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 the number of 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, safety and materials.

In a statement on its website, the GDC said: “The Prime Minister made clear that the formal process of leaving the EU will begin once a new government has come to power. The outcome of the referendum is not the end of the story. But it will mean 27 months of negotiation and no geopolitical event will have values too tumbled worldwide in response to the outcome, including those of major dental industry competitors, such as Henry Schein and Dentsply Sirona.

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.

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The majority of British voters in the referendum have decided to split from the European Union.

“Brexit could certainly mean significant changes...”
“Keep calm, it won’t hurt much.”

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 about different factors that may affect a person’s career opportunities, 77 per cent of respondents felt that visibly decayed teeth or bad breath would hinder a candidate’s chances of securing employment in public or client-facing roles, such as a receptionist or a solicitor. Just as many participants said the same about applicants with an unkempt appearance.

In contrast, being overweight was considered as hindering to job prospects in public or client-facing roles by 38 per cent of the participants, and 43 per cent believed that not adhering to the expected dress code is similarly jeopardising.

“In a competitive jobs market people are realising that bad teeth mean bad prospects. This new evidence is a stark reminder that a winning smile isn’t just for fans of selfies, it’s for anyone who wants to get on in life,” commented Henrik Overgaard-Nielsen, chairperson of the BDA’s General Practice Committee, on the survey results.

“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.

Tooth decay remains the chief reason for hospital admissions among young children in the UK. Alarmingly, from 2013 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.
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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 healthcare 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.

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.

Dental Tribune: 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 there have to be some safeguards in place for society.

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.

Sinclair: As an example, the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 became UK regulation in 2013. This originates from EU Council Directive 2000/35/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.

Dental Tribune: It is often suggested that leaving the EU will result in a decrease in the migrant workforce. How dependent is dentistry in the UK on EU workers?

Shah: There was 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 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.

Sinclair: 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 to 15 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.

Sinclair: There was a time 15 years ago when it was more difficult for people in rural areas to find an NHS dentist. Recently, that has become less of a problem and this could be because a lot of EU dentists were willing to work in those areas. Whilst the economic problems of the eurozone remain, there will still be demand from dentists from EU countries to work in the UK.

We know that certain countries like Spain and Romania produce far more dentists than they may actually need. Even if we erect barriers to entry, the UK is still an attractive place for postgraduate training or just to work.

In addition to immigration, one of the topics that leavers put forward in the referendum was regulation. To what extent is the dental industry in the UK regulated by EU laws?

Sinclair: As an example, the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 became UK regulation in 2013. This originates from EU Council Directive 2000/35/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.

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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.

Shah: 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.

Thank you very much for the interview.

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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, 3D cleaning of root canals, the Equipoise denture system, whitening treatment, tooth wear, facial aesthetics in dentistry, and the ArtOn4 dental concept.

After a successful first day, the programme focused to new ideas and materials, with presentations on high-performance PEEK polymer and its uses, CEREC and the digital world, occlusion, avoiding periodontal litigation, presentations on high-performance treatments, 3-D cleaning of root canals, the gentle surgery: hf Surg®, quicker wound healing, and the ArtOn4 dental concept.

BARD’s core purpose is the education of dental clinicians, adding in the improvement of oral health by offering them a flexible learning pathway. These pathways can lead to the Membership in Restorative Dentistry via the postgraduate certificate, postgraduate diploma, MSc and MClinDent. Members are encouraged and given the opportunity to improve their skills in all aspects of dentistry, from the very basic principles to advanced treatments and concepts. Our members are not limited to dentists, dental technicians too can join the academy.

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, 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, supported by volunteer clinicians. Money was raised via auctioning various items and memorabilia supported by volunteer clinicians. Money was raised via auctioning various items and memorabilia supported by volunteer clinicians.

Prof. Paul Tipton addressing delegates.

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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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 idiosyncrasies 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 unfaltering 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.

If you are looking for tips on how to improve your dental business, you now gain a global perspective when observing best practise.

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

I listened, acknowledged and then simply carried on, in the knowledge that Mumbai is now regarded as the health care tourism capital of the world, that technology is influencing society as rapidly as anywhere and that the traditional Indian business model of sole-trader dentists with no nurse, no hygienist and no associate is rapidly being replaced by dental corporates and retailers, as is the case everywhere. In my original list of countries, there is not one excluded from the information and connection revolution that is reshaping all of our lives.

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.

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Dental laboratories have adopted 3-D printing to increase production efficiency and precision in the manufacturing 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 across the globe?

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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.

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 come with a radio-frequency identification (RFID) tag, which communicates the correct specifications to the machine. It ties into our systems and provides the end-to-end calibration. If there is any issue, we can track the problem based on the RFID tag and other information stored within the machine. EnvisionTEC helps its customers be productive instead of spending too much time on learning and problem-solving.

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. One flexible machine with easy-to-change materials now allows small or medium-sized dental laboratories to produce many workpieces within a short period. That is quite an advantage.

By working with STL files, EnvisionTEC has created a system that can print any model designed from an impression or intra-oral scan, and we are seeing the benefits of this approach. Distributors are offering our machines in complete packages with a scanner, software and a printer. Today, it is more about selling solutions and systems instead of single products.
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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.

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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.

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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.
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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 “Time is money”. 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 too have their limitations, including becoming blunt over time and needing to be replaced or sharpened, sometimes even during surgery, which is not only annoying but also time-consuming and nerve-wracking. In contrast, an electrode always remains ready for use (Fig. 3).

Moreover, the hf Surg has a coagulation capability, which allows cutting and stemming of bleeding simultaneously. The operating area stays free of blood and an unobstructed field of view is maintained for fast treatment. Some of the indications for which this is of great importance are gingivoplasties, the removal of hyperplasias, the exposure of teeth, establishing haemostasis before impression taking and sulcular resection.

Saving costs and safety considerations

Single-use scalpels and conventional means of arresting excessive bleeding cost money. Owing to the integrated coagulation functionality of the hf Surg, wounds can be reduced with in seconds during cutting. The clean-cut edges and the precise alignment of incisions are impressive.

Furthermore, the electrodes are durable and autoclavable. Therefore, they are more environmentally friendly and economical alternative in the long term.

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 summarization, the maintenance of the tissue turgor and necrosis-free cutting 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 in 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, 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 (4 %), the majority (eight each of the above categories received a 98 % clinical rating. Two restorations were redone by the laboratory because the fit was loose and the contacts light. At placement, BruxZir Anterior received a 98 % clinical rating.

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?"

BruxZir Anterior, teeth #5 to #12 and #20 to #29.

The high flexural strength of BruxZir Anterior allows the dentist to prepare teeth more conservatively without compromising the aesthetic outcome. Only 0.8 mm of reduction is required in most cases, although 1.25 mm is ideal. To date, 306 restorations have been seated including anterior and posterior single crowns, implant crowns and three-unit bridges (Figs. 1 & 2).

Of the posterior crowns, only 6 % were first or second molars, the remaining 94 % were first and second bicuspids. All restorations were prepared by Glidewell Laboratories.

Of the remaining 12 restorations (4 %), the majority (eight restorations) received a rating of 4 while the remaining four restorations received a rating of 3. Two restorations were redone by the laboratory because the fit was loose and the contacts light. At placement, BruxZir Anterior received a 98 % clinical rating.

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.

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. It is highly recommended for use in anterior restorations and selected posterior restoration. 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 %.

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Fig. 1: Types of BruxZir Anterior Restorations.—Fig. 2: Distribution of BruxZir Anterior Restorations.—Fig. 3: Age of of BruxZir Anterior Restorations at recall.—Fig. 4: Ratings of BruxZir Anterior restorations at one-year recall.
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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 instrumentation 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 are mirrors, probes, restorative instruments, endodontic instruments, minor 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. This article seeks to challenge current clinician perceptions of single-use instrumentation 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. 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 forward 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 procedures. The prion associated with vCJD is resistant to steam autoclaving under standard exposure conditions, 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.

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 continuum to cover unexpected emergency situations in which reusable instruments may be unavailable, for example when managing unplanned surgical complications or when washer disinfectors or sterilisers are inoperable and significant clinical time may be lost while waiting for the arrival of a skilled service engineer. Single-use instruments enable clinicians to forecast true procedure costs accurately, as there are no hidden costs associated with the decontamination, sterilisation and packaging of reusable instrumentation.

Convenience

Among other applications, single-use packs allow rapid and efficient management of dental extractions that become complicated by, for example, crown fracture. Contingency stock of single-use surgical packs (comprising integral single-use scalpels) handles single-use hand 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.

In implant dentistry, single-use periodontal probes offer benefits when performing oral surgery and oral hygiene visits. The use of high-quality single-use periodontal probes allows for efficient and effective management of periodontal disease and surgical procedures.

Environmental impact

Environmental impact 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 designated as a specialist clinical waste stream and as such must be disposed of in accordance with UK and European clinical waste management regulations. Historically, this has meant that they were disposed of alongside clinical sharps waste and ultimately conserved to incineration and landfill. This has previously raised concerns over their adverse environmental impact.

However, a recent innovative partnership between Robinson Healthcare and one of the country’s largest specialist health care waste management companies, Healthcare Environmental Group (HEG), has led to the development of a unique UK-wide recycling programme for single-use surgical instruments. Under this initiative, HEG is now able to provide dental practices with a unique reusable Healthcare Sharps waste container. The company has a fleet of dedicated, regulation-compliant, purpose-designed vehicles and the capacity to service individual dental practices and clinics with scheduled waste container collections and deliveries. Containers are transferred from practice to recycling station using GPS track and trace technology. Depending on the annual volume of steel recycled, HEG is potentially able to offer a payback to dental practices that use the Healthcare Sharps recycling service. Moreover, HEG operates nine processing and energy recovery sites across the UK, providing an energy recovery programme that maximises the environmental benefits.

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, efficiency, and reduced operating costs. Packs, such as surgical, restorative, periodontal and implant packs, can be particularly useful. The purchase cost of the single-use instrument option is less significant when the substantial hidden costs of reusable instruments 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.
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 into what it is today—a journey during which patients have full confidence in the way queensway practises, 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 us—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.”

Between 1998 and 2013, Queensway Dental Clinic was the largest referral centre for conscious sedation in the region, and the clinic treated over 100,000 patients during that time. However, as of 2011, the business model started to change and the partners turned their attention to expanding the private side of the clinic. By applying the same principles learnt from building a successful NHS practice, Queensway Dental Clinic grew from a four-surgery practice into a 25-surgery practice over time.

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 single member, it has seen its nursing teams progress through the Nobel Biocare basic and advanced nursing courses, as well as attain 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 cue 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 UK—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 us—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.”

Elliott 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 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 technologies, including immediate loading, and provides 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 staff, 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 no way likely to end soon, 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 2011. “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 25 per cent in its laboratory business and this can be directly linked to its implant 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 demographic in the area, the Queensway team can target its treatments to those who need them most. 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—as 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 recruit 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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Provider ID# 356551.
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.

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
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?

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.

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.

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.

“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 new subsidiary.

“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 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 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. With some of these innovations, MIS is aiming to offer its customers products in the premium range. “In order to really grow, we have to participate in the premium segment, which currently accounts for about 70 per cent of the global implant market. We have to develop solutions and services that can compete against other products and bring added value in this segment,” he said.

MIS CEO Idan Kleifeld 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.”

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

We have seen only positive responses from our market so far. 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.

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MIS CEO Idan Kleifeld 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.”

“We want to become the most innovative company in implant dentistry and we are now close to fulfilling this aim with our latest developments,” Kleifeld concluded.

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 Doraher 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. I can not 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.
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