentists, providing team training workshops all across the country. Inevitably, there would come a point in one of those early workshops at which an attendee would raise his or her hand and, instead of asking a question, make a statement that came down to something like “Chris, this is all very good and exciting, but you need to understand that here in [insert place name] things are different.”

Candidates for “insert place name” ranged from the valleys of southern Wales to the West End of London, from north to south, from crowded to thinly populated areas; references were made to cosmopolitan, suburban and rural communities. The speaker would elaborate and suggest that whatever idea I was proposing would fall on stony ground because of the idiosyncracies of the local population or macro- and micro-economic circumstances.

As a speaker, one learns to deal with such objections and concerns with empathetic listening and compassion, but I gradually realised that, in each of these locations, there were dentists who were just getting on with the job and enjoying great success, because they were either oblivious of or immune to those self-limiting beliefs. Now, do not get me wrong here, if your dental practice is situated in a town where a significant proportion of the population is dependent on one major employer that then closes down, even the greatest optimist and positive thinker would have to take a reality check and respond. Thankfully, such economic disasters are relatively few in number. Most of the time, the aforementioned statements of difference are self-fulfilling prophecy on the part of the conference questioner.

The caring speaker will try to engage the attendee in meaningful dialogue, but experience shows that, sadly, the critic rarely wants to be persuaded away from his or her unfalsifiable hypothesis. Bringing this phenomenon into the second decade of the twenty-first century, the most frequent use of the phrase “ah, but it’s different here” relates to the digital marketing landscape. Whenever I comment in writing or at a conference on the explosive growth of digital, there will inevitably be a listener who wants to tell me that people in his or her postcode are not on the Internet, do not use social media and do not have e-mail addresses. Mirroring my earlier experience, I then meet dentists in the same location who are happily generating digital sales.

A recent internal survey of my top clients (located across diverse geographical and economic locations) revealed the startling fact that almost 66 per cent of their website visits were from mobile devices—smartphones and tablets—thus demonstrating that website appearance on a 27-inch iMac screen is no longer as important as how it looks on mobile.

If I now refer back to the international locations in which I have had the opportunity to work I can think of not one of the listed countries in which I would argue that the situation is different. Perhaps the most notable of these is Pune in northern India, where I was privileged in February to deliver a two-day workshop to 50 dentists.

People are people. The independent traveller of 50 years ago would have commented on diverse cultures. In 2016, the same traveller will comment on similarities, whether good or bad. The global village contains dental patients and they have similar needs and expectations of value. So if you are looking for tips on how to improve your dental business, you now gain a global perspective when observing best practice.

“The global village contains dental patients and they have similar needs and expectations of value.”

I have visited and worked with the best in all of the countries listed and found that no nation is behind the curve when it comes to innovation in the business of dentistry and we can all learn from each other. Except, of course, in your place—if it’s different.

Chris Barrow is the founder of 7connections business coaching. An active consultant, trainer and coach to the UK dental profession, he regularly contributes to the dental press, social media and online. Chris Barrow can be contacted at coach.barrow@7connections.com.
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This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between Tribune Group GmbH and Roots Summit.
Dental laboratories have adopted 3-D printing to increase production efficiency and precision in the manufacture of a broad range of dental and orthodontic appliances. The introduction of 3-D printing to the digital workflow speeds up lead time for the benefit of practices, laboratories and patients. Dental Tribune spoke to Darrin Dickinson, Sales Manager at EnvisionTEC, about CAD/CAM systems and 3-D printing, which are changing the dental industry at a very fast rate.

Dental Tribune: 3-D printing is a reasonably recent technology in dentistry, and it offers a quick process with great accuracy and precision. Why is 3-D printing a superior solution for many clinics and laboratories?

Darrin Dickinson: At EnvisionTEC, we have ensured that 3-D printing for the dental industry has become an easy-to-use, highly accurate and economical process. Our machines are part of the workflow: first, the dentist scans the patient’s mouth to quickly and comfortably obtain precision data for the dental laboratory, or takes and scans a conventional impression at a high resolution to produce digital data. The data is then analysed using dental software from 3Shape or Exocad, or many others, and a tailored solution is developed for the patient.

Another advantage is the easy change from one material to another with no waste, as our machines do not use any print heads or tubing that must be flushed or purged. Our materials are suitable for a broad spectrum of dental applications. Our new machines, the Perfactory Vida series, are capable of printing orthodontic models, partials, surgical guides and bite guards.

By ensuring we have the correct parameters, we have made sure that everything passes through quickly. The laboratory can immediately and seamlessly use the data to begin production of the necessary components for the case. Multiple workpieces can be produced simultaneously, allowing laboratories to fulfill their customer requirements with consistent quality.

Our user-friendly 3-D printers produce highly accurate dental models within minutes based on the data. Another great advantage is the wide variety of materials that can be used for a broad spectrum of dental applications. Our new machines, the Perfactory Vida series, are capable of printing orthodontic models, partials, surgical guides and bite guards.

Within some sections of the dental market, people invested in milling quite quickly and became familiar with the technology, but also spent a great deal of money acquiring it. Naturally, once one has invested the money, one does not all of a sudden stop milling and pursue printing instead. It will take time to see the investment in printers.

EnvisionTEC has production facilities in the US and Germany. What many people might not know is that your company explores the complete range of vertical sectors for 3-D printing and targets niche markets, such as hearing aids and jewellery. Why do you also continue to invest in the dental market?

The dental market is a growth opportunity for us because one of the things we have seen is that, although the adoption of milling happened very early on, the uptake of printing within the dental market has been rather slow. In the dental market, people tend to buy multiple milling machines. If one breaks, there is another one to fall back on. With printing equipment, it was not the price of one machine that was the issue: it was often the case that one would need at least two machines, requiring an investment of hundreds of thousands of euros. Luckily, this has changed and prices have come down significantly.

What materials do you recommend for use? Our machines use our material. We do not provide machines that could just use anything. Customers know our reputation and quality. Low-quality materials would have a negative impact on this. Our printing materials are characterised by their strength and perfect fit. After all, the most important point for a dental laboratory is to be able to use the machine without having to first work out what materials and machines can be used.

Dental technicians should not be spending unproductive days or even weeks trying to establish exposure parameters, post-curing times and casting cycles. They are there to do productive, profitable work. Using machines and materials from different manufacturers would require expending a great deal of time and effort in determining the different parameters to ensure these function together. With EnvisionTEC systems, all of this work has been done, and we have thousands of successful customers worldwide benefiting from our years of developing complete solutions.

For example, at the Dentistry Show, we learnt from a competitor’s client that the company had spent 40,000 euros on a machine two years ago, but had not yet been able to start production. The machine was not able to manufacture the client’s dental parts, as the materials were not available and no software was initially not developed for it. After a while, the company established how the machine worked, but still needed the right software to print the dental parts. After buying the software, additional training was needed. They then discovered that the exposure parameters to expose the resin inside the machine were missing. They had no knowledge of what they needed to do, so the machine was still in a corner of their laboratory unused.

Our view is that our distributors and our dental experts should continue to work together with the customer. Once they have sold the machine, they are responsible for training and installation. When a client buys one of our machines, it has to be productive immediately, our machines are ready for use from day one.

Thank you very much for the interview.
LONDON’S TOP 10 ATTRACTIONS

1. BRITISH MUSEUM
The world-famous British Museum exhibits the works of man from prehistoric to modern times, from around the world. Highlights include the Rosetta Stone, the Parthenon sculptures and the mummies in the Ancient Egypt collection. Entry is free but special exhibitions require tickets.

2. NATIONAL GALLERY
The crowning glory of Trafalgar Square, London’s National Gallery is a vast space filled with Western European paintings from the 13th to the 19th centuries. In this iconic art gallery you can find works by masters such as Van Gogh, da Vinci, Botticelli, Constable, Renoir, Titian and Stubbs. Entry is free but special exhibitions require tickets.

3. NATURAL HISTORY MUSEUM
As well as the permanent (and permanently fascinating!) dinosaur exhibition, the Natural History Museum boasts a collection of the biggest, tallest and rarest animals in the world. See a life-sized blue whale, a 40-million-year-old spider, and the beautiful Central Hall. Entry is free but special exhibitions require tickets.

4. TATE MODERN
Sitting grandly on the banks of the Thames is Tate Modern, Britain’s national museum of modern and contemporary art. Its unique shape is due to it previously being a power station. The gallery’s restaurants offer fabulous views across the city. Entry is free but special exhibitions require tickets.

5. THE LONDON EYE
The London Eye is a major feature of London’s skyline. It boasts some of London’s best views from its 32 capsules, each weighing 10 tonnes and holding up to 25 people. Climb aboard for a breathtaking experience, with an unforgettable perspective of more than 55 of London’s most famous landmarks – all in just 30 minutes!

6. SCIENCE MUSEUM
From the future of space travel to asking that difficult question: “who am I?”, the Science Museum makes your brain perform Olympic-standard mental gymnastics. See, touch and experience the major scientific advances of the last 300 years; and don’t forget the awesome Imax cinema. Entry is free but some exhibitions require tickets.

7. VICTORIA & ALBERT MUSEUM
The V&A celebrates art and design with 3,000 years worth of amazing artefacts from around the world. A real treasure trove of goodies, you never know what you’ll discover next! Furniture, paintings, sculpture, metal work and textiles; the list goes on and on… Entry is free but special exhibitions require you to purchase tickets.

8. TOWER OF LONDON
Take a tour with one of the Yeoman Warders around the Tower of London, one of the world’s most famous buildings. Discover its 900-year history as a royal palace, prison and place of execution, arsenal, jewel house and zoo! Gaze up at the White Tower, tiptoe through a medieval king’s bedchamber and marvel at the Crown Jewels.

9. ROYAL MUSEUMS GREENWICH
Visit the National Maritime Museum - the world’s largest maritime museum, see the historic Queen’s House, stand astride the Prime Meridian at Royal Observatory Greenwich and explore the famous Cutty Sark: all part of the Royal Museums Greenwich. Some are free to enter; some charges apply.

10. MADAME TUSSAUDS
At Madame Tussauds, you’ll come face-to-face with some of the world’s most famous faces. From Shakespeare to Lady Gaga you’ll meet influential figures from showbiz, sport, politics and even royalty. Strike a pose with Usain Bolt, get close to One Direction or receive a once-in-a-lifetime audience with Her Majesty the Queen.
The little surgical magic box
hf Surg® is essential for every dental practice

By Dr Deborah Horch, Germany

The most valuable resource for dentists is time, captured aptly by Benjamin Franklin’s phrase of “Time is money”. In this respect, we constantly have to critically assess our workflows. Innovative solutions that help to save time, reduce costs and improve the comfort of patients, as well as treatment outcomes, are in high demand. In this regard, the affordable hf Surg (Hager & Werken) makes a valuable contribution to everyday practice.

The hf Surg is the little brother of the last-generation of proven high-frequency electrosurgical devices that are used in daily practice. Long gone are the days when patients had to endure the unpleasant side-effects of this technology. Unfortunately, since old devices are still present in many practices, some patients are still exposed to these effects.

State-of-the-art equipment such as the hf Surg work at a frequency of 2 MHz, which lies in the frequency range of a BBC broadcast. That is why it is often referred to as “radio surgery”. I have never received complaints from patients or came across disadvantages when using modern high-frequency devices. The technology is simple and clinically proven. A thin electrode made from a special metal alloy transmits electromagnetic waves into the tissue. This way, the tissue cells collapse on a macroscopic level, which appears as a minimally invasive cut from the outside. This cutting procedure is performed without pressure and allows a precise and almost non-thermal cutting of the soft tissue. The accompanying hand-piece is extremely lightweight and boasts extraordinary haptics, allowing the depth of penetration to be precisely determined.

Saving time

Unfortunately, modern practice management is increasingly hampered by regulatory interventions and as a result we have to achieve more in less time. Every minute lost by working with inefficient tools is a minute we cannot afford to lose. The hf Surg works reliably and not only 20 times faster than a laser in my estimation but also significantly faster than a scalpel (Figs. 1 & 2).

Of course, the laser has proven its value in many areas, but it is inferior in many respects when used in soft-tissue surgery. While laser can only remove layer by layer, an incision with the hf Surg is simultaneously performed over the entire penetrated diode length. Scalpels and other instruments need to achieve incisions that help to save time, reduce costs and improve the comfort of patients, as well as treatment outcomes, are in high demand. In this regard, the affordable hf Surg (Hager & Werken) makes a valuable contribution to everyday practice.

In contrast to scalpels, the hf Surg electrodes can be individually adjusted for different indications. The dimensionally stable wire can be bent according to the treatment. The included loop electrode is optimally suited for operculectomy of third molars or removal of fibromas (Figs. 4 & 5). The variety of electrodes is comprehensive (Fig. 6).

Furthermore, there is the consistent danger of injuries from conventional instruments, such as scalpels. The hf Surg electrode is activated only when the foot pedal is depressed; hence, it offers greater safety.

Patient comfort and treatment success

In most of the cases I have treated with the hf Surg, there was no need for sutures, as I was able to perform direct coagulation. The shortened treatment time is beneficial to the clinician and patient, particularly in the case of surgically demanding procedures. Compared with other methods, the duration of healing is shorter as well, often completed after 72 hours. The painless treatment and the aesthetic result too are pleasing for both the patient and clinician. In summary, the maintenance of the tissue turgor and necrosis-free cutting with simultaneous optional coagulation allows better and faster treatment. The small and handy unit permits easy transfer between different treatment rooms. Before the hf Surg became an integral part of my everyday practice, I had doubts, but these were alleviated after a personal demonstration and my subsequent use of the device.

Dr Deborah Horch is a practising dentist in Kaiserslautern, Germany. She can be contacted at de.horch@gmx.de.
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BruxZir Anterior: Placement and one-year recall

By Dental Advisor

BruxZir Anterior is a zirconia designed to satisfy any patient’s aesthetic needs. It has a flexural strength of 650 MPa with translucency and colour similar to natural dentition. Owing to its superior strength, BruxZir Anterior requires less tooth reduction than monolithic glass ceramic restorations and is kind to natural opposing dentition. Indications include single-unit crowns and three-unit bridges with one pontic as well as implant crowns.

Results at placement
At placement, the restorations were evaluated in the areas of aesthetics, fit to tooth, marginal integrity, contacts, and occlusion on a 1–5 scale (1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent).

Ninety-six per cent of restorations rated during placement for each of the above categories received a rating of five or excellent.

Results at one-year recall
At approximately one year, about one third of the restorations (108) were recalled. Of the recalled restorations, 71% had been in function for more than nine months, 20% from 5 to 8 months and the remaining 9% less than four months (Fig. 3).

At recall, the restorations were evaluated for aesthetics, resistance to fracture/chipping, resistance to marginal discoloration, and wear resistance. Restorations were again rated on a 1–5 scale (1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent).

At one-year recall, every restoration received an excellent rating of 5 in all categories mentioned above. It is highly recommended for use in anterior restorations and selected posterior restorations. Its flexural strength surpasses most silica-based ceramic materials available to the dental profession. At one-year recall, BruxZir Anterior received a clinical performance rating of 100%.

Summary
At one year with over 300 restorations seated, BruxZir Anterior has performed exceptionally well in the area of aesthetics, lack of fracture or chipping, lack of marginal discoloration, and wear resistance.

Comments by patients at recall
"Your teeth are beautiful, who did them?" (A comment a patient received after restoring teeth 5–12).
"I really like the way they look, beautiful and natural a huge improvement."
"I can’t even tell which crowns you did last time, they look so real. Is that a new material?"
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Single-use hand instruments
Making a case for their use in general dental practice

By Robert Jagger, UK

A wide range of single-use disposable dental and surgical instruments is now produced by a number of manufacturers. Instruments are available for purchase either singly or as procedure kits and are priced to be a realistic alternative to decontaminating reusable instruments.1 Paradoxically, single-use instrumentarium is rarely seen as a viable alternative by dental professionals, who typically associate single-use instruments with cheap unreliable plastic devices and a very limited product range. In reality, these mirrors, probes, restorative instruments, endodontic instruments, minor surgical instruments, extraction forceps, periodontal surgical blades and periodontal microsurgery. This article seeks to challenge current clinician perceptions of single-use instrumentarium by examining the potential benefits of high-quality single-use instruments in daily practice.

Quality
Single-use instruments can be of extremely high quality and may be almost indistinguishable in use from reusable instruments.1 Clinicians often comment that they are impressed by their quality and functionality and that they appear too good to throw away after just one use. These instruments are a significant step forwards from the poorer quality equipment that was previously available.

Before selecting a supplier of single-use instruments, however, it is critical to ensure that they comply fully with all relevant British and European medical device regulatory standards and that they are manufactured from medical-grade surgical steel and undergo rigorous in-process quality assurance checks and batch testing. Purchasing instruments from a supplier approved by the British Dental Industry Association will provide practitioners with assurance that they are dealing with an appropriately regulated manufacturer.

Sterilisation
One of the most significant changes to have affected the dental profession in recent years has been the adoption of rigorous sterilisation and cross-contamination procedures (HTM 01-05). Decontamination in Primary Care Dental Practices.¹ Dangers posed by prion diseases, such as variant Creutzfeldt–Jakob Disease (vCJD), remain even with the most effective dental sterilisation processes. The prion associated with vCJD is able to survive steam autoclaving under standard exposure conditions,¹ suggesting that some reusable surgical instruments are potentially being utilised in a contaminated state. Use of single-use disposable instruments ensures that instruments are not contaminated, protecting patients and clinical staff alike. Forecast true procedure costs accurately, as there are no hidden costs associated with the decontamination, sterilisation and packaging of reusable instrumentarium.

Convenience
Among other applications, single-use packs allow rapid and efficient management of dental extractions that become complicated by, for example, crown fracture.1 Contingency stock of single-use surgical packs (comprising integral single-use scalpels) handles surgical instruments and extraction forceps for both adult and paediatric use.

Procedure packs too are available for specific procedures and contain all of the necessary instruments. Examples of packs include those for dental and periodontal examination, restorative procedures, maxillofacial biopsy, minor oral surgery, and periodontal microsurgery. In implant dentistry, single-use periosteotomes and microsurgery packs provide a cost-effective solution for procedures that require precision and speed.

In implant dentistry, single-use periosteotomes and microsurgery packs offer benefits when managing medically vulnerable patients, including those with immunocompromised conditions and those requiring dental treatment before elective cardiac and renal surgery and pre- and post-head and neck radiotherapy and chemotherapy.

Environmental impact
It is often forgotten that decontamination and sterilisation procedures consume large amounts of energy, water, cleaning fluids and consumables, with associated significant environmental impact. Single-use surgical instruments are always functional and sterile. Robinson’s soft-tissue biopsy packs provide an off-the-shelf sterile, cost-effective solution for performing intra-oral tissue biopsies, particularly in general practice, where these procedures are often performed infrequently.

Conclusion
The use of high-quality single-use instruments can provide significant advantages to dentists in general dental practice, particularly in terms of sterility, convenience, efficiencies and reduced operating costs. Packs, such as surgical, restorative, periodontal and implant packs, can be particularly cost-effective if the purchase costs of the single-use instrument option are less significant when the substantial hidden costs of reusable instrumentarium are considered, and their cost in use is typically significantly less than the reusable instrument option. Furthermore, recent advances in the way that these instruments may be recycled have effectively addressed environmental concerns.

Trends &Applications

Dental Tribune United Kingdom Edition | 6/2016

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Costs
Most general dental practices are now equipped with HTM 01-05-compliant equipment. Re-processing dental instrument trays, however, inevitably leads to significant wear and tear and ultimately instrument damage. Regular sharpening (and replacement) of reusable instruments too is necessary for instruments such as luxators, chisels and elevators. This can add substantial costs to the reprocessing of reusable instruments. Reprocessing protocols dictate that a dental practice must hold significant stock of expensive reusable instruments, much of which often lies redundant at any given point in time.

Single-use instruments can provide a cost-effective solution to cover unexpected emergency situations in which reusable instruments may be unavailable, for example when managing unplanned surgical complications or when washout disinfectors or sterilisers are inadequate. Furthermore, optimal clinical time may be lost while waiting for the arrival of a skilled service engineer. Single-use instruments enable clinicians to

Metal costs are now equiped with HTM 01-05-compliant equipment. Processing to decontamination and sterilisation methods:

- Re-processing metal instrument trays: aimed at reducing the length of daily clinic treatment sessions, especially when managing medically vulnerable patients, including those with immunocompromised conditions and those requiring dental treatment before elective cardiac and renal surgery and pre- and post-head and neck radiotherapy and chemotherapy.

- Using single-use periosteotomes and microsurgery packs: providing a cost-effective solution for procedures requiring precision and speed.

- Single-use conservation and examination packs: providing an off-the-shelf sterile, cost-effective solution for performing intra-oral tissue biopsies, particularly in general practice, where these procedures are often performed infrequently.

- In implant dentistry, single-use periosteotomes and microsurgery packs offer benefits when managing medically vulnerable patients, including those with immunocompromised conditions and those requiring dental treatment before elective cardiac and renal surgery and pre- and post-head and neck radiotherapy and chemotherapy.

- Environmental impact: It is often forgotten that decontamination and sterilisation procedures consume large amounts of energy, water, cleaning fluids and consumables, with associated significant environmental impact. Single-use surgical instruments are always functional and sterile. Robinson’s soft-tissue biopsy packs provide an off-the-shelf sterile, cost-effective solution for performing intra-oral tissue biopsies, particularly in general practice, where these procedures are often performed infrequently.

- Moreover, single-use conservation and examination packs provide a cost-effective solution for procedures that require precision and speed.

- In implant dentistry, single-use periosteotomes and microsurgery packs can be particularly cost-effective if the purchase costs of the single-use instrument option are less significant when the substantial hidden costs of reusable instrumentarium are considered, and their cost in use is typically significantly less than the reusable instrument option. Furthermore, recent advances in the way that these instruments may be recycled have effectively addressed environmental concerns.

- Conclusion: The use of high-quality single-use instruments can provide significant advantages to dentists in general dental practice, particularly in terms of sterility, convenience, efficiencies and reduced operating costs. Packs, such as surgical, restorative, periodontal and implant packs, can be particularly cost-effective if the purchase costs of the single-use instrument option are less significant when the substantial hidden costs of reusable instrumentarium are considered, and their cost in use is typically significantly less than the reusable instrument option. Furthermore, recent advances in the way that these instruments may be recycled have effectively addressed environmental concerns.

- Editorial note: A list of references is available from the publisher.
Growing a successful dental implant clinic

By DTI

In April 2016, Dr Ian Lane, a managing partner at Queensway Dental Clinic, together with Richard Elliott, Managing Director of Queensway’s Dental Laboratory, presented a webinar to a global audience of over 350 dentists, giving them insights into what they feel have been the most fundamental factors of growing a successful dental implant clinic.

Queensway Dental Clinic (www.queensway.co.uk) was founded in 1993, when Dr Paul Averley took over the north-eastern clinic. At the time, it was at the heart of an area where the population’s oral health was significantly lower than that of the national average. Over the next 25 years, the practice grew from a four-surgery practice to a global audience of over 500 patients, with doing so.

Indeed, Queensway has managed to transform the way we practise,” said Lane. “As well as improving the outcomes we can achieve for our patients. Seeing many patients who have suffered from many different problems with their teeth, it’s vital that we have the skills—like those that the Kois Centre teaches so well—to be able to manage the complexity of these cases in a reliable way. Without a doubt, these skills have also enabled us to reassure our patients that they are being treated with the most up-to-date and predictable procedures and techniques.”

Lane suggested that this success can largely be attributed to the Queensway ethos with its patient-centred approach to dentistry. “We focus on holistic care, meaning there is real choice for the patient, as well as ensuring that shared decisions are made, over which patients have full control.”

“We have always invested in our team,” continued Lane. “Indeed, the strong foundations of our clinic have been built on the knowledge and experience of our team. To build a truly successful implant clinic, it is vital to have the right team in place.”

With Gold Standard Investors in People accreditation, it is clear that Queensway Dental Clinic understands the importance of nurturing the skills of its team. Investing heavily in the continuing professional development (CPD) of every member, it has seen its nursing teams progress through the Nobel Biocare basic and advanced nursing courses, as well as the dental implant nursing qualification from King’s College London—and all are experienced to some degree with the All-on-4 treatment modality.

Of course, it is not just the clinical skills that contribute to the success of an implant practice. Queensway Dental Clinic has striven to improve the training of its front-of-house staff to ensure that patients receive only the very highest standard of service from the moment they enter the practice. This has included sending the team on lunch-and-learn sessions with Nobel Biocare representatives, having case cards developed to act as prompts on the phone, and giving each of the staff the necessary understanding of implant treatment options in order for them to communicate this effectively to prospective and current patients.

Furthermore, Queensway understands the importance of investing in the skills of its partners and takes great pride in the individual achievements of its team members. Indeed, the partners at Queensway Dental Clinic have all graduated from the Kois Centre in Seattle in the US—five of only 15 practitioners in the UK to have done so.

“The skills we have learnt at the Kois Centre have transformed the way we practise,” said Lane. “As well as improving the outcomes we can achieve for our patients. Seeing many patients who have suffered from many different problems with their teeth, it’s vital that we have the skills—like those that the Kois Centre teaches so well—to be able to manage the complexity of these cases in a reliable way. Without a doubt, these skills have also enabled us to reassure our patients that they are being treated with the most up-to-date and predictable procedures and techniques.”

Lanell too graduated from the Kois Centre and was the very first technician in the UK to have done so. This significant achievement is mirrored in the way Queensway invests in the skills and CPD of its laboratory technicians, representing recognition of the importance of technicians in the provision of implant therapy.

Indeed, owing to the training provided by the Kois Centre, as well as the benefits of Nobel-Clinician Software, the team at Queensway has managed to streamline their case assessment and treatment planning process. “We’re all speaking in the same language now,” said Lane. “We can provide effective risk assessments for our patients, deliver effective and reliable treatment plans for implant treatments, design our patients’ smiles, provide diagnostic assessments with models and photos, and review cases with the entire team present.”

Vital to all this, Lane went on to explain, are communication and working alongside colleagues who all have the same skill and experience. “This is why,” he said, “we take our training and education seriously at Queensway.”

It is also down to the implant provider. Since 1993 (with the exception of a very short departure in 2009), Queensway Dental Clinic has used Nobel Biocare implants. “It’s the mix of quality service and quality products,” explained Lane. “We don’t use cheap products and Nobel Biocare doesn’t provide them. In all, it helps us minimise the risk to our patients and enables us to achieve excellent results.”

Working with Nobel Biocare enables the Queensway team to use a variety of different techniques, including immediate loading and providing the opportunity to scan and plan treatments in full 3-D. It also allows the clinical staff of Queensway to liaise effectively with the laboratory team, expediting and improving the process from start to finish.

This kind of professional knowledge, when brought together effectively with clinical, technical and management skills, has been one of the greatest contributing factors to the success of Queensway’s implant business. “It’s been a challenge,” admitted Lane, “and it requires excellent communication from all aspects of our business, but it has certainly paid dividends—and it certainly would not have been possible without the relationship we share with Nobel Biocare.”

This relationship seems to have lasted longer than most. Indeed, the team at Queensway Dental Clinic and laboratory has found working with Nobel Biocare so effective that it has seen an 87 per cent increase in spending on Nobel clinical products, as well as a 250 per cent increase for laboratory items since 2001. “Having a single...
company solution in our busy practice has been incredibly useful in boosting our business,” said Lane.

The figures speak for themselves. Since 2011, Queensway Dental Clinic has experienced an increase in its implant turnover of 220 per cent with up to 50 per cent of all of its private activity originating from its provision of implants. There has also been a concurrent growth of 225 per cent in its laboratory business and this can be directly linked to its implant success.

However, having the knowledge and the products is just one part of achieving success. Putting everything into practice represents the greatest struggle for a large and busy centre like Queensway Dental Clinic. For this reason, the team strives to follow five essential tenets to ensure success.

Firstly, it is important to provide one point of contact. Lane explained that having so many disciplines together under one roof has created a service in which patients can feel confident. Rather than being passed around between different teams, patients at Queensway can conveniently be treated by one dedicated and well-trained team.

Furthermore, Queensway invests in progressive treatment protocols. The team works hard to ensure patients’ teeth can be restored in the shortest predictable time. This includes adopting new technologies and techniques, as well as learning to communicate effectively with all necessary services to ensure the optimum result can be achieved in the shortest, safest and most non-traumatic manner.

While Lane emphasised the importance of communication within the Queensway team, he also stressed how important it is to communicate effectively with patients. By conducting applicable and in-depth research of the patient-deographic in the area, the Queensway team can target its treatments to those who need them most. This information can then be transferred to tried-and-tested marketing campaigns, such as those used on the practice website, through Google or via social media. Queensway also utilises local advertising, which can often be the most successful method of reaching patients in the area.

Lane explained how crucial it is to invest in a good website: “As one of the main points of contact for most patients, a website has to be responsive, it has to be image led and easy to navigate. Our website is both smartphone and tablet friendly, in recognition of the massive usage of these two devices. All of the images on our website are of our own patients as well—no stock images are used.”

Another key factor of Queensway’s success is its ability to accept high-end treatments at any time. This means that whenever an enquiry is made about any treatment, it can be answered succinctly and accurately by a member of the team who understands precisely what is needed. Queensway Dental Clinic has a highly trained treatment adviser who can answer these queries, and the clinic offers a free 30-minute consultation with an implant dentist.

Lastly, Queensway Dental Clinic recognises the importance of delivering patient satisfaction and encouraging patients to refer others. According to Lane, ‘At Queensway, approximately 80 per cent of all new patient enquiries are made through word of mouth or recommendations.’

Everything the Queensway team does is geared towards ensuring that patients receive a service they cannot help but recommend. By carrying out monthly patient surveys, running patient forums and open evenings, taking testimonials and Google reviews, and building up a strong referral network, the Queensway team can collect, review and build upon patient feedback to ensure that its service always reaches a high standard.

In conclusion, by investing in exceptional training, by communicating effectively, by working with high-quality and supportive companies, and by maintaining high levels of service, Queensway Dental Clinic has achieved a great deal over the last 20-plus years. The dedication and hard work shown by its team are a testament to its past and continued success and serve as a shining example of what an implant business can achieve today and tomorrow.
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Face transplant expert joins speakers list at upcoming national implant event

Association of Dental Implantology’s team congress to be held in March 2017 in London

LONDON, UK: Members of the Association of Dental Implantology will head to the ExCel London exhibition and convention centre in March when the next biennial team congress of the professional body is held from the 2nd to the 4th in the capital. Under the theme of "Dental implantology: A global perspective—Inspiration from around the world", the event will offer a varied and inspirational learning experience for all members of the dental team, as well as for dentists with no previous experience in implantology.

Nottingham implantologist Dr Colin Campbell will present the Introduction to Dental Implantology Programme, which he has said will show beginners the benefits of a long-term training strategy for the whole dental team. "Sharing and promoting training throughout the practice leads to better motivation, higher quality staff, better retention of staff and generally better engagement in the whole process," he said regarding his congress paper.

Further lectures delivered by some of the most highly respected clinicians in the field, including Dr Daniel Alam, one of the world’s leading experts on face transplants, will further help GDPs, specialists, dental technicians and all other team members to develop their knowledge and understanding of implantology and remain up to date with the very latest in the field.

Presenter Dr Martyn Amsel from Oxfordshire said, "I will discuss some new ideas for treatment planning, as well as the importance of communication. Treatment planning is ultimately a jigsaw and only with all the pieces can professionals hope to achieve successful results."

Accompanying the congress programme will be an extensive trade exhibition hosted by industry-leading implant product companies, each demonstrating the cutting-edge innovations they bring to the market. At a glittering congress dinner on 3 March, attendees will have the chance to relax, enjoy an evening of fantastic entertainment and socialise with their peers.

Professionals interested in attending the event can obtain more information about the programme and how to register at www.adi.org.uk/congress2017.
From 23 to 26 June, Nobel Biocare held its global symposium in the world metropolis of New York in the US. The company staged a truly exceptional event with a high-class educational programme at the Waldorf Astoria in Manhattan. As the official media partner of the event, Dental Tribune International had the opportunity to meet with Hans Geiselhöringer, President of Nobel Biocare and Dental Imaging, at the symposium for a short interview.

Dental Tribune International: Has the global symposium met your expectations?

Hans Geiselhöringer: We are extremely happy with the symposium because it has exceeded our expectations in every sense, from the record number of participants to the motivation of our team and customers to engage in discussions, as well as the quality of the speakers and their presentations. We have always had high standards at our meetings, but I must say that I was really thrilled by the way innovation was presented not only by our company but also by the clinicians and experts themselves.

In addition, I found the NEXT GEN forum in particular incredible, as it gave us confirmation that we are on the right track to doing more for the younger generation of implantologists. I was positively surprised to see how enthusiastic and open our young clinicians are to working hard with us to move this project forward.

In my opinion, the journey of innovating the clinical workflow has just begun. With regard to training of the next generation of dental professionals, what kind of role can or should Nobel Biocare play in implant education?

Overall, we have seen at this symposium that the future is bright, and I strongly disagree with some critical voices that suggest that there will no longer be real innovations in implantology.
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To continue leading the value market

Dental implant manufacturer MIS announces future strategies

By DTI

BARCELONA, Spain: Founded in 1995, MIS Implants Technologies started out as a small implant company in the discount segment, but has developed into a successful global business over the past 20 years. At a press conference held during the MIS Global Conference in Barcelona in May, the management team gave a detailed outlook on the company’s future strategic developments, product innovations and potential growth markets.

“...dentists will no longer accept low-value discount implants.”

In order to pursue considerable growth and address challenges in the implant market, MIS made a number of organisational changes to the company structure several years ago. One of these was integrating research and development functions into the marketing and sales department, a move that transformed the department’s way of working.

Since 2013, Doron Peretz, Senior Vice President of Marketing and Development, has been guiding the R & D division at MIS.

We predict that about five years from now this will no longer be the case. The main reason is that dentists will no longer accept low-value discount implants. MIS is currently leading the value segment and will continue to do so,” Peretz told Dental Tribune.

“The key to continuous growth is innovation. However, it is not easy to drive innovations from in-house. Therefore, our marketing team, who is most exposed to the current opportunities of the market, has contributed a lot to exploring and bringing new ideas to research and development, and we are progressing rapidly in expanding our portfolio with this approach,” he said.

MIS management identified three markets offering opportunities for considerable growth, namely Germany, the US and China, where MIS only recently opened a subsidiary.

Peretz also disclosed that the company is planning to bring a number of new products to market over the next three years, including the next generation of the V3 Implant System, which will be launched at the upcoming International Dental Show in March 2017.

“Despite the vast number of dentists, the number of implants sold in China today is similar to the number in Israel. However, we believe that the situation will change when we train more dentists on how to use dental implants. Therefore, we are investing in education in particular,” Peretz told Dental Tribune.

We have seen only positive effects. The transition into the dental platform has opened up expertise that is allowing us to lead innovation in dentistry. We are learning from our colleagues and have gained tools that are helping us to refine our processes and accelerate results.

MIS CEO Idan Kleinfeld added: “Today, it is crucial to offer complete solutions and in line with our philosophy ‘Make it Simple’, our primary principle is to simplify every stage of the implantology process. The combination of mechanical design of the V3, biological properties of the new B+ implant surface, and digital technology with the MGUIDE, allows us to provide clinicians with highly effective solutions that produce safe and predictable results.”

“The next big occasion in the dental event schedule is the International Dental Show in March next year. Are there even more innovations to come from Nobel Biocare?”

“I cannot disclose anything yet. However, I can tell you already that there will be significant innovations presented. The potential that we are going to bring to the market will be of the same magnitude as that experienced at the symposium over the past few days.

“Nobel Biocare will accelerate its delivery of significant and meaningful innovations, each developed with the well-being of the patient in mind.”

Thank you very much.

Only recently, voters in the UK decided that the country should leave the European Union. How could the Brexit affect the dental industry and are there any immediate concerns for Nobel Biocare?

This is a question that is really difficult to answer, as the short- and long-term consequences of the Brexit remain unclear. I believe that even experts cannot predict the impact of the Brexit on the industry. From a personal point of view, I believe it is never a good thing to have many separate markets. However, whether the Brexit will affect us as Nobel Biocare directly, I do not yet know.

How has the acquisition by the dental platform of the Danaher Corporation, which occurred at the end of 2014, affected Nobel Biocare’s business?

We have seen only positive effects. The transition into the dental platform has given us new opportunities to develop resources for innovation, marketing and sales that we would not have had without this partnership. Collaboration with other brands within the platform has opened up expertise that is allowing us to lead innovation in dentistry. We are learning from our colleagues and have gained tools that are helping us to refine our processes and accelerate results.

The new home of Nobel Biocare is a very good one.

“The next big occasion in the dental event schedule is the International Dental Show in March next year. Are there even more innovations to come from Nobel Biocare?”

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“Nobel Biocare will accelerate its delivery of significant and meaningful innovations, each developed with the well-being of the patient in mind.”

Thank you very much.

Education is key. We believe that it is very important that clinicians start the thought process for the clinical workflow early. We have some programmes in place already and will promote these programmes to help and support universities in the education of young dentists in implantology. For example, we support academic institutions and dental students through the provision of NobelClinician Software licences for implant planning and patient communication.
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