**Graduate premiums do not pay off debt, except for dentists and doctors**

By DTI

**LONDON, UK:** Medicine and dentistry appear to be the only two professions in which graduates in the UK are currently able to cover their student debt. Evaluating the lifetime graduate premium, the financial bonus people expect from obtaining a higher education in any of a variety of disciplines, a report by the Intergenerational Foundation in London found that graduate salaries in the majority of professions are not sufficient to pay off tuition fees.

The report cites Sutton Trust research that found that medical and dental graduates have the highest starting salary, earning between £25,000 and £50,000 per year, while graduates in design, journalism or law often receive less than half of that amount. Moreover, the value of a degree was cut by up to a third in the five years leading up to 2014, despite student tuition was increased, by 11 per cent, compared with mid-2014, the report stated.

Overall, the value of a degree was cut by up to a third in the five years leading up to 2014, despite a sharp rise in student tuition fees.

“Our research proves that the current £40,000 graduate earnings premium so often touted equates to an ‘annual bonus’ of just £3,222 over 45 years of work, and is wiped out once National Insurance and Income Tax are taken into account,” Angus Hanton, IF co-founder told The Independent. “Furthermore, the premium is simply not enough to cover the interest accruing on the average loan.”

UK students who fall under the £9,000 regime already face the highest debt in the world, with an average of £44,000 owed once they graduate. “Paying off these huge, unquantifiable and relatively unregulated debts will wipe out any graduate premium in all but the highest-paid professions and for all but the most successful people in business and other fields,” the report explains. “The need for a large graduate premium to justify student loans and the Willetts Tax may well lead students to study only vocational subjects directly linked to highly paid careers in order to pay off their debts,” it further states.

Recent governments have sold intuition fees and expansion of higher education by publicly claiming that a university degree yielded the average number of graduates performing non-graduate work in order to repay their student debt.

**Practice valuations continue to rise**

By DTI

**LONDON, UK:** The latest quarterly report by the National Association of Specialist Dental Accountants and Lawyers (NASDAL) indicates that the average valuation for dental practices in the UK increased by another 13 per cent to 124 per cent goodwill last year, with mixed practices perceived as even more valuable than their NHS counterparts.

According to the report, mixed practices are now attracting an average valuation of 135 per cent goodwill, ahead of NHS practices, which are currently attracting 121 per cent goodwill. Sales of practices have also increased, by 11 per cent, compared with mid-2014, the report stated.

The figures relate to the quarter that ended in April this year. They were collated from accountants and lawyer members of NASDAL in order to give a useful guide to the practice sales market.

“The market is still very buoyant and there is huge demand for NHS practices,” said Alan Suggett, specialist dental accountant and partner at UNW. “With 2018 being the earliest a new contract can begin and a more likely date of 2020 and beyond, many purchasers are happy to take the calculated risk.”

Reflecting on the potential effects of the Brexit, Suggett said that “banks are certainly letting it be known that they currently see it as business as usual.”
BDIA publishes post-Brexit manifesto

By DTI

LONDON, UK: The British Dental Industry Association (BDIA) has published a manifesto in response to the uncertainty after the Brexit vote in June. Six main priority areas are highlighted in the document, including creating a favourable business environment, investing in the nation’s oral health, working to protect patients, spending more on the NHS, generally building towards a better future and championing innovation. At the same time, the association has encouraged dental professionals to attend the BDIA Dental Showcase in October to obtain more information about the Brexit outcomes.

The impact of the Brexit on the dental industry in the medium to long term will very much depend on the form a post-Brexit UK will take, the relationship that the UK chooses to have with the EU, and indeed the relationship that the EU is willing to accept. In the short term, business will be as usual for the dental industry, since EU law will continue to apply in the UK.

In response to the Brexit, the BDIA in July released a post-Brexit manifesto, Shaping the future, which sets out the industry’s views on how government should respond to the Brexit and championing innovation. At the same time, the association has encouraged dental professionals to attend the BDIA Dental Showcase in October to obtain more information about the Brexit outcomes.

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Kings collaborates with China’s largest dental group

By DTI

LONDON, UK: King’s College London Dental Institute is extending its international reach with the launch of a number of activities that will see the institute partner with BYBO Dental Group, one of China’s largest dental providers, over the upcoming months.

The collaboration started this week with a distance learning programme that will offer BYBO staff across China training and information on the management of tooth wear and occlusal change.

In addition to the distance-blended learning programmes, face-to-face lectures by King’s academics, including Profs Raman Bedi, Martyn Cobourne and Francis Hughes, at various sites in China began in June and will continue until the end of the calendar year, the university said in a press release.

All information will be available to BYBO staff in both English and Mandarin.

In addition to continuing professional education, the partnership will include staff exchange, as well as the transfer of clinical expertise and protocols, over the next three years.

Estimated to be worth £16 million, the collaboration agreement was first announced at the end of 2015.

“King’s Dental Institute’s commitment to improving oral health knowledge and provision in practice around the world shines through in this collaboration,” commented Prof Dianne Rekow, Executive Dean of the Dental Institute, on the partnership. “Not only is it a fantastic opportunity to share our world-leading expertise with BYBO, but it also offers us a unique chance for us to learn from one of China’s most renowned dental providers.”

Founded in 1993, BYBO consists of 200 chain dental clinics with approximately 6,000 employees across China, according to its figures.

North-East law firm appoints Goodman exec to expand into dental industry

By DTI

LIVERPOOL, MANCHESTER & PRESTON, UK: Previous Goodman Grant Solicitors director Nicola Lomas has been appointed by law firm Brabners to help expand its health care practice into the dental market. With the step, the North-East-based law firm aims to meet increasing demand for dental market.

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Lomas has more than ten years’ experience of working as a corporate lawyer in the dental industry, advising clients on a number of legal issues, including the buying and selling of dental practices, incorporations, expense sharing and partnership agreements, as well as associate contracts. In a comment on her appointment, she said that the market remains extremely active, with clear demand for legal services as businesses expand and consolidate their operations.

“Areas such as cosmetic dentistry are also opening up new revenue streams, which has led to a number of larger businesses that offer both NHS and private dental care reviewing their options for further growth and expanding the services they provide,” she said.

Lomas will add to Brabners’ nationally recognised team of health care solicitors, some of whom have practical experience of working within the NHS and in private practice as health care professionals, the company said.

“We offer a range of legal services tailored to the healthcare sector and Nicola’s impressive understanding of the challenges facing the dental profession, along with her unrivalled expertise in this area, ensures we’re well placed to support our dental sector clients,” Brabners head of health care Richard Hough explained.

Active in a number of commercial sectors, Brabners offers a complete law service to health care professionals and the company operates via subsidiaries in Liverpool, Manchester and Preston.

Mouthrinse reduces caries in children

By DTI

LONDON, UK: In order to determine the effectiveness and safety of fluoride mouthrinse in preventing dental caries in the younger population, researchers at the Queen Mary University of London reviewed 37 trials published on the topic over four decades. They were able to confirm that regular use of a fluoride mouthrinse by children and adolescents is associated with a large reduction in caries increment in permanent teeth.

In the study, researchers at the Queen Mary University of London reviewed 37 trials published between 1985 and 2005 that tested supervised use of fluoride mouthrinses in schools and at home. Overall, the studies involved 15,813 children and adolescents aged 6 to 14. The children were treated with a fluoride mouthrinse mostly formulated with sodium fluoride or a placebo on a daily or weekly basis or received no treatment.

The analysis confirmed that supervised regular use of a fluoride mouthrinse could help reduce tooth decay in children and adolescents. On average, children treated with a mouthrinse showed a 27 per cent reduction in decayed, missing and filled tooth surfaces in permanent teeth compared with participants in the placebo group or those who did not use a mouthrinse.

According to the researchers, this benefit is likely to be present even if children use fluoride toothpaste or live in water-fluoridated areas. They also found little information about potential adverse effects and acceptability.

The review, titled “Fluoride mouthrinses for preventing dental caries in children and adolescents,” was published online on 29 July in the Cochrane Database of Systematic Reviews.
Amalgam phase-out discussed at London meeting

By DTI

LONDON, UK: Limiting the use of amalgam in dentistry is a task that needs a combined effort by various actors in and outside of the health care sector, the organisers of a meeting of 50 senior oral leaders in London have agreed. However, by phasing down the material, the profession will have a rare opportunity for more prevention-focused oral health care in the future, they said.

"I was very impressed by the commitment of the major dental community stakeholder to a measurable, equitable and sustainable phase-down of dental amalgam use, as well as the recognition that ‘dentistry can’t do this alone’. This will need the engagement of other actors such as other health professionals, the industry and most importantly civil society," commented Julian Fisher, resource person for the United Nations Environment Programme Global Mercury Partnership Area on Waste Management.

At the meeting, senior oral health leaders from around the globe came together to discuss pathways for reducing the use of amalgam not only in the UK but also on an international level. The conference took place in mid-July at King’s College London Dental Institute in cooperation with Newcastle University’s School of Dental Sciences and the University of Leeds’s School of Dentistry. In addition to presentations on phase-down case studies, such as the UNEP–WHO East Africa project, the multi-day event provided an overview of minimally invasive dentistry programmes. A particular focus was on improved and newly developed materials and the impact the transition to these materials could have on the dental profession in the long run.

"The complexity of something seemingly as simple as changing a material is remarkable," said the Dental Institute’s Executive Dean, Prof. Dianne Rekow. "Indeed, this ‘simple’ change has ripple effects that change the philosophy and practice of dentistry, as well as the economies of health care.”

"One of the most impressive features of the symposium was the willingness of the participants to explore the implications and interdependencies of the ripples and assertively work toward finding ways to improve both the environment and health," she stated further.

Various initiatives have been implemented worldwide since representatives of over 190 countries signed the Minamata Convention on Mercury in Japan three years ago, which agreed on a mercury ban in a variety of products, as well as a phase-out of amalgam. While its use in developing countries is declining, the mercury-containing restorative remains the material of choice in developing countries around the world.

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Over 50 dental stakeholders attended the meeting in London.
The flossing debate and what to make of it

By DTI

LONDON, UK/LEIPZIG, Germany: Last month, a story by the Associated Press (AP) claiming that the benefits of flossing have never been properly researched went viral. The resulting extensive media reports have taken one message from this: flossing is overrated. Is it really that simple though? This article attempts to summarise recent reporting on the topic and reactions by the dental community around the globe.

“There’s no solid evidence that flossing actually works” – this statement by his son’s orthodontist gave US reporter Jeff Donn the impetus that started the entire debate. Investigating this issue further, the AP national writer found out that since 1979 the US federal government has recommended flossing, first in a surgeon general’s report and later in the Dietary Guidelines for Americans issued every five years. “A combined approach of reducing the amount of time sugars and starches are in the mouth, drinking fluoridated water, and brushing and flossing teeth, is the most effective way to reduce dental caries,” the 2010 guidelines state.

Because these national recommendations must be based on scientific evidence under the law, Donn asked the US departments of Health and Human Services and Agriculture for their evidence under the Freedom of Information Act. In their response to the AP, the government acknowledged that the effectiveness of flossing had never been sufficiently researched. The flossing recommendations were consequently excluded from the 2015-2020 dietary guidelines. However, the same applies to the advice to drink fluoridated water and brush one’s teeth, which were both removed from the latest guidelines—yet nobody has concluded that toothbrushing is a negligible part of oral hygiene.

To be objective, existing research about the effects of flossing is weak, of low quality or has a moderate to large potential for bias having been conducted mainly on behalf of companies that manufacture floss. Several review studies have found. As one of the many dental professionals commenting on this fact, Dr Wayne Aldridge, President of the American Academy of Periodontology, acknowledged the weak scientific evidence and the brief duration of many studies. However, he still urged his patients to continue to floss in order to help avoid periodontal disease. “It’s like building a house and not painting two sides of it,” he explained in an interview. “Ultimately those two sides are going to rot away quicker.”

Just like Aldridge, dentists and dental associations around the globe have issued statements—for the most part vigorously defending flossing as an effective way to help remove plaque and food build-up between the teeth and thereby lower the risk of developing gingivitis, periodontitis and tooth decay. For example, the American Dental Association (ADA) stated that “a lack of strong evidence doesn’t equate to a lack of effectiveness.” Moreover, the ADA stressed that the Department of Health and Human Services reaffirmed the importance of flossing in a statement to the ADA on 4 August, stating that “professional cleaning, tooth brushing, and cleaning between teeth (flossing and the use of other tools such as interdental brushes) have been shown to disrupt and remove plaque”.

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The German Dental Association stated that flossing remains an important means of cleaning interdental spaces, especially the narrow spaces of the anterior teeth. According to the organisation, current studies have neither demonstrated nor disproved the effectiveness of flossing. Nevertheless, patients should not conclude that less thorough dental care is advised.

Moreover, Asmyhr remarked that the evidence supports the use of small interdental brushes for cleaning between the teeth, where there is space to do so, in preference to flossing. In addition, the organisation referenced to the official recommendation to patients agreed on during the 1st European Workshop in Periodontology on the prevention of periodontal disease in 2015: “Daily cleaning between your teeth using special interdental brushes is essential for treating and preventing gum disease. Floss is of little value unless the spaces between your teeth are too tight for the interdental brushes to fit without hurting or causing harm.”

Taking all these opinions into account, what is it that patients and dentists can take away from the current discussion? Regardless of deficient study designs, inconclusive results or media sensationalism that picked up on only a tiny part of the underlying facts, there are at least two statements regarding flossing that can be acknowledged universally: First, flossing can cause harm if performed incorrectly. For example, careless flossing can damage the gingivae, teeth and dental work. Moreover, there is evidence that floss can dislodge bacteria that may invade the bloodstream and cause dangerous infections, which is especially of concern in people with a weak immune system. Second, common sense suggests that common oral problems such as caries and inflammation in the interdental spaces can be avoided solely by removing debris between the teeth, which makes flossing beneficial for one’s oral health regardless.

Maybe the entire debate is best summarised with the words of Dr Tim Iafolla from the US National Institutes of Health, who said that, if the highest standards of science were applied in keeping with the flossing reviews of the past decade, then it would be appropriate to drop the flossing guidelines. However, he continued: “It’s low risk, low cost. We know there’s a possibility that it works, so we feel comfortable telling people to go ahead and do it.”
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Philips Zoom—Delivering the ultimate tooth whitening experience

BY DTI

CAMBRIDGE & LONDON, UK:

Philips has come a long way since introducing its first patent for a light bulb with an extended burning time in 1905. Over more than 100 years, the Dutch company has continued to pave the way with groundbreaking products, such as medical X-ray tubes, radios, electric shavers and toothbrushes—innovations that made a small company from a town of fewer than 30,000 residents in the south of the Netherlands a household name around the globe.

Active in the field of health care since the 1930s, the company began a new chapter several years ago with the acquisition of Discus Dental and its Zoom tooth whitening technology in 2010. According to then Philips Consumer Lifestyle CEO Pieter Noita, the company took this step in order to complement its existing Sonicare portfolio of health care products, as well as strengthen its position as a leading oral health care brand and generate growth in the cosmetic dentistry segment. Today, according to Philips, ten million people have been treated worldwide with Zoom tooth whitening technology. Recent studies have shown that, compared with other solutions on the market, its 6% hydrogen peroxide whitening gel, in combination with light-activated technology, achieves excellent results and overall patient satisfaction with minimal to no sensitivity.

Almost everything concerning Zoom is currently being researched and further developed at the Philips research site at the Cambridge Science Park, which is both the oldest such space in Britain and where major industry competitors like Toshiba and ARM Holdings have been conducting cutting-edge research for years. In this exclusive neighbourhood, established in the early 1970s, more than 30 Philips employees from around the globe work on solutions that will soon benefit millions of patients around the world. One of the five major research centres in Europe, the site is closely linked not only to Philips’s High Tech Campus in the Netherlands but also to over 80 research institutions in Britain and worldwide, including universities in Cambridge, Southampton and London. Overall, it adds to a network of more than 1,200 scientists conducting research on behalf of Philips all around the world. In addition to its focus on tooth whitening, the company performs research on microbiology and in- and outdoor location technologies at the science park.

In the Zoom laboratories, Philips scientists and research engineers are constantly at work to learn more about the processes behind the complex mix of chemistry and physics that help to whiten teeth. In in vivo studies, parameters are optimised before being tested on stained bovine models and finally validated on extracted human teeth. The results are continually measured after whitening, as well as for a further seven and 30 days in solution for hydration, which can affect the colour of the teeth. Through testing, among other things, engineers have been able to debunk a number of tooth whitening myths of the recent past, such as the assumption that using heat accelerates the whitening process. Instead they found that the hydrogen peroxide was rapidly converted into water and oxygen even before it was able to penetrate the dentine to have an effect.

In addition to its 6% hydrogen peroxide whitening gel, which breaks the molecular bonds of stains in and on the teeth, Zoom therefore uses light-activated technology, which is similar to curing lights in restorative dentistry, through its Chairside Philips Zoom WhiteSpeed Whitening LED Accelerator, to speed up the process and achieve better results. The system has proven to be 40 per cent more effective than non-light-activated systems and to whiten teeth by up to six shades in an hour. The latest generation of the whitening gel comes with amorphous calcium phosphate, also known as “artificial enamel”, that is applied through a dual-barrel syringe to reduce sensitivity by reducing fluid flow in the teeth.

Patients who want to whiten their teeth at home can do so using the Philips Zoom DayWhite and Zoom NiteWhite kits, which both promise maximum results within one or two weeks. However, dental professionals recommend a combined approach. “What I say to patients is that the Zoom procedure is a ‘kick start’ to their whitening journey,” explained Zoom user Dr Zaki Kanaan, a well-known dentist from Fulham in London. “You will notice a visible difference immediately upon completion of your Zoom and you will need to follow up the procedure with a few days of home whitening, rather than the 14+ days of home whitening alone. Quite often patients go for the combination approach and some will of course opt for the take-home whitening alone.”

“Whatever option patients go for and even if this is predominately take-home whitening in your practice, one thing’s for sure, professionally applied whitening is a ‘must have’ option for patients. There is a large segment of the population who will always want the quick route to what they want and if you don’t offer it, they will find someone who does,” he added.

Further information on Zoom can be found at www.philips.co.uk
After its successful debut in 2015, formnext is already busy writing the next chapter of its success story. Around three months before the 2016 event (to be held from 15 to 18 November in Frankfurt/Main in Germany) is set to begin, exhibition space amounting to 150 per cent of last year’s total area has already been booked. This impressive expansion has been driven by the more than 120 new exhibitors and the many returning companies interested in reserving even more space based on their excellent results at the 2015 event.

The list of those exhibiting reads like a who's who of the additive manufacturing industry: 3D Systems, Additive Industries, Alphacam, ABRBURG, Arcam, citrin, Concept Laser, DSM (Somos), EnvisionTEC, EOS, FIZ, KEYENCE, HP, Materialise, Prodways, ReaLizer, Renishaw, Ricoh, Sisma, SLM Solutions, Stratasys, TRUMPF, voxeljet and XJet.

Other areas of industry will be represented too. In mechanical engineering, leading companies participating will include GF, Hermele and the DMG subsidiary SAUER. Along with companies boasting long traditions in conventional technologies (including Antonius Köster, BIKAR-METALLE, Heraeus, Käfer Werkzeugbau, Kegelmann, Knaur, Lamy, Listemann and Werth Messtechnik), the software industry too will have a strong presence, with Altair, Autodesk, Dassault Systèmes, and software, systems and components, machines and related installations, as well as prototypes. The list includes newcomers from the fields of materials, engineering services and tool-making too.

In serving as a platform for new developments, technologies and manufacturing solutions, formnext 2016 will seek to surpass the extraordinarily high level of innovation that impressed experts last year.

"This year, plenty of market leaders will once again be unveiling their new products for the first time at formnext," reported Sascha F. Wenzler, head of organisation for formnext at Mesago Messe Frankfurt/Main, the company staging the event. "We also have a number of highly innovative start-ups on board that will be presenting their own promising creations."

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Manager versus clinician
How to manage expectations of the management role and turn it into success

By Lina Craven, UK

Practitioners’ expectations of the kind of manager they want for their practice vary considerably in terms of experience and skills. How guilty are you of promoting a nurse or receptionist to a management role without determining the skills gap and providing the necessary training? It is a common scenario in our industry.

Practitioners have a responsibility to their teams and to the financial success of their practices to appoint someone who either has the necessary skills or has the capacity to learn them in the appropriate time frame. How realistic are your expectations and how can you ensure your management role results in success?

Creating and managing realistic expectations

Expectations are difficult to control and impossible to turn off. According to Brazos Consulting, “Expectations are deeper and broader than ‘requirements’. Expectation is your vision of a future state or action, usually unstated but which is critical to your success.” By learning to identify and influence what you expect, and by ensuring it is clearly communicated, understood and agreed with your manager, you can dramatically improve the quality, impact and effectiveness of your business.

Expectations are created by many different circumstances. It may be something you said or the way that you said it, something you or someone else did, or an expectation of your prospective manager based on his or her previous experience. The vital point here is that expectations, whether right or wrong, rational or otherwise, are not developed in a vacuum. You should consider instances when you were let down by your manager and ask yourself how that expectation was derived. Was it based on an agreement with your manager after a discussion or was it based on something you said or thought in passing? In retrospect, you may wonder how realistic that expectation was and why you thought your manager was in the strongest possible position to fulfil it.

In my experience, the following scenarios are typical of how unrealistic expectations are created:

• The practitioner is busy and needs someone to take charge. He or she chooses the “best of the bunch”, hoping he or she will learn on the job.
• The new manager has his or her expectations of the job and these are often unrealistic.
• No detailed job description or objectives are ever provided. No on-the-job or any other type of training is provided; the practitioner simply assumes the manager will learn as he or she goes along.

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- The manager is excited about the new position. For some, the empowerment, the title and the kudos mean a great deal; for others, the challenge and the task at hand mean more. When reality hits, so does the realisation that the original motivating factors are no longer as important.

- Both practitioner and manager are reticent to discuss what is not working and often brush the issues under the carpet until it is too late.

- Resentment grows and what is at stake—the patients, the practice and the staff—outweighs the actual issue, which is poorly managed expectations.

Of course, there are many practices managed by very capable staff members. However, for all the well-functioning practitioner–manager relationships, there are more people in these roles who prefer not to talk about the problems inherent within and who are only too glad for someone else to address the issues.

One of my aims is to facilitate management teams to assess where they are at present, to plan for appropriate change and to implement that change. The outcome is that a weight is lifted from your shoulders and focus moves to a united partnership working towards the success of the practice. In order to move forward, however, you must recognise where you are now.

An alternative approach

The first step towards achieving a successful management partnership is to honestly appraise your current situation. If anything I have said so far has touched a nerve, if frustration exists between you and the manager, or if you simply think things could be better, then acknowledge the fact and take action. Knowing what action to take for the best is probably the most difficult thing to assess.

The following are tips on getting started. Vocalise your vision, agree that your vision is realistic and share it with your team. Create a job description with and a training plan for your manager, as well as identify skills gaps and create smart objectives with and for her or him. Also agree and schedule regular one-to-one meetings and plan to assess and review with your manager. Most importantly, however, keep communicating.

Drive your success

Expectations always exist, even if we do not know what they are and despite them often being unrealistic. Managers have expectations of their roles and their employers have expectations of the person given responsibility for managing the practice. The problem is that mismatched expectations can lead to misunderstanding, frayed nerves and ruffled feathers. More seriously, they often lead to flawed systems, failed projects and a drain on resources.

There is nothing wrong with having expectations; the trick is to communicate them and to agree how they might be satisfied over time and with the right support. Managed expectations drive your success.
Use of operating microscopy, ultrasound and MTA in periapical microsurgery

Treatment of a persistent endodontic infection

By Prof. Leandro A.P. Pereira, Brazil

In most cases, pulpal and periapical pathologies are caused by intra-canal infections and their initial treatment is by conventional endodontic treatment. In cases of teeth without apical periodontitis, the success rate is approximately 58 per cent. If apical periodontitis and primary infections (which may be of bacterial or non-bacterial origin) occur, this rate is reduced to 48 per cent. Endodontic failure is usually associated with technical limitations that prevent adequate intra-canal microbial control in the complex internal microanatomy of the root canal system.

The treatment recommended for cases of primary endodontic infections is endodontic retreatment, which has a success rate of approximately 83 per cent. Thus, even after the endodontic retreatment, owing to the factors of complex internal microanatomy, the failure may persist. In these clinical situations, apical microsurgery has been proven to be an alternative for the clinical treatment of these infections.

Various technological advances in the area of apical microsurgery have occurred in recent years. A very important triad has been established for achieving high success rates, consisting of the use of operating microscopy, ultrasound and mineral trioxide aggregate (MTA). When peritipical microsurgery is performed traditionally, without the use of operating microscopy, ultrasound and MTA—that is, in the macro-surgical form—its success rate does not exceed 60 per cent. However, when performed with the contemporary technique of microsurgery, its success rate is over 90 per cent.

This evolution has made microsurgical endodontic treatment a more viable clinical procedure with greater predictability.

Clinical case

A 42-year-old female patient presented at our clinic with spontaneous pain resulting from apical periodontitis around tooth #36. The last endodontic retreatment had been performed 19 months before. During the semiotechnical examination, a negative response to pain was observed in the palpation, and vertical and horizontal percussion tests. Thermal and electric pulp tests of tooth #36 obtained no response. Responses of the neighboring teeth were normal. On the radiograph, we detected a metal-ceramic prosthetic crown functioning within acceptable standards, as well as a cast metal intra-radicular retainer. Overall, this was a satisfactory endodontic treatment with good shaping and good obturation.

However, tooth #36 showed apical periodontitis (Figs. 1–3) and the preoperative CBCT scan showed fracture of the vestibular cortical bone (Fig. 4). The proposed treatment was endodontic microsurgery aimed at endodontic retrograde retreatment. In this thera- peutic situation, the prosthetic crown and the intra-radicular re- tainer would be kept; there was no need for new prosthetic rehabil- itation. After the evaluation of all the advantages, disadvantages and risks, the endodontic microsurgical treatment was performed.

One hour before the microsurgical procedure, 4 mg of dexamethasone was administered orally for the purpose of pre-emptive analgesia. The control of perioperative anxiety was accom- plished through conscious inhalation sedation with a nitrous oxide and oxygen mixture at a ratio of 65 per cent to 35 per cent and a minute volume of 65 l/min. As anaesthetic solution, 3.4 ml of 2 per cent lidocaine with 1:100,000 epinephrine was used, with 1.8 ml each of the solution administered through the traditional technique to block the inferior alveolar nerve and the buccal nerve. Another 1.8 ml of the same solution was in- filtrated between the gingivae and mucosa.

After anesthesia was estab- lished, the papilla-based incision was made, followed by a vertical relaxing incision. Using a micro- syndenmotonio, the syndenmo- nomy was performed smoothly to prevent damage to the soft-tissue structures (Fig. 5).

The fracture of the vestibular cortical bone was treated using piezo-osteotomy with an ultrasonic tip (ST1 Bone Surgery Tip, Vista Dental) at full power. The osteo- tomies exposed the entire periapical lesion (Fig. 6). Subsequently, apical curettage was performed (Fig. 7).

The apicectomy was also per- formed using a piezo-ultrasonic system with a W7 ultrasonic tip (CVDentus) at a power of 80 per cent and under copious irriga- tion with a sterile saline solution (Fig. 8). The apex was cut at an angle perpendicular to the long axis of the root to allow for removal of possible ramifications of canals lo- cated to both the vestibular and lingual directions. After the apic- ectomy of the medial root, it was possible to observe an infected api- cal region of the mesial canal, which had not been cleaned and shaped (Fig. 9). With a retro-mirror, an isthmus was found connecting the vestibular mesial canal to the lingual mesial (Fig. 10). This isthmus had not been shaped and dis- infected by the conventional endo- dontic preparation owing to the limitations inherent in the kine- matics and design of the endodon- tic instruments and the auxiliary irrigant chemicals. These poorly cleaned and shaped areas of the canals were identified as the possible cause of the apical periodontitis.

Using H1TP JT ultrasonic tips (B&L Biotech), the retrograde prepara- tion was performed, adjusting the ultrasonic power to 30 per cent and under irrigation with a sterile saline solution. The quality of the retrograde preparation was evaluated with a surgical mi- cro-mirror (Fig. 11). The isthmus of the medial root was cleaned using these ultrasonic tips with move- ments in the vestibular-lingual
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.

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The retro-prepared canal was retro-obturated with the MTA (Angelus). The placement of the MTA in the retrograde cavity was done with the MAP System (Roydent) and re-rod-condensed until the canal was completely filled (Fig. 12). In order to prevent the growth of the connective tissue inside the apical bone cavity, it was filled with surgical calcium sulphate (GEMIRES).

The postoperative control radiographs were taken after 72 hours (Figs. 13–15), six months (Fig. 16) and 12 months (Fig. 17). On the last radiograph, it was possible to see the advanced repair of the bone in the apical region.

Discussion

The use of operating microsurgery in combination with ultrasonic tips and MTA-based bioactive retrograde obturation materials has increased the success rates of endodontic microsurgery from 60 per cent to levels above 90 per cent. The enhanced visibility provided by the microscope allows for evaluation of microstructures and details that are not visible to the naked eye. It allows the microsurgeon to refine his or her motor precision. Trauma to the delicate peridental and periapical tissue can be minimised, leading to better aesthetic results.

The ostectomy needed for access to the apical third had traditionally been performed with chisels or drills and high rotation.

With the use of ultrasound, acoustic micro-currents in the operating field are formed that clear the surgical area by improving haemostasis. The ultrasonic energy acts on cellular viability in the region operated on, accelerating the first postoperative phases of the bone repair process. The faster increase of bone morphogenetic protein, modulation of the inflammatory reaction and the stimulation of the formation of osteoblasts are physiological benefits that contribute to this improved and faster healing process.

The apicectomy must be performed at 3 mm from the root apex, thus maintaining the length of the dental root, as well as eliminating the majority of the apical ramifications and lateral canals. The rotational movement of drills or vibrational movement of ultrasound during the apicectomy dislodges the remaining gutta-percha and this often leads to misalignment of gutta-percha with the walls of the canal. This is one of the reasons for the combination of the retrograde preparation and later retrograde obturation. In addition, during the retrograde preparation, removal of the infected dentine and the obturation material and cleaning of the isthmus is done, optimising the intra-canal bacterial control and shaping of the canal and leaving it prepared for the sealing material.

A retrograde cavity must be at least 3 mm in depth inside the root canal along its long axis. If this cannot be achieved, the outcome of the proposed cleaning and disinfection, as well as the prognosis of the treatment, will be uncertain. In the microsurgical technique, the retrograde preparation is always done with ultrasonic tips because it is the only way to achieve preparations of 3 mm or more into the root canal. This is possible owing to the long neck of the ultrasonic tips in addition to a sequence of three to four bends along its length. These bends allow the active tip to gain full accessibility to the root canal.

The ultrasonic tips also allow for non-circular movements for better mechanical cleaning of flat areas of the root canals, known as isthmuses. It is possible to observe the elliptical preparation with greater vestibular lingual extension of the original anatomy of the microanatomy of the medial root.

In the 1980s, piezo-osteotomy was finally introduced. In this surgical method, the ostectomy is done with ultrasound, which has technical and biological advantages over the use of drills at high or low rotation. Ultrasound is safe, as it only works on mineralised tissue. It preserves soft tissue, such as nerves, blood vessels and mucosa. The amplitude of its micro-movements varies between 60 and 210 µm, allowing for precise cuts into hard tissue, such as bone and tooth.
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Career development opportunities and support in a corporate practice

By Sarah Weston, UK

Having worked for most of my career in the independent sector, I was aware of the negative press surrounding corporate dentistry before I joined the mydentist group, but I have to say that those rumours were all unfounded. In fact, I feel quite passionately that new graduates are still being given that negative message. As a company we should try to give the next generation the facts and talk to them directly.

20 years ago I qualified from Guy’s Hospital. Since then I have worked in Australia, New Zealand and the UK across most sectors of the profession, be it as a house officer in New Zealand, in NHS and private practices, as a partner or associate. At my current practice in Woodbridge in Suffolk we are predominately NHS in a small market town, but do offer a range of private services.

With an interesting demographic of patients we get the chance to utilise all our skills. We routinely see 25-30 patients a day and I am lucky that I work with a really great team and most of us have worked together for a while now. It’s good to be with other people who understand the stress and strains of the job and can have a good laugh together at times.

I work full time so my days tend to be fairly similar. I start with a coffee then move on to checking day-lists, patient records and lab work etc. I hate surprises so I like to know what’s coming.

Most of my days are spent performing a mix of examinations and treatments with the odd interesting case thrown in. I also offer facial aesthetic procedures and have recently been on the denture excellence course. It is great to be able to offer such a wide choice of treatment options to patients and the denture excellence course has really taken off. It is an area I really enjoy as a good denture can make so much difference to someone’s quality of life.

I am hoping to undertake an implant restoration course soon as well, so I will be able to restore the implants placed by colleagues at local practices in the group.

Since working for the corporate I have also become a mentor, which has definitely been a high-light for me. It is a role I really enjoy, as after 20 years in the job it is nice to pass on some of my experience to the younger generation. I had a great VT instructor when I started and I hope I can be as good to new associates as he was to me. It’s a job that is mutually beneficial—it is extremely rewarding to see a mentee improve and gain in confidence and it does the same for the mentor.

Within the corporate we are so lucky to have a high level of support from practice and area managers through to clinical support managers (CSM) and clinical directors. They are there to help prevent small problems becoming larger ones. I know that the ‘red flags’ and KPIs can feel intrusive at times, but I do feel they are there to help clinicians above everything else. A visit from the CSM should be seen as a positive thing and I am lucky to have a great CSM in my area. One thing I have learned is that it can be lonely in the independent sector and there is no-one looking out for you in the same way. I think the support network available is the real strength of corporate dentistry.

We are also incredibly lucky to have the online academy and the reminder to complete CPD when it is required. This can be a burden for dentists and if there is any way to make it easier then we should be grateful. My practice manager keeps us in check with when our CPD is due and the opportunity to complete it online is a great help, especially when I am busy in practice five days a week. Overall, I feel that my move to mydentist was the best thing I could have done for my career. The opportunities are there to further my career in ways that I didn’t feel existed in the independent sector.

While I enjoy my job enormously, I would relish the chance to move out of the surgery environment a little in the coming years and expand on my mentoring role and continue with more training and support of new dentists. I hope I can achieve this within the company.

Sarah Weston has been working for mydentist, a member of the Association of the Dental Groups (www.dentalgroups.co.uk), in Woodbridge, Suffolk since 2013.

Level of success. The ideal material should promote the filling of the region, protect the surgical wound and be radiopaque, biocompatible, impermeable, antimicrobial and osteoconductive. It should also have excellent properties in a moist environment. Various materials, including Cavit (3M ESPE), zinc oxide, eugenol, calcium hydroxide, amalgam, gutta-percha, tricalcium phosphate and hydroxyapatite, have been used in the attempt to seal retrograde preparations.14 However, none of these materials have been found to be capable of re-establishing the original architecture of the areas affected.

The introduction of bioactive sealant materials such as MTA, the precursor of the group of bioerodible materials, made a great leap in terms of sealing and bio compatibility. It offers the most desirable characteristics of a repair material, such as tissue biocompatibility, stimulation of neo-formation of cement and biomimetic structure. It also promotes superior sealing compared with other materials.15–16 Owing to the qualities described, MTA is now the material that best meets the requirements for material suitable for retrograde obturation. It is also the material with the best scientific track record in terms of effectiveness and clinical safety. For this reason, it was the material of choice for the apical sealing in this case.

In the apical repair process, bone repair is expected to occur through neo-formation of bone tissue in the region of the apical periodontitis and the repair is expected to be without scars or periodontal recession.

Conclusion

The combination of operating and radiography, ultrasound and MTA allows for extremely precise and predictable treatment. Endodontic microsurgery, when performed in accordance with these modern concepts, can be considered to be a therapeutic alternative for the aesthetic and functional maintenance of teeth with secondary or persistent apical periodontitis.

Editorial note:

A list of references is available from the publisher.
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. Lysele 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 Bantleon from Austria and Dr Stefano Troiani from Switzerland who will present his groundbreaking and, to date, unique research looking at the failed treatment of impacted teeth and associated root resorption. These are all must-see lectures.

The prestigious Northcroft memorial lecture is always a big crowd pleaser and will this year be delivered by Prof. Anthony Ireland from the University of Bristol's School of Oral and Dental Sciences, who will discuss his views on comprehensive research into vibrational forces in orthodontics. The event also features Dr Neil Woodhouse and his team from Royal Tunbridge Wells. World-famous authority Dr Adrian Becker from Switzerland will present his unique research looking at the ever-changing world of NHS commissioning and contracting across both primary and secondary care.

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.

As ever, there is a pre-conference course and this year, on 22 September, it covers dento-legal aspects of orthodontics, with speakers Drs Kevin Lewis and Yvonne 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 Grand Brighton hotel, they will be nights to remember!
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.
“Adults offer exciting and rewarding challenges for the entire dental team”

An interview with BOC presenters Dr Robert Kirschen and Professor Ama Johal

During the conference of the British Orthodontic Society (BOS) in Brighton in September, Dr Robert Kirschen from Reigate 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 more 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.

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 gizmo or with a new fad. Out-of-the-box thinking and treatment may be appropriate in selected cases provided 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 excellence has more to do with attention to basics than with being in love with high-tech or slavishly following a philosophy…

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"A d u l t s offer exciting and rewarding challenges for the entire dental team”

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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 excellence has more to do with attention to basics than with being in love with high-tech or slavishly following a philosophy for which there is no evidence (if there was 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 £655 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 polystyrene models and Invisalign 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 further 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 photograpth; 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.
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