World of orthodontics meets in Brighton

By Dr Richard Jones, UK

After a six-year absence, the British Orthodontic Conference (BOC) returns to Brighton this month. Held from 23 to 25 September, the event is aimed at the entire dental team and includes cutting-edge clinical presentations from some of the world’s leading experts, together with sessions covering practice and personal development.

Sharing the stage for the first time are esteemed academics Prof. Lyle Johnston from the US and the UK’s very own Prof. Kevin O’Brien of University of Manchester, two of the world’s most insightful orthodontists. They will be discussing a range of topics, including the latest orthodontic trends, research and even their views on orthodontic quackery, which is sure to command a full auditorium.

Expertise in the increasingly popular range of aesthetic aligners is provided by arguably the world’s leading expert in Invisalign care, Dr Sam Daher from Canada, presenting at the BOC for the first time. Two other clinicians making their BOC debut will be Prof. Hans-Peter Bansteleon from Austria and Dr Stefano Tosiani from Denmark, both extremely popular and accomplished worldwide lecturers presenting their views on contemporary fixed appliance mechanics, which is sure to be very stimulating and of benefit to all clinicians. Moreover, the linguistic orthodontic session will feature two of the world’s leading lingual experts: Dr Magali Mujagic from France and Dr Vittorio Cacciafesta from Italy.

The conference is committed to presenting the latest orthodontic research, and on the programme are two Chapman Prize-winning pieces of research with Dr Jonathan Sandler from Chesterfield Royal Hospital, presenting his team’s research into different methods of implant-reinforced anchorage. Award-winning comprehensive research into vibrational forces in orthodontics will be presented by Dr Neil Woodhouse and his team from Royal Tunbridge Wells. World-famous authority Dr Adrian Becker from Switzerland will present his unique insight into personal development.

There is simply a wealth of lectures covering a range of key orthodontic topics, with Dr Amal Jolloh, Dr Robert Kirschchen and Dr Peter Huntley sharing their views and expertise on adult orthodontic treatment. The ever-popular Clinical Pearls session, comprising a series of short clinical presentations, returns and has never failed to delight delegates.

The successful Team, Leadership and Communication lectures continue, focusing on some non-clinical skills of benefit to the entire team, including presentations by Dr Guido Sampermans, an inspirational speaker on practice development. The highly esteemed Dr Bernardette John joins us to talk about the implications, both good and bad, of social media in relation to orthodontics. We are also thrilled that world-renowned psychologist and best-selling author Prof. Richard Wiseman will be presenting his unique insight into personal development and success.

Once again, we have comprehensive parallel programmes running on all three days for the entire orthodontic team. This year, the BOC has a full programme for managers and administrative staff and two separate clinical days for therapists and nurses, giving an increased amount of verifiable continuing professional development. For the first time, the BOC is being held alongside the Orthodontic Technicians Association annual conference.

As ever, there is a pre-conference course and this year, on 22 September, it covers dental-laws aspects of orthodontics, with speakers Drs Kevin Lewis and Yoonne Shaw from Dental Protection, alongside Dr Richard Birkin from the British Dental Association.

New for 2016 are the Skill Clinics, four 90-minute sessions sponsored by major orthodontic suppliers. Each session is dedicated to learning a practical skill, transferable to your surgery. Seminar-based teaching and small numbers ensure maximum benefit. Subjects covered this year include efficient use of the ClinCheck software, a fixed Class II corrector from American Orthodontics and ligation techniques for the Incognito appliance. The session on clinical instruments is particularly suited to dental care professionals.

Finally, the conference would not be a BOC without a fantastic social programme. From a bohemian street festival at the historic Brighton Dome to the spectacular Fire and Ice banquet at the historic Royal Pavilion, delegates will be spoilt for choice. From the ever-changing world of NHS commissioning and contracting across primary and secondary care, to remembering our heroes and motorbike charity rides to raise vital funds for the British Orthodontic Society Foundation, there is something for everyone!

On Friday, the conference welcomes the new Chief Dental Officer Dr Sara Hurley to discuss her vision for NHS dentistry and orthodontics. The always important Commissioning session will form the closing session of the conference on Sunday afternoon, keeping delegates up to date with the latest developments in the ever-changing world of NHS commissioning and contracting across both primary and secondary care.

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Increasing number of adults are seeking orthodontic treatment

By DTI

LONDON, UK: Orthodontic treatment is becoming increasingly popular among adults in the UK, results of a survey by the British Orthodontic Society among clinicians have indicated. Seventy-five per cent of respondents said they had seen a rise in treatment of patients over the age of 18. Over a quarter of the respondents also stated that they had initiated 50 new cases of treatment a year, with greater demand from female patients.

The specialist body said that heightened awareness of adult orthodontic treatments and rising expectations regarding the positive impact of treatment on both appearance and well-being can be considered key drivers for this increase in demand.

“We welcome the growth of interest in orthodontic treatment,” Alison Murray, President of the British Orthodontic Society, said. “Many adults who have undergone orthodontic treatment report higher levels of self-esteem and their quality of life is often significantly improved.”

The survey was carried out over the course of June among 450 British Orthodontic Society members working in high-street practices throughout the UK. Of those who responded, the majority are employed in practices with 50 per cent or more private patients.

Ortho mag launched

By DTI

LONDON, UK/LEIPZIG, Germany: The orthodontic segment has grown significantly within the past 20 years owing to new technologies and products, as well as an increase in adult patients requesting orthodontic treatment. In response to this trend and to update dentists on the most significant developments in the field, Dental Tribune International (DTI) has added ortho—international magazine of orthodontics to its portfolio. The 2016 issue includes articles on clear aligners, vibration therapy and rapid maxillary expansion, as well as the latest product information and event previews.

The new high-gloss English-language magazine adopts an interdisciplinary approach involving orthodontics, oral surgery, periodontics and restorative dentistry, and aims to serve as an educational tool, providing comprehensive knowledge and information on the newest technology that can profitably be integrated into treatment concepts.

In order to connect with orthodontic specialists, the DTI team is scheduled to attend a number of orthodontic events around the globe in 2016, including the British Orthodontic Conference, which will take place between 23 and 25 September in Brighton; and the fourth Scientific Congress for Aligner Orthodontics, to be held on 18 and 19 November in Cologne in Germany. DTI will be providing comprehensive live coverage of these and other events on its website. In addition, e-newsletters about the respective events will be sent to orthodontists worldwide.

From 2017, a new issue of the ortho magazine will be published twice a year with a print run of 4,000 copies. An e-paper edition of the magazine is available free of charge via the DTI online print archive.
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Taking on work in progress in practice transaction

By Amanda Maskery

When purchasing a practice, among the many factors clinicians need to consider is the situation regarding work in progress (WIP), an area that can be particularly complex in finalising the details of the transaction. Ongoing work that has not yet been completed, though it will have been at least partly paid for, could well take up a significant proportion of one’s capacity in the early stages of ownership, so it is vital to know exactly what one is taking on. Furthermore, from the outset, buyers will need to be clear about the level of WIP against any payments already received, as well as the payments outstanding.

From the seller’s point of view, it is therefore important that an up-to-date list of WIP be kept in the run-up to completion. The situation is easier regarding WIP if the seller is remaining with the practice, but if exiting completely, then careful determination of exactly what is to be inherited needs to be made at the earliest point. It also needs to be set out in the sale agreement the terms on which the buyer can claim fees for the work.

Some WIP will have been partly paid for by the time the transaction is completed, but there must be a consideration of how that will be structured. For example, if 75 per cent of the fees for the WIP have been paid by the patient, but only 50 per cent of the work carried out by seller, it must be determined whether the buyer will keep the 25 per cent balance or whether this will remain with the seller at completion.

In many situations, the buyer will be able to claim a proportion of money in respect of the percentage of work he or she will be carrying out to complete the treatment. However, in other circumstances, a decision may be made not to pursue this. It could be deemed that cases paid up at the outset or partly paid and those paid at the end of treatment will balance out at completion, rather than carrying out complex calculations on each piece of WIP.

WIP can indeed be a complex area, so it is important that all parties involved in the transaction sit down and work through an up-to-date list of WIP shortly before completion and work out exactly what is happening with each piece of unfinished work. A carefully drafted sale agreement is extremely important in this scenario, and consulting specialist dental advisers is strongly recommended.

Both the seller and buyer need clarity on how WIP will be transferred and who will retain what percentage of fees. Establishing this will enable a smooth transaction to the benefit of the business and patients alike.

Amanda Maskery is one of the UK’s leading dental lawyers. She is Chair of the Association of Specialist Providers to Dentists (ASPD) in the UK and a Partner at Sintons law firm in Newcastle. Amanda can be contacted at amanda.maskery@sintons.co.uk.
During the conference of the British Orthodontic Society (BOS) in September, Dr Robert Kirschen from Raigate and Professor Ama Johal from London are going to highlight what they think clinicians should consider when treating adult patients. Ortho Tribune had the opportunity to speak with both presenters about some of the challenges and why excellence is in reach for all members of the profession.

Ortho Tribune: A recent survey by the BOS has indicated that orthodontic treatment of adults is further on the rise throughout the UK. Is this finding accurate in your opinion?

Dr Robert Kirschen: The recent BOS survey on adult orthodontic treatment was not based on the objective collection of verifiable data, but sought the opinions of orthodontists. There seems to be a clear consensus that the number of adults receiving treatment in the UK is on the increase. It is difficult to be absolutely certain on the demographics, but a supporting observation is that it is now possible to have an adult-only private practice, whereas this would probably not have been possible ten or 15 years ago.

My opinion is that adult orthodontics in the UK has been increasing throughout the 36 years I have been practising, but this has been a gradual process rather than recent or sudden. The exception is the proliferation of quick-fix orthodontics in general dental practice.

What impact is this development going to have or has it already had on clinicians’ approach to treatment and treatment objectives in general?

Kirschen: While the rise in adult orthodontics presents opportunities, the impact will vary according to individual circumstances. As a specialist with a career-long passion for postgraduate training and ethical standards, it is disappointing to see that many of our general dental colleagues are being misled to believe that a one-day course is all that is needed before launching into providing fixed appliance or aligner therapy.

It is inevitable in my view that scant attention is given on such one-day courses to understanding the underlying cause of malocclusion or the long-term impact inadequate treatment can have on the occlusion or dental or periodontal health. In some cases, treatment may not be causing harm, but fails to progress (which I suppose is a form of harm). This may appear to be a harsh assessment, but it describes accurately the experience of unhappy patients that have ended up in my practice.

For orthodontists, the opportunities are mixed with elements of doubt, as very little training in adult orthodontics has been provided for the last ten years in Membership in Orthodontics specialist training programmes. Once qualified, much of the training available is offered by product manufacturers and therefore lacks objectivity and includes information on only one form of treatment. These observations constitute the rationale for our one-day course on adult orthodontics specifically for practising orthodontists.

What are some of the key aspects of the treatment of adult patients in your opinion?

Professor Ama Johal: Assessment and treatment planning are mine, but I also use many clinicians and we will highlight our keys to excellence in adult orthodontics. These are very important. In paediatric orthodontics, patients start from different positions, but the aims of treatment are essentially the same: Class I with good function and good facial aesthetics. This is not necessarily so for adults, as the risk-benefit analysis or biological limitations or the unacceptable forms of treatment, or a host of other factors, may determine what kind of outcome can sensibly be achieved within a reasonable time frame. It is essential that the patient and clinician be on the same page.

Our presentation at the BOC conference will be mainly clinical and we will highlight our keys to excellence in adult orthodontics. There are seven keys, some of which are conceptual, such as truly accepting that every patient is different as described above, while others emphasise the need to develop clinical skills, such as using temporary anchorage devices or sectional mechanics, to deliver precise and predictable outcomes. Much effort in our practices goes into the provision of dependable long-term retention. This is very important to our patients, as well as for our reputation.

Dr Robert Kirschen: Clinical excellence has more to do with attention to basics than with being in love with high-tech or slavishly following a philosophy...

You say that treatment of adults has nothing or little to do with a cutting-edge mentality and more with doing simple things well. Could you elaborate on this concept?

Kirschen: Every field of activity has a cutting edge that is essential for progress. The cutting edge is where new ideas are tested and sometimes followed up, but often discarded. However, as explained to me by a management consultant, the cutting edge is where you cut yourself—which in his environment is referred to as the “bleeding edge”. This should not therefore be equated with using the latest gimmick or with a new fad. Out-of-the-box thinking and treatment may be appropriate in selected cases, but the patient is fully aware that treatment is not mainstream.

However, the raising of standards in a practice depends not on what happens to a few individuals, but on doing simple things better for all patients. Examples include analysing space and prescribing the most appropriate brackets for each patient, and minimising bracket and bonded retainer failures. The list is extensive, but the point to be made is that clinical evidence, it would not be a philosophy. Management consultants define excellence in service industries as “getting it right first time, on time, every time”. How true this is!

There seem to be many exciting possibilities nowadays when working in a multidisciplinary environment. What would a case being treated by clinicians from various disciplines involve?

Johal: Adults offer exciting and rewarding challenges for the entire dental team. There is no doubt that patient expectations have risen and, in order to meet these, the orthodontist can be an integral part of the multidisciplinary care team and thus help deliver what otherwise may be considered undeliverable.

Effective three- or four-way communication is the key to these cases. Each extra person in the loop doubles the communication challenge and, in our experience, it is often the orthodontist who takes up the role of coordinator until the patient is ready for the restorative phase of treatment. The presentation will provide a range of multidisciplinary restorative care options achievable with this approach.

What else can attendees of your BOC lecture look forward to?

Kirschen: Clinical tips. All clinicians enjoy them. Some of these are mine, but I also use many clinical tips picked up over the years and I know exactly where each one came from. We also aim to give hope, as our message is that excellence is within reach for all orthodontists who accept that the secret is to do simple things well and consistently.

Thank you very much for the interview.
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Align extends Invisalign offering for GDPs

By DTI

LONDON, UK: With its Invisalign system, Align Technology provides one of the leading solutions on the clear aligner market. The company has now introduced Invisalign Go, a new aesthetic tooth-straightening product, with which it aims to make the solution accessible to more clinicians in the UK.

Designed specifically for general dentists, Invisalign Go can treat mild crowding, spacing, orthodontic relapse and other aesthetic tooth misalignment cases. It will be available for single-arch or dual-arch treatments, ranging from £650 to £875, making it a realistic treatment option for GDPs, the manufacturer said.

Align promises that patients can achieve Invisalign smiles in as little as seven months with Invisalign Go. Users will be able to easily identify suitable patients for treatment with new case assessment software that can be fully integrated into an existing digital dental workflow and works both with polyvinyl siloxane impressions and Align Technology’s intra-oral scanner, the iTero Element, as well as 3M True Definition and CEREC Omnicam (Dentsply Sirona).

As part of the new Invisalign Go system, dentists are provided with an appointment plan that gives task-level guidance with specific and detailed processes to be performed at each appointment. Owing to a progress assessment tool, the technology furthermore allows clinicians to upload new intra-oral photographs and receive confirmation of whether the case is progressing as planned at any time during treatment.

A specially set-up website at www.invisalign-go.co.uk provides more information for those practitioners interested in signing up for the system. Invisalign also offers a training programme, available to users and non-users of the system, that includes both online and live sessions that provide hands-on tips and techniques on Invisalign Go digital photography, impressions, interproximal reduction and attachments. Furthermore, the company gives clinicians access to an extensive continuing education programme that is aimed at supporting them throughout their Invisalign Go treatments.