

No.1 for dental professionals in Scotland

June-July 2014

Public health
minister opens
brand new
Prestonpans
practice
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Scottish Dental magazine



Scottish Dental magazine

June/July 2014



The big debate

What will the profession look like
after the referendum? **page 34**

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Editor's desk

with Bruce Oxley



Positive report

As I write, the dust has just about settled after the 2014 Scottish Dental Show and the initial feedback has been incredibly positive.

After two years at Hampden Park, a lot of delegates and exhibitors remarked that it felt like the show had 'grown up' and I understand what they meant. Hampden was a fantastic venue, but it had its limitations. The exhibition was split over two halls and the speaker rooms were up two flights of stairs.

At Braehead, however, we were able to get more stands than we have ever had, and all in one hall. We were also able to accommodate the speaker rooms in the arena itself.

The anecdotal feedback on the venue has been very positive and I am delighted to report we will be heading back to Braehead on 29 and 30 May 2015 for next year's show. In

consultation with the venue, we have had a few ideas on how to improve the experience, both in terms of the speaker rooms and the exhibition itself. Watch this space for details over the coming weeks and months.

One of the highlights of the show for me was the independence and dentistry debate that was held on the Saturday afternoon. The room was full and those in attendance saw a lively and informative debate that covered most, if not all, of the key issues in the referendum question. Turn to page 34 to read the opening arguments and visit www.sdmag.co.uk for the full transcript of the debate. ■



Bruce Oxley is editor of Scottish Dental magazine. To contact Bruce, email bruce@connectcommunications.co.uk

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Biting back

with Arthur Dent



Devolution or independence?

The recent conference of Local Dental Committees (LDCs) in Scotland, held at the end of April, seems to have been particularly eventful.

In the week leading up to the conference we learned that the majority of members of Greater Glasgow & Clyde (GG&C) LDC had resigned en masse from the British Dental Association (BDA) citing dissatisfaction with the running of the association, and in particular, many decisions made by the Principal Executive Committee (PEC), especially in relation to the new membership structure and to support for staff and committees in Scotland.

Although the BDA has no formal links with LDCs, many GDPs sit on their LDC and on BDA committees. Furthermore, BDA Scotland has until now provided the Scottish LDC conference with administrative support.

At the dinner the evening before the Scottish LDC Conference, I understand that the chair of the PEC, Mick Armstrong, made a point of seeking and talking to some of the disgruntled LDC members and chose to sit with them during dinner. It seems Mick certainly did not shirk discussing the issues, joining delegates at the bar afterwards and chatting into the small hours.

During the conference, two motions which implied dissatisfaction with the BDA were proposed and carried by a significant majority. One, proposed by GG&C LDC stated: "Due to the current dissatisfaction in Scotland with the performance of the BDA in London, this conference calls for the establishment of a new Scottish-based body to represent and negotiate on behalf of Scottish GDPs."

The second, proposed by Ayrshire & Arran LDC, was even

"We learned that the majority of members of Greater Glasgow & Clyde LDC had resigned en masse from the BDA"

more specific: "We ask this conference to set up a working group to proceed with the formation of a Scottish Association of LDCs."

As a result, the conference has now established a working group to pursue the mandate of this second motion. It consists of representatives of LDCs and other interested parties, including the BDA.

Presumably the concept of a Scottish Association of LDCs will be either to maintain pressure on the BDA or to break away completely?

The majority of BDA membership renewals are due in June and it remains to be seen how many dentists will continue membership. Whispers are circulating that the BDA will offer more autonomy to BDA Scotland and its committees, but these appear to be merely rumours. The BDA needs to act quickly to show its commitment to Scotland especially in light of the forthcoming independence referendum. ■



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Is the system designed to fail?

BDA's Scottish leader pours scorn on the Practitioner Services Division's problems with prior approval system

The BDA's national director for Scotland has written to *The Herald* to express her concern at the strain under which the prior approval system is operating.

Pat Kilpatrick highlighted the fact that Practitioner Services Division (PSD) is struggling to meet its own internal performance targets, with only 60 per cent of all prior approval requests being processed within the designated 20 days.

In the letter she wrote: "Is the current system designed to fail?"

"In managing the high volume of approvals submitted by practitioners across Scotland – that was reported by PSD at 39,877 in 2012/13 – a key issue has to be whether the threshold for approval is appropriate given the increased costs

of dental treatment and the increase in treatment fees."

With the threshold for prior approval increasing only very marginally over the last 12 years, she argued that the net effect of the uplift in fees (2.51 per cent in 2013/14 and 1.7 per cent in 2014/15) has been to "tip the prior approval process over the edge, leaving many dentists to face angry and distressed patients anxious to progress with their treatment".

She continued by saying: "Is increasing the threshold and reducing the volume of prior approvals too obvious a solution for the Scottish Government?"

"In reviewing any process design, a key question is: are there sufficient resources in the system? There are



undoubtedly either insufficient dental adviser sessions available to process the claims or the process is overly complex."

Kilpatrick went on to criticise the PSD for creating "bottleneck in the system which Scottish Government is unwilling to acknowledge or to address".



To read the letter in full, visit www.heraldsotland.com/comment/letters/there-are-major-problems-with-the-system-for-approving-dental-treatment.24301014

Where was the Bill in the Queen's Speech?

The General Dental Council accuses Westminster Government of failing to deliver on promises over lack of Bill on professional regulation

LEGISLATION

The General Dental Council (GDC) has expressed its disappointment at the lack of a Bill to reform the legislation governing the health professional regulator in the Queen's Speech.

In a statement, the regulator said: "Despite having pledged to legislate at the earliest opportunity, the Government has failed to deliver on its promise.

"While the GDC continues to strive to be an effective and efficient regulator, our ability to protect patients and deal with complaints is currently hampered



by antiquated legislation. The Law Commission has drafted a Bill to reform the health regulation system in the UK, but it is now expected that this Bill will not be introduced to Parliament until after the election and, even then, its fate is uncertain. This will significantly delay improvements necessary to ensure patient safety.

"We have been urging Government for the last three years to implement specific changes aimed at improving our ability to protect patients and reduce our costs.

"One significant change on its own would enable us to save up to £2 million a year – a cost that must be borne by the dental profession.

"We are urging the Government to bring forward a Section 60 order to make some key changes to improve our ability to protect the public."

Dundee ranked best in the UK

Dundee Dental School has been named top dental school in the UK in *the Guardian's* annual University Guide, replacing last year's leaders Glasgow, which slips to sixth place.

Dundee, placed fifth in last year's list, was ranked ahead of Queen Mary in second place, Queen's University Belfast in third and Aberdeen in fourth place.

Aberdeen, which was placed second in the 2014 list, was placed just above Kings College London in fifth.

A spokesman for Dundee Dental School said the league table was "a fantastic accolade that reflects the overall commitment of our staff and students in making this a very special place to study dentistry".

The Guardian University Guide judges institutions in nine categories, including course satisfaction, teaching satisfaction, student to staff ratio, spend per student and number of students with a career after six months.



Carol takes up BADN role

APPOINTMENT

Perthshire dental nurse Carol Hay has been appointed Scottish and Northern Ireland regional representative for the British Association of Dental Nurses (BADN).

Carol, who is senior dental nurse at Blackhills Specialist Dental Referral Clinic in Aberuthven, has been a member of the BADN for more than 30 years and is looking forward to taking up the reins in Scotland and Northern Ireland in a bid to encourage more dental nurses into the organisation.

She said: "I'm really looking forward to the challenges the role will present. I want to promote education and training opportunities for our members as well as boost membership."

Carol's new post is for three years and will see her travel throughout her region organising events and speaking with dental nurses at conferences, study days and seminars.

Originally from Glasgow, Carol previously worked in the NHS for more than 28 years, including Perth Royal Infirmary oral surgery and orthodontic department and Drumhar Health Centre, as well as general dental practice.



For further information about the BADN, email Carol at carol@blackhillsclinic.com



Members resign from the BDA in protest

Thirteen members of the Greater Glasgow and Clyde LDC give up their membership

Thirteen members of the largest Local Dental Committee (LDC) in Scotland have resigned their membership of the British Dental Association (BDA) in protest at the management of Scottish affairs by the association's head office in London.

The Greater Glasgow and Clyde LDC represents more than 800 general dental practitioners in west central Scotland and has a committee of 24 elected members. A letter signed by GG&C LDC dental secretary Gerard Boyle was sent to the BDA Membership Department two days before the start of the Scottish Conference of LDCs, informing the association of the 13 resignations.

The letter states: "The general feeling amongst colleagues in our country seems to be that 15 years on from devolution, the BDA has not taken enough account of the divergent needs of its members in the constituent countries of the UK and the cost of having a BDA headquarters based in central London is an expense members in Scotland could perhaps do without. Amongst these costs, we object particularly to the scale of expenses associated with the Principal Executive Committee, such as first-class travel."

The letter criticises the changes to the



Gerard Boyle speaking at the Scottish Dental Show

membership structure and the decision to make redundant the position of Senior Policy Adviser in Scotland. It also stated that: "We believe recent changes to the constitution of the British Dental Association have not been in the best interests of the profession. We would assert that this has resulted in an erosion of the independence of the SDPC."

Eight members of the GG&C LDC had already given up their membership of the BDA – citing dissatisfaction with the benefits of membership – prior to the recent resignations. The three remaining committee members who are still members of the association have indicated that they are unlikely to renew their membership.



To see the letter in full, visit bit.ly/1oINB7b

Dumbarton dentist cleared

CONDUCT

The former president of the Glasgow Odontological Society has appeared in front of the General Dental Council's (GDC) Professional Conduct Committee.

The case against Dumbarton practitioner Ghyll McCallum centred around his treatment planning and record keeping relating to one patient, named in proceedings as Patient A.

In his determination, the committee chairman noted that Patient A, while believing she was giving a genuine account of what happened, did not give reliable evidence. Her honesty was not called into question, but there were issues with her recollection and certain statements were inconsistent and contradictory. However, the committee found Mr McCallum to be "a clear and credible witness"

and noted his honesty with regards to his own recollection of events.

The committee ruled that Mr McCallum had failed to keep adequate records for Patient A over a period of more than three years and this amounted to a "serious falling short of the standards to be expected of a competent dental practitioner". While this amounted to misconduct, the committee noted that Mr McCallum had taken sufficient steps to address this.

The committee chairman said: "In the light of all the evidence presented to it, the committee has determined that you have genuine insight into your failings, that your remediation has been effective and is complete, and that those failings are highly unlikely to be repeated.

"In all the circumstances, the committee has determined that your fitness to practise is not currently impaired."



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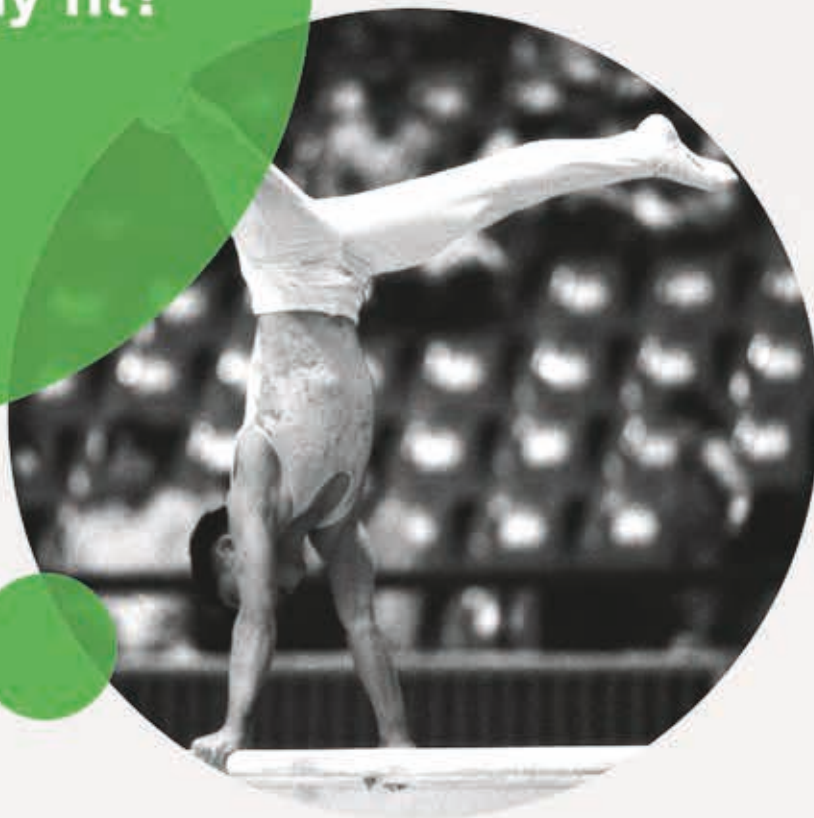


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UK's largest dental corporate grows again

Oasis buys Apex for an undisclosed sum to expand network

Dental corporate Oasis Healthcare has consolidated its position as the UK's largest provider of private dental services, with the acquisition of the Apex Dental Care group.

The deal, which follows hot on the heels of the group's purchase of Smiles Dental in April, will increase the company's turnover by 40 per cent from £160 million to more than £225m.

Apex was founded in 2007 and has grown to include 31 practices across England. Following the deal, Oasis now has more than 200 practices in England, Wales and Northern Ireland, but none in Scotland.

Justin Ash, CEO at Oasis Healthcare Group, said: "We are delighted to welcome the Apex team to Oasis. Both companies

share the same commitment to providing high quality, easily accessible dental care and have developed a patient-led culture.

"Adding both Apex and Smiles to the Oasis portfolio rapidly transforms the size and scope of Oasis and underlines the rapid progress we are making in building a strong, trusted and customer-focused dental brand in a fragmented market. Our ambitions for growth do not stop here and we have a strong pipeline of acquisitions and new builds."

Ben Chaing, CEO at Apex Dental, said: "We are pleased that Oasis will be taking forward the Apex practices and teams. Following initial discussions with the Oasis team, it soon became apparent that we shared the same vision for how the dental market should evolve. By combining



Justin Ash

Apex's dental practices with Oasis, the group will be well placed to continue improving the breadth and quality of our service to patients with the benefit of an expanded network and an even stronger clinical support team."

Technician's appeal is dismissed by GDC

A dental technician from Edinburgh had his registration removal appeal rejected by the General Dental Council.

Duncan McIntyre, who qualified as a dental technician in 1974, failed to complete his CPD hours for his latest cycle that ran from 2008 until 2013. He was sent notification letters in September and October 2013 informing him that if he didn't supply evidence of his CPD record then he could face removal from the DCP register. However, Mr McIntyre failed to respond and, on 22 October 2013 he was sent a letter stating that he would be removed from the register on 19 November 2013.

In his Notice of Appeal, he cited difficult personal circumstances and, while the committee expressed sympathy that these circumstances may have impacted on his ability to complete his CPD hours, it ruled that he had ample opportunity over the five year period to complete the required hours. His appeal was therefore dismissed.

GDC set to be investigated by health watchdog



Professional Standards Authority to pass on report to Health Select Committee

SCRUTINY

The General Dental Council (GDC) is to be subject to further scrutiny by the Professional Standards Authority (PSA) after a whistleblower raised concerns about the management and support processes of the regulator's investigating committee.

A statement on the PSA's website listed the matters to be investigated as:

1. The GDC's management of the processes and support for its investigating committees which post-dates the publication of our Investigation report 'An investigation into concerns raised by the former Chair of the General Dental Council (February 2013)'

2. The GDC's response to the recommendation contained within our report,

which was to review the processes and support that it has in place for its investigating committees, including the arrangements for gathering and monitoring feedback received.

3. The adequacy of the GDC's whistleblowing policy and the operation of this policy as evidenced by:

- a) its response to a disclosure by a whistleblower about the GDC's management of the processes and support of the Investigating Committee

- b) its management of a complaint by the whistleblower of detrimental treatment because of their disclosure.

The PSA will submit its investigation report to the Health Select Committee and publish in due course. The watchdog declined to make further comment on the investigation while it is ongoing.

Charity challenges for Perthshire practice

There was flurry of fundraising at Blairgowrie Dental Care

It's been a busy few weeks of fundraising for the team at Blairgowrie Dental Care recently with charity events held in aid of Cash for Kids, Dentaid and the British Dental Health foundation (BDHF).

On 2 May, the Perthshire practice held a Superhero Day with staff dressing up in costumes in aid of children's charity Cash for Kids. A little over two weeks later, 12 members of staff donned walking boots and headed for the summit of Ben Nevis to raise money for hygienist Jo Shepherd's forthcoming trip to Uganda with Dentaid.

Dentist Neil Rutherford said: "We all survived; all 12 staff members made it up and down despite driving rain, strong winds and snow. It was a proper challenge, but very rewarding."

And, if that wasn't enough, three days later Neil joined former colleague Christina Chatfield on the Dundee to Perth leg of her 500 Miles for Smiles walk. Chris-

tina, who worked at Blairgowrie when the practice was called Estill and Geddes, was walking from her former practice in Kirriemuir to her current practice in Brighton in aid of the BDHF.

Also joining them on the walk to Perth was the team from Dundee practice Beam Orthodontics. Neil said: "Christina had the fantastic idea to walk 500 miles from Kirriemuir to Brighton, and I joined her for the Dundee to Perth leg – and in true 'Proclaimers' style, I did it in my kilt.

"The walk was a great experience. There was plenty of time to chat with Christina about why she was walking and how she hoped to achieve a greater awareness in the general public about oral cancer and, specifically, the link between the Human Papilloma Virus and certain strains of oral cancer.

"It was also great meeting the team from Beam Orthodontics and, of course, getting to walk through some lovely countryside."



He's a 1948 vintage

Family, friends and former colleagues gathered recently to celebrate the 90th birthday of retired dentist James Gall. A 1948 vintage licentiate of the Royal College of Physicians and Surgeons of Glasgow, Jim had a multi-faceted career which ended only a few years ago.

For many years, Jim was in general practice in Bellshill and a part-time teacher at Glasgow Dental School before taking up post as deputy chief dental officer for Scotland. But it is for his skills in hypnotherapy that Jim is best known. Jim taught hypnotherapy to generations of dentists and for many years ran the Anxiety and Hypnosis Clinic at Glasgow



Dental Hospital, continuing this into his eighties.

Now fully retired from clinical practice Jim continues to remain very active and interested in gardening and travel, recently visiting family in Australia. He is also very adept with IT and has been busy converting family photographs, movies and videos into digital format.

Friends and family travelled from far afield (including Australia) to join Jim in celebrating his milestone birthday at his home in Lanarkshire.

Among the guests was Dr Graham McKirdy, chair of BDA Scottish Council, who is pictured congratulating Jim.

Glasgow treatment co-ordinator course

Designer Dental Training is hosting a treatment co-ordinator course in Glasgow on Wednesday 17 September.

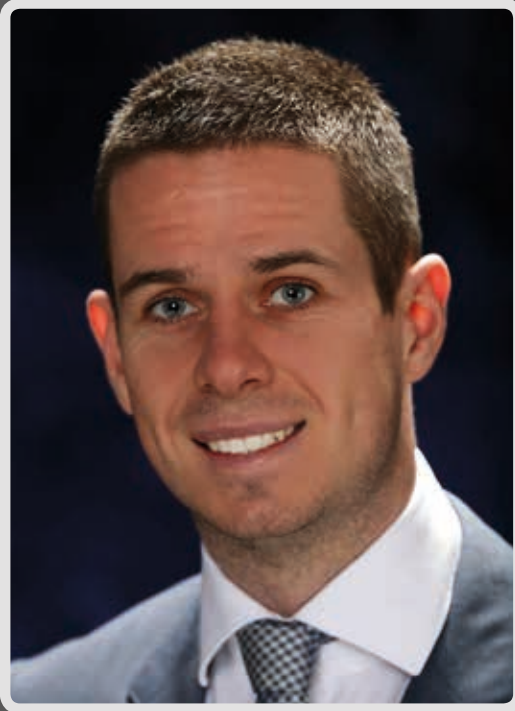
Sister company of dental marketing business Designer Dental Marketing, Designer Dental Training is a specialist training company that offers in-practice and external training for treatment co-ordinators, receptionists and other members of the dental team.

To complement the treatment co-ordinator course, the company has also recently launched a Treatment Co-ordinator Manual that will be available to order at a discounted rate for delegates on the day of the course.



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High-flying East Lothian practice opens its doors

Prestonpans practice building named after WW2 fighter pilot

Public Health Minister Michael Matheson officially opened a brand new state-of-the-art dental practice in Prestonpans, based in a building named after a World War Two flying ace.

The Pat Gifford DFC Building that houses Family Dental Care East Lothian was named after a local lawyer turned Spitfire pilot who is credited with shooting down the first German bomber in the Second World War.

The new practice, which houses 10 surgeries and a



laboratory, is the brainchild of Chris Price and Charlie Crummey along with Aberdeen-based health centre developers Medical Centres Scotland. With nearly 10,000 patients already registered, the

owners say the new practice has capacity for up to 15,000.


Michael Matheson said: "I congratulate all involved in the delivery of this new facility on their tremendous achievement."

Retro charity night for SCALP

More than £3,400 was raised during an evening of music and entertainment at the recent Scottish Association for Cleft Lip and Palate Association (SCALP) Retro Night.

There were more than 110 guests at the event, held at Scone Racecourse in Perth, including a group from the Dundee Dental Hospital Student Society. The students presented a cheque for more than £1,700 raised during a recent 'Slave Auction'.

The event was attended by several dental practice teams from Tayside.

 For more information on SCALP, visit www.scalp4kids.org

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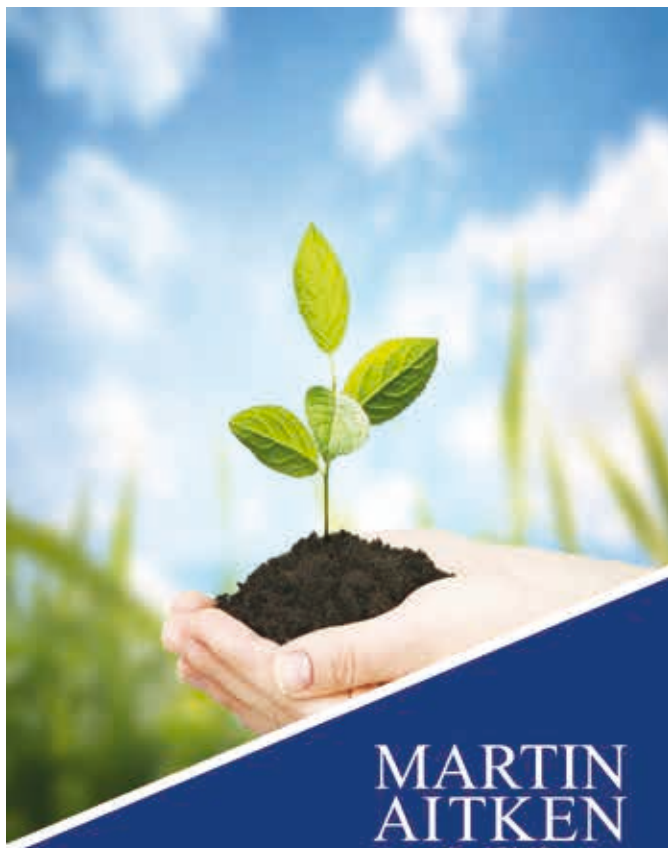
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News



WW2 dentist's spy letters auctioned

Glasgow-based practitioner was Colditz POW

Letters, papers and photographs from a British officer of the Army Dental Corps who worked as a spy while a prisoner of war, are to be sold at auction.

Captain Julius Morris Green was born in 1912 and spent his early childhood in Killarney where his father had a dental practice. He studied at the Dental School of the Royal College of Surgeons in Edinburgh and was practising in Glasgow when he joined the Territorial Army in 1939, being posted to the 152 (H) Field Ambulance of the 51 Highland Division.

He was captured with his brigade at St Valery in June 1940 and spent the remainder of the war in a succession of camps. In January 1941, when at Ilag VII (Tittmoning), he was taught the code used to communicate with MI9, the War Office department tasked with aiding resistance fighters in enemy occupied territory and gathering intelligence from British prisoners of war. Being a dentist, he was in an especially good position to carry out such espionage

work; as he spent much of his time travelling from camp to camp, treating patients.

However, his misbehaviour – unrelated to his espionage work for which he would have faced certain death if discovered – meant that he eventually received the honour of being confined to Oflag IV-C, better known as Colditz. In its communications with Captain Green, MI9 usually used the conduit of his parents, John and Clara Green of Dunfermline. The War Office department also communicated with Capt Green through a number of coded letters from non-existent people, concocted by operatives at MI9.


[Read extracts from Capt Green's letters at Sdmag.co.uk:](http://Sdmag.co.uk)
<http://bit.ly/1kVQRUF>



Professionals stay up-to-date with Oral-B seminar

More than 200 dental professionals were in attendance at the latest Oral-B Up to Date Seminar held at the Edinburgh Conference Centre at Heriot-Watt University recently.

Hosted by British Dental Journal editor-in-chief Dr Stephen Hancocks, the event saw presentations from Professor Ian Chapple and Prof Avijit Banerjee. Prof Chapple got proceedings under way with his talk, entitled 'What if...? Care pathways or scare pathways?'

His presentation covered risk assessment and how dental professionals can measure risk in practice. He went on to discuss wellness models

of care and illustrate a light-touch risk-based approach to oral health assessment that has received excellent feedback from primary care pilot practices outwith the NHS (published autumn 2013 in the BDJ). He then discussed risk factors for periodontitis, peri-implantitis and periodontitis as a risk factor for systemic diseases.

He was followed on to the stage by Prof Avijit Banerjee who spoke about the advances that have been made in those operative technologies used in the dental surgery that complement the minimally invasive (MI), tooth preserving approach to caries



management. He outlined the development in those technologies available to detect and diagnose caries lesions in patients more objectively.

He then discussed the scientific and clinical evidence about the use of more selective operative caries excavation techniques promoting the biological approach to conserving tooth structure and so maintaining pulp vitality in carious teeth.

Arshad takes leading role

Glasgow specialist dentist Arshad Ali has become the new president of the West of Scotland branch of the BDA.

A member of the BDA since qualifying from Glasgow in 1978, Arshad was a member of the BDA South Wales branch committee while working as a consultant in Cardiff and has been involved with the West of Scotland branch since moving back up to Glasgow in 1997.

He said: "I am very proud to have been installed as president of the BDA West of Scotland branch."



Read the full Q&A with Arshad Ali at bit.ly/1pLDERF



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Endodontic Workflow in General Dental Practice

Concepts and Biological Rationale

Thursday 19th June 2014

18.00 – 20.00 hrs

(2hrs verifiable CPD) Refreshments from 18.00hrs

Venue: **Dunard Library**

The Hub - Edinburgh's Festival Centre, Castlehill, Edinburgh EH1 2NE

www.thehub-edinburgh.com

The British Endodontic Society is pleased to announce an evening seminar aimed particularly at the younger members of the profession who are currently in General Practice, or starting out, and who have a special interest in endodontics. The seminar will be complimentary, however we do ask those who wish to attend to book in advance so that the Society has an idea of numbers. We particularly encourage non-members of the Society to attend. The seminar will be very informal with plenty of opportunity for discussion and questions on a more open forum basis rather than a formal presentation.

At the conclusion of the seminar you should:

- understand the importance of consistent examination, diagnosis and treatment protocols
- understand the importance of efficient endodontic workflow in clinical practice
- be aware of current instruments and materials which aid efficiency including latest rotary instrumentation
- appreciate the biological rationale underlying root canal treatment and how the treatment process reflects this rationale

The Hub, Edinburgh's iconic landmark, towers over the heart of the city, dominating the skyline on the Royal Mile between Edinburgh Castle and Holyrood Palace.

This unique and spectacular venue is a stunning combination of award winning contemporary design and classic Victorian architecture.

The Hub's interior pulsates with colour, light and creative ideas as befits the home of the Edinburgh International Festival.

The Hub is a short walk from Edinburgh Waverley Station.

Parking is either metered street parking or local NCP car parks

To book a complimentary place on the seminar please visit our website

www.britishendodonticsociety.org.uk where you will be asked to provide your contact details including email and charge card details. A charge of £15 will be made on your card to secure a place, however this will be refunded back onto your card after the event providing you have either attended or notified the Society 24 hours in advance of non-attendance.

Annabel Thomas, Course Organiser, The British Endodontic Society,

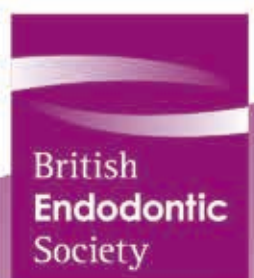
Tel: 01494 581542 Email: info@britishendodonticsociety.org.uk

The Presenter for the evening will be
Dr Robert Philpott BDS MFDS RCSI
RCSEng MClinDent (UCL). MRD (RCSEd).

Bob graduated from University College Cork in 2003. Following two years in general practice in London, he completed his SHO year in the University Hospital of Wales Dental Hospital, Cardiff.

He commenced a three-year specialist training pathway in Endodontology at the Eastman Dental Hospital, London in 2006. He completed this with distinction and gained a Membership in Restorative Dentistry (MRD) from the Royal College of Surgeons of Edinburgh in 2009.

Since then, he has divided his time in private practice and teaching roles in the UK, Ireland, Australia and New Zealand. He returned from Melbourne in November 2013 to take up a post as a consultant in endodontics at Glasgow Dental Hospital. He is due to take up a post as a Senior Clinical Lecturer in Endodontics at Edinburgh Dental Institute in June 2014.





Morag just misses out on athletics team place

A Perthshire dentist has come within 2.65 seconds of qualifying for the Scottish athletics team for the upcoming Commonwealth Games in Glasgow.

Blairgowrie Dental Care's Morag MacLarty was the first British woman to win a 1500m gold medal at the European Athletics Junior Championships in Lithuania in 2005. Alongside Morag in that Great Britain team were Olympic champions Jessica Ennis and Greg Rutherford.

The Dundee graduate has represented Scotland and Great Britain at 800m, 1500m and cross country and has won numerous national and international titles, including European Junior 1500m gold and Commonwealth Youth Games 1500m gold.

She set her personal best in the 1500m in 2010 with a time in 4:10:86, but injury and illness interrupted her route to the 2014 games and she was left to sweat on qualification. With the qualifying bar set at 4:10:50, she only had to shave less than half a second off her best time. However, in the end her last effort of 4:13:15 in early June meant that the dream of competing in front of a home crowd had been dashed.



June shoots for glory at Games

Scottish dentist to compete against the best in this summer's Commonwealth Games as part of the Scottish netball squad

Glasgow dentist June McNeil will be shooting for glory as she prepares to take on the world at this summer's Commonwealth Games.

June, who is an associate at Martin Dental Care in the southside of the city, will join up with the Scottish netball squad, also known as the Scottish Thistles, as they compete with the best teams in the world.

The competition will take place in the SECC Precinct from 24 July until the final on 3 August. However, June explained that, being ranked 12th in the world, the team's main aim is to improve its world ranking, with anything else being a bonus. She said: "We are aiming to finish within the top eight. We are currently ranked 12th, having recently beaten Trinidad and Tobago who

were ranked 8th at the time, so what we are really aiming at is to break into the top eight in the world."

June joined her local team Bishopbriggs Juniors when she was just 10 years old and was selected for international duty at under 15, under 17 and then under 21 level. June even co-captained the Scottish under 21s at the World Youth Championships in the Cook Islands in 2009.

And for this summer's games, the Glasgow graduate is excited about appearing in front of home crowds. She said: "Competing in any Commonwealth Games is an unbelievable experience, but to have it on home soil definitely makes the experience a greater one. Having the home crowd support is like having an extra player on court with you."

Ten-year reunion celebration

Glasgow Dental School's class of 2004 celebrated its 10-year reunion with an evening of reminiscing at Arta in the Merchant City.

Louise Beaton, one of the

2004 graduates who helped organise the event, said: "A decade may have passed very quickly, but a lot has happened in that time. Many former students now own or work in established, successful practices. Others have specialised

and furthered their careers in hospital/community centres, some have changed career altogether. Many now have young families and are balancing their home and work lives. Student days are long gone! "A fantastic night was enjoyed by

all, and it was great to see everyone still looking youthful!

"Thank you to Fiona Hogg for organising the event and thanks to everyone who attended and contributed to the success of the night."



The Glasgow Dental Alumnus Association is re-launching. Visit www.gla.ac.uk/alumni



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Specialist in Oral and Maxillofacial Radiology

Dr C Tait BDS Hons, MSc, MFDS RCS(Ed), MRD RCS(Eng),

Specialist in Endodontics

Dr P Coli DDS, PhD,

Specialist in Periodontics and Prosthodontics

Dr F Veldhuizen BDS, MFDS RCS(Ed), M Clin Dent, MRD RCS(Ed)

Specialist in Prosthodontics

Dr P Hodge BDS, PhD, FDS RCS(Ed)

Specialist in Periodontics

Dr N Heath DCR, BDS, MSc, MFDS RCS(Ed), DRRRCR,

Specialist in Oral and Maxillofacial Radiology

Mr M Paley BDS, MB ChB, FFDRCSI, FRCS, FRCSEd(OMFS)

Consultant Oral & Maxillofacial Surgeon

Prof L Sennerby DDS, PhD

Professor in Dental Implantology

Mrs G Ainsworth BDS (Sheff '96) FCS RCPS Glas,

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BDA dispatches

with Mick Armstrong



A united front

The chairman of the British Dental Association's Principal Executive Committee believes the BDA is better together, regardless of the outcome of September's Independence Referendum

It's a pleasure to accept the editor's invitation to the British Dental Association to write a regular column for this publication. The lively debate about the future of our own Association in Scotland seems like a good place to start. Let me stress this isn't an attempt to get into that other topical independence debate – as a native of the people's republic of Yorkshire, I wouldn't dream of imposing my views on the forthcoming referendum. I do, of course, have strong opinions on dentistry, irrespective of what happens after 18 September.

A couple of months ago, I was the lucky recipient of traditional Scottish hospitality at the Local Dental Committees conference in Stirling. We discussed many topics and how we'd put the world to rights, but I particularly want to focus on the concerns I heard, centred on a belief that the BDA is too centralised, remote and disinterested in Scottish affairs. I was at pains to reassure those colleagues, and would similarly like to reassure you, absolutely, that this was not and is not the case.

As dentists know, we all have to cut our cloth according to our measure and the BDA is no exception. We underwent a major membership restructuring last year

and had to make tough decisions to get our business on a sound footing. That meant 17 BDA staff were made redundant, including one in Scotland. This is highly regrettable, but it means we are now on a more stable track for the future.

In spite of challenging times, BDA Scotland, led by national director Pat Kilpatrick, supported by staff in Stirling and by expert colleagues in London, continues to punch above its weight and deliver for dentists. Recent highlights include achieving a positive result for Scottish dentists in relation to DDRB awards, securing funding for defibrillators, VT places for all Scottish graduates, justice for VT trainers in getting their pension entitlements restored, and reducing the impact of overpayment recovery. An exhausting, but not exhaustive list of achievements and we can only do that because of the collective resources we can commit to supporting members in Scotland drawing on shared costs and expertise across four nations.

Regardless of where dentists are located, our *raison d'être* continues to be representing and supporting the profession individually and collectively. Across the UK, many of our challenges in dentistry are the same. We know politicians' interest in

dentistry fluctuates, whether in Westminster or Holyrood. In this environment, it's an uphill struggle to ensure the profession's concerns get a hearing. I, for one, am glad that the BDA works with the press and lobbies politicians all year round to ensure our voice gets heard above and beyond the din of local and general elections and am so proud of what we have achieved so far.

Sure, we strive to improve oral health against unhelpful bureaucracy within a fixed budget. We are all answerable to the same frustrating regulator and the impact of economic constraints is universal. Notwithstanding these pressures, the combined strength of BDA and the Scottish Dental Practice Committee working together have made significant gains against unfavourable Scottish Government policy. This is an ongoing challenge and we will need many more of these to improve the working lives of dentists, our staff, and the services we provide. This is true of all four nations where we have members.

The saying there's strength in numbers particularly applies to the dental profession (relatively small compared to most) so we need to fight these battles on a united front, however the land lies after 18 September. ■

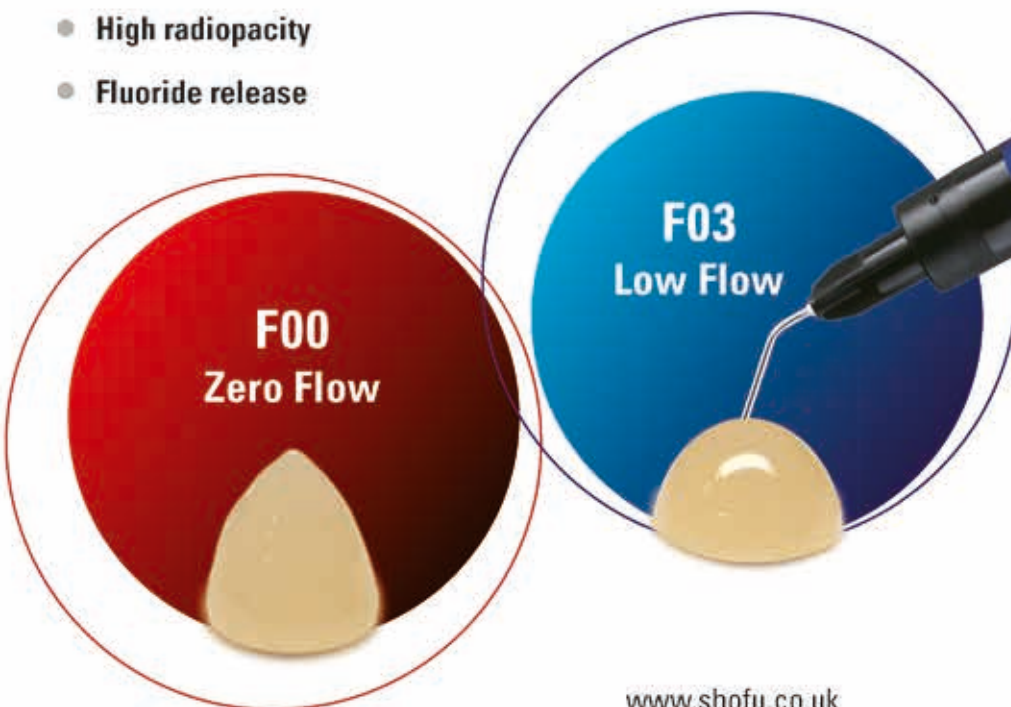




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GDC dispatches

with Ian Jackson



Standards in focus

Ian Jackson, GDC Director for Scotland, outlines a new online resource to help put the Standards for the Dental Team into practice

To support the implementation of the new 'Standards for the Dental Team', we've developed an interactive site with case studies, scenarios and FAQs. These are designed to help registrants test their knowledge on 'Standards for the Dental Team'.

The new standards were developed following intensive consultation with patients and the public and took effect on 30 September 2013.

If a complaint is made about a dental professional, their behaviour/conduct will be measured against the standards and guidance in this document. It is therefore vital that all registrants are familiar with the nine principles.

See the new interactive web pages at www.gdc-uk.org/Dentalprofessionals/Standards/cases/Pages/default.aspx

For example, under Principle One - 'Put patients' interests first and act to protect them' - a scenario has been developed as follows: "You are a dental technician who works in a laboratory. The laboratory is struggling financially and you have been asked by the owner to offer a promotion to all new clients to try and encourage more referrals from local dentists. You decide to offer every new client a case of wine if they refer at least 20 crown cases to the laboratory every month for three months."

It then asks what you should do:

1. Not offer the inducement/incentive?
2. Offer the inducement/incentive?
3. Speak to the GDC?

Once you've chosen an answer we offer advice and guidance on why this may, or may not, be the right course of action.

However, it is important to remember that the case studies, scenarios and other learning materials on the Focus on Standards pages are fictional and for illustration purposes only.

Their aim is to put 'Standards for the Dental Team', and its accompanying guidance, into context - they don't replace any GDC guidance. In addition, dental professionals can now access 'Standards for the Dental Team' on the go.

To help make the principles easier to access we've developed a mobile site dedicated to the standards.

It displays these standards themselves, as well as the interactive Focus on Standards content. The mobile site is specifically designed for use on mobile phones or tablets so that dental professionals can access the GDC's Standards and guidance wherever they are.

The mobile site displays the nine key principles of the standards, which are:

1. Put patients' interests first
2. Communicate effectively with patients
3. Obtain valid consent
4. Maintain and protect patients' information
5. Have a clear and effective complaints procedure
6. Work with colleagues in a way that serves the interests of patients
7. Maintain, develop and work within your professional knowledge and skills
8. Raise concerns if patients are at risk
9. Make sure your personal behaviour maintains patients' confidence in you and the dental profession.

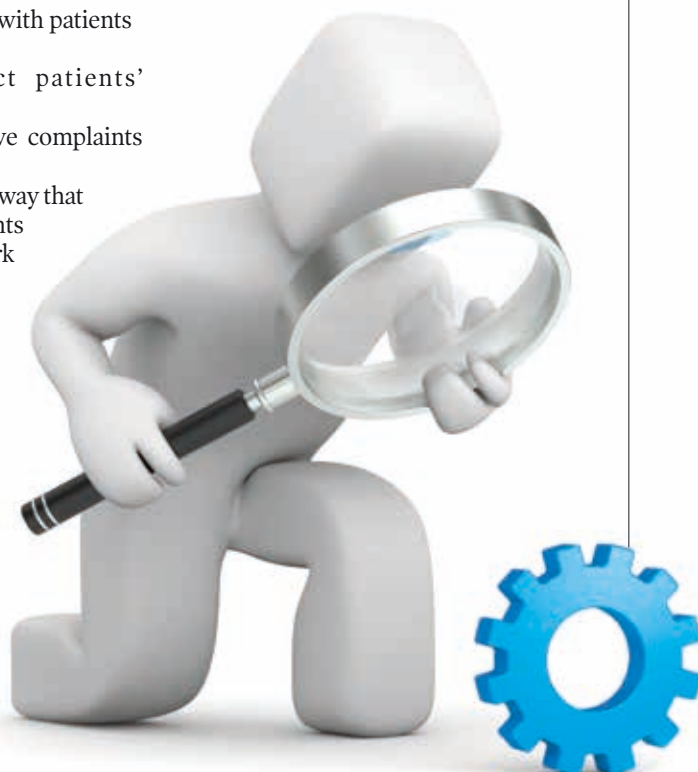
The site includes case studies, FAQs and guidance to help registrants apply the standards in practice.

It also enables patients to access the standards more easily, so

they can find out what to expect from their dental professional.

In recent user testing undertaken with GDC registrants, 93 per cent reported they found navigation around the site easy, 97 per cent found that the information on a particular standard was useful and 89 per cent believe they would use it to read up on particular standards or guidance for future reference.

We hope both of these new tools will help registrants become familiar with 'Standards for the Dental Team' and enable them to put them in to practice. ■



The best yet

2014 Scottish Dental Show featured more stands, more delegates and a world-class speaker programme



More delegates, more exhibitors and a brand new venue all added up to make the 2014 Scottish Dental Show at Braehead Arena the biggest and busiest show yet.

Delegate numbers were up nearly 20 per cent and they enjoyed a two-day conference and exhibition that is unrivalled in Scotland. Professor Trevor Burke was the keynote speaker on Friday morning and his two sessions were attended by more than 200 dental professionals.

He was joined on the podium over the two days by Ashley Latter, Mark Oborn, Prof Paul Tipton, Barbara Lamb, Dipesh Parmar, StJohn Crean, Mike Gow and Bob Philpott among many more.

A popular workshop programme running in parallel also attracted dozens of delegates to hands-on sessions looking at implants, intra-oral scanners, short-term ortho and endodontics, to name just a few.

The lecture and workshop programmes were backed up with a bustling trade show featuring all the biggest names in dentistry including sponsors DTS International, Leca Dental Lab, A-dec, Coltene, AWB Textiles, DMG, IDH and MDDUS.

One of the highlights of the Saturday

lecture programme was a special independence debate chaired by former GDC president Hew Mathewson CBE. The debate featured Glasgow Central MP Anas Sarwar and Clyde Dental Group principal dentist Clive Schmulian arguing the Better Together side, opposite Shawlands GDP Gerard Boyle and retired academic Dr Willie Wilson arguing the Yes side.

Nearly 100 delegates stayed until 3pm on the Saturday to hear the arguments with an informal showing of hands at the end indicating that the audience was leaning towards a No vote.

Turn to page 34 to read what the panellists had to say.

Plans are already under way for the 2015 Scottish Dental Show, that will return to Braehead Arena on 29 and 30 May. More than 40 companies have already booked stands at the show, with the speaker and workshop programme still to be confirmed. ■



Keep an eye on www.sdmag.co.uk as well as the official show website www.sdshow.co.uk for more news and information along with pictures and videos from the 2014 event. You can also follow us on Twitter @ScottishDental and 'like' us on Facebook.com/ScottishDental

Prize draw winner



Bishopbriggs dentist Frazer Murphy was the proud winner of an iPad Air thanks to the Scottish Dental Show registration prize draw.

Every dental professional who signed up for the show online was automatically entered into a prize draw to win Apple's latest tablet computer.

Glasgow graduate Frazer has worked in the Bishopbriggs practice, which was established in 1968, since 1986.

He said that he was looking forward to playing with his new toy, although he will probably have to fight off his children and associate to get near it!

Scottish Dental's Ann Craib with Frazer





Passport competition winner

Dental nurse Rosa Gilmour of Stevenston Cross Dental Practice was the lucky winner of our Exhibitor passport competition.

Rosa, who is also practice manager at the North Ayrshire practice, was presented with a brand new iPad Air by Scottish Dental Show event organiser Ann Craib.

The Exhibitor passport competition saw 12 Voco cuddly teeth hidden around the exhibition. Delegates had to find all 12 in order to enter the free prize draw.

Rosa, who has worked at the Stevenston practice for more than 20 years said she is delighted with her prize, although she admitted she may have to ask her grandchildren for a few lessons to get to grips with her new gadget.



Barbara Lamb





Scottish Dental's Ann Craib with Laura Junor of DTS



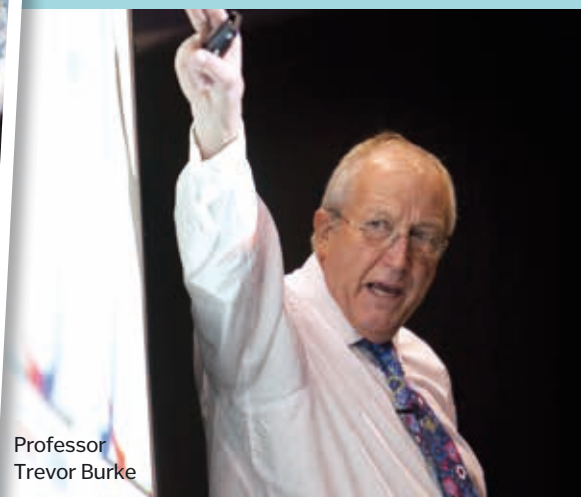
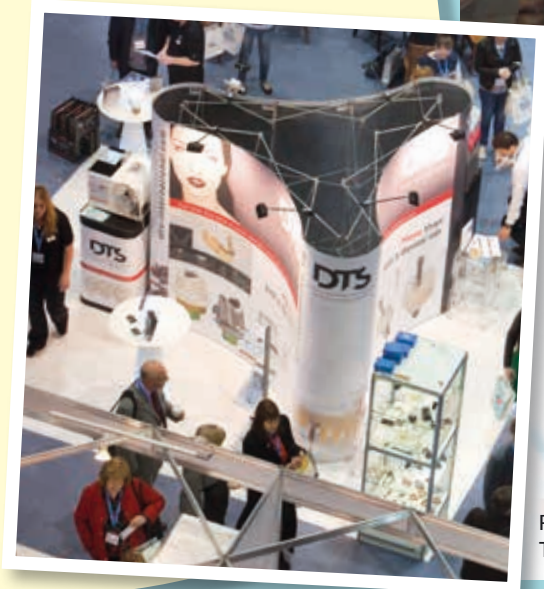
Philip Friel talks to delegates at one of his hands-on workshops

A stand out success

DTS International were the winners of the first-ever Creative Excellence Award for Best Stand at the 2014 Scottish Dental Show.

Laura Junor, Marketing Manager at the Glasgow-based dental lab, was presented with the prize by Event Organiser Ann Craib.

The DTS stand was constructed specifically for the Scottish Dental Show and featured, among other things, a smoke machine and a slushy machine which kept delegates coming back for more!



Professor Trevor Burke



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And the winners are...

The 2014 Scottish Dental Awards celebrated the great and the good of Scottish dentistry

The BDA's former National Director for Scotland, Andrew Lamb was among the winners at the 2014 Scottish Dental Awards, held at the Glasgow Science Centre on Friday 9 May.

Andrew was the recipient of the 2014 Scottish Dental Lifetime Achievement Award in recognition of his significant contribution to dentistry during his 40-year career.

With winners being represented from all over the country, this was a real celebration of Scottish dentistry. From Stranraer (Practice of the Year, Southwest Smile Centre) to Kingussie (Dentist of the Year, Bert Hay), down to Saltcoats and Stevenston (Dental Team Award, Three Towns Dental Care) and Dunoon (Community Award, Fiona Duncan)

and then up to Aviemore (DCP Star, Amy Steele), the awards reached far and wide. Other winners on the night included Ilona Mclay (Unsung Hero Award), Porter Boyes Dental Laboratory (Laboratory of the Year), Tammy Early from Martin Dental Care in Glasgow (Business Manager/Administrator of the Year) and Westerwood Health in Glasgow (The Style Award).

Hosted by broadcaster Peter Martin who had guests holding their sides with laughter and featuring music from Lost Angels, it really was a night to remember.

Details of a revamped 2015 Scottish Dental Awards will be announced in due course, keep an eye on www.sdawards.co.uk for more details.

All ready for the guests to arrive



Ilona Mclay (right) picked up the Unsung Hero Award



Community Award winner Fiona Duncan (right)



Business Manager of the Year - Tammy Early

Laboratory of the Year -
Porter Boyes



Practice of the Year -
Southwest Smile Centre



The Style Award winners
Westerwood Health (right)



CDO Margie Taylor presented
Andrew Lamb with his award



Amy Steele (right) was
named DCP Star



Dental Team Award winners
Three Towns Dental Care



Scottish Scientific Conference & Exhibition 2014

Friday 5 September | Crowne Plaza Hotel Glasgow

BDA
British Dental Association

A day for the whole dental team

BDA members: £230 / Non-members: £290 / DCPs / VDPs / GPTs / Senior members: £80

Topics and speakers include:

- **NHS dentistry in Scotland**

Margie Taylor, Chief Dental Officer, Scottish Government and **Robert Kinloch**, Deputy Chair, Principal Executive Committee, BDA

- **Teeth whitening**

Linda Greenwall, Prosthodontist and Specialist in Restorative Dentistry, London

- **Oral cancer - CORE CPD**

Graham Ogden, Professor of Oral Surgery, Dundee University Dental Hospital

- **Periodontics**

Anthony Roberts, Professor of Restorative Dentistry (Periodontology), Cork University Dental School & Hospital

- **Paediatrics**

Jack Tumba, Professor of Paediatric Dentistry, University of Leeds School of Dentistry

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www.bda.org/scottishscientific

A day for the whole dental team

The British Dental Association's Scottish Scientific Conference and Exhibition 2014 returns to Glasgow in September

A packed programme of clinical presentations by expert speakers, core CPD sessions and political discussion awaits delegates attending this year's BDA Scottish Scientific Conference and Exhibition. The event takes place at Glasgow's Crowne Plaza hotel on Friday 5 September and offers up to six hours verifiable CPD.

Graham Ogden, professor of oral surgery at Dundee University Dental Hospital, is one of the headline names on this year's clinical programme. Professor Ogden will present two sessions on the subject of oral cancer, both of which will earn attendees core CPD. The first session will provide an update on oral cancer aetiology while the second will explain how not to miss the signs of the condition in your patients.

Further clinical programme highlights include sessions on paediatrics, periodontics and teeth whitening. The paediatrics sessions will be led by Jack Toumba, professor of paediatric dentistry at the University of Leeds. In his presentations, Professor Toumba will examine the clinical use of fluoride for the prevention of caries in children, and the clinical restoration of primary teeth using preformed metal crowns and strip crowns.

For the periodontics presentations Anthony Roberts, professor of restorative dentistry at Cork University Dental School, will look at the periodontal systemic interface, how systemic disease presents and links with systemic conditions. While delegates with an interest in cosmetic dentistry will not want to miss the sessions with Linda Greenwall, prosthodontist, specialist in restorative dentistry, and



Graham Ogden is one of the headline speakers

past chair of the British Dental Bleaching Society. Linda will present success strategies for predictable tooth whitening and aesthetic dentistry after whitening.

Beyond the clinical sessions, another programme highlight is the political session in which Chief Dental Officer for Scotland, Margie Taylor, and the deputy chair of the BDA's Principal Executive Committee, Robert Kinloch, will discuss the current state of NHS dentistry in the country.

Also on offer at the event, sessions covering the core CPD areas of dental radiology, law and ethics, record keeping, complaint management and infection control will help you top up on any areas you may be missing.

Finally, delegates should be sure not to miss the expanded exhibition which will

offer the chance to catch up with suppliers, find out what's new to the market and maybe negotiate a deal. ■



Additional information about the event, including biographies of the main speakers, can be found at www.bda.org/scottishscientific. Tickets cost £230 for BDA members and £290 for non-members. DCPs, VDPs, GPTs and retired members can attend for just £80 per day. To book a place at the event, call the BDA events team on 020 7563 4590 or email events@bda.org. BDA members can also book online.

"On offer are sessions covering the core CPD areas of dental radiology, law and ethics, record keeping, complaint management and infection control"

**Scottish Scientific
Conference & Exhibition 2014**
Friday 5 September | Crowne Plaza Hotel Glasgow

Preparing for retirement course 2014



Glasgow – Friday 3 October 2014

Practice valuers and sales agents PFM Dental in association with dental solicitors Thorntons and dental accountants Campbell Dallas invite practice owners to a retirement course at The Marriot Hotel (Argyle Street). The seminar is ideal for practice owners within 10 years of retirement and will cover:

Goodwill values and successfully marketing your practice: Practice valuer and sales agent Martyn Bradshaw (PFM Dental) explains how to achieve the best price for your practice, with terms that suit you. The presentation covers Goodwill valuations.

The legal aspects of selling your practice: Michael Royden and Ewan Miller of Thorntons provide specialist legal advice to dentists and will cover the various legal aspects of selling a dental practice including pre-sale planning. Thorntons are a leading provider of legal advice for dentists in Scotland.

Accounting issues when selling your practice: Roy Hogg and Neil Morrison of Campbell Dallas cover taxation issues on the sale of the practice including the use of 'entrepreneurs' relief and pre-retirement tax strategies. Campbell Dallas is one of Scotland's leading firms of accountants with a specialist healthcare division.

Financial planning for retirement: Independent financial adviser Jon Drysdale of PFM Dental considers how delegates can best forecast various income sources in retirement. The NHS Pension will be covered including flexible retirement options.

Wills and Estate Planning: Nick Barclay of Thorntons is a registered Trust and Estate Practitioner and has Law society accreditation as a specialist in Trust Law.

Edinburgh dentist Ray Ross, shares his experience of selling a dental practice to both corporate and private buyers.

FOR MORE INFORMATION AND BOOKING:

The seminar runs between 10.00 and 4.30. To book your place(s), please email your name and address to Mandy Wraige: mandy.wraige@pfmdental.co.uk or call Mandy on 0845 241 4480. The delegate rate is £60 inclusive of lunch.

Scottish LDC conference sparks debate



Robert Donald, chair of SDPC

Working party to look at breakaway 'Scottish Association of LDCs' as well as an alternative to the BDA in Scotland

The annual Scottish Conference of Local Dental Committees is often a lively affair and this year's event was no different. Held at the Stirling Management Centre on 25 April, the conference saw plenty of debate and discussion as well as the passing of two groundbreaking motions.

Ayrshire and Arran LDC put forward a motion asking conference to "set up a working group to proceed with the formation of a Scottish Association of LDCs" and Greater Glasgow and Clyde LDC proposed: "Due to the current dissatisfaction in Scotland with the performance of the BDA in London, this conference calls for the establishment of a new Scottish-based body to represent and negotiate on behalf of Scottish GDPs."

Following the presentation of these motions, Mick Armstrong, chair of the BDA's Principal Executive Committee and Pat Kilpatrick, national director of the BDA in Scotland, spoke against the motions and any breakaway organisation. However, following a thorough debate of the issues, both motions were carried by a large majority, with 21 voting for the motions, three against and two abstentions.

As a result, conference revisited the issue later that day to agree to the setting up of an LDC working party, with Kieran Fallon OBE elected chair. The working party was tasked with contacting all Scottish LDC organisations to seek local representatives and will investigate alternatives to the BDA to negotiate on behalf of GDPs in Scotland. It will also advise on what can be done within

the BDA to address the concerns of its members in Scotland over the running of the organisation.

The conference began the previous day with a pre-conference dinner held at the management centre. Conference chair Jeff Ellis thanked the Agenda Committee for all their hard work organising the conference and gave special thanks to Fiona Angus, former BDA Senior Policy Advisor who was recently made redundant, for her years of service to conference.

During the evening Donald McKie, a member of Ayrshire and Arran LDC since 1983, was presented with a Lifetime Achievement Award. The Agenda Committee then presented a special Lifetime Achievement Award to Alistair McLean in recognition of the extraordinary role that he played in dental politics and the BDA over a very long career.

The conference proper began on the Friday morning and, following a hustings

style debate featuring MSPs Jackson Carlow (Con), Dr Richard Simpson (Lab) and Mark McDonald (SNP), Scotland's Chief Dental Officer Margie Taylor gave her presentation on six topics suggested by the Agenda Committee.

This included questions on why a core service was not being considered by Scottish Government, whether MIDAS was fit for purpose and whether the government had any plans to implement a properly funded preventative programme for adults similar to the Childsmile programme. The other topics covered a request for an update on workforce planning, what plans the government had for regulatory bodies in the event of a Yes vote in September and what plans there were in Holyrood to address the inequalities in care for those patients that require domiciliary care.

Robert Donald, chair of Scottish Dental Practice Committee, then gave a report on the work undertaken by the committee over the last year. He highlighted the fact that it had been another tough year with increasing 'dental inflation', working under a fixed budget and a public sector pay policy with an earnings threshold of £80K. On top of this, the latest DDRB report highlighted that Scottish GDPs now had the lowest net income compared to the other home countries.

He gave a detailed analysis of the recovery of overpayments issue and how SDPC had challenged the Scottish Government at each and every opportunity - including the use of the Scottish media to gain further concessions for the profession. His report also highlighted the need to protect the various allowances GDPs receive from the GDS and the need for investment in the dental service.

He finished by stressing the importance of the Scottish LDC conference in guiding SDPC policy - particularly in relation to the motions debated and passed that afternoon. ■



David McKie (left) receiving his Lifetime Achievement Award from Jeff Ellis

Dentistry in an **independent Scotland**



Scottish Dental Show debate saw four panellists argue the hottest topic of our times – the case for and against an independent Scotland

On Saturday 10 May, the Scottish Dental Show hosted an independence and dentistry debate in front of an audience of nearly 100 dental professionals at Braehead Arena in Glasgow.

The debate, chaired by former GDC President and Edinburgh GDP Hew Mathewson, centred on the motion ‘Scottish general dental practice will be better for patients and dentists in an independent Scotland’ and featured four panellists:

Clive Schmulian, the principal dentist at Clyde Dental Group, a group of practices in the central belt who spoke against the motion.

Anas Sarwar, MP for Glasgow Central, a former General Dental Practitioner and Deputy Leader of the Scottish Labour Party, a member of the Better Together campaign who spoke against the motion.

Gerard Boyle, a partner in Shawlands Dental Practice in Glasgow who spoke for the motion.

Dr Willie Wilson, owner of Thistle Pharmacies, a recently retired academic who previously lectured to Glasgow dental students on pharmacology for 30 years, who spoke for the motion.

The full transcript of the debate, which covers every word spoken, is now available

on the Scottish Dental magazine website – www.sdmag.co.uk

However, to give you a taste of the debate, we have included the opening statements from all four of our panellists below. To have your say, get in touch with the editor by emailing bruce@connectcommunications.co.uk or via social media, on Twitter @ScottishDental or on Facebook.com/ScottishDental

Gerard Boyle:

“I have been a dentist for 25 years and I work in an NHS practice in Glasgow. Like most of you, I believe strongly in social equality, a welfare state and, most of all, in the National Health Service. I have never



been a member of any political party but I am a Labour voter and I will be voting Yes in the Scottish Independence Referendum on 18 September.

“From an NHS perspective as we look at the continued viability of NHS dentistry, funding is the key. The Scottish budget for NHS dentistry is about £400 million a year. We have been told by the Scottish Government that, for the foreseeable future, this budget will be cash limited. With further UK Treasury cuts planned, it will not only be cash limited, it will probably be cut as well.

“The cost of providing that service is going up every year and the number of dentists in the system is continuing to rise. A cash limited system can only mean a per capita reduction to individual dentists and a corresponding reduction in the quality of the service.

“Within the current constitutional

Independence debate

arrangement of a devolved parliament, while Holyrood is directly responsible for the management of the NHS in Scotland, the coffers of the NHS are controlled from down south by George Osborne and Danny Alexander. It is clear that these two ministers have a thinly disguised contempt for the public sector and do not value the importance of a comprehensive, state-funded NHS. With this coalition in power, we should all be worried.

“Wisely, none of the devolved governments in Scotland have taken our NHS down the same path as the NHS in England. Only 84 per cent of healthcare south of the border is provided by the NHS. In Scotland, that figure is over 99 per cent.

“This gives the public in England the impression that NHS care is cheaper to deliver per capita in England. It isn't.

“It is just that people are having to pay more privately in addition to their NHS care, and the combined cost is actually higher in England than it is in Scotland.

“The Better Together campaign claims that public services in Scotland are more expensive to deliver in Scotland than the rest of the UK and somehow it is in our interest to preserve the Union to ensure that these so-called handouts continue. What you should all know is that all the Unionist parties are planning to reduce the block grant to Scotland in future – the so-called Barnett squeeze.

“This will mean a lot less money for the NHS in future and less money for dentistry in Scotland.

“The current UK Government has already started its war on the NHS, raiding our pension funds to pay for the failure of their financial system. A financial crisis that happened under the watch of Anas Sarwar's UK Labour party.

“Can I remind you that our pension fund is in surplus. I have looked at the basics of the economic argument and, while I am a dentist not an economist, I do have an 'O' grade in arithmetic and I also run a business. It is all about money in and money out.

“In an NHS dental context, the big issues are 'Where is it coming from?' and 'How much is available?'

“Let me assure you, there is a lot more of it in an independent Scotland. Ladies and gentlemen, if you want to preserve the NHS, vote Yes.”

Clive Schmulian:

“In the past 20 years there have been huge changes in dentistry and in politics in Scotland. And, unlike that really negative case presented by Gerry – the usual hatchet job attacking the Tories, attacking Labour, attacking everybody – I want to



put forward a positive case about the benefits of being in the Union.

“One of the key things for me is that I think that Scotland has the best of both worlds. We have a Scottish Parliament, created in 1999, which has responsibility for health, education, transport etc. In dentistry, we have seen the benefits of having a separate system, but still being part of the United Kingdom.

“Let's look at the benefits of devolution for dentistry over the past 10 years, delivered by a liberal Labour administration and the SNP government. Let's look at education and Aberdeen Dental School. Many of the young dentists here today will have benefited from student bursaries. These are all benefits of devolution.

“The fact is that more money is spent in Scotland per head of population than in England – £1,200 more is spent the way the funding is created. That is what they don't want to tell you and that is what we are trying to protect.

“Let's look at how the Scottish Parliament has invested in dentistry in the past 10 years. The Scottish Dental Access Initiative, Childsmile – putting prevention at the centre of our practices – that's all funding from the Scottish Parliament and that could all be at risk under the plans of the SNP.

“The reality is that there is one mention of dentistry in the White Paper from the SNP and it is just a side mention when they are talking about doctors and dentists' pay. There is no interest in dentistry whatsoever. It's an afterthought.

“At the moment, while the funding and delivery of dentistry is organised by the

Continued »

Independence debate

Continued »

Scottish Parliament, we are still regulated by the GDC. Many of us may have concerns about the GDC. We might be concerned that the GDC is more interested in prosecuting dentists for selling the wrong diameter of floss than hairdressers doing tooth whitening. But who is going to be governing us come independence? The reality is that we don't know. Like so many other things about independence, there is uncertainty, no answers.

"I was speaking to a couple of the lab guys here today and they are doing a lot of work in England. England is the biggest domestic market for Scottish labs and they are really concerned that they are going to lose out after independence. That's going to be a threat to jobs in dental labs and that's just one example of how independence is going to put jobs at risk.

"I think these are unnecessary risks. At the moment we have the security of being part of a strong United Kingdom, one of the biggest economies in the world and the benefits of having the control over our domestic affairs through a Scottish Parliament.

"I don't want to gamble with our currency, I don't want to put jobs at risk and I don't want our pensions to be threatened. I believe that dentistry, our patients and our nation as a whole is Better Together as part of the United Kingdom and I would ask you to vote No today and in September."

Willie Wilson:

"I lectured for 30 years on dental pharmacology, which is one of the reasons I am here. But really, the most relevant things that I can share with you are to do with my career as a pharmacist.

"Community pharmacy has close connections with dentistry and optometry in the sense that we are all contractors to the NHS. We are operating as businesses on the periphery of the NHS. The two key points about that are that we are held in very tight contracts so that the contracts do not allow competition in the sense that is now experienced in England. And the other clear point is that financially we are absolutely dependent on the NHS for funding.

"In terms of remuneration, if you stand back and look over the whole NHS, it is reasonable that prosperous people like dentists and pharmacists and so on should bear a bit more pain than the nurses and the lower paid staff. And that is one of the things that the Scottish Government has done. It may leave a bad taste, but that is what they have done. Considering the



Willie Wilson

NHS in general over 40 years, Scotland and England have diverged tremendously. In England you have privatisation. Commercialisation is going ahead quite rapidly and competition is the watch word. They no longer have patients in England, they have customers.

"There is rationing of treatment, both at GP level and in hospitals and there is self-funding - that is the mechanism by which the patient, or customer, can put up the cost of an operation and essentially

jump the queue. Very soon, within a few years, the NHS in England will consist of a two-tier service. We have to ask ourselves, do we want that in Scotland?

"There are two very good reasons why it is liable to come about in Scotland and it will come about if we vote No.

"The first is economic. The Barnett formula has been attacked by politicians of all parties and is very likely to be ditched. Whether or not the Barnett formula is ditched, Mr Osborne has promised us



Anas Sarwar

over the whole of the UK, £25 billion per year of additional cuts to what we have already. From 2015 onwards, £25bn of cuts over the UK. Scotland's share of that will be pretty disastrous.

"Politically, we have Miliband and Balls saying that they will uphold Osborne's proposals for tax and we have, perhaps significantly Mr Burnham, Labour's shadow health secretary in England, saying that he wants to see more consistency in Scotland, England and Wales.

"So, you have to vote Yes if you want to avoid privatisation."

Anas Sarwar:

"This has been a rather strange debate I have to be honest, in terms of the case being made for Yes. Because the reality is all I have heard is a case against the English NHS. If you are voting Yes because you don't believe in the English NHS, you are voting Yes for the wrong reasons.

"We have a separate and different NHS for a reason.

"You've heard it already, we've had 14 years of a different NHS in Scotland and we keep that same NHS even if we stay part of the United Kingdom. That's what we mean by devolution. That's why, if you like the NHS, if you are proud of the NHS, if you want the NHS to stay in public hands, that can still happen and will happen. It is a commitment from my own party that that

will happen under a Labour government as part of the UK.

"Now, I want to come and talk to you about an idea that I believe is bigger than independence. An idea, in fact, that has its roots right in the NHS. And that is the pooling and sharing of resources right across the UK for the benefit of everyone in the UK.

"I think it is a positive and not a negative that the tax paid by a worker in Glasgow helps support someone on low incomes in Newcastle. Or a tax paid by someone in Cardiff, helps someone who is unemployed or who has a disability in Aberdeen. That is a strength and no-one can ever tell you that is a weakness.

"The Barnett formula is not under attack from the Labour Party. The Barnett formula, we have said quite clearly in our own devolution committee report, will remain as part of our agreement as part of the UK. The only vote that kills the Barnett formula is if you vote Yes to independence.

"If you vote Yes, there is no Barnett formula because there will not be that formal agreement with the UK Treasury. The positive case that I make to you as dentists, for your patients, your families and the communities that you serve every single day, is that we have an agreement that is, as you have heard from Clive, the best of both worlds, in terms of having a strong Scottish Parliament that works in partnership but still has the security of being part of

the UK. A Scottish Parliament that will be strengthened with further tax powers and welfare powers by the next government

"We are also the best for jobs. The fact that one in five workers in Scotland works for a company that is headquartered in another part of the UK.

"Best for jobs, best for income. And that means people spending money, hopefully, in your own practices as well.

"It's best for public services. The fact that we have £1,200 more spent per head in Scotland's public services than we do in other parts of the UK.

"The fact that tax paid right across the UK helps support us and our public services here in Scotland.

"The fact that, despite losing £4.4bn in tax receipts in one year from the North Sea, that didn't result in a reduction in Scotland's budget or a reduction in the amount of money we spent on healthcare and education this year in Scotland. That is another example of safety and security as part of the UK.

"It's best for pensions. Each and every one of you pay into an occupational pension scheme. It's not a Scottish scheme it is a UK-wide occupational pension scheme. At the moment, the rules from the EU are that you cannot have any debt-based pension scheme that crosses any borders. Every pension scheme is based on debt.

"If you look at your own pension scheme, it will be based on a debt that won't be paid until at least 18 years' time. And the rules of the EU are that, if Scotland votes Yes to independence - this isn't scaremongering, this is fact, it is EU legislation - within three years we have to fill that gap of that debt in terms of that cross border pension scheme. And that has an impact on my pension because I paid my superannuations as well for the short period I was a dentist. But it has an impact of every single one of your pensions as well.

"It is best for business. As well as practitioners you are also business people. The fact that we trade twice as much with the rest of the UK than we do with the rest of the world combined, is a strength. Why would we want to make the rest of the UK, currently our biggest business partner, our biggest business competitor? It doesn't make sense for us.

"And the final point is going back to that best of both worlds option. I'm proud of the NHS, I'm proud we have created an NHS, not just for Scotland, but an NHS for everyone right across the UK.

"Let's protect our NHS, let's protect our public services, let's protect our pensions, let's protect our jobs, let's protect our businesses and let's vote for what is in the best interests of Scotland and let's vote No." ■

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Distilling knowledge

Anthony Summerwill was the main attraction at a recent implant event at Edinburgh's Scotch Whisky Experience



Most clinicians will tell you that whisky and dentistry shouldn't mix, but it proved a perfect match for those attending the recent 'Evening with Anthony Summerwill'.

The Birmingham-based specialist dentist was the main speaker at the BioHorizons event at The Scotch Malt Whisky Experience, Edinburgh.

Anthony was appointed as a consultant at Birmingham Dental Hospital in 2001 where he focuses on the rehabilitation of adult cleft lip and palate patients and young adults with congenital hypodontia. He is part of the regional multi-disciplinary cleft lip and palate team based at Queen Elizabeth Hospital and is also an honorary senior clinical lecturer at Birmingham University.

His private practice at The Westbourne Centre in Birmingham covers all aspects of integrated restorative management. This includes fixed and removable prosthodontics and implant-based treatments. He advocates interdisciplinary care to achieve the best treatment outcomes.

Anthony lectures in implants nationally and internationally and is a member of the ITI education group. He is a fellow of the International Team for Oral Implantology and a board member of the International Academy of Oral and Facial Rehabilitation.

The University of Wales Graduate told the Edinburgh meeting "the most critical thing



about implant placement is the depth of the implant". He also stressed the importance of evaluating risk, saying: "One thing I tell everyone at the dental school is to assess risk - it can get you out of a lot of holes."

He discussed vertical offset and horizontal offset and the technique of platform switching in order to preserve alveolar bone levels around implants, before looking at the benefits of BioHorizons' Laser-Lok implant system - the only surface treatment to be approved by the FDA to be shown to attract a true, physical connective tissue attachment.

Anthony was followed on to the podium by three Ayrshire-based clinicians, all proponents of the Laser-Lok implant. Dundee graduate Donald Morrison owns Quadrant Dental Practice, Ayr. He completed vocational training at the John Radcliff hospital in Oxford then ran his own London dental practice, selling it in 2007 to return to Scotland.

Donald introduced Glasgow graduate Scot Muir from Love Your Smile Dental Care, Prest-

wick. Scot studied at the Royal College of Surgeons in England and gained a Masters in Implantology at Warwick University.

He was followed by Donald's associate Peter Byrne, another Glasgow graduate who is finalising a masters in aesthetic implant dentistry. All three presented Laser-Lok system cases and took part in a lively discussion with the 20-strong audience then embarked on a private whisky tour and dinner courtesy of BioHorizons. ■

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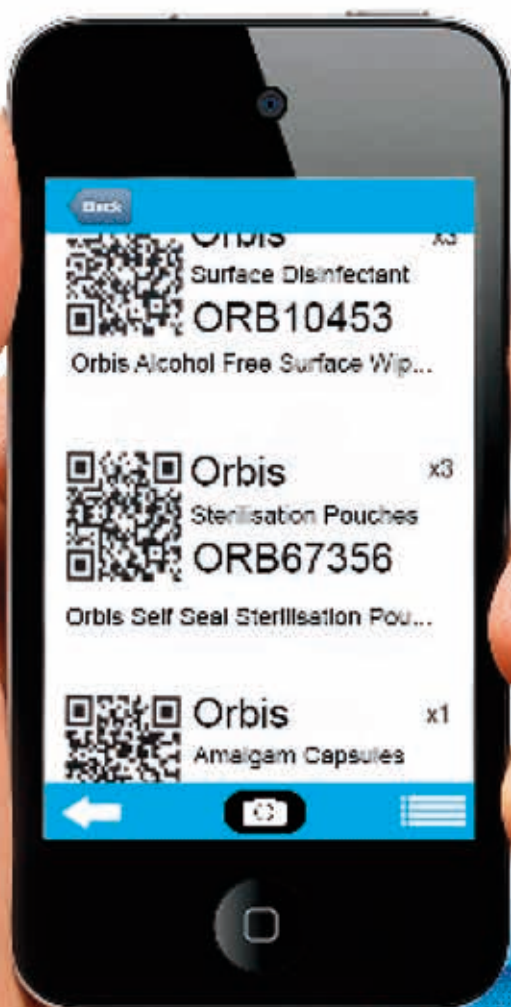
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Plandent



Business brains, dental gains

Stacey Lindsay is not your normal dental practice owner. After starting her career in the world of finance she was, up until six years ago, forging a successful career as a trainee stockbroker.

Fast forward to the present day and she is the owner of a thriving dental laboratory in Hillington and has just opened a dental practice in nearby Renfrew – the Phoenix Clinic.

Stacey started her working life with Santander as an 18-year-old and worked her way up to become regional manager for Scotland and the north. She then got the chance to move to London and joined Edward Jones as a trainee stockbroker. However, when the financial world fell to its knees in 2008, Stacey found herself being made redundant after only a year with the firm.

She moved back to Glasgow with no idea what she wanted to do next, only that she didn't want to stay in the financial services industry. It was then that a chance conversation with her hairdresser kick-started the next chapter in her life.

Her hairdresser's husband was a dental technician at DP Nova Dental Laboratory in Glasgow and she told Stacey the business was potentially available. With no real knowledge of the dental industry, at first Stacey was unsure but used her experience in the financial world to assess the business and decide whether it was an industry she could adapt to and make a success.

She decided that the business was sound and provided a good platform for growth. The



laboratory manager had been there for more than 40 years and she was confident that with that amount of experience, she could take the laboratory on and make a real success of the business. Once the laboratory was

stabilised – the business moved to new premises in Hillington three years ago – Stacey's focus turned towards another avenue. It had always been in the back of her mind, once she had bought the lab, to open up a

'sister' business in the form of a dental practice. However, there were two main boxes she had to tick: finding the right premises and finding the right dentists.

Stacey looked at a few premises in Paisley and Renfrew before settling on a former hair and beauty salon that had been empty for some time, next to the town hall in Renfrew. She found the building in July last year and work began in August.

However, while she was in the process of looking for the right premises, Stacey fell pregnant, giving birth in December last year. If she was a dentist opening her first practice, this could have posed significant problems but, with a successful lab in the background, she was under no pressure to open the doors of the new business. This afforded her the luxury of taking time off after the birth and making sure the practice was exactly the way she wanted it and needed it to be.

Stacey had a clear idea of how she wanted it to look – clean and clinical, very fresh. The overarching aim was to create an NHS practice that felt like a private practice.

She said: "My husband and I were very hands on and we've had lots of help from the staff and the dental trade. Marlene from Plandent has been great helping us to get everything we need, in terms of products and sundries so that we were all ready for opening."

When it came to finding the right dentists to work at her new practice, she had a very short list and she was delighted

Continued »

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Continued »

to be able to bring John Dardis and Paul Maiolani on board.

Stacey said: "The two names that were at the top of my list were John and Paul and I am really happy we managed to bring them to Phoenix Clinic. I've worked with both for a number of years and Paul used to work in Renfrew, so he knows the area well.

"John is working with us full time, and Paul is here two days a week, including domiciliary visits."

The clinic currently only has one surgery up and running but, after starting from scratch, they are now nearing capacity, and are open Monday to Friday, with one late night as well as Saturdays. The second surgery will be open in a month or two and, when the book is full enough, Stacey will look at bringing on a third dentist.

And now, with the lab and the



practice up and running, Stacey revealed the real benefits are starting to show themselves.

She said: "What we are now seeing is that the practice is educating our laboratory side of things on exactly what is required in practice. We can now really appreciate the

stresses and strains of practice life and help us break down those barriers between technicians and clinicians."

Stacey has plans to train up one of her technicians as a Clinical Dental Technician and introduce more new technology to the business

as a whole. The lab has just purchased a new milling machine from Skillbond, which will allow them to mill all NHS and private crown and bridge work within the next few months. Stacey is also looking at intra-oral scanners to bring the practice and the lab thoroughly up to date.

Looking back on the last few years Stacey admits that, while she didn't expect to be working in the dental industry, she is thoroughly enjoying it.

She said: "I'm delighted with how things have turned out and I am looking forward to continuing to grow the two businesses. The lab and the practice complement each other so well and they have helped us develop and learn so much already.

"The industry is changing so quickly but we've got great experience and some great people, so I'm confident we have a bright future ahead." ■

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 **DÜRR
DENTAL**

Want to go corporate?

Tricia Halliday from Martin Aitken & Co Chartered Accountants explores the pros and cons of incorporating your practice



At the time of writing, the government was embroiled in the controversy over an attempted takeover of the UK's drug behemoth, AstraZeneca by its US rival Pfizer. The opposition railed against the alleged dubious takeover practices of the US company, demanding a public enquiry.

Leaving aside the table thumping, allegations and dispute which arose from the corporate bid, what do multi-million pound international mergers and acquisitions have to do with your practice? The answer lies in the UK's relatively low rate of corporation tax (CT) – currently 21 per cent (and drops to 20 per cent next April). The media cited this as one of the principal factors for the attempted takeover. The current CT rate in the US is a whopping 35 per cent. Some business sources suggested that Pfizer wanted to relocate its business to the UK to escape the US rate and AstraZeneca provided just that opportunity.

This again brings into focus the lure of incorporating your practice. The aim of this article seeks to explain some of the consequences of incorporation and identify advantages and pitfalls.

It is important to understand that incorporation results in the creation of a new legal entity – a corporate body which possesses its own 'legal personality'. In your unincorporated practice, you and/or your fellow partners own the business and its assets. Once incorporated, you no longer own the assets – ownership is effectively transferred to the company. You (and your former partners) now own shares in the company and become employees or directors of the company.

There are a number of advantages in incorporation, other than the low CT rate. The ability to control profit extraction by way of dividend payments allows shareholders to minimise their Income Tax and National Insurance Contributions (NIC) liabilities. Dividends are not liable to

NICs and are taxed a lower rate of Income Tax than the profits of an unincorporated practice. A traditional route is by way of a small salary, typically up to the threshold at which national insurance is payable and then taking the balance of post-tax profits as dividends.

Transferring your practice to a company offers tax efficient profit extraction. One of the assets which will have transferred from the unincorporated entity is the goodwill. Goodwill is an intangible business asset

“Incorporation is not suitable for every practice”

and reflects the reputation, good name and customer base of the practice.

When transferred to the company, the value of goodwill is liable to Capital Gains Tax, albeit at a rate of 10 per cent. The company funds the purchase by way of a credit in the directors' (being the former owner) loan account. Funds (when available) can be drawn down tax free until the loan account is exhausted.

Transferring ownership of the corporate entity is relatively straightforward. Company shares represent 'indirect' ownership in the business and the shares can be sold, such as to an individual who wishes to invest in the practice, or gifted to a sibling in the course of succession planning. The disposal of a shareholder's holding also offers a simplified exit strategy, say, in the case of retirement. With detailed tax planning, these transactions can have minimal or no tax cost.

All of the above looks very attractive. However, you should also seriously consider the less appealing side of practicing through a company.

Your practice may benefit from NHS grants – some may not permit a transfer to a corporate entity. This means that

the income will continue to be taxed in your name giving you an unwanted tax headache. Another potential concern is the impact of the salary/dividend/loan account payments on your pension entitlement. Structuring remuneration in this manner may lead to a reduced pension. These factors alone may be enough for some dental practices to decide against incorporation.

The compliance requirements are hardly straightforward for a company and it places onerous responsibilities on the directors. Among other things, they must ensure that the company prepares and files statutory annual accounts and the various returns required by the Companies Act. HM Revenues & Customs (HMRC) will also require a company tax return to be filed along with the accounts, all of which lead to higher professional fees.

Finally, companies are subject to rigorous HMRC Employer Compliance Regulations. Where company assets are made available to directors i.e. a company car or a loan, it must be notified to HMRC and the associated tax and NICs accounted for. This area of the tax law has been a lucrative source of additional revenue for HMRC Officers who conduct compliance reviews.

Incorporation is not suitable for every practice. We at Martin Aitken & Co advise a number of practices, both incorporated and unincorporated. We understand that the decision as to which entity you choose to practice from – whether incorporated or unincorporated – is based on a number of factors. We can work with you to decide the best route for your practice considering both your personal circumstances and your expectations for the future. ■



Should you have any queries in respect of the information contained in this article, please contact Tricia Halliday at Martin Aitken & Co on 0141 272 0000.

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The modern day marketing mix

Patients' time is in short supply, so you'll need some strategies to get their attention and retain it for repeat custom, says [Joanne Mellor](#)

The dental profession is an interesting place to be in the 21st century. On a daily basis, you deal with many complexities that simply become 'normal routine', but when you stop and think about the challenges you face, it is easy to see how difficult it is to build a successful, satisfying business.

The society we live in today is barely recognisable from our parents' generation. Our population is more transient, our pace of life is faster, our attention span is shorter, and everyone appears to want things done yesterday. As time becomes our most important commodity, it is important that we find ways to save it.

Every dental practice needs marketing. Many practices would like to do marketing and believe in marketing, but procrastinate over it. With so many commitments on your time it is impossible for you to successfully add marketing into your weekly/monthly activity. One way or another you will need help. This can be in the form of a capable team member, a practice manager, for larger practices a marketing manager or in many cases a team member in conjunction with an outside marketing agency. This ensures that the marketing gets done in a planned and structured way.

Staff training – a MUST for a patient care focused practice

Dentistry is part art, part science, but all about people. At university, the people part of the equation is often overlooked, but that is the most important part of creating a patient care focused business. Dentists are very skilled clinicians, but what about the people part? You provide your patients with dental solutions – either preventive, restorative or cosmetic.

Dentistry is a service business, and

Continued »



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communication is paramount to success. Maybe you have invested in a clinical course such as implants, braces etc, a new website or some new equipment. This is all great, but how do you expect to deliver the dentistry or use the equipment without investing in team training? Your front desk team are your sales force.

Could you imagine BMW putting a new employee on the front desk, allowing them to just quote fees or give out the number for the other car dealerships? They would never sit back and watch their team turn away business, so why do dentists? How many patients do you lose through lack of team training?

Communication with patients - use a mix of mediums

Every practice needs a website. Most of us use the internet regularly to look for information. If a new patient is trying to find a dentist, your practice will be overlooked if you don't have a website. Everybody does their research online so you need to make sure that your website is up to date, engaging and optimized. Most people access information 'on the move' now so make sure your website is mobile friendly.

Today, every dental practice should be asking for and recording patient (and prospective patient) email addresses and asking permission to use that email address to make contact. Why? Because email is a quick, efficient and effective communication tool.

How do you incorporate email into your marketing mix? The same way you do direct mail. Some practices use email for follow-up letters, as referral generators, to send reminders, or for e-zines. E-zines are a great way to inform new and existing patients about the fantastic services and technology available at the practice.

Social media is the modern day 'word of mouth' and it can be very powerful if tackled correctly. Social media is free, but it will take a lot of time to make a success of it. If you are going to use Twitter and Facebook you must be active on it and ready to respond to any messages or replies. You have to engage with your followers and

always ensure that your online content stays professional and never controversial.

A good tip here is to try and engage with patients through social media. Don't just 'shout' about special offers every day or people will get sick of it. Try and give patients oral health tips, engage in conversation and overall communicate with them.

Video is taking content marketing by storm. By 2017, video will account for 69 per cent of all consumer internet traffic, according to Cisco. Video-on-demand traffic alone will have almost trebled. With online video quickly becoming a key means for people to satisfy their information needs, dental practices that fail to include it in their internet marketing campaigns will fall behind. When it comes to potential reach, video is peerless.

YouTube receives more than one billion unique visitors every month - that's more than any other channel, apart from Facebook. One in three Britons view at least one online video a week - that's a weekly audience of more than 20 million people in the UK alone. Video can give you access to all this. Video marketing via website and social media channels are key for any 21st century practice marketing campaign.

Every patient should have a welcome pack

People respond to different marketing mediums, so a complete marketing mix of traditional methods, plus new digital mediums will ensure that your marketing mix is complete. A lot of the over 60s would not probably respond to digital methods, but this age group are within your target market for dental implants, so it's important to still use traditional marketing methods such as direct mail, patient education material, newsletters and every patient should receive a patient welcome pack.

There is nothing better than receiving a handwritten greeting or thank you card. The impact may be far greater than with an E-card which is why even in a digital society it is important to mix with traditional methods. More traditional methods like this now create the 'wow' factor because people have actually gone to the trouble

to write the card rather than just clicking a button.

This is also true of picking up the phone to communicate with patients. In addition to using the phone for appointment confirmations and the occasional reschedule, use it to enhance/solidify relationships with your patients and to create memorable experiences that many patients deem worthy of referrals and testimonials.

For example, phone your patients after a big treatment that evening to check they are feeling ok. It makes a memorable impression, gives you a chance to get to know your patients a little better and it shows you really do care.

Place a thank you call to patients who refer new patients to you. Every time a patient refers someone to you, that patient is staking the value of his or her word on you. It's a big gesture and deserves a personal touch. And, again, it's best if you, the dentist, make the call. (A personal gift and thank you note mailed to the patient can work just as well.)

Continued »


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MARKETING

ABOUT THE AUTHOR

Joanne Mellor is marketing director of Designer Dental Marketing and Designer Dental Training. Joanne has over ten years experience in the field of dental marketing and has been awarded Chartered Marketer Status by The Chartered Institute of Marketing for six consecutive years. The Chartered Marketer Status is the formal recognition of an up-to-date experienced and qualified marketing professional.





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Top tips to create the 'wow' factor

1. Every time a potential new patient calls to make an appointment, you should send a direct mail package (it can be a patient welcome pack if it is a new patient or a letter for an existing patient) that thanks them for calling and provides beneficial reasons to keep their appointment.

2. After a new patient visits you, always follow-up with a thank you note that tells them how nice it was to meet and talk with them which expresses appreciation for their time and interest.

3. If they also made a follow-up appointment, in your letter detail some of the benefits of having the work done, and let them know you're looking forward to seeing them again.

4. New patients, particularly patients who come in direct from promotional marketing offers should be given lots of extra personal atten-

tion and care because you want to register them as a new patient at the practice – you don't just want to do a one-off treatment on them.

5. Patient feedback forms are a great marketing tool. When constructed effectively, feedback forms can be used to discover weaknesses that, when corrected, can strengthen your practice and/or:

- Generate wonderful testimonials
- Identify patients who are likely or willing to refer others
- Identify staff members to whom patients relate to well
- Identify market niches.

Feedback forms can either be filled in at the reception after treatment, via email or on an iPad so patients can tap the answers in while they are waiting for their payment to go through at reception or while the receptionist is booking their next appointment in.

The impact of technology – the added extras

In today's culture, advanced technology/gadgets are perceived to

After a new patient visits you, always follow-up with a thank you note

be synonymous with high quality, sophistication, and premium value. Investing in state-of-the-art equipment that will delight your patients and improve their patient experience is of great importance.

From the surgical equipment through to entertainment gadgets such as DVD glasses, iPods and headphones for patients to use during treatment will all help to create an 'outstanding experience' for the patient. If they have had an 'outstanding experience' at your practice they will shout about it and refer friends and family to you.

Practice marketing must also reflect this level of investment. Literature and marketing communications should look professional and be high quality.

Design and content are the most important features of your literature. The design of your literature and marketing material together with the language and photos that are used needs to mirror your practice. The quality of this should not be compromised. ■

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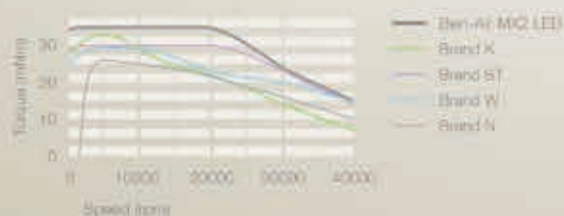


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Treating fluorosis stains using caries-infiltration

By Marie Clément and Renaud Noharet

When faced with increasing aesthetic requirements, patients need options for the most effective therapies. Today, fluorosis stains constitute a frequent reason for aesthetic dentistry consultation. These stains, which are white or brown in the most severe cases, may originate from a physical problem. This article will use two clinical cases to illustrate the treatment of white fluorosis stains, using a conservative technique that combines tooth whitening with caries-infiltration.

Options for therapy

An attractive smile can be extremely important for a person's social relations. There are many resources available in dentistry for correcting an aesthetic defect that is caused by a stain: construction of a crown, veneers or a direct composite filling³. However, these procedures are considered to be invasive, because they require more or less extensive preparation of the tooth, which involves a significant alteration to the tooth's structure. These treatments are not directed towards the preservation of tissue, which is the basis of current dental practice.

When young patients present with this type of defect, the predictability and lifespan of traditional dental restorations must be taken into consideration. It seems obvious that the first course of treatment should be the most conservative.

The selected treatment in the two clinical cases presented, according to gradient therapy², was an external outpatient whitening procedure using

Continued »



Fig 1

A young woman attended the practice because of unattractive "white stains" on her teeth



Fig 2

Whitening using thermoformed trays and peroxide gel was satisfactory but not sufficient



Fig 3

Prophylactic paste starts erosion-infiltration



Fig 4

15 per cent hydrochloric acid gel is applied



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Fig 5
Icon-etch is aspirated and rinsed



Fig 6
Dehydration process is carried out



Fig 7
A second erosion procedure is carried out



Fig 8
Lesion are becoming much less bright



Fig 9
Infiltration is performed



Fig 10
Surfaces are given a protective polish



Fig 11
Final results show a big improvement



Fig 12
Patient hid white stains with bottom lip



Fig 13
Teeth displayed very slight porosity

Continued »

10 per cent carbamide peroxide for three weeks, followed by one session of caries-infiltration^{10, 13}. This caries-infiltration technique, which was initially developed for the treatment of early carious lesions in the enamel, has the secondary effect of masking white stains because it modifies the optical properties of the tooth. In fact, hypomineralisation due to fluorosis has a refraction index that is different from that of healthy enamel^{7, 8}. The lesion does not absorb any wavelength and therefore appears to be white in colour. The infiltration of a very low-viscosity resin, with a refraction index that is close to that of healthy enamel, into the porosities of the body of the lesion, produces a translucent enamel once again¹. Maximum tissue preservation is achieved with this treatment. The only product currently on the market for treatment by caries-infiltration is Icon, by DMG.

Clinical case one

A young woman attended (Fig 1) complaining of the presence of “white

stains”. A prophylactic dose of fluoride appears to have been exceeded over a number of years, since no record of her prior fluoride treatment was available. Clinical exam did not reveal any dental caries and the diagnosis of fluorosis was confirmed. According to the Hattab classification⁴, we were looking at a class II fluorosis, corresponding to symmetrical opaque stains.

External outpatient whitening was carried out using thermoformed trays and 10 per cent carbamide peroxide gel. Treatment consisting of night-time use of the trays lasted 21 days with a weekly inspection in the Dentist’s chair. Whitening, by increasing the overall brightness of the teeth, acts as masking of small white defects in the enamel. The results of the whitening process (Fig 2) was satisfactory, but not sufficient. In fact, the opaque fluorosis stains were not sufficiently attenuated by whitening the rest of the tooth. Therefore, a caries-infiltration session was scheduled for one month after the whitening treatment had been completed.

The erosion-infiltration session began with prophylactic polishing using an interdental brush and prophylactic paste (Fig 3), in order to eliminate any biofilm and therefore salivary proteins. A rubber dam was applied. This step was essential for protecting the surrounding tissues, while the hydrochloric acid was being applied, and in order to keep everything away from any moisture during the resin infiltration process.

The next step consisted of accessing the hypomineralised fluorosis lesions (Fig 4). This requires the elimination of the hypermineralised enamel on the surfaces of the lesions. Therefore, the erosion was treated using a gel of 15 per cent hydrochloric acid (Icon-Etch DMG) for 120 seconds⁹. The acid was applied using the applicator tip provided. In order to avoid uneven erosion, which could be caused, for example, by bubbles forming in the gel, the surface was mechanically agitated using a microbrush.

The Icon-etch was then aspirated and

Continued »

Clinical



Fig 14
After 21 days of whitening



Fig 15
Erosion procedure begins



Fig 16
Drying step, before the second erosion



Fig 17
Resin infiltration procedure is then carried out



Fig 18
One year post-treatment shows lasting results

Continued »

rinsed for 30 seconds using a water spray (Fig 5) and the surface dried using water-free air. Once the enamel had been eroded, the water that was contained in the microporosities of the fluorosis lesions had to be eliminated (Fig 6) before the resin infiltration was carried out. Effectively, the infiltrating resin (Icon-Infiltrant) is a mixture based on hydrophobic methacrylate resin (TEGDMA). For this reason, the lesions must be desiccated beforehand. This dehydration was accomplished through the application of a solution of 99 per cent ethanol (Icon-Dry), for 30 seconds, on the surface of the lesions using a flat-ended needle. Because the whiteness of the lesions did not exhibit any significant decrease when this procedure was performed, it meant that the demineralised lesions were not fully accessible.

Therefore a second erosion procedure

was performed for 120 seconds (Fig 7).

This time, after rinsing, drying and a new application of the ethanol solution, the lesions appeared to be much less bright and had nearly disappeared (Fig 8). Therefore, this time, they were accessible for the resin infiltration. Drying with air was then carried out to evaporate the ethanol. After this drying was completed, the lesions appeared to be more pronounced (bright opaque white), which can be explained by the refractive index of air.

At this point, infiltration was performed (Fig 9). The application of TEGDMA-based resin (Icon-Infiltrant) with a refractive index of 1.52, which is close to that of enamel (1.62), was done using the sponge applicator tip. This resin, which has very a low viscosity and water-resistance, uses capillary action to infiltrate the porosities of the lesions for three minutes.

Since the resin can be photo-

polymerised, this should be done away from light⁶. The application of acid provides significant surface tension, which also facilitates the infiltration. The resin penetrates more deeply into the enamel than conventional adhesives do⁵. Solvents were evaporated using the air blower and any excess was

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eliminated using dental floss on the vestibular surface.

A polymerisation step was performed for 40 seconds before a second, similar infiltration step was carried out. This minimises the surface porosity¹¹.

To finish the session, the rubber dam was removed and the surfaces were very carefully polished to prevent any future external discolouration (Fig 10). Any excess was eliminated using dental floss and, if necessary, fine abrasive strips. All vestibular surfaces were polished using silicone tips. The microgeography¹² was then copied before final polishing, using silicon carbon brushes (Enamel Plus; Shiny 4 (Micerium)), diamond pastes associated with a goat's-hair brush (Enamel Plus; Shiny A and B (Micerium)) and aluminium oxide paste (Enamel Plus; Shiny C (Micerium)) associated with a felt disk.

Considerable improvement in the aesthetic appearance of this patient's teeth was achieved immediately (Fig 11). An examination was carried out every six months to assess the aging of the resin over time. This minimally invasive treatment made a significant improvement in the patient's smile, which caused

a considerable change in her personal and social relationships.

Clinical case two

Initial examinations revealed that the patient was concealing the white fluorosis stains with her lower lip when she smiled (Fig 12).

- Fig 13. Initial condition: vestibular view showing very slight porosity of the central incisors.
- Fig 14. Results after 21 days of external outpatient whitening.
- Fig 15. Erosion procedure, after the operating field had been prepared. A palatal fixed orthodontic retainer made placing the rubber dam extremely complex.
- Fig 16. Drying step, before the second erosion.
- Fig 17. Resin infiltration procedure.
- Fig 18. Results one year post-treatment.

Conclusion

The combination of an outpatient whitening treatment with a caries-infiltration treatment represents a therapy that is very appealing in cases of clinical fluorosis. In fact, the fluorosis lesions,

which appear as opaque white stains on the vestibular surfaces, may be masked simply by the infiltration of microporosities, which are responsible for the appearance of the lesions.

Therefore, this superficial fluorosis does not need the in-depth infiltration that was recently described by Attal et al.¹⁴. The combination of whitening and caries-infiltration shows a satisfactory result in these two patients.

This therapy preserves the structures of the tooth and does not cause any pain to the patient.

They are also quick and simple for the practitioner to carry out. Therefore, for all these reasons, this treatment should be considered as an alternative to micro-invasive treatments for concealing the white stains of fluorosis.

However, long-term studies are necessary to follow the progress of this therapy over time. ■

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On course for a fantastic year

Life is always busy at Scottish Centre for Excellence in Dentistry and providing a first-class service to referring dentists has always been a high priority. This year the company has added to its portfolio with additional courses for dentists as well as more referral services for their patients.

In addition to their popular complimentary update seminars on a wide range of subjects, the new courses, some at prestigious venues, are open to any dentist wanting to expand their knowledge and learn

from key speakers. One such course is with Tidu Mankoo at the glorious Loch Lomond Golf Club. This course is not to be missed and will be an enlightening and enjoyable day – see below to book a place.

The centre offers a full range of referral services including dental implants, same day teeth, periodontics, orthodontics, endodontics, prosthodontics, sedation and CT scans.

Going that extra putt

Arshad Ali has always believed in looking after every aspect of his dental centre and that

includes referring dentists. In recent months, two events have delighted everyone who attended – a driving day with Bentley Motors and a golf day at Loch Lomond Golf Club. He sees these days as an informal and enjoyable way to spend time with colleagues away from the day-to-day challenges of dentistry.

Scottish Centre for Excellence in Aesthetics

This year has seen the creation of a separate arm to the Centre,

concentrating on aesthetics. The arrival of the InMode machine expanded the services further with treatments, such as laser hair removal, red vein treatment and body contouring.

A full range of non-surgical and surgical procedures are now available for referring dentists to offer their patients. Recently, a full facelift was carried out and the patient is absolutely delighted with the results. ■



Arshad (left) with referring dentists at the golf day



Tidu Mankoo is a world renowned figure in implant dentistry - an excellent speaker with a wealth of experience and expertise to pass on to course participants.

A masterclass not to be missed!

Optimum Management of Implants in the Aesthetic Zone; The Surgical & Prosthetic Keys to Success by Tidu Mankoo

**19th September 2014, 9.00am - 4.30pm
Rossdhu House, Loch Lomond Golf Club, Scotland**

Participants will:-

- Learn the key principles of diagnosis & treatment planning along with surgical & prosthetic management for missing and failing teeth with an emphasis on the aesthetic zone.
- Gain an understanding of the biology of the peri-implant tissues.
- Comprehend the behaviour of the bone & soft tissues in edentulous sites, post-extraction sites and around dental implants.
- Learn the principles of bone and soft tissue management around implants, as well as how to manage bone and soft tissue defects in post-extraction sites and peri-implant defects.
- Learn to manage both delayed and immediate implants.
- Be taught the keys to the management of single tooth, multiple tooth and complex cases, both with failing teeth and existing edentulism.
- Learn the benefit of interdisciplinary case management.

**6hrs
CPD**

£350
includes refreshments and lunch



To book a place on the course call 0141 427 4530 or email secretary@scottishdentistry.com

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Implant rehabilitation

Arshad Ali describes the use of the All-On-4 technique on a patient with a neglected dentition at the Scottish Centre for Excellence in Dentistry

Implant treatments have revolutionised dentistry. Techniques are continually evolving and developing. Many patients no longer wish to have removable restorations on either a short or long-term basis, increasing the demand for immediate implant rehabilitation.

The All-On-4 technique was developed by Paulo Malo and extensive studies published on the technique show very high success rates, even when there is minimal bone volume present. The technique can be used for edentulous patients or patients who require extractions and immediate replacement of teeth, which can usually be carried out on the same day.

This case report describes the use of the All-On-4 technique on a patient who had neglected her dentition for many years.

History

Patient CK attended a consultation at Scottish Centre for Excellence in Dentistry on 22 October 2012. She was very upset and crying when she came into the

x	x	x
2	2	2

Table 1 – BPE score

consultation room. She reported that she had most of her upper teeth removed at the age of 17 years and had an upper denture constructed.

She was due to go back to have treatment on her lower teeth carried out but did not return to have this done. She reported that she was not in any pain but was very concerned about the appearance of her teeth. She was coping reasonably well with her partial upper denture but wished to consider fixed implants in the lower arch.

Her medical history revealed that she was allergic to penicillin. She also had arthritis, for which she was taking co-codamol and diclofenac. She had



Fig 1
Palatal erythema of the upper arch



Fig 2
Carious lower teeth

Continued »



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Continued »

no regular dental care over many years, but brushed three times daily and used a mouthwash. Her partial upper denture was worn on a full-time basis and cleaned once a day. She was working as a full-time community occupational therapist, was single, a non-smoker and did not drink alcohol.

Examination

Examination revealed that there was no tenderness around the temporomandibular joints or muscles of mastication. She had an average lip line.

Intra-oral, there was evidence of palatal erythema on the denture-bearing area (Fig 1). Her oral hygiene was deficient of BPEs (Table 1.) She had generalised recession and pocketing. She also had extensive caries in her remaining teeth (Fig 2). The upper ridge was irregular and also thin anteriorly. The lower ridge was atrophic posteriorly and there was a chronic abscess related to 27.

She was wearing a partial upper acrylic denture which was ill-fitting. A cone beam CT scan showed generalised moderate to advanced bone loss; there was limited bone support around her remaining upper teeth; there was adequate bone volume of good quality for the All-On-4 technique in the lower jaw.

The prognosis for all of CK's teeth was poor. We discussed all of the treatment options including clearance, construction of conventional upper and lower dentures, construction of a conventional upper denture and an implant-retained lower overdenture or implant-retained bridge work, construction of an upper overdenture or upper implant-retained bridge work.

The advantages and disadvantages of all treatments were fully discussed. Agreement was reached to carry out a clearance, construct an upper immediate denture, to place four implants in the lower jaw and to construct an immediate implant-retained bridge followed by construction of a long-term bridge in titanium and acrylic.

Primary and master impressions were taken and a wax try-in was carried out for the upper teeth and the lower posterior teeth. CK was very particular in relation to the position, size and shape of the teeth and, after two adjustments, a complete upper denture and complete lower denture was constructed.

The surgery was carried out under local anaesthetic and intravenous sedation on 11 December 2012. The remaining upper teeth (17 and 27) were extracted and all lower teeth were extracted. A mucoperiosteal



Fig 3
Lower arch implants



Fig 4
Immediate bridge work



Fig 5
Complete upper denture and lower bridge work in place

flap was raised; the lower ridge was evened and smoothed with a burr. The mental nerves were identified and protected; four implants and multi-unit abutments were placed in the lower jaw with the two posterior implants angled (Fig 3).

The implants were stable; the holes were cut in the complete lower denture which was located using temporary cylinders (Fig 4). An impression of the multi-unit abutments was also taken to allow the technician to construct a master cast and allow adjustment and accurate finishing of the undersurface of the bridge work. The provisional bridge work was screwed in place later on the same day.

The patient was given full post-operative instructions, including use of chlorhexidine mouthwash. She was followed up in the healing period, during which time she was seen by our hygienist who gave her appropriate and precise oral hygiene instruction. After a period of approximately three weeks, she was instructed in the use of a water jet.

After a period of healing of approximately four months, master impressions were taken of the implant abutments using multi-unit fixture head impression copings in a special tray. A verification jig was tried on the next visit to ensure accuracy of the master cast.

A full wax try-in was then completed for the complete upper denture and the

lower implant-retained bridge prior to construction of the titanium framework. A full wax try-in was then again completed prior to processing of the complete upper denture and the implant-retained lower bridge, which was delivered on 2 May 2013. Our hygienist saw CK again for further oral hygiene instruction and emphasised the importance of optimal plaque control.

Discussion

Implant therapy has changed the way in which we approach treatment planning. Many patients are very aware of implant techniques and will come in requesting,

Continued »

ABOUT THE AUTHOR

Arshad Ali is clinical director of Scottish Centre for Excellence in Dentistry, a centre for dentistry, implantology and face and body rejuvenation. He has been involved in implant treatments since 1986. Arshad was the winner of the Creative Circles Award at the 40th Anniversary Nobel Biocare World Conference in Las Vegas in 2005 and the Crown and Bridge and Implant Award at the Nobel Biocare World Tour Conference in London in September 2006. He is committed to postgraduate education and has been involved in teaching and training at all levels. He has given more than 250 lectures and courses in the UK, Europe, North America, Hawaii and the Far East. He is currently providing lectures and hands-on courses in crowns, bridges and implants.



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A proven connection

The Southern Implants Deep Conical (DC) range incorporates an 11° internal cone, which is one of the most familiar and well proven connection systems in use today. This connection has been reported to offer the lightest bacterial seal of all connection types, and is further enhanced by the Southern Implants machining and inspection processes, which guarantees a microgap of <math><2\mu\text{m}</math>. The conical connection provides superior implant-abutment connection rigidity, which actually increases with axial load. After extensive experimentation, the 11° angle was found to be the optimal compromise between lateral stability and vertical seating height variance, which is a common problem associated with steeper angle conical connections.

The DC interface also features an internal double-hex anti-rotational feature, which affords a choice of twelve abutment rotational positions, as well as high resistance to deformation by insertion torque. This feature also offers the superior tactile sensibility associated with the internal hex connection.

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The Ø4.0mm and Ø5.0mm DC implants are manufactured from certified Grade 4 commercially pure titanium. This material is widely used in dental implants because of its proven strength, reliability and biocompatibility. Smaller implant sizes have been associated with higher rates of fracture, and therefore small-size DC implants (Ø3.0mm and Ø3.5mm) are manufactured from a special cold-worked Grade 4 titanium, shown in bench experiments to increase fatigue strength by 40%.

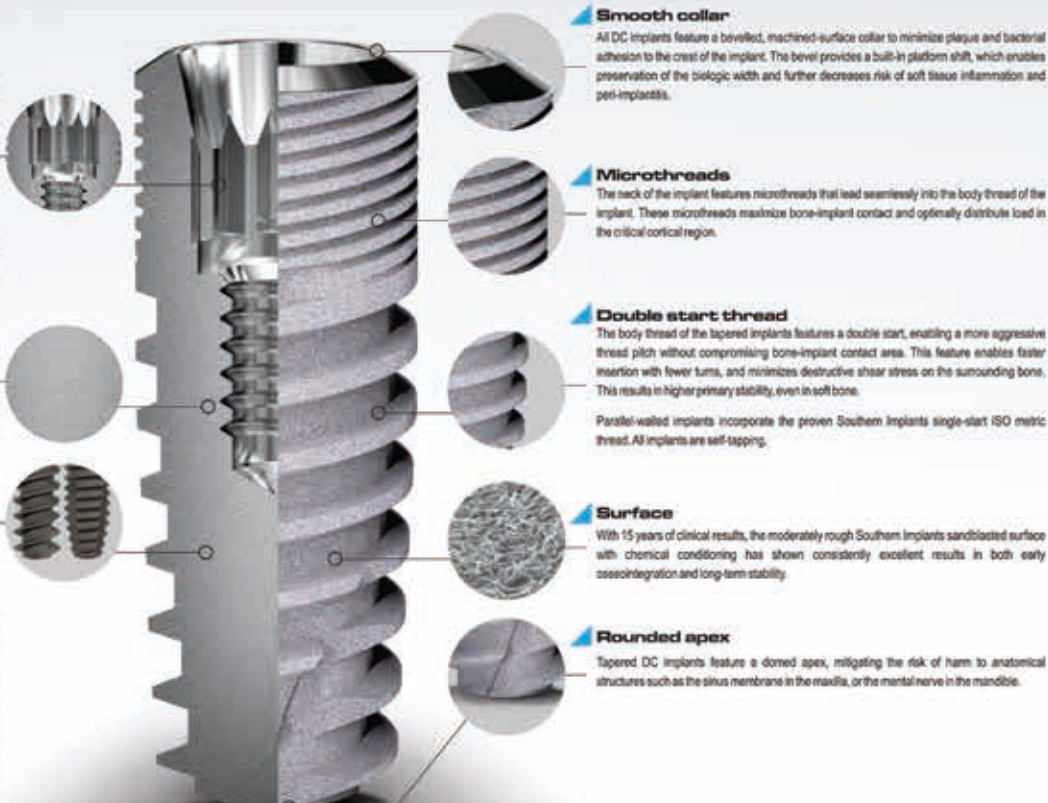
Two body shape options

The DC implants are available in parallel-walled and/or tapered formats, allowing clinicians the freedom of preference. Tapered implants are recommended for cases involving immediate loading and/or soft bone, while parallel-walled implants are well proven in the mandible.

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The unique angulated-platform implant design, the Co-Axis, is also available in the DC range. With a built-in platform angulation of 12°, this design enables fitting of the implant without compromising the platform emergence angle, enabling high stability restorations in areas of complex anatomy. The DC Co-Axis implant is available in diameters of Ø3.5mm and Ø4.0mm.



Smooth collar

All DC implants feature a bevelled, machined-surface collar to minimize plaque and bacterial adhesion to the crest of the implant. The bevel provides a built-in platform shift, which enables preservation of the biologic width and further decreases risk of soft tissue inflammation and peri-implantitis.

Microthreads

The neck of the implant features microthreads that lead seamlessly into the body thread of the implant. These microthreads maximize bone-implant contact and optimally distribute load in the critical cortical region.

Double start thread

The body thread of the tapered implants features a double start, enabling a more aggressive thread pitch without compromising bone-implant contact area. This feature enables faster insertion with fewer turns, and minimizes destructive shear stress on the surrounding bone. This results in higher primary stability, even in soft bone.

Parallel-walled implants incorporate the proven Southern Implants single-start ISO metric thread. All implants are self-tapping.

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With 15 years of clinical results, the moderately rough Southern Implants sandblasted surface with chemical conditioning has shown consistently excellent results in both early osseointegration and long-term stability.

Rounded apex

Tapered DC implants feature a domed apex, mitigating the risk of harm to anatomical structures such as the sinus membrane in the maxilla, or the mental nerve in the mandible.

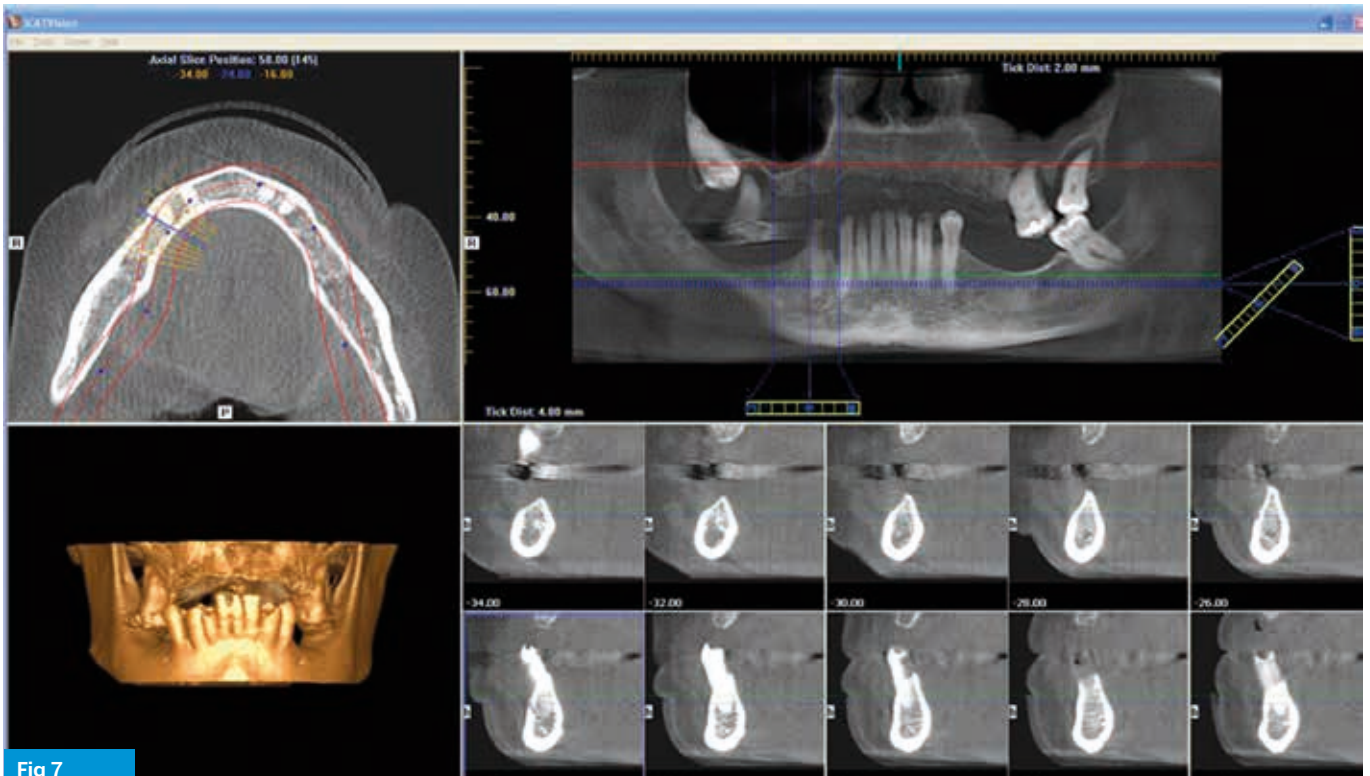


Fig 7
Cone Beam CT Scan

Continued »

for example, All-On-4 bridge work. This is a technique which the author has been carrying out since 2006 but, in the media, many of our colleagues talk about this as a revolutionary new technique.

CK had let her dentition deteriorate considerably to the point where she was totally embarrassed to let any dentist examine her. With careful handling, she was able to have the preliminary treatment carried out along with the surgical treatment and construction of the definitive restorations.

We should not underestimate the psychological consequences of tooth loss or neglect. Patients can become depressed about the state of their teeth and do require a very sympathetic approach to their care.

The letter which the patient wrote explains a lot. CK wrote: "I truly believe you understand the emotional side of dental issues. I understand it is not every day someone walks in like I did. Your confidence and professional manner gave me the courage to go through with my treatment and get over the embarrassment of letting someone see my teeth and how awful they were. During my treatment, you and your staff did your best to put me at my ease and I thank you all for this."

There is no doubt that the All-On-4 technique is an excellent treatment



Fig 6
A happy patient

"Her dentition had deteriorated to the point where she was totally embarrassed to let any dentist examine her"

protocol for many cases but, as in other treatments, requires comprehensive assessment which, in the author's view, cannot be completed without a cone beam CT scan (Fig 7).

This gives significant additional information which assists in the planning and execution of treatment.

As with all implant cases, a maintenance schedule should be agreed before treatment is carried out and written consent obtained, both for the treatment and for the long-term care. ■

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Is your water safe?

Clare Clark, BSc (Hons) Microbiology,
technical support manager, schülke UK

Dental unit waterlines (DUWLs) are a key focus for infection control, as they are easily contaminated with microorganisms, leading to biofilm development. Technological advances in disinfectants mean the threat can be virtually eradicated by best practice.

How safe is your water?

The water in DUWLs contains high numbers of bacteria. Some is swallowed by the patient and droplets may be inhaled by staff. A study of DUW systems showed that in 95 per cent of water samples, microbial loading exceeded EU drinking water guidelines. The authors believe these 'values probably underestimate the true microbial load to which a patient is exposed'. The most common pathogen found was *Pseudomonas spp.* *Legionella pneumophila*, *Mycobacterium spp.* and *Candida spp.* were also detected.

DUWL and biofilm formation

The source of bacterial contamination in DUWLs is due to micro-colonies of proliferating microorganisms on the inner surface of water lines. Frequent periods of water stagnation, and the properties of the plastics from which they are manufactured, promote attachment and colonisation of

biofilm-forming microorganisms. Biofilms form along the inner surface of DUWLs and water flowing down the biofilm-coated water lines contributes to microbial load in water exiting the tubing. Biofilms protect organisms from the effects of chemicals, reducing their susceptibility to disinfectants.

Regulations and guidance

The Combined Practice Inspections (CPI) checklist came into force in Scotland in 2013 and all essential Category A criteria must be met. Section 316 of the CPI checklist states 'a biocidal' should be 'used to flush water lines'. This Category A item is a mandatory part of the inspection.

It is reasonable to expect water quality to meet the same standards as drinking water – the European standard for drinking water is less than 100 CFU (colony forming units). Once water enters the DUWLs, bacteria increases, with numbers as high as 1.6×10^5 CFU ml⁻¹ having been recovered.

Biofilm control

Although water lines should be flushed 'between patients', studies show this alone results in only a small reduction in biofilm TVC (9.1 per cent) and an even smaller reduction in biofilm coverage (0.5 per cent). A study evaluating a range of disinfectants to control biofilm contamination

states a number of criteria must be fulfilled:

- Killing of bacteria in the water phase
- Killing of biofilm bacteria
- Removal of biofilm from surfaces

Biofilms need to be removed as well as 'killed', as a 'killed' biofilm could still act as a source of endotoxins, allowing rapid recolonisation of new biofilm.

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A study of disinfectants found most did not meet all criteria. However, schülke watersafe (previously schülke DUWL) provides complete elimination of viable bacteria and 100 per cent reduction of biofilm coverage. Biofilm regrowth after disinfection occurs within seven to 14 days, suggesting weekly treatment programmes are not sufficient to cut microbial counts. schülke watersafe provides a one-off initial treatment to completely remove biofilm, followed by a continual dosing regime to protect against regrowth. An additional advantage is that schülke watersafe is approved for routine use in DUWLs.

Conclusion

Safe dental treatment requires good quality water. schülke watersafe disinfectant is a major weapon in total biofilm removal together with a maintenance programme in an easy-to-use application. ■



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Quality control

Dental material specialist **VOCO** has set new standards in product development. Here, the German company describes its lasting success

Serving dentistry internationally since 1981, VOCO has been supplying dental practitioners all over the world with high-quality dental materials. With our comprehensive range of more than 100 products, we provide dental practices and laboratories in over 100 countries with pharmaceuticals and medical devices for preventive, restorative and prosthetic dentistry. It includes permanent and temporary restoratives, lining materials, luting materials, core build-up systems, posts, temporary crown and bridge materials, impression materials, adhesives, fissure sealants, fluoride preparations, laboratory products and devices.

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VOCO has acted as a technological forerunner in several areas and set new standards in the development of dental materials. With Grandio, VOCO has presented the world's first nano-hybrid composite which is suitable for all cavity classes and one of the internationally most successful universal restoratives. And, with GrandioSO, VOCO offers a universal nano-hybrid restorative which stands out due to its superb material properties and is the most toothlike material in the sum of its physical parameters.

Another innovative product is Futurabond U, the dual-curing universal adhesive for all self-curing or dual-curing restoration or luting materials. Futurabond U is suitable for use in every etch technique, thus this new adhesive by VOCO covers such a broad range of applications



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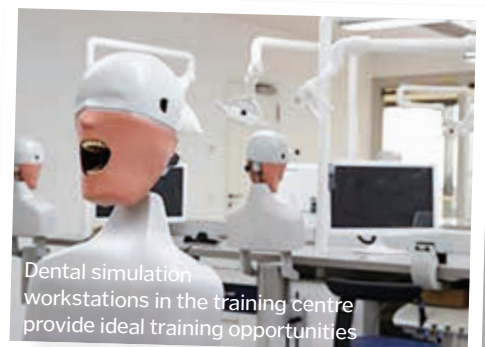
that the practice requires no further bonding systems. Futurabond U is the only dual-curing universal adhesive available in the equally practical and particularly hygienic SingleDose, which does not require an additional activator.

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All VOCO preparations are developed, manufactured and packaged at the company's HQ in Cuxhaven in the most modern laboratories and production facilities. This allows staff to collaborate flexibly and effectively across departmental

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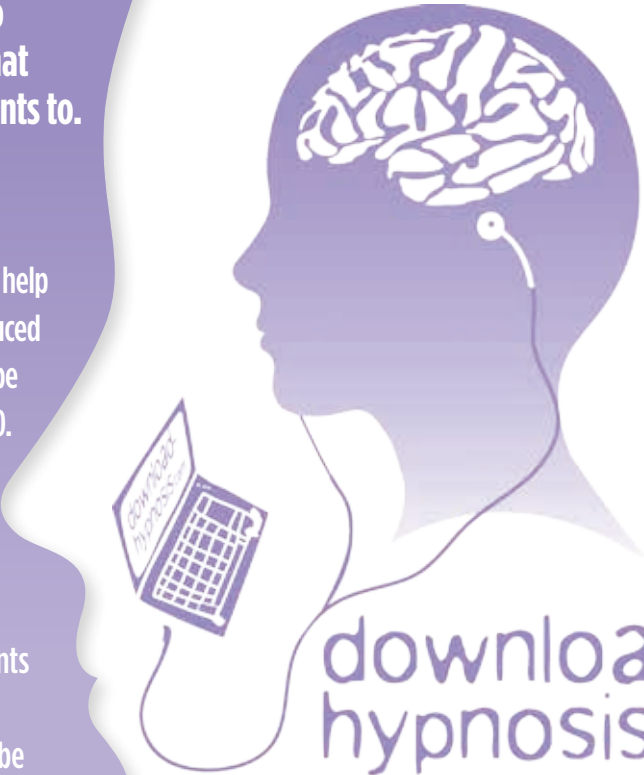
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The leading implant meeting in the UK



ADI announces details of its 2015 Team Congress

The Association of Dental Implantology (ADI) is pleased to announce details of its ADI Team Congress 2015 – the key event for anyone involved with dental implantology – at the SECC in Glasgow, 14-16 May 2015.

Entitled ‘Implant Dentistry Moving Forward: Experience – Evidence – Excellence’, ADI president Philip Friel and ADI scientific co-ordinator Stephen Jacobs have invited highly respected, world-renowned speakers to form an event which is unparalleled in the dental implant industry.

“The biennial ADI Team Congress has become the UK’s leading dental implant meeting and one of the foremost in Europe,

with the unique combination of a plenary programme with internationally renowned speakers, parallel sessions for all dental care professionals, a large exhibition and a fantastic party,” said Philip Friel.

“The format aims to involve and educate the entire implant team, with a high-quality scientific Plenary Programme for clinicians running alongside a Technician Programme and a Team Programme, which includes sessions for dental nurses, practice managers, hygienists and therapists.”


Speakers confirmed for the Plenary Programme include Edward Allen, Daniel Buser, Christian Coachman, Paul Fugazzotto, David Garber, Curtis Jansen, Gerald McGarry, Michael Norton, Isabella Rocchietta, Maurice Salama and Clark Stanford.

A major trade exhibition will run concurrently during the event, for exhibitors to showcase the many

increasingly diverse technologies and product lines in the implant market.

Exciting new developments include a pre-Congress Corporate Forum programme, offering a unique opportunity to view the latest research and development in the implant market, and a unique Audience Response Session (ARS), allowing ‘at the moment’ audience interaction specific to a treatment scenario debated by three expert speakers.

To complement the education programme, the ADI Team Congress 2015 will host two exciting social events. ■

 *Early bird delegate fees are available, offering members and non-members a considerable discount. To attend, or to book a stand in the exhibition hall, use the secure online booking process at www.adi.org.uk/congress2015*



ADI Association of Dental Implantology

ADI Team Congress 2015

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Dr Ainsley Ness, Breeze Dental Clinic, Troon

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Are you missing out on £49,766?

Ian Main from Stark Main Dental talks about 'sure fire' ways of increasing your utilisation of every chair in your practice

I recently returned from two great days at the Scottish Dental Show. During our time at the show, I delivered my lecture on 'How to Get More from Your Dental Business'. As part of this presentation, I explained how the average Scottish practice is wasting £49,766 per annum per dental chair.

Using what's known as the McKinsey Maxim of 'what gets measured gets managed', I explained that, by tracking the key performance indicators (KPI's) of chair utilisation, you can squeeze more performance out of each and every chair in your practice.

The Scottish average chair utilisation rate is 83 per cent, however the top five per

cent in the country achieve a staggering 98 per cent - some 15 per cent more. When equated to the average hourly rate per chair, this means that, for every chair, they are underperforming those top five per cent by a whopping £49,766.

We work with Scottish dental practices exclusively from our Edinburgh base and have helped them to achieve more from their practice. There are a number of 'sure fire' ways of increasing your chair utilisation and I would be delighted to share them with you in a free no obligation, no cost meeting. Please do get in touch if you want more from your practice.

And once you do manage to demand more performance from your practice, it's



important to make sure you retain more of what you earn for practice reinvestment or personal finances so we advocate strong tax planning. With our average saving of £25k per dentist last year, we are proud of the difference we can make for Scottish dental professionals. ■

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Scottish dentists face many financial challenges

The Scottish dentistry community gathered at the 2014 Scottish Dental Show and Awards to listen to world-class speakers, meet 130 exhibitors and applaud the great work being achieved across the industry.

Martin Aitken & Co was proud to sponsor the Community Award. As the dentistry profession plays an increasingly important role in local communities, we wanted to acknowledge the huge amount of fundraising, voluntary and community work. The award went to Fiona Duncan (pictured) of Cowal Community Hospital, Dunoon, for making a significant difference in her community. Congratulations to Fiona and other finalists, Kirriemuir Dental Practice and Stranraer's Southwest Smile Centre.

We also contributed to the Scottish Dental

Show with our interactive 'Manage Your Energy to Grow Your Business' seminar, delivered by director Jayne Clifford, who leads our specialist dentistry team.

Jayne examined the issues keeping dentists awake at night. She said: "Many dentists are worried about the growing financial hurdles they face, including cash-flow issues and additional administration caused by the NHS approval process.

"Martin Aitken & Co is continuing to help clients remain focused on developing their businesses and channelling energies and resources into providing efficient solutions. We aim to help clients through the 'brick wall' moments, when they are faced with many challenges and may struggle to identify the practical solutions for the future direction of their business."

Martin Aitken & Co is one of Scotland's



Jayne Clifford (left) with award-winner Fiona Duncan

market leaders in servicing the dentistry market. Jayne and fellow director Stephen Neville have more than 40 years' combined experience in advising dental clients. As sponsors of the Scottish Dental magazine, we are firmly committed to helping dentists across Scotland solve any business or financial issues. ■

To find out how Martin Aitken & Co can help you grow your business, contact Jayne Clifford on 0141 272 0000 or email jfc@maco.co.uk

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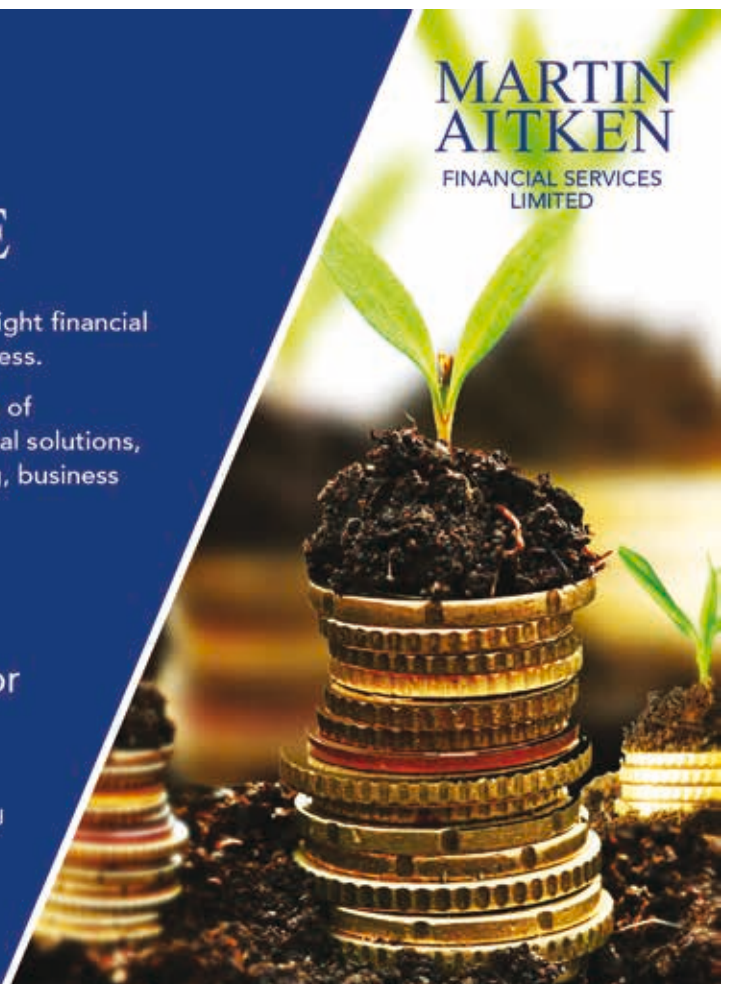
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Geared up for charity

Pearl White Dental duo celebrate company's fifth anniversary by raising funds for two great causes on 500-mile bike ride

This year is Pearl White Dental Laboratory's fifth anniversary and, to mark this event, Joe and Wendy have decided to try to raise funds for two dental charities through the charity bike ride organised by Straumann.

This is to give thanks to the clients, suppliers and the dental industry in general for giving them the opportunity to make Pearl White the success it is in 2014.

The two worthy charities benefiting are Bridge2Aid and the Cleft Lip and Palate Association (CLAPA).

Bridge2Aid are based in Tanzania and provide emergency dental treatment and training in rural communities.

Their vision is to expand across the world and cater for all rural communities who don't have access to dental care and can sometimes suffer toothache for years.

The other charity to benefit from our fund-

raising effort is CLAPA, who help those with and affected by cleft lip and palate.

The bike ride starts in Milan on 3 September and travels over the famous Stelvio Pass in the Alps, which is a 9,045ft climb with 48 hairpins. It then carries on through Austria, Liechtenstein and Germany, before finishing in Basel, Switzerland.

This gruelling 500-mile bike ride over five days takes serious training. It is the biggest challenge we have done and will be the most rewarding.

We are the only participants from Scotland this year and would be grateful if everyone could support us on our journey. Any donations can be made through uk.virginmoneygiving.com/johnjacksonpearl or uk.virginmoneygiving.com/team/straumannwendyjackson ■

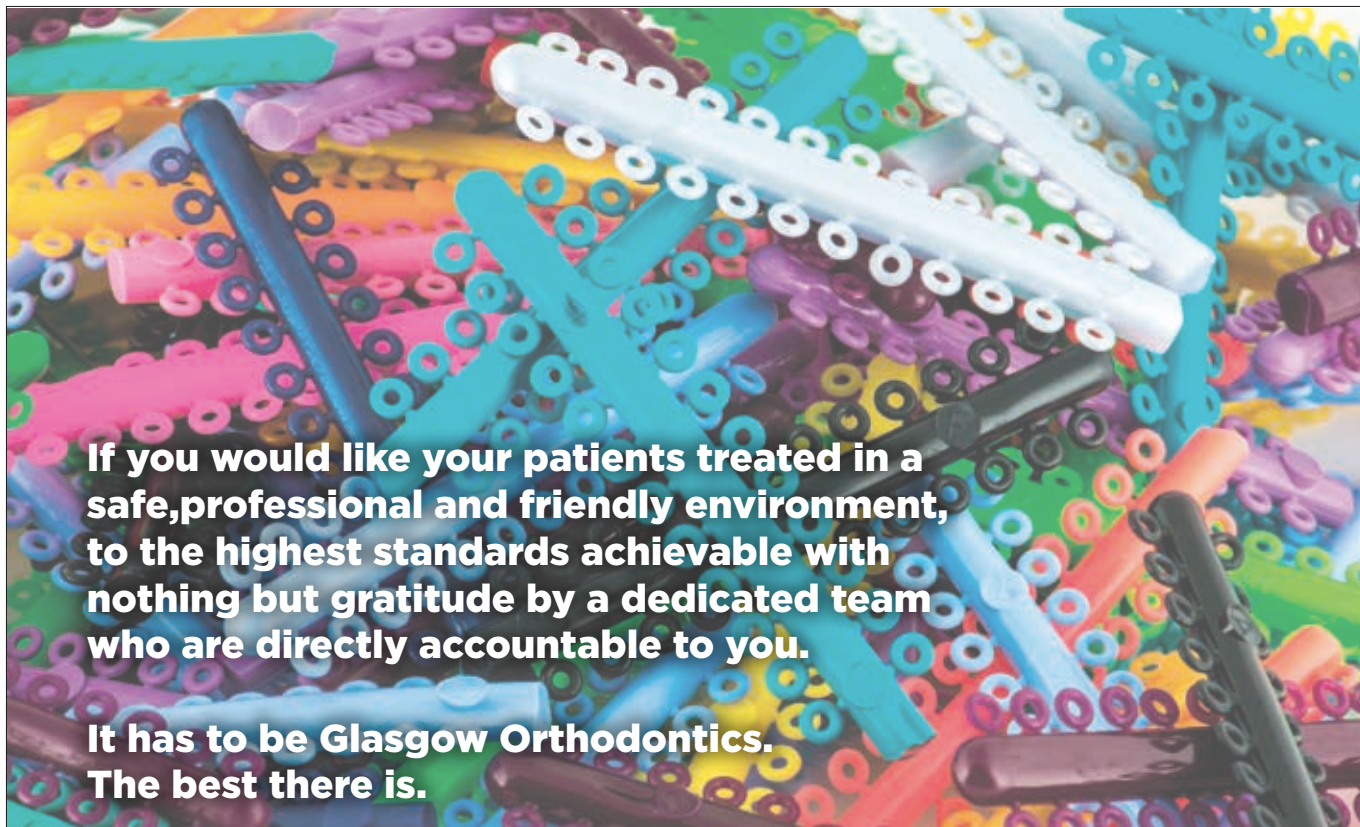


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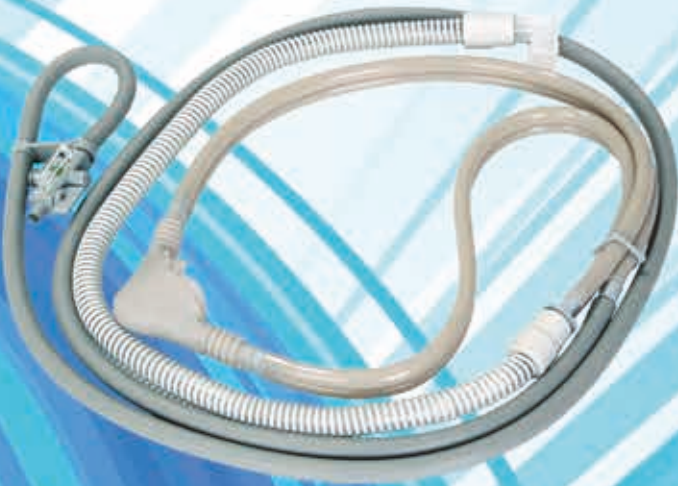


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Dates for your diary



4 September

RCPSG: The Francis Report Royal College of Physicians and Surgeons of Glasgow
For more information, visit www.rcpsg.ac.uk

5 September

BDA Scottish Scientific Conference Crown Plaza, Glasgow
For more information, visit www.bda.org/scottishscientific

10 September

Denplan's Practice Manager Forum Dunblane Hydro
Visit www.denplan.co.uk/PMF, or call 0800 169 5697 to book your place.

17-18 September

BSPD Annual Conference The Royal College of Physicians, London
For more details, visit www.bspd.conference.org

19 September

Highland Dental Show Kingsmill Hotel, Inverness
For more details, email hdpltd@ident.co.uk

25-27 September

EAO Congress Rome
To find out more, visit www.eao-congress.com

26-27 September

BADT Conference

Hilton, Manchester

To find out more, visit www.badt.org.uk

29 Sept - 1 Oct

Infection Prevention Society Conference SECC, Glasgow
To find out more, visit www.ips.uk.net

9-11 October

BDIA Dental Showcase ExCel, London
For details, visit www.dentalshowcase.com

21 & 22 November

BSDHT Oral Health Conference ACC, Liverpool
To find out more, visit www.bsht.org.uk

29 November

Premier Symposium Shaw Theatre, London
For further information, visit www.dentalprotection.org

5 December

FGDP (UK) Scotland Study Day Glasgow Science Centre
To find out more, visit www.fgdpscotland.org.uk

10-14 March 2015

International Dental Show Cologne
For details, visit www.ids-cologne.de

17-18 April 2015

Dentistry Show

NEC, Birmingham

For details, visit www.thedentistryshow.co.uk

7-9 May 2015

BDA Conference Manchester Central Convention Centre
To find out more, visit conference.bda.org/

14-16 May 2015

ADI Team Congress SECC, Glasgow
For more information, visit www.adi.org.uk/

29-30 May 2015

Scottish Dental Show Braehead Arena, Glasgow
For details, visit www.sdshow.co.uk

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Getting patients motivated

National Smile Month is the ideal time to go the extra mile to encourage patients to take greater care of their oral health between appointments. A British Dental Health Foundation (BDHF), campaign saw the profession, schools and workplaces, as well as retail outlets combine to help raise awareness.

Oral-B, a platinum sponsor of the campaign, has produced several thousand 'Smile Packs' containing 150 x Pro-Expert



toothpaste samples and 150 x floss sachets. The pack also contains six full-sized tubes of toothpaste for the dental team. Smile Packs can be requested at dentalcare.co.uk

By giving out samples along with oral health guidance and instruction, you will help the BDHF communicate their three key messages – brush your teeth for two minutes twice a day with a fluoride toothpaste; cut down on how often you have sugary foods and drinks and visit your dentist regularly.

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Professor in Blended Learning in Dentistry and Consultant in Restorative Dentistry at the King's College London Dental Institute at Guy's, King's and St Thomas' Hospitals. Specialist in Prosthodontics and Restorative Dentistry. Programme Director of the popular blended learning for MCLinDent (Fixed and Removable prosthodontics).

Qualified 1980 in Dundee, background in NHS and private practice then university and hospital posts. Research into many aspects of clinical practice including impression materials and techniques and lead clinician in longitudinal trials on porcelain veneers, composite restorations and ceramic inserts. Over 150 publications in clinical dentistry. Series editor for the 6 volume Series "Essentials in Aesthetic dentistry".

Areas of special interest include aesthetics and occlusion. Inventor of the silent dental drill device. Well known speaker on national and international circuits and in the media. Experienced teacher to undergraduates and postgraduates and well-known provider of continuing development courses for dentists in the UK. Runs numerous hands-on courses around the world for CPD as well as on Masters degree programmes in restorative dentistry.

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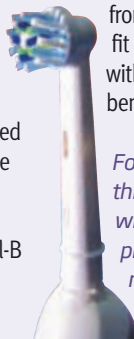
A small angle can make a big difference

Oral-B's most advanced power brush head to date has angled bristles for better coverage and a superior clean. The new head is called CrossAction and has 29 per cent more bristles that have been ingeniously inserted at a 16-degree angle to remove plaque more effectively and provide a gentle clean.

Research is ongoing at Oral-B as they continuously strive to produce products that

facilitate better oral hygiene. The new brush head will come as standard on all handles sold from July 2014. It will also fit earlier models, so those with older products will also benefit from its use.

For more information on this or any other products within the Oral-B portfolio please contact your local representative or call 0870 242 1850.



The answer to white spot lesions

Icon is an innovative caries infiltration therapy. It represents a breakthrough in micro-invasive technology that reinforces and stabilises demineralised enamel without the need for drilling or sacrificing healthy tooth structure.

Icon offers a simple alternative to the 'wait and see' approach, enabling dentists to offer an immediate treatment without unnecessary loss of healthy tooth structure. It prevents lesion progression and increases life expectancy for the tooth. Providing a highly aesthetic solution, carious white spot lesions treated with

Icon take on the appearance of the surrounding healthy enamel. Total treatment time is about 15 minutes.

Visit the Drilling No Thanks! website at www.drilling-no-thanks.co.uk or contact Rachel Moreland on 07854 725 544 or rachelm@dmg-dental.co.uk



Try before you buy with Oral-B

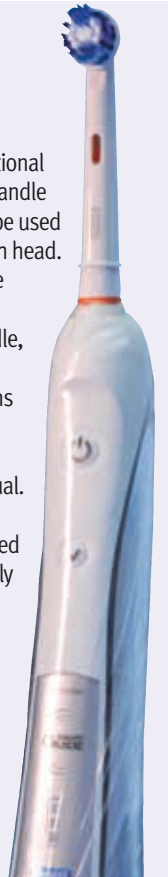
As consumers we can all be reluctant to embrace new technology unless we've experienced it and can see for ourselves the benefits afforded by its use. The new TestDrive trial programme allows both you and your patients to try Oral-B's power toothbrushes without having to worry about cross infection concerns. You can now experience the product without having to buy it!

Oral-B has developed specialised handles and replacement heads to ensure the safe trial of its toothbrush. A sealing insert within the head helps prevent saliva entering the handle. To provide extra protection a disposable sheath covers the handle itself. After cleaning and disinfecting, in

line with international standards, the handle is then ready to be used again with a fresh head.

Each TestDrive kit contains the specialized handle, 50 replacement heads, 55 sheaths and a cleaning a disinfection instruction manual. These will be available to limited practices from July 2014.

If you are interested please contact your local representative or call 0870 242 1850.



Keeping your patients on track between appointments

Oral-B's new SmartSeries electric toothbrush allows dental professionals to programme patients' brushing routines onto their mobile to ensure they follow professional guidance between appointments.

Control is firmly passed to the patient, but under the guidance of dental professionals. Brushing duration, mode and problem zones can all be highlighted and the information easily retrieved.

Moreover, the brush can store up to 20 brushing sessions so you don't need to have your phone in the bathroom; the data will simply be transferred the next time the app is connected to the toothbrush!

With patients' consent, professionals can now access brushing data to gauge the level of compliance and help patients identify areas for improvement. Users need not worry about their battery life draining, as the brush uses a Bluetooth 4.0, which uses significantly less energy than the traditional version.

Oral-B electric toothbrushes have always offered users a great brushing experience. Now they're able to assist patients in keeping up good oral hygiene between appointments.



Product news

Dürr Dental AG awarded prestigious design award

Dürr Dental AG has recently received three Good Design Awards from the Chicago Athenaeum Museum of Architecture and Design. These awards recognise medical products with impressive technical and visual design.

Martin Dürrstein, CEO at Dürr Dental AG, explains the company's success at the Good Design Awards: "The products identified (Hygopac Plus, VistaScan Mini View/ VistaScan Combi View and the Tornado compressor) really are exceptionally



well-designed, beautifully sculpted products which never lose sight of the practical and professional demands of the end-user.

"Our high-grade products and their innovative technology receive universal recognition and widespread acclaim among dental experts. Our employees, many of

them engineers and technicians, have exceptional capability in the field of medical technology. This also applies to our established, extensive design expertise."

Quick and easy restorations

IonoStar Molar is a newly developed glass ionomer restorative material which comes in the new VOCO application capsules. The material is applied without conditioner or adhesive and scores particularly highly thanks to its non-sticky consistency and perfect marginal adaptation. IonoStar Molar can be modelled immediately after insertion and cures within four minutes.

Its lastingly high level of fluoride release counteracts postoperative sensitivity. In



conjunction with Easy Glaze, the nano-filled protective coating for surface sealing, IonoStar Molar can be used to quickly and easily create restorations which are as aesthetic as they are durable.

IonoStar Molar a versatile choice providing the required results for many indications, not least thanks to the handling advantages offered by VOCO's new application capsule.

For details, contact info-uk@voco.com or visit www.voco.com

Supporting practice managers

Continuing its support of the whole practice team, Denplan's Practice Manager Forum will come up to the Dunblane Hydro on 10 September.

Practice Managers will not only get the opportunity to take a day out of the practice to concentrate on their professional growth and development, but they will be able to meet and network with other Denplan Practice Managers from their local area to swap ideas. There is also a comprehensive seminar programme where they can learn about topics to benefit their practices such as: the latest updates on regulations

and legislative changes; real life marketing examples and how to get the best return on your investment; being an assertive manager; and how to handle difficult situations while keeping your practice running smoothly.

If you'd like to join Denplan for a day of fun and verifiable CPD, please book online at www.denplan.co.uk/PMF, or call 0800 169 5697 to book your place.



Power brush trial programme launched

This year, at the annual British Dental Conference and Exhibition, Oral-B introduced three of its latest advancements to dental professionals including its new TestDrive power brush trial programme, SmartSeries electric toothbrush with Bluetooth 4.0 connectivity and CROSS ACTION brush head.

More than 1,800 dental professionals experienced Oral-B's new TestDrive power brush trial programme, which allows multiple users to

experience Oral-B power and Oral-B toothpaste using a shared handle in a hygienic way.

To learn more about these latest innovations from Oral-B, please get in touch with your local Oral-B representative.



Every drop is profit

Fast and universal: Futurabond M+ is the all-rounder of the bonding world. The universal adhesive in bottles scores with its 'plus' in content, its 'plus' in reliability and its 'plus' in abilities. Futurabond M+ offers the user flexible solutions for every bonding situation.

This applies to the etching technique: total-etch, selective-etch or self-etch – the dentist is free to choose and apply the etching technique depending on indication or according to personal preference. Thanks to a new type of monomer technology, over-etching of the dentine

is impossible, which prevents postoperative sensitivity.

Futurabond M+ is also considerably more flexible than conventional bottled bonding agents with regard to its spectrum of application: not only can it be used reliably for direct and indirect restorations, but it also offers secure adhesion to various materials such as metals, zirconium or aluminium oxide, as well as silicate ceramics – and it requires no additional primer.



For more information, please contact info-uk@voco.com

A decade with Prestige Medical

Prestige Medical is pleased to announce that W S Inness & Associates have recently taken delivery of three new Advance B Class Autoclaves to provide instrument sterilisation in their busy practice in Haxby, York – replacements for the three, ten-year-old C3 Advance autoclaves they had been using previously.

With 11 busy dentists, the need for a reliable and efficient method of sterilizing instruments is paramount. Dr William Inness, principal, said: "We have been using Prestige Medical autoclaves for many years now

and, when it came to replacing the old machines, we decided to stay with the latest model of Advance autoclave because, although compact, it has a higher capacity than many other autoclaves – making it ideal for our busy clinic."

Visit www.prestigemedical.co.uk/uk/dentistry



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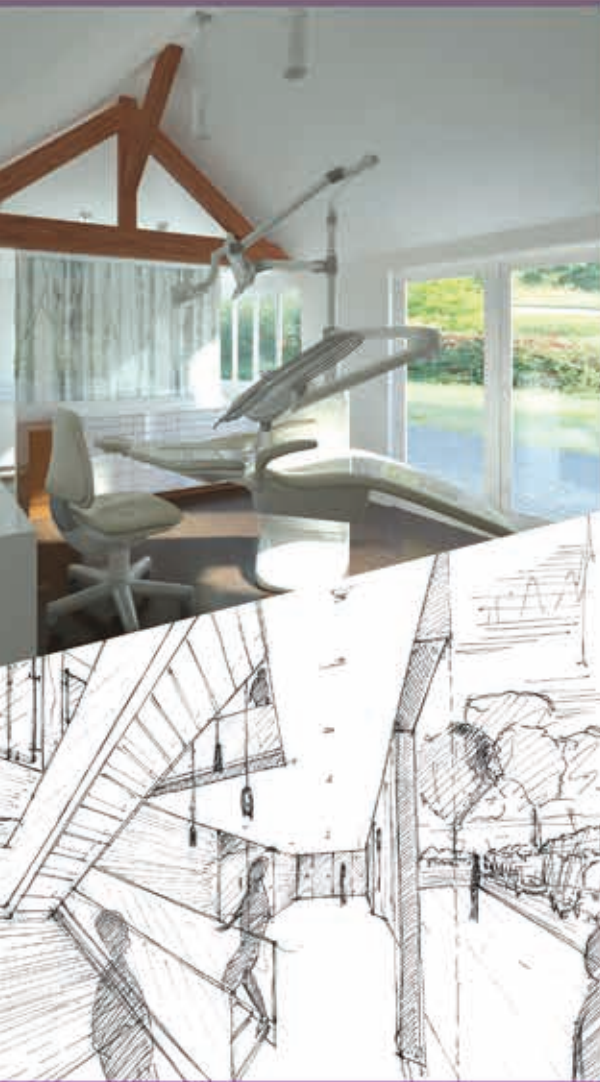


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* iPad Air Space Grey or Silver 16GB Wi-Fi Model Only