No.1 for dental professionals in Scotland

August/September 2013

# Scottish Dental magazine

*Establishing the facts in FiCTION*
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# Smiles all round

How an international project is changing lives in India **page 20**

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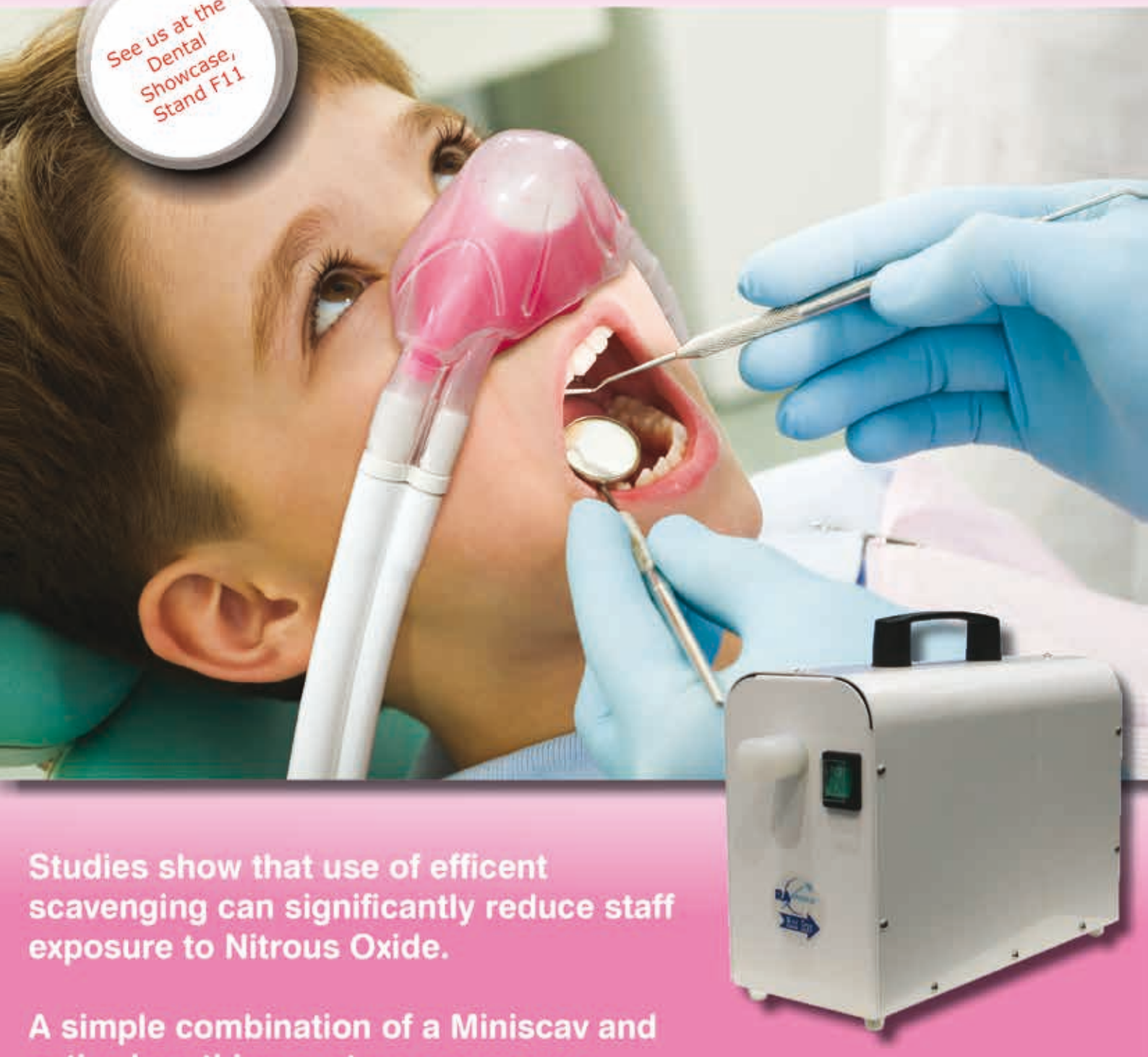

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Welcome

# Editor's desk

with Bruce Oxley

# And the survey said...

Whether it's a job interview, annual review or a school report, getting feedback, analysis or criticism is always a bit of a stressful experience.

However, when it comes to organising an event on the scale of the Scottish Dental Show, knowing what your delegates and exhibitors really think is vital in keeping the event as relevant as possible.

We sent out online feedback questionnaires to all delegates and exhibitors from the 2013 show, and were pleasantly surprised by the results. We found that 90 per cent of respondents rated the show as either 'Good' (47 per cent) or 'Excellent' (43 per cent) and more than two-thirds said the show exceeded their expectations.

When asked if they would be attending the event in future, 60 per cent said they would definitely be coming back and 32 per cent said possibly. The choice of speakers was rated 'Excellent' by 47 per cent and 'Good' by 45 per cent.

In terms of the venue itself, 52 per cent said they were 'Extremely satisfied' and 40 per cent said they were 'Satisfied' with Hampden Park. However, the reaction from the exhibitors was a bit more mixed – 30 per cent said they were 'Satisfied' but 9 per cent were 'Dissatisfied' and 15 per cent were 'Extremely dissatisfied'.

So, while we acknowledge that many loved the atmosphere at Hampden, we needed somewhere that could accommodate the exhibition in one hall, with speaker sessions as close by as possible.

Step forward Braehead Arena. With space for even more exhibitors (over 130 in total) in the same hall and speaker sessions too, we think we've come up trumps.

And, with the change of venue, we've decided to move the show to Friday and Saturday (9 and 10 May) to take advantage of the facilities at Braehead and the nearby Xscape leisure complex, and we'll have details of the offers, deals and promotions on offer to dental professionals and their families.

Keep an eye on Twitter (@ScottishDental) and online (www.sdmag.co.uk) for more information in the coming weeks. ■

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

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August-September 2013

# Edinburgh Dental Specialists

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## What ever problem your patient may have we're here to help












### Our team of specialists

**Dr K A Lochhead BDS, MFGDP RCS(ENG),** 62945
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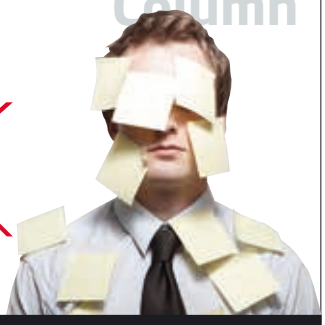
Nobel Biocare

# Biting back

with Arthur Dent



# Too little, too late

So, after months, indeed years of waiting and following a deafening silence, Scottish Government (SG) has finally finished its consideration of the Doctors and Dentists Review Body (DDRB) reports for the past three years. The outcome is that SG proposes to increase GDS fees by 2.51 per cent; the increase will be backdated, but only to 1 April 2013.

This is hardly going to alleviate the pressure on the budgets of those of us struggling with tight cash-flow in NHS-committed dental practices. The fee scale we use at present was introduced on 1 December 2010 and had been delayed from April of that year, so we are currently working for fees which are in essence three years out of date.

In the interim years the DDRB has awarded fee increases but, until now, SG has ignored (or has been 'considering') the awards, in spite of constant lobbying and questioning from the profession. And, even with this announcement, SG is not implementing the DDRB increases in full, let alone backdating them to the appropriate periods over the past three years.

The DDRB award for this year was that an uplift of 1.49 per cent be applied to item-of-service fees in Scotland for 2013/14 and that this increase should be compounded with the outstanding uplifts for 2011/12 and 2012/13 (increases of 1 per cent and 1.38 per cent respectively).

So, in the end, SG is willing to give uplifts of only 0.5 per cent for each of the previous years (2011/12 and 2012/13) and compound these together with the implementation in full (gee thanks) of this year's uplift of 1.49 per cent. This apparently delivers a net increase in fees of 2.51 per cent, and, no, I don't understand the arithmetic either!

Bear in mind that these DDRB awards are designed to deliver no pay increase to GDPs but are supposedly to cover increasing practice expenses, leaving dentists' income untouched. My personal income has been dropping markedly over the past 3-4 years due to rocketing costs of expenses, and I am certain your experience will be similar.

Practice expenses are on an ever-increasing upwards spiral: laboratory bills, materials and staffing combined with greater demands on practices to comply with new practice inspection protocols, decontamination and running costs of LDUs.

**"The DDRB awards are meagre and do not come close to addressing rising costs"**

The fact that SG refuses to pay these paltry awards in full and delays the payment for years is an insult to dentists, especially to those in hard-working, loyal NHS practices.

We recognise we live in times of financial stringency and already efficient dental practices have 'tightened their belts' as much as they can.

Further economies will inevitably impact on the quality of care that can be given to NHS patients and morale among dentists and staff is at an all-time low.

The dentists, staff and patients of Scotland deserve better. ■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# Mind the gap: pay review leaves void

NHS FUNDING

The British Dental Association (BDA) has criticised the Scottish Government's decision to ignore the Doctors' and Dentists' Review Body's (DDRB) funding uplift recommendations.

The BDA said that the decision to impose a lower-than-advised funding increase of 2.51 per cent for NHS dental services could be detrimental to care and bring into question the viability of some advanced treatments.

Dentists' leaders said they accepted the 2.51 per cent increase after lengthy talks as the best possible outcome given the economic pressures confronting public finances. However, the BDA is concerned that, as a result of the uplift, many dentists will have to re-evaluate plans to invest in their practices and the staff needed to provide care.

This is the first funding increase since April 2010 and follows years of financial pressure on dental practices as a result of increased regulation and staffing costs, as well as the rising prices of materials and equipment.

Dr Robert Donald, chair of the BDA's Scottish Dental Practice Committee, said: "The funding freeze of recent years has meant dental practices stretching their resources to breaking point in order to be able to continue caring for their patients. This uplift will not alleviate the challenge they are facing.

"While we understand the acute fiscal pressures facing Government, it must, in turn, understand that there are

Robert Donald

costs to providing the service patients need. It is particularly disappointing that its decision disregards the recommendation of the independent body tasked with assessing the situation.

"Government must start thinking now about how it can help dentists meet those pressures and work with the profession to produce a fair deal for dental patients in 2014."

The BDA has written to all General Dental Practitioner members in Scotland to provide details of the deal.

# New standards published by GDC

UPDATED GUIDANCE

The General Dental Council (GDC) has published its new Standards for the Dental Team, replacing its current Standards Guidance.

Some of the main changes include: standalone principles on communication and personal behaviour, greater emphasis on softer skills and new requirements to display indicative prices for treatment. If a complaint is made against a dental professional, then their behaviour/conduct will be measured against the principles in the guidance document.

The new guidance was approved by the GDC's council in June and will be effective from 30 September 2013. Hard copies will have been sent out to all registrants by the end of August.

Janet Collins, head of standards at the GDC, said: "Developing Standards for the Dental Team has been a lengthy and in-depth process. It's involved research with patients, input from registrants – through workshops and consultation – analysis and, finally, approval by Council. The aim of increased patient protection has been worth the hard work. The inclusion of patient expectations reaffirm the importance of putting patients' interests first."

*You can also download the new standards from www.gdc-uk.org/Dentalprofessionals/Standards/Pages/standards.aspx*

## Avinent appoints new sales manager

Spanish implant company Avinent has a new UK sales manager in the shape of Ted Johnston.

Former Nobel Biocare rep Ted, who has two decades of sales experience – including 10 years in dentistry – started with Avinent in July and is enjoying his new role.

"I'm absolutely loving it," he said. "I have the chance to build something big within the UK, and that's a great challenge. We want to make Avinent the 'go to' brand for implants."

Ted has spent his first weeks in the job on the road visiting new customers and setting up courses.

With a strong focus on research and development, the Spanish company is keen to sponsor training events across the UK.

Inverkip practice welcomes thousands of tiny new workers

# A hive of activity at Ivy Cottage

BIODIVERSITY

Clyde Dental Practice Ltd has recently opened two new sites employing thousands of new workers... well worker bees to be precise.

Ivy Cottage Dental Practice in Inverkip, part of the Clyde Dental Group, has recently installed two bee hives in its back garden with the help of Motherwell-based biodiversity start-up company Plan Bee.

The two hives, which each hold in the region of 60,000 bees, will produce 24 jars of honey a year – branded with the Clyde Dental logos – which the practice will sell to patients. The proceeds of the sales will be donated to the Ardgowan Hospice (www.ardgowanhospice.org.uk) and dental charity Smileawi (www.smileawi.com).

Ivy Cottage dentist Stuart Davidson explained that they had been trying to think of things to do with the garden for some time and installing bee hives seemed like a great way to encourage biodiversity and help in their long-term aim of building a vegetable patch to champion healthy eating.

He said: "It's been great – the staff have been out every lunch time having a look and Ally [associate Alastair Fraser] has been reading up about bees and watching bee documentaries.

"A good few patients have been out to see the hives as well. In fact, we had one young lad who was a bit anxious when he came in to see us – he was in tears and didn't want anything done. So Ally brought him out here. He had a five-minute look at the bees and a chat and, the next thing you know, he was in the chair getting his treatment done with no problems."

*For more information on the Clyde Dental Group, visit www.clydedental.com You can find Plan Bee at www.planbeeltd.com or on Twitter at @planbeeltd*

Ivy Cottage dentists Stuart Davidson and Alastair Fraser with the new hives

## GDC's Groupon deal

The General Dental Council (GDC) has reached an agreement with discount deals company Groupon to guard against the promotion of illegal tooth whitening.

As the leading 'daily deals' provider in the UK, the company has taken steps not to offer tooth whitening deals from individuals who are not regulated by the GDC. The regulator is now seeking similar assurances from other discount deal providers.

A spokesman from the GDC also reminded registrants of their responsibilities if they offer deals on these sites. He said: "Dental professionals who are regulated by the GDC are reminded that if they sign up to offer deals relating to dental treatment through Groupon or other such services, they must assess the patient, obtain appropriate consent, obtain a medical history and explain all the options before carrying out any work."

# On the road with Denplan

SUMMER ROADSHOWS

Dental plan provider Denplan visited Edinburgh's Festival Square in July as part of its 'Miles of Smiles' summer roadshows.

Travelling more than 2,000 miles around the UK this summer, Denplan has been visiting country fairs and shopping centres talking to consumers about oral health.

The roadshow rolled into Edinburgh on 17 July with an educational oral health game for kids, competitions to win an iPod and Colgate power brushes as well as a range of freebies including stickers, balloons and brushing timers.

After Edinburgh, it carried on to Birmingham, Reading, the New Forest Show in Brockenhurst and the Dorset County Show near Dorchester.

*For more information, please visit www.denplan.co.uk/milesofsmiles or call 0800 328 3223.*


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# New venue for 2014 event

## Lectures and exhibition in one hall – you asked, and we've delivered

SCOTTISH DENTAL SHOW

In response to your feedback, the Scottish Dental Show is heading for a new venue in 2014: Braehead Arena.

Delegates and exhibitors were united in their praise for the 2013 show, but most people also called on the trade show to be held in one space. The event organisers looked at a number of locations around Scotland, but were won over by Braehead Arena's location, set-up and facilities.

The layout of the arena means that, for the first time, all the trade stands will be in one hall, with the speaker sessions situated to the sides of the arena. Plus, being located in Braehead Shopping Centre and next door to the entertainment complex Xscape, delegates and their families will be able to take advantage of a huge range of promotions and discounts from the various retailers and venues nearby.

The 2014 show will be held on Friday 9 and Saturday 10 May. This means that dentists, their teams and their families will all be able to attend, with children and spouses not in the dental business able to enjoy the wider attractions of Braehead and Xscape while the show is taking place.

**Feedback for the 2013 Scottish Dental Show:**

• "The best show I have been to for many years. Great speakers, well organised and I learnt so much that I can use in my daily practice. Well done."

• "Was most impressed and will attend another event and encourage others to come as well!"

• "I had a great day, it was very well organised and the speakers were fantastic. It was a great day out for the practice."

*We'll have more information soon, including details of the new format and 2014 Scottish Dental Awards venue. See www.sdmag.co.uk and www.scottishdental show.co.uk for details and follow us on Twitter @ScottishDental*



# Dental start-up targets £1m in sales

An Edinburgh dental start-up company has targeted £1 million in sales by 2015 after raising £140,000 in seed funding.

Bedi OralCare is the brainchild of former English chief dental officer Raman Bedi, who is currently professor of transcultural oral health at Kings College, London.

The new company's first products include the Bedi Wedge, designed to help dentists and carers prop open the mouth of patients with special needs or dementia, and the Bedi Tray, which allows impression taking with the use of just one tray – no opposing impression is required.

Bedi secured £140,000 of seed funding from Glasgow-based investment syndicate Kelvin Capital, through the Seed Enterprises Investment Scheme and the Scottish Investment Bank, a division of Scottish Enterprise.

Mr Bedi said: "We are delighted to received this vital seed funding. At present, the mainstream dental market does not cater adequately for the growing ageing population or those with special needs, for example people suffering from dementia.

"Bedi OralCare aims to make good oral health accessible to everyone, regardless of age or disability."

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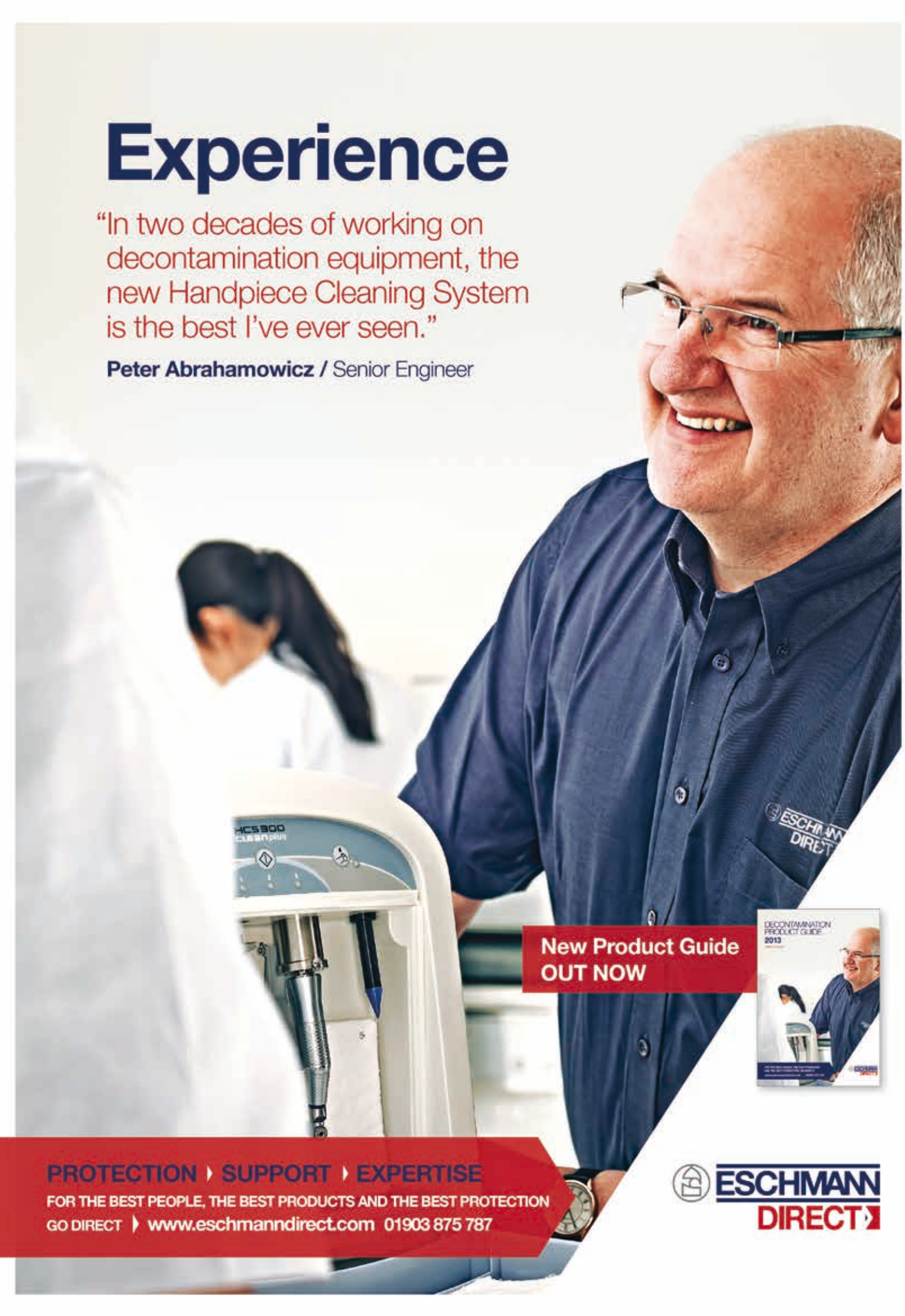


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# All smiles on Centre Court

SMILE TRAIN

There were plenty of smiles in the crowd at SW19 when Dunblane's Andy Murray won the men's singles title at Wimbledon, but few were more special than 11-year-old Pinki Sonkar's.

Pinki was chosen to perform the coin toss at the match on Centre Court on 7 July on behalf of Smile Train, the tournament's charity partner. Smile Train is the world's largest cleft lip and palate charity and Pinki is one of the organisation's most well-known patients.

In 2007, she received free life-changing cleft repair surgery, thanks to Smile Train, and has since starred in the Oscar-winning documentary short *Smile Pinki*. The film tells the story of five-year-old Pinki growing up in one of the poorest areas in India – Rampur Dahaba village near the city of Mirzapur in Uttar Pradesh – ostracised because of her deformity and living a life of quiet desperation as she waits and wonders if she will ever get the surgery she so desperately needs but which her parents simply cannot afford.

Pinki with Novak Djokovic and Andy Murray, flanked by umpire Mohamed Lahyani (left) and championship referee Andrew Jarrett

Professor Peter Mossey, professor of craniofacial development and associate dean for research at Dundee Dental School, works closely with Smile Train and is a friend of Pinki's surgeon, Subodh Singh.

He said: "The real value of Pinki's story is that her situation has been the norm in rural India for decades. Cleft repair surgery [carried out through a number of charitable organisations such as Smile Train] is not just a second chance at life through the transformation and rehabilitation that follows, it is literally life saving for many infants like her who, in the past, did not survive long enough to have their surgery done.

"She has now become a symbol of hope for children born with clefts in low income settings throughout the world."

*Turn to page 20 to read about Prof Mossey's involvement in a tri-lateral research programme into the causes of orofacial clefts in India.*

## Forum for practice managers

Dental plan provider Denplan has launched a series of Practice Manager Forums designed to help practice managers concentrate on their own growth and development.

The first forum will be held on 25 September at the Macdonald Houstoun House in West Lothian.

The day's programme will cover topics such as appraisals, HR issues and goal mapping as well as updates on sharps management, Direct Access and the new GDC standards.

*Visit www.denplan.co.uk or email eventsandtraining@denplan.co.uk*

## BDTA heads back to Birmingham

EXHIBITION

With more than 330 stands already sold, the UK's largest dental exhibition is heading back to the NEC in Birmingham on 17-19 October.

The 2012 BDTA Dental Showcase saw more than 13,000 members of the dental profession and trade attend the event, held at ExCel in London's Docklands. This year, the organisers are hoping for similar numbers and have put together a series of mini lectures offering valuable CPD hours.

A number of exhibitors will also be presenting mini lectures throughout the exhibition, including Oral-B, DMG Dental, PFM Dental and Shofu. As well as these, there will be a number of on-stand presentations from the likes of RA Medical, Dentsply, Colgate, Carestream Dental, Practice Plan and NSK.

*For more information, visit www.dentalshowcase.com*

## New start for Genix Healthcare

Genix Healthcare is pleased to welcome Alex Handley, who joins the company as recruitment and marketing manager.

Alex previously enjoyed a five year stint at Integrated Dental Holdings (IDH), where he held the position of recruitment partner. This saw him recruiting clinicians from all over Europe and more recently responsible for talent acquisition and development. Prior to this Alex worked as a senior consultant for Hays.

Alex said: "Genix Healthcare is truly the employer of choice within the UK dental market. It was the first dental corporate to create a national apprenticeship scheme for dental nurses and recently opened the UK's largest dental laboratory, Sparkle Dental Labs.

"Coupled with the fact that Genix Healthcare has some of the best quality NHS surgeries in the UK it was a simple decision to make."

*Call 0845 838 1122, or email recruitment@genixhealthcare.com or visit www.genixhealthcare.com*

# Tackling stress in the dental workforce...

MENTAL HEALTH

Stress, anxiety and professional burnout are the topics of discussion at a special meeting to be held at the new Clyde Dental Centre on St Vincent Street in Glasgow.

The event, on 19 September between 7 and 9pm, will be hosted by Dr Bobby Broadfoot and include a talk by Steven Purcell, former leader of Glasgow City Council.

Steven played an instrumental part in bringing the 2014 Commonwealth Games to Glasgow and led the bid team that mustered support for the Games. Often talked of as a future leader of the Scottish Labour Party, Steven quit his high-profile position in March 2010, citing stress and exhaustion as the reason behind his resignation.

At the meeting, he will discuss the factors that led to his breakdown and the steps that he took to help rebuild his life. Many dentists will be able to relate to these work-related pressures and Steven will give an insight to stress, anxiety and its management from a non-dental perspective.

The meeting will be addressed by Dr Bobby Broadfoot, a well-known face to dentists in Scotland. He now supports and counsels dentists suffering from the effects of stress, anxiety and professional burnout. Dentists are prone to anxiety and clinical depression and this can have an impact on both their professional and personal lives. He will discuss how the nature of clinical practice and the personality traits common among many dentists can lead to anxiety, burnout and depression and identify prevention and management strategies.

The lack of organised professional support for colleagues faced with such issues will be addressed, as will how support could be provided either through individual counselling or the creation of a self-help group.

Bobby Broadfoot

Below: Steven Purcell

*For more information on the meeting, which costs £45 and includes two hours of verifiable CPD, call Lisa on 0141 204 1121 or email mail@clydedental.com*

# Warnings over new GP17 form

PAPERWORK RISK

Dentists who fail to pay close attention to the new GP17 form will run the risk of missing out on payments due to late submission of claims.

The new form was introduced at the beginning of July and differs from the previous version in a number of respects. Practitioner Services has set up roadshows, online teaching and a helpdesk in a co-ordinated effort to avoid any confusion.

However, Doug Hamilton, dental adviser at medical and dental defence organisation MDDUS, said: "Members should be particularly mindful of the new requirement to provide details regarding incomplete treatment. There are now two boxes, one which stipulates that the patient has failed to return and the other that the patient has withheld consent to further treatment.

"At first glance, it is difficult to identify the reason for this inclusion. It may have relevance where claim forms are opened and closed in quick succession, a pattern which tends to come under close scrutiny, particularly where circumvention of the prior approval limit is suspected.

"However, it is perhaps more likely that this information will be used to tighten up the recently activated three-month time bar."

This regulation provides that, where submission of a claim is delayed by more than three months, the form will be returned to the practitioner without payment.

Hamilton also warns practitioners to note the option to mark a claim as a free replacement. He advises that this is not a relaxation of last year's decision to revoke this concession, merely an option for free replacements in trauma cases – the definition of which make this claim very restrictive.

Doug Hamilton

Blackhills
CLINIC

## Graeme Lillywhite

### 8th Specialist for Blackhills Clinic

As Blackhills continues to grow and following the retirement of Ken Watkins, another specialist has joined the team. Graeme Lillywhite is already known to many through his role as a Consultant in Restorative Dentistry at Edinburgh Dental Institute and also as an accomplished lecturer and educator in many aspects of clinical dentistry.

Graeme is a Specialist in Prosthodontics and Restorative Dentistry. He is a Consultant for the NHS at the Edinburgh Dental Institute where he is the Masters Prosthodontic Programme Director at the University of Edinburgh. He will now also be working alongside the other Specialists at Blackhills to provide a highly regarded referral service to dental colleagues and their patients across Scotland and beyond.

Graeme graduated from the University of Edinburgh in 1993 and then spent time in various hospital posts and general dental practice before embarking upon specialist training in Prosthodontics and then Restorative Dentistry. He has a large commitment to teaching and training and lectures throughout the UK on aspects of Restorative and Implant Dentistry. He has been employed as a Consultant in Restorative Dentistry at Edinburgh Dental Institute since 2007.

Graeme welcomes referrals for restorative and implant dentistry and fixed prosthodontics.

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# Establishing the facts in FiCTION

DECAY STUDY

A new study led by the Universities of Dundee, Leeds and Newcastle is seeking 1,400 youngsters to help determine the best approach to treating tooth decay in young children.

The FiCTION (Fillings in Children's Teeth: Indicated Or Not) study will also enlist the help of the universities of Glasgow, Cardiff, Sheffield and Queen Mary, University of London to conclusively establish which method of managing decay in children's teeth will give the best outcomes.

Currently, only around 12 per cent of obviously decayed baby teeth in five-year-olds are treated with fillings, while the vast majority are left untreated, and dental extractions remain the most common reason for children in the UK to receive an outpatient general anaesthetic.

The study will examine the benefits of three different methods of managing decay in deciduous teeth: using only preventive techniques recommended in national guidance (better toothbrushing, less sugar in the diet, application of high-fluoride varnish and fissure sealants) to stop the decay; conventional fillings with preventive techniques; and biological treatment of the decay (sealing the decay into teeth with filling materials or under crowns, generally without the need to use dental injections or drills) with preventive techniques.

The study is also examining what the children, all aged between three and seven, think of the different treatments.

Dr Nicola Innes and Dr Dafydd Evans, also clinical senior lecturer in paediatric dentistry, with a Dundee Dental Hospital patient

Dr Nicola Innes, clinical senior lecturer in paediatric dentistry at the University of Dundee, said: "This study will find out what works best for managing children's decay when preventing the disease has failed. Children who need dental care will benefit as dentists will have a better understanding of what works for their child patients."

*To find out more, visit www.fictiontrial.info or contact Amy Caldwell-Nichols at a.caldwellnichols@dundee.ac.uk or 01382 383 940.*

# Scottish scientific conference expands

## MULTIPLE THEMES

For the first time, the British Dental Association's (BDA) Scottish Scientific Conference will explore four main themes at the Crowne Plaza on 6 September. Previously the event has focused on one main subject area, with two keynote speakers taking to the podium. This year, however, the conference has expanded to a new venue, and will offer talks on four subject areas.

Chief Dental Officer Margie Taylor will give the welcoming address before delegates split into the four streams. The first subject area will have a clinical focus and will be led by Graham Gilmore, consultant in restorative dentistry from Croydon University Hospital, and Mike Cassidy, consultant in restorative dentistry from Jersey General Hospital.

The second focus will be on all aspects of pain management including anaesthesia and managing nerve injuries. Presenters include John Gibson, professor in medicine in relation to dentistry at the University of Glasgow Dental School and John Meechan, senior lecturer in oral surgery from Newcastle University.

The third room will offer sessions providing core CPD in managing medical emergencies and preventing oral cancer. David Conway, clinical senior lecturer and programme director at Glasgow Dental School, will be among those presenting.

The fourth stream is aimed at the dental team, hosted by the British Society of Dental Hygienists and Therapists (BSDHT), the British Association of Dental Nurses (BADN), and the Association of Dental Administrators and Managers (ADAM).

As well as the full day of presentations and lectures, delegates can take advantage of the expanded exhibition.

*Further information and booking details are at www.bda.org/scottishscientific or by calling 020 7563 4590.*

# Wise words

## Training and train sets are both high on Professor Michael Wise's favourite things

**Q. What do you love most about your job?**
Primarily, helping people, particularly those whose have failed previous restorations and feel that nothing can be done. I also love the challenges of complex problems and the satisfaction of running a dedicated, professional team.

The other part is teaching and there is nothing like passing on knowledge to colleagues, seeing them develop and enrich their lives.

**Q. If you weren't a dentist, what would you be?**
While I have always loved dentistry, I do have regrets about not doing medicine. Also, I often wonder what it would have been like to be a conductor – of an orchestra, that is, not a bus! How wonderful to be in a job where people want to come to see you and show no fear.

**Q. Best piece of technology you own?**
Obviously there are things like computers but, if you can call it technology, my Hornby train set has to be high on the list as it enables me to spend hours with my five grandchildren, building, cleaning, wiring, painting and having fun.

**Q. Best piece of advice you've ever been given?**
Your reputation, being true to yourself and satisfaction with life are more important than accumulation of wealth.

**Q. On a day off, what would we find you doing out of the surgery?**
Playing the piano, playing tennis, exercising, swimming, going on a long walk through the countryside with my wife, looking after one or more of my grandchildren, visiting an exhibition, attending the board of the London Acute Kidney Injury Network. Writing a book. Teaching dentistry.

**Q. Who's your hero?**
There are many: in dentistry, Jan Pameijer in Holland; musically, Daniel Barenboim; intellectually, psychologist Steven Pinker; and emotionally, novelist and psychoanalyst Irvin Yalom.

**Q. If you could relocate your practice to any time or place, where would it be?**
That's a difficult one, but I suppose somewhere near my home to avoid commuting.

**Q. Favourite film?**
Untouchable.

**Q. Favourite tipple of an evening?**
Glass of Châteauneuf du Pape.

**Q. Favourite food?**
I love most soups, but French onion soup would be at the top of the list.

My wife makes a fabulous grilled salmon with teriyaki sauce, spring onions and lemon, served with brown rice and fresh vegetables.

For dessert: nothing exotic – baked apple with raisins and low-fat yoghurt.

*Professor Michael Wise will be hosting a study day entitled 'Aesthetics and implant-supported restorations' at the Lighthouse in Glasgow on 4 October 2013. For more information, including an itinerary for the day, visit www.scottishdentalmag.co.uk/index.php/diary_dates/*

# Changing lives by making smiles

Professor Peter Mossey, professor of craniofacial development and associate dean for research at Dundee Dental School, describes how a trilateral partnership aims to help change lives in India

Infants born with orofacial clefts (OFC) have high rates of infant mortality in developing countries where access to care is limited, and feeding problems at birth can result in malnutrition, aspiration pneumonia, purposeful neglect or even infanticide.

Survivors face a lifetime of specialised multi-disciplinary care and can have serious communication problems due to both speech and hearing defects. Studies have shown that they tend to suffer psychologically and have higher rates of mortality in adulthood.

Survivors are also at major societal disadvantages in India in that they may not attend school, they are discriminated against in employment, may be shunned by society and often fail to find marriage partners because of their disability.

OFC is therefore regarded as a significant maternal and child health inequality issue that has been highlighted at a global level through the 2010 World Health Assembly, is being prioritised in the World Health Organisation (WHO) Global Burden of Disease (GBD, 2012) initiative, and forms part of India's healthcare and social agenda in the Millennium Development Goals.

Experts in India estimate the prevalence of OFC to be higher in India than in many western countries, with between 27,000 and 35,000 infants born with OFC in India per annum, and there is an increasing research focus towards discovery of what the genetic and environmental causes are. This project aims to conduct research into the aetiology of OFC, and simultaneously raise awareness and educate communities about primary prevention.

The major focus of the proposed collaboration is to bring complementary research expertise from centres with an international reputation, in the UK, the US and India, together so that maternal metabolism, nutrition and environmental pollution can be simultaneously addressed in the context of aetiology of birth defects in general in India, and OFC in particular, can be addressed with comprehensive, validated research methodologies.

**"Survivors face a lifetime of specialised multi-disciplinary care"**


International delegation at the Sri Ramachandra University and Medical Research Centre in March 2012, when the details of the submission for the tri-lateral UK-India-US UKIERI grant proposal was discussed. Prof Peter Mossey is second from left

### Origins of the trilateral partnership

A grant from the US National Institutes of Health (NIH) in the field of cleft lip and palate research, with myself and Professor Ronald Munger of Utah State University as two of the co-applicants, was administered by WHO between the years 2000 and 2004.

A series of consensus meetings was conducted to discuss and agree on research strategies for reducing the global health care burden of cleft lip and palate. These consensus meetings involved representation from India and parts of south-east Asia where there was a great deal of unmet need. Professor Munger was selected as one of the US representatives for his expertise in the field of cleft lip and palate and particularly the field of nutritional epidemiology and environmental factors in the aetiology of cleft lip and palate.

I was selected to provide expertise on genetics and gene environment interaction research. With the particular problem identified in India, negotiations began to target India as an area of the world in special need and dialogue on research initiatives have continued since. Documents on research strategies arising from these consensus meetings were produced by WHO and published and disseminated to all member states.

### Why India?

The prevalence of infant mortality in those who are born with cleft lip and palate in India is higher than infant mortality in patients born with clefts in the western world. The reasons for this require investigation and explanation, but may include feeding problems at birth resulting in malnutrition, aspiration pneumonia, purposeful neglect or even infanticide.

India has well-developed expertise in primary cleft surgery, but

Six-year-old Pinki before surgery

Pinki a few weeks after surgery – the scar is healing nicely

Pinki Sonkar received free life-changing cleft repair surgery in 2007, thanks to the Smile Train charity

access to that care is limited. India's expertise and profile in research in both genetics and environmental factors is developing rapidly, but is not matched by the efficiency of its administrative and governance systems.

The 2008 Academy Award-winning short documentary Smile Pinki illustrated the kind of problem that exists with children born with CLP in parts of rural India. Pinki Sonkar was ostracised in her local community and was not allowed to attend school because of her facial disfigurement.

Her parents were initially unaware of the possibility that her cleft could be repaired and in any case were unable to afford such surgery. The charity Smile Train, however, offered the surgery free of charge and, even though she was five-years-old when her cleft was repaired, this op has transformed her life. Accompanied by her surgeon Dr Subodh Singh She was invited to London to toss the coin for the 2013 Wimbledon Final (see page 13).

The Sri Ramachandra Hospital and Medical Research Centre in Chennai and St John's Hospital in Bangalore are examples of centres of excellence in both treatment and research, with a high throughput of patients and, therefore, they are regarded as exemplary research collaborators.

### Unique research

While maternal tobacco smoking is consistently associated with OFC (Little et al, 2004), this practice is not widespread on the Indian subcontinent. The exact mechanism of the effect of smoking on the developing embryo to cause a cleft remains unknown, but one hypothesis is hypoxia (Johnstone and Bronsky, 1995), and it was suggested that the principal mechanism may be through carbon monoxide (CO) production.

Solid carbon fuel-burning stoves are commonly used for cooking in parts of India, but to date, no study has ever been carried out on the association between maternal exposure to environmental smoke and risk of oral clefts. This proposal aims to look for the first time at domestic environmental smoke – that is, smoky environment due to cooking and heating in the homes of Indian people.

What is unique about this particular proposal is the fact that the Chennai group has developed a reliable system for the monitoring of indoor smoke exposure that includes CO assessment, and this project is attempting to extrapolate evidence of an environmental exposure – for example, maternal smoking (which is consistently associated with clefts in the west) – to a problem in the developing world.

### Aims and objectives

This application would simultaneously address three component parts that bring our complementary multi-disciplinary expertise from the three participating countries to bear. These are:

(a) nutritional assessment using locally validated food frequency questionnaires (FFQ)
(b) environmental exposure assessment using locally developed biomarkers and unique monitoring of the domestic environment
(c) maternal metabolism assessment with particular interest in maternal diabetes and folic acid/vitamin B12/homocysteine metabolism.

Continued »

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**Scottish tutors (Aberdeen) Jacqueline Fergus and George Glover** both hold a Master of Science in Implant Dentistry and are experienced GIFT regional tutors and mentors running courses from their state of the art facility in Aberdeen.

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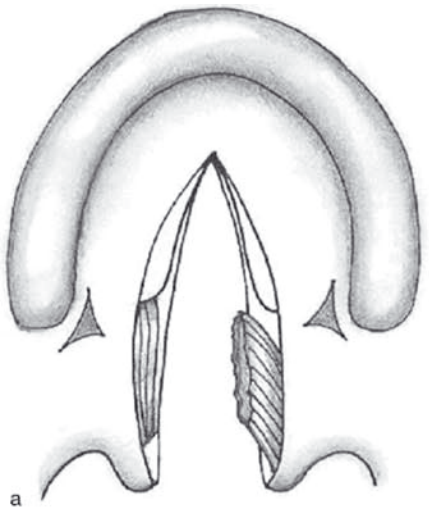
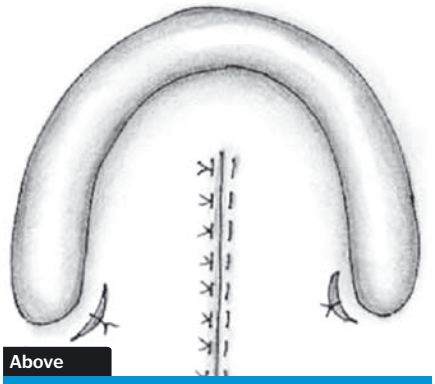
Professor Peter Mossey with Professor Puneet Batra (right) and his wife Dr Shweta (left) and colleagues in New Delhi



**Above**
Diagram illustrating cleft palate repair surgery

Continued »

**The specific project actions would consist of the following:**

- Recruitment through the Sri Ramachandra Hospital Cleft Lip and Palate Surgical Unit of mothers of children born with OFC in the past year and who have attended for primary repair of the cleft of the lip and palate.
- Recruitment of mothers of control children (without clefts) from a local community maternal hospital in Chennai, with matching criteria for children being: date of birth, sex and geographic location of birth.
- Obtaining consent for the three components of the study, i.e. nutritional, environmental exposure and metabolic markers with the knowledge that IRB approval has already been obtained.
- Eliciting the appropriate information on nutrition, environmental exposure and maternal metabolism via validated questionnaires.
- Obtaining a 5ml blood sample in EDTA tubes with an offer of screening for general health, diabetes and heart disease so that there is an immediate benefit to the participating mothers.
- Laboratory procedures to assess biomarkers of maternal nutrition, environmental exposure and maternal metabolism using unique and validated techniques.

### Potential for wider collaboration

There is a significant shift in emphasis in medicine and healthcare to seek a common risk factor approach to chronic diseases, and included in this is the WHO Global Burden of Disease Initiative that includes cleft lip and palate.

The issues in reproductive health include smoking, maternal metabolic syndrome, hyperglycaemia, diabetes and obesity, cardiovascular disease, and with risk factors such as smoking, alcohol consumption and nutrition, there is an opportunity for this research to be carried out in parallel with other major chronic diseases.

The choice of cleft lip and palate is because of its aetiology and that it is regarded as a sentinel birth defect because of the high level of ascertainment and, therefore, the findings in relation to cleft lip and palate may well be transferrable to a range of other birth defects, particularly structural birth defects such as congenital heart problems, genito-urinary, digestive tract and limb reduction defects.

**"The scientists from India bring special skills to research teams"**

### Partnership benefits

Research in the area of birth defects has demonstrated in the past that there are possibilities for generalisability of findings to populations around the world – and this applies to aspects of nutrition (e.g. folic acid and NTDs) and exposures (e.g. smoking and OFC).

There is also a recognition that as well as some aspects of research expertise and training being transported from the US and UK to India, the research expertise and the scientists from India bring special skills, expertise, work ethic and cultural qualities to research teams in the US and the UK.

The UK-India Education and Research Initiative (UKIERI) trilateral partnership (TRIP) grant enables such research to be conducted and the involvement of colleagues in the US and India helps fulfil not only the WHO terms of reference, but also the aspirations of the US Government in the Obama-Singh accord and pledges made by the UK Prime Minister David Cameron in his visit to India in 2011.

### The role of the University of Dundee in the UKIERI TRIP project

In August 2004, Dundee was granted WHO Collaboration Centre (CC) status for research into craniofacial anomalies and technology transfer. The Terms of Reference (ToR) in the agreement with WHO means that the University of Dundee has a remit involving setting up research projects in the developing world.

The University of Dundee WHO CC has assisted with research in the developing world, most notably in Nigeria and Brazil, and this expertise can be applied to the UKIERI project in the field of craniofacial anomalies in India. The College of Medicine, Dentistry and Nursing has selected craniofacial anomalies as one of the main areas of research activity and this is also supported through the Scottish Government's research priorities in oral health as detailed in the *Transforming Research into Better Oral Health in Scotland* document published in January 2011. ■

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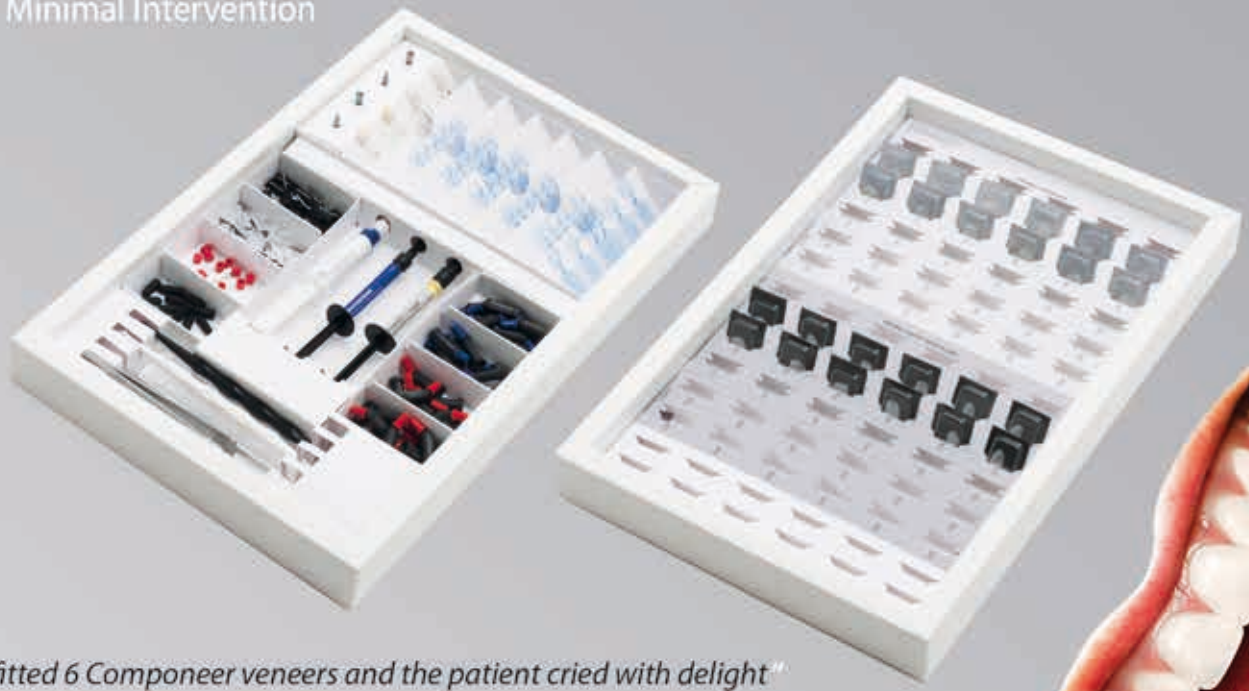

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# Getting to know you...

## Coltene's Scotland and Northern Ireland territory manager Helen Wilson tells us about her life and career

**Where are you from originally?**
Inverkeithing in Fife.

**What did you do before you got into dental nursing?**
I left school to be an electronic technician and I did this until I was made redundant in 1990. I wanted a change of career and a job vacancy in the local paper for a trainee dental nurse caught my eye. I applied for the vacancy and the post happened to be with a dentist just five minutes' walking distance from where I lived. I was offered the job and started my training in November 1991 and qualified 1993.

**Describe your journey from dental nurse to dental rep**
I worked as a dental nurse in practice for seven years and then a year with community dental service.

After that, I took time out of dentistry to open up my own sunbed/beauty salon, which I ran from 2002 to 2005. However, the business started to struggle in the second year, so I decided to find a job with more security to help support the salon. I was successful in getting back into dental nursing and, with help from family and friends, I worked full-time in dentistry and part-time in the salon. Unfortunately, it was not meant to be with the salon and I made the decision to close it down in December 2005.

Having had experience in the retail sector and enjoying the selling aspects of the business and in the dental practice, I was then smitten with the idea of being a sales rep. My first job in this field was with VOCO GmbH. I worked with VOCO from June 2006 to June 2011, when I was approached by Coltene to see if I was interested in joining its team. Coltene is a much more established company in the UK, so I jumped at the opportunity.

**What is the best thing about your job?**
As I am out on the road, one of the best things about my job is that I am in control of my own destiny. With input from my colleagues, I have the freedom to plan my days and organise my schedule as I see fit.

However, Coltene works as one big family and everything we do is as a team.

**Describe a typical day for you on the road**
A typical day for me involves contacting dentists to get appointments and following up on leads. On any given day, I could be up in Perthshire or down in the central belt. I will usually work by postcode areas, so I will visit every practice in one postcode and, depending on the number of practices, I might move over to the next one and try to get in to see as many dentists as possible.

**What sets Coltene apart?**
Well, this is Coltene's 50th anniversary (the company was founded in November 1963 in St Gallen, Switzerland) and it has grown from a local chemical business into a global dental company.

The company pioneered the development of white fillings to replace amalgam and has a strong reputation for the research and development of its products. We have production facilities in Switzerland, Germany, Hungary, Brazil and the USA, and we are now distributing to the growth markets of China, India and Brazil.


A little closer to home, I regularly do workshops and 'lunch and learns' on Smile to Go featuring Componeer, our innovative and easy direct composite veneer system. I love this element of my job as it allows me to get hands on and showcase this great system direct to dentists.

**What are your hopes for the future?**
I'm looking forward to my future work with Coltene and helping it carry on being an amazing company and a leading manufacturer.

Coltene is a great company to work for. I have great support from my colleagues down south and in Switzerland, and I have the freedom to work the way I want to work and plan my time accordingly. ■

# Preparing for retirement course 2013

Last few places remaining

## Edinburgh – Friday 20 September 2013

**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 (Edinburgh Airport). 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.

**Selling to a Corporate**: Steve McCarron of PFM Dental has over 10 years of experience in corporate dentistry including 5 years as an acquisitions manager with IDH. Steve reveals how corporates value a practice and helps delegates identify if their practice is suitable for a corporate buyer.

**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.

****New for 2013 – 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 and 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.

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# Elective reflections

## As he enters his final year of study, dental student Alasdair Regan looks back on his weeks of volunteer work in northern India

Completing a period of elective study is compulsory in order to graduate from Glasgow Dental School and a number of other dental schools in the UK. Many students choose to use this period to undertake dental volunteer work in a developing nation and it is often seen as something of a "rite of passage".

Having recently completed just such a project – in the town of Palampur in the north eastern region of Himachal Pradesh in northern India – I have taken the opportunity to reflect on the experience for *Scottish Dental magazine*, in order to offer any advice for students and any other dental professionals thinking of undertaking volunteer work.

When discussing these projects with my fellow students, we had several things in common that we hoped to achieve. Perhaps the most common aim for students bound for developing nations was more time spent extracting teeth. Older generations of Glasgow Dental School graduates often wax lyrical about the number of extractions they performed as students, and the skill of the oral surgeons at Glasgow Dental Hospital is testament to their hours of practice.

However, most students in my year feel like they have nowhere near this amount of experience, making it a priority for their elective. While this is an understandable, realistic goal for most students, it is important to always keep in mind the ethical implications of extractions and consider each patient and their needs on an individual basis. It is also essential to consider the patient's safety at all times.

Many volunteer projects operate in very remote areas and treatment is provided in 'camps', where volunteers set up temporary treatment areas. Time and resources are often limited and it can also be difficult to obtain a thorough medical history from patients – they may speak little or no English, be unaware of any medical problems and translators may not understand what you are asking.

Our group visited the Taj Mahal before the start of our elective work

These factors all increase the risk of complications resulting from extractions and, when operating without the safety net of the Southern General Hospital's maxillofacial department, extractions can seem more intimidating. Therefore, it is important to always consider the necessity of the extraction, the health of the patient and discuss any concerns with fellow volunteers, supervisors and the patient.

### Time pressures

This leads to another of the most common aims for volunteer work – the opportunity to work in a high-stress environment. Time constraints do not often cause a problem for students in GDH compared to daily working life in general dental practice (with the exception of Friday afternoon in the Oral Surgery treatment area), as we manage our own restorative patients and consultant clinics are well controlled.

Therefore, many other students and I found ourselves hoping for the opportunity to have more patients to treat, less time and fewer resources in order to prove to ourselves that we are ready for the challenges of working life as a dental professional. However, it is again necessary to consider the ethics and safety of every working situation, continue to strive to deliver the highest standard

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Working conditions at the government-funded school were quite different from what I was used to


Gregor mixing GIC in our makeshift clinic

Continued »

of care possible and not to undertake any task or treatment which you are not comfortable with.

The opportunity to travel is one of the biggest appeals to most students. Dentistry is a demanding course, and we do not get the long summer breaks afforded to most students, narrowing the scope for travel.

Therefore, the six-week elective period, followed by the five-week summer break is seen by many as the last opportunity to enjoy an extended period of travel before working commitments take priority.

### Logistics

Trying to make the most of this experience can become a bit of a headache as flights, trains, visas, vaccinations and many other considerations must be arranged while simultaneously studying for final exams and juggling patients, but is undoubtedly worth the hassle, as travelling with friends and fellow students is a once-in-a-lifetime experience.

Myself and numerous other students found STA Travel extremely helpful, as its flights are comparable to any prices found online and the staff were always keen and available to offer any advice.

Humanitarian projects are not without risk to the volunteer. Knowing how to stay safe when travelling is essential and litigation is a common concern, with MDDUS offering free elective indemnity to students which is quick and easy to obtain. But the main area of concern is needle stick injuries. The threat of sharps injuries is omnipresent in the dental profession both at home and abroad – however, in developing countries, there are additional complications.

**"Despite all of the risks and concerns, the main appeal of these projects is the opportunity to provide care and help to a vulnerable population"**

Sterilisation processes and cleanliness are often far lower than we are accustomed to. I observed numerous practices in India which would not be tolerated in the UK, particularly the reuse of instruments such as forceps, mirrors and even gloves and endodontic files on different patients without sterilisation.

Safe disposal of sharps is also of a lower standard – we resorted to using a glass water bottle for disposal of our sharps when working in camps and, as noted earlier, it is often difficult to obtain a complete medical history. Considering that India has an HIV population of approximately 1.6 million and a hepatitis B population of approximately 1.1 million, these factors added a new level of danger to sharps injuries.

However, there are a number of steps which can be taken to minimise the dangers. Post-exposure prophylaxis kits are essential, and while they are expensive (£100 per kit) they take two years to go out of date – meaning we managed to get kits at a discount from groups in the year above who took kits but did not use them. A protocol for the disposal of sharps is also essential, as it will minimise confusion and the length of time that used sharps are present in the working environment, as well as ensuring all sharps are disposed of as safely as possible.

That said, the most important factor in minimising the risk of sharps injuries – as with working at home – is personal vigilance. A keen awareness of which instruments are being used, how to use them, where they are, how to dispose of

Continued »

## FURTHER TRAVEL ADVICE

A *Lonely Planet* guide to the countries you are planning to visit is almost as essential as a passport, and there are a number of useful websites such as:

**Trains**
www.seat61.com for booking trains worldwide

**Accommodation**
www.agoda.com
www.hostelbookers.com

**Health**
www.nhs.co.uk/travelhealth for country-specific advice on all matters pertinent to health.

# "During my time in India I saw poverty I had never imagined, and dental health is clearly a low priority"

Continued »

them – as well as good clinical knowledge and skills – is by far the best means to prevent sharps injuries and volunteers should not feel pressurised into undertaking any tasks or treatment which they are not comfortable with.

The link between poverty and dental disease has long been established, so it is no surprise to find that dental health is often neglected in developing nations.

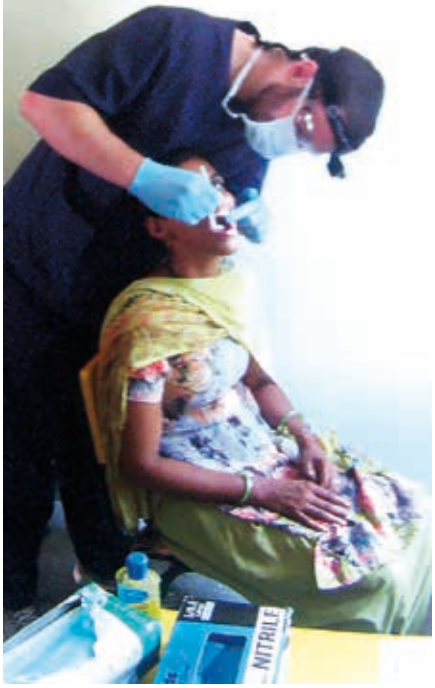
During my time in India I saw poverty I had never imagined, and dental health is clearly a very low priority, with gross caries and abscesses often left untreated for long periods as patients cannot afford the basic fee of 50 rupees (around 70p) to have the tooth extracted.

I am yet to meet a fellow student who did not find providing essential treatment and the gratitude expressed the most rewarding aspect of the entire experience, and it is important to remember that helping those in need – rather than personal or professional development – should be the main reason why medical and dental professionals undertake volunteer work. ■

## ABOUT THE AUTHOR

Alasdair Regan is a dental student at the University of Glasgow going into his final year. His main areas of interest are oral medicine and oral surgery, and he recently completed a three-month training programme in minor oral surgery with the oral and maxillofacial department at Forth Valley Royal Hospital.

My work included treating a staff member at Palampur's School for Mentally Handicapped Children



# Teaching anatomy in 3D

## NHS Education for Scotland launches world first for dental teaching

The world's first anatomically accurate and interactive 3D head and neck learning resource is being piloted at six teaching laboratories across Scotland.

The 3D Digital Head and Neck was developed by the Digital Design Studio (DDS) at the Glasgow School of Art in association with NHS Education for Scotland.

The 3D Head and Neck will enable dissection education to be taken to the next level. Construction of the model required careful dissection of a cadaver, with laser scanning at each stage, to ensure that all anatomical details were captured in three dimensions. DDS then used its expertise to reconstruct the head and neck and develop software that could manipulate the model.

This extremely accurate model and software allows students to dissect the head and neck virtually, whether this is by rotating the head and neck, zooming in on specific areas or focusing on discrete anatomical structures such as nerves or blood vessels as often as they like. When used in one of the 3D teaching laboratories, students can immerse themselves in the anatomy of the head and neck and appreciate the relationship between different structures from any angle.

Professor Paul Anderson, DDS director, said: "It is the highest resolution 3D model of a human male head and neck currently available in the world, which includes dynamic transparency and culling of volumes.

"It enables immediate recognition of related anatomical structures, from superficial to deep, thus allowing easy identification of structures that may be at risk from medical or surgical intervention."

Integral to the development of the interactive anatomy model was the development of an innovative, interactive dental injection simulator. This simulator gives students the opportunity to feel what it is like to give a dental local anaesthetic injection and links this with the anatomical model to check that the injection would have been successful.

The simulator allows students to practice giving injections as often as they want with no consequences to patients and helps them feel less apprehensive when giving their first injections to real patients.

In fact, dentists at Dundee and Glasgow Dental Schools involved in the testing of the simulator have commented that, despite their years of experience, they feel more comfortable giving injections having used the simulator.

To ensure that dental teams and undergraduates are able to take advantage of the new educational resources, NES has invested in state of the art 3D teaching laboratories in Aberdeen, Dumfries, Dundee, Glasgow, Inverness and Stornoway.

All the centres are linked and it is possible for a tutor in one centre to lead a lesson with students at multiple centres at the same time. This capability is already being used by hygiene/therapy students of the University of the Highlands and Islands based in Dumfries, Inverness and Stornoway.

Dr David Felix, NES dean for dental training, said: "The project has produced user friendly resources which put Scotland at the forefront of education and training internationally, not just within dentistry but also for other disciplines." ■

Fig 1 The model strips away layers, to show muscles here

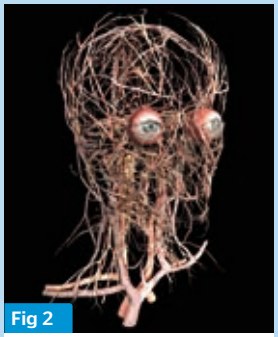


Fig 2 The nerves of the head and neck on their own

Fig 3 Skull bones can be manipulated in the model

Fig 4 The injection simulator in action, complete with alternative views

# A golden celebration

Paul McNeill, BDS Glasgow 1963, describes the events that made up the recent 50th anniversary alumni reunion held in Glasgow

Our reunion came about as a result of the research and considerable detective work of super sleuths Norman Roback and Richard Day, who planned a three-day event held in June with meticulous attention to detail.

They found us – in whichever continent we were hiding – and dispatched regular email briefings with detailed plots and timings with military-like precision... and even booked us into a local hotel via the university's conference and visitor services.

Our undergraduate year group included students from all parts of Scotland, as well as England and Norway. Special ties existed then between the universities of Scotland and Norway and these links are as strong now as they were in our student days – as evidenced by the return of former colleagues from England, Norway, Canada, America and home to be part of the reunion.

Dinner at Glasgow Art Club
Below right: Dr Carlos Miguel talks former students through teaching advances

### Day one – evening

Thus, fully briefed, 20 of us including partners assembled for our first meeting on the evening of 10 June for an informal cocktail night in the Grosvenor Hilton Hotel which, cunningly, afforded us the opportunity to seek each other out with the aid of name tags as most of us had not clapped eyes on each other since graduation day June 1963.

### Day two – morning

Fifteen former and two active dentists were graciously welcomed by Professor Jeremy Bagg, professor of oral microbiology and head of Glasgow Dental Hospital and School, in the recently renovated laboratory in the dental hospital.

After his introduction, Prof Bagg left us in the very capable hands of Dr Carlos Miguel, senior university teacher in oral biology. Dr Miguel told us about the advances made in the teaching of histology, incorporating the students' use of individual iPads which also permitted a dialogue between student and teacher, with an inbuilt facility to study histology even outwith the lab, as well as the added ability for the teaching staff to assess students' progress.

We were then invited to examine, on individual microscopes, a slide of a foetal head which could be simultaneously shown on the teaching monitor (of course we immediately recognised it!). We were conscious of very competent background staff who could not resist photographing this motley crew of celebrity former dentists as we sat in wonder as to what was coming next.

We did not have long to wait as Dr Miguel then introduced us to the field of 3D imaging, which is a revolutionary ongoing research project in the dental hospital and includes, among others, Dr Aileen Bell from the Digital Design Studio of the neighbouring Glasgow School of Art and the anatomy deptartment of Glasgow University.

Wearing our 3D glasses, we were then treated to an Oscar-worthy performance of the human skull exploding before our very eyes into its 22 component bones and the free-floating graceful movements of the

Continued »

Continued »

complete dentition in perfect morphology as they performed a dental ballet showing all their graceful facets! Wow!

It became crystal clear to us that the role of the ancillary personnel/technicians in this teaching hospital was paramount and that their skills were of the highest quality. We concluded that, with their iPads and visual aid techniques, the students' ability to learn the disciplines of anatomy and histology must be greatly enhanced.

As if that was not good enough, we were then taken to the old hospital quarters once patrolled by professor Gibson, known affectionately as 'The Gib', and offered another 'dem'. The dem consisted of the completion of a class I filling in a plastic molar within the jaws of the firm favourite – the phantom head of Garnethill! Composite filling material was most professionally incrementally placed in the waiting molar and shown to us by yet another indulgence to today's students – the closed circuit camera link. We were grateful to Dr Andrew Crothers for this last demonstration but, unfortunately, we only had time left for a few words from our sponsors, Ivoclar Vivadent, who had sponsored the materials and the finger buffet which followed in the modern canteen (no sign of Sadie!). Thanks to all staff in the Glasgow Dental Hospital and School for an absorbing and thoughtful morning.

**Day two – evening**

The evening roll call revealed that 29 colleagues, including partners, had assembled in the premises of the famous Glasgow Art Club in Bath Street. Following a cocktail/canapé reception, we were treated to an evening of very fine dining – thanks again to the organisational and enterprising skills of Maestro Richard, who ordained that speeches would be limited to one or two sentences.

Despite this edict, one male member present was so moved by the occasion that he felt compelled to lead us in two emotional choruses of: "We're all together again, we're here we're here!" By the end of the night, the consensus was

Pictured at the University cloisters are (from left) Mairi McNeil-Lande, Mary Hardie, John Hardie, Richard Day and Diana Day

## "By the end of the night, the consensus was that complete bonding had occurred"

that complete bonding had occurred and that the evening was reminiscent of evenings years ago in similar company.

**Final day – morning**

The activities of this day had been arranged in the main through the splendid people of the University Development and Alumnus Department, who had given so much help and guidance to our organisers.

Being aware of our 50th anniversary, they had invited us all to attend the Commemoration Day Honorary Graduations. This event started in early morning with a service in the University Chapel for the Commemoration of Benefactors of the University, followed by the honorary graduations in Bute Hall and finished with lunch in the Hunter Hall.

The combination of the University Chapel Service with splendid choral singing, the grandeur of the Bute Hall, the mini reception in the Cloisters, and lastly the luncheon in the Hunter Hall with a special mention of our golden anniversary by the principal in his speech brought to an end our three-day event.

Our master planners Richard and Norman excelled themselves. They have left us with abundant good memories topped off by the production of an updated yearbook full of memorabilia. This was edited and produced by Norman's daughter, Ylana, and circulated to us all with Norman's compliments.

Our special thanks and hopefully continuing the ties we offer to Glasgow University and Glasgow Dental Hospital and School, who welcomed us in 1958 and welcomed us again in 2013! ■

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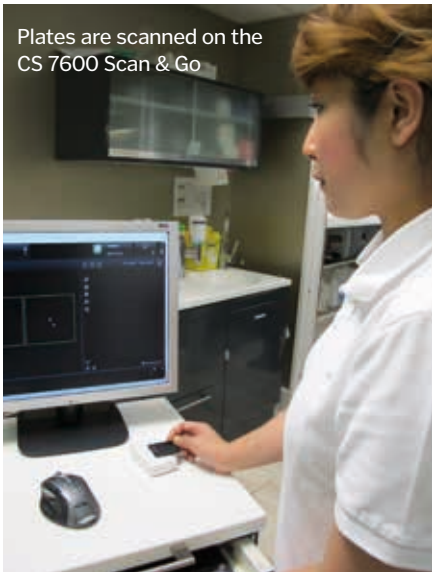
The CS 7600 provides an efficient workflow and reduced patient chair time – both key concerns in general practice. ■

*Contact ernesto.jaconelli@carestream.com*



Plates are scanned on the CS 7600 Scan & Go

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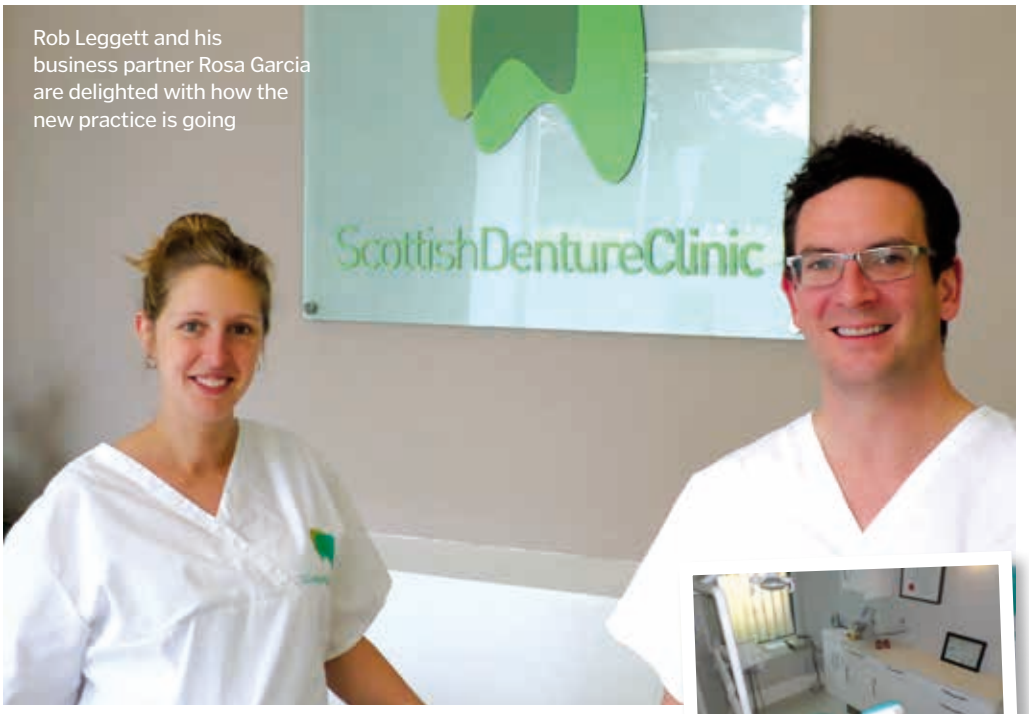
Giving a hand to oral health

# Relaxed, quality service

## Scottish Denture Clinic opened its doors in January



Rob Leggett and his business partner Rosa Garcia are delighted with how the new practice is going



Just a stone's throw from Bruntsfield Links in Edinburgh's leafy southside, Robert Leggett's new practice has already managed to blend in perfectly with its surroundings.

The clinical dental technician (CDT) opened his doors in January and he has been pleasantly surprised by the response from the local area and further afield. Robert said: "It only took half an hour on the first morning for the phone to ring. But it was a long half hour!

"Since then we haven't looked back, the response really has been beyond my expectations."

Originally from Linlithgow, he studied dental technology at Edinburgh's Telford College (now Edinburgh College), graduating in 1997. After a short spell at a Glasgow laboratory, he joined the Glasgow Dental Hospital in 1998 and stayed there until 2005, when he was taken on by the Edinburgh Postgraduate Dental Institute (now the Edinburgh Dental Institute).

He then worked for two years in the community dental service in West Lothian before enrolling on the UK's first CDT course through the Royal College of Surgeons, qualifying in 2009. He joined a dedicated CDT practice in Fife, where he worked for three years before striking out on his own.

"I've always been quite ambitious," he said. "And, as I live in Edinburgh, I wanted to find a place in the city to open my own practice."

Robert started looking in earnest in September 2012, focusing his search on the southside of Edinburgh. He said: "I was always looking at the southside, mainly because there is quite a big residential area and also because it is the right demographic.

"I looked at quite a few properties, specifically those with a high street presence as I was keen to get that level of exposure to the public and the passing foot trade."

After two months of looking, he found the ideal premises – a former mortgage shop in the Bruntsfield area just a few minutes from the city centre and within a short walk of the Meadows. Terms were agreed and work began on 10 December, with the aim of being open in the new year.

Robert and his business partner, Rosa Garcia, who qualified from Telford College in 2006 with a HND in dental technology, worked through Christmas along with friends and family to get the practice ready for business. With no major structural work to be done, the team replastered the walls, painted and laid new flooring. Rosa's partner, a painter and decorator, was also on hand to help with the painting as well as fitting the cabinetry in the surgery and the downstairs laboratory. Robert then sourced a chair from China on the recommendation of a colleague, importing it and fitting it himself.

As well as placing adverts in the national press and local directories, Robert contacted as many local dental practices as he could to start building relationships and let people know they were there and what services they offer.

After the first few months, it appears that his legwork has paid off in style. He said: "The response has really been beyond my expectations, and I think one of the main reasons for this is that we have been working very closely with the local practices and getting referrals from them."

His clinic can produce and fit all dentures – removable full dentures without a treatment plan while for partial and implant-retained dentures they work in conjunction with local practices, both GDPs and specialists. "Often edentulous patients are not registered with a dentist," he explained.

"I will carry out an oral

Continued »

**"The response has really been beyond my expectations, and I think one of the main reasons for this is that we have been working very closely with the local practices"**
Robert Leggett

Continued »

health assessment as well as a full aesthetic consultation with the patient to show them what their options are. Where the patient shows interest I refer them to a specialist implant practice for placement of implants. The patient would then return to the clinic for the dentures to be constructed.

"Working in this way allows me to fabricate custom dentures, using Ivoclar Vivadent's Phonares tooth range and Heraeus Kulzer's impression materials, to the patient's individual needs ensuring the highest quality of clinical and laboratory standards throughout.

"We are currently referring on average two implant cases per week. One of the advantages we have over a busy dental practice, is that we can spend a bit more time with them."

They also explain to patients, especially edentulous patients, that they like to see them every nine months to review, not only to check the fit of the dentures, but their oral health as well. This is especially valuable for those with full dentures if they are not registered with a GDP.

Now that the Edinburgh practice is established, Robert plans to open another clinic in Glasgow, with his long-term plan to expand around Scotland over the next 10 years. The Glasgow clinic is due to open later this summer, and Robert hopes that the staff will enrol on the Edinburgh CDT course when it starts up again.

"Our ethos is quite simple," he said. "To see a limited amount of patients in a relaxed environment and produce high-quality appliances." ■

# Extra family protection – with tax relief, too

## While the NHS provides some protection for families through the NHS superannuation scheme, there are limits on the cover available

With the constantly rising cost of living, there is invariably a shortfall if the bread-winner's income ceases – and those left behind struggle financially. Most households are sadly underinsured and, usually, the first time this is recognised is when someone dies.

Having had to deal with many death claims, we have never had someone who died with 'too much life assurance', nor a widow who returned a cheque because the amount was excessive.

### Life cover with tax relief for directors and employees

There are now many dental practices which operate with limited company status. This gives them an opportunity to provide additional life cover, which can be paid for from pre-tax profits. It can apply to the owners, their spouses (if employed) and all their staff. (For the self-employed, sole traders and partnerships, other opportunities may be available.)

This can be done using Revenue-approved trust deeds. These allow fixed-term life assurance to be a deductible expense for the business, with no tax or National Insurance implications nor benefit in kind charges for the individual, and where the proceeds are paid on death to the deceased's family as a tax-free lump sum. This is effectively 'group life cover' where the 'group' can be as small as one individual and where no prior registration or approval is required by the Revenue to set up the scheme.

A number of leading companies now offer this cover and we are able to consider them all, not only from a premium perspective, but also with the knowledge of the providers' underwriting criteria, administrative efficiency and financial strength.

### Conditions

With the tax benefits of this type of protection there are specific conditions which must be applied and adhered to:

- The company/employer pays the premium as a deductible expense for corporation tax (or income tax) purposes.
- Premiums are not treated as a benefit in kind for the individual and there are no tax implications – no National Insurance contributions are payable.
- Claim proceeds are paid as a tax-free lump sum, under trust to the individual's family or nominated beneficiary.
- Cover is restricted to 15 x 'earnings' which can include salary, bonus, dividends and existing benefits in kind.
- 'Earnings' can be from a group of associated companies.
- There is no need to reduce cover if earnings drop as this need only be declared at outset.
- It provides for life assurance only (no other benefits are permitted).
- The maximum term is to age 75, whereby the plan must cease.
- If the employee leaves employment, he/she can continue to pay premiums personally, however no tax relief is permitted.
- If the employee gains new employment, the plan can then be assigned to the new employer, which could commence paying the premium, whereby the tax relief would again apply.
- Premiums do not count towards your Annual Allowance for pension purposes (this is especially relevant for practitioners in lieu of changes to accrual rates for pensions and reduction in Annual Allowance for pension purposes).
- The policy proceeds are not included in Lifetime Allowance for pension purposes (again this is especially relevant following the reduction in Lifetime Allowance announced).

Many owners/directors of a limited company view this as an ideal opportunity to have the costs of additional life cover effectively subsidised by the Revenue. For your employed staff, it is essentially a way to provide them with an employee benefit in a very tax-efficient manner. The employee could, of course, be your spouse, partner or other family member who works within the practice.

As life assurance has become much more competitive in recent years, it may even be possible to examine existing cover and premiums to determine if any net benefit could be achieved by reassessing these plans for the tax benefits through a thorough research process and the ability to compare all aspects first. Your age, together with health will, however, be an important consideration when conducting such an exercise.

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### ABOUT THE AUTHOR

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# Articulator selection and clinical stages

In the second in his series of articles on advanced restorative techniques, Dr Paul Tipton looks at the full/partial mouth reconstruction

The full mouth or partial reconstruction is one of the most challenging procedures in restorative dentistry. In order to successfully restore and maintain teeth, the dentist must find out why the teeth arrived at this state of destruction. Tooth wear can result from abrasion, attrition, and erosion as well as iatrogenic problems with previous restorations.

Research has shown that these mechanisms rarely act alone and there is nearly always a combination of processes. Evaluation and diagnosis should account for the patient's diet, the present state of the occlusion and dental history. Emphasis must be placed on the evaluation of occlusal prematurities preventing condylar seating in RAP.

Factors that may contribute to parafunctional habits or bruxism are important to understand and manage in order to successfully restore and maintain the newly restored dentition. When there is a complete understanding of the etiology of the current condition a treatment plan can be established, taking into account the number of teeth to be restored, condylar position, space availability, the vertical dimension (VD) of occlusion, the choice of restorative material and the choice of articulator and ways of programming it.

## Articulator selection

There is a large choice when assessing what type of articulator is correct for the patient and restoration. In terms of classification, articulators range from hand held casts or simple hinge articulators to fixed condyle or average value articulators to semi-adjustable and fully-adjustable.

When dealing with the complexity of the full mouth or partial reconstruction the choice narrows to average value versus semi-adjustable versus fully-adjustable. The accuracy of the articulator also depends upon how it is used and programmed. All of these articulators require the use of facebow, arbitrary or kinematic (to record the true hinge axis) to mount the upper cast. Mounting the lower cast to upper cast is then done with an individual jaw registration taken at an open vertical if mounting around RAP and closed vertical if mounting around ICP.

Finally, with the semi-adjustable and fully-adjustable, programming of the posterior (condylar) determinants of occlusion can be done using lateral and protrusive check bites, cadiax recording or by using a pantograph.

The more adjustable the articulator the more accurate the restoration can be. However, all articulators have limitations and are only as accurate as the dentist/technician that is using it.

## Restorative stages – case study one

This gentleman was referred for treatment of his severe upper anterior wear. The patient was over closed and, due to the wear, now in a pseudo-class III edge-to-edge occlusion (Fig 1). After initial diagnostic stages which included cosmetic imaging, diagnostic waxing (Fig 2) etc., the patient was ready for initial tooth preparation.

## Tooth preparation

This will be dependent upon the type of restorative material to be used, for instance PFM, scanned and milled porcelain, adhesive porcelain. Whilst the shift in recent years has been to all ceramic restorations, the PFM is often the restoration of choice as it allows a more conservative prepara-

Fig 1 – Anterior tooth wear and class 3 occlusion due to loss of VD

Fig 2 – Diagnostic wax-in

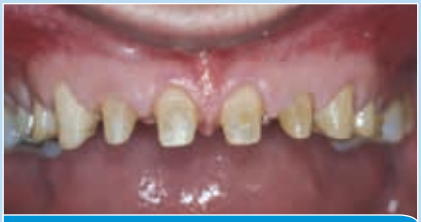

Fig 3 – Tooth preparation and dentine bonding

Fig 4 – Luxatemp prototypes fitted

Fig 5 – Final restoration with class 1 occlusion and ideal anterior guidance

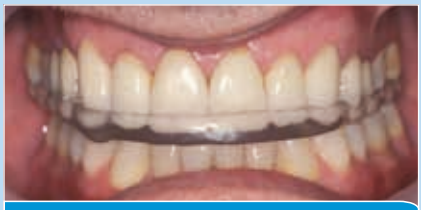

Fig 6 – Post-restorative occlusal splint

Fig 7 – Final close-up

Fig 8 – Initial presentation showing worn upper dentition

Fig 9 – Hopeless teeth removed

tion on both anterior and posterior teeth with only part of the gingival margin area prepared for porcelain (labial) and the rest a conservative 0.5mm light chamfer for metal (Fig 3). There is also the added longevity in both of these areas of the mouth (the reader is referred to the work of Shillingburg for a full description of PFM crown preparation). In this instance, the classic PFM crown was used to restore the upper 10 anterior teeth.

Tooth preparation should be done in stages so as to maintain control of the condylar position and vertical dimension. Providing the patient has adequate posterior stability (from amalgams, cores, prototype crown etc) then the initial tooth preparation should be the upper and lower anterior canine -to-canine teeth.

When completing a full-mouth reconstruction, upper and lower preparations should done together so as to be able to establish ideal anterior guidance in both protrusive and lateral movements. Once prepared, the dentine is sealed and prototypes are relined with 'Luxatemp' (DMG), trimmed and fitted (Fig 4). No impressions or jaw registrations are taken at this time.

The aim of the tooth preparation stage is, over three long visits, to place prototypes on all the teeth and then to spend time reassessing occlusal planes, aesthetic concerns and, of course, occlusal scheme and comfort of the patient.

The long-term success of the final restoration is directly proportional to the skill and time in preparing and planning prototypes and their adjustments. It is easy to lose vertical dimension, occlusal stability and ideal sealing of the condyle in the fossa if this stage is hurried.

If increasing vertical dimension then either the timing of the preparation and prototypes is changed to accommodate all initial procedures in one week or full occlusal contacts need to be re-established on posterior teeth during the interval between fitting of the anterior prototypes and the final segments of the posteriors.

### Impressions/jaw registrations

Once the patient has confirmed that they are happy with the aesthetic appearance, is symptom free, having an ideal occlusal scheme with multiple contacts on all teeth and the condyles in RAP with smooth shallow anterior guidance, the next stage of treatment is to take impressions and jaw registrations. This can be done in several ways.

A similar sequencing of events can occur as anterior prototypes are removed, retraction cords placed, teeth re-prepared, sealed and impressions, jaw registrations and facebow recordings made with the posterior prototypes maintaining occlusal contacts, vertical dimension and a stable RAP position.

Alternately, there are times when the full arch needs to be delivered to the patient at one go. This may be the case when anterior and posterior teeth are linked together in bridgework; there are limited number of appointments; patients are travelling long distances or vertical dimension is being increased on the fully adjustable articulator. This then requires the use of duralay bonnets or copings on all teeth and the use of a pick-up impression.

Once anterior impressions, jaw registrations and facebow recordings are taken again, the prototypes are relined, trimmed, cemented and are adjusted once more.

### Try-in stage

The anterior restorations are now produced by the technician to the biscuit bake or 'try-in' stage and are tried in the mouth and the occlusion is adjusted using the mouth as the ultimate articulator.

### Cementation

As described earlier, all articulators have limitations as do the materials and techniques we use. Once upper and lower have been checked and adjusted they are sent back to the technician for glazing and then to the dentist for cementation (Fig 5). This same sequence is then performed on one side of the mouth with upper and lower posteriors and then finally the other side of the mouth.

### Conclusions

Patients requiring full mouth or partial reconstruction usually are, or have been, bruxists. As such they may often brux again, which is one of the limiting factors to the longevity of our restorations. Careful post-restoration occlusal adjustment and refinement are essential, followed by the post-restorative occlusal splint for night

Continued »

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# "Her examination revealed several hopeless teeth"

Continued »

time wear (Fig 6). The final smile is shown in Figure 7.

**Case study two**

This lady was referred with a failing dentition, periodontal disease and TMJ dysfunction (Fig 8). Her examination revealed several hopeless teeth and an almost edge to edge occlusion with limited anterior guidance on her anterior teeth.

In view of the limited guidance available, the fully-adjustable articulator was chosen as the posterior determinants of occlusion and posterior guidance (condyles) have a greater bearing on mandibular movements and occlusal anatomy.

Following our standard diagnostic procedures, several teeth were removed (Fig 9), prototypes relined with 'Luxatemp' (DMG) and fitted (Fig 10), implants placed and the occlusion was adjusted so that RCP=ICP around RAP. A reorganised approach was used so as to reduce TMJ dysfunction and provide the patient with the ideal five principles of gnathology (occlusion).

The articulator was programmed by using a facebow (Fig 11) and the cadiax (Denar) (Fig 12) to record intercondylar distance, immediate and progressive side shifts and the shape of the superior and posterior walls of the fossa (Fig 13).

The goal of the restoration was to move the maxillary teeth forwards and move the mandibular teeth posteriorly by occlusal adjustment, thereby establishing a deeper overbite and overjet and better anterior guidance (Fig 14).

The final smile is shown in Figure 15. ■

Fig 10 – Protypes placed

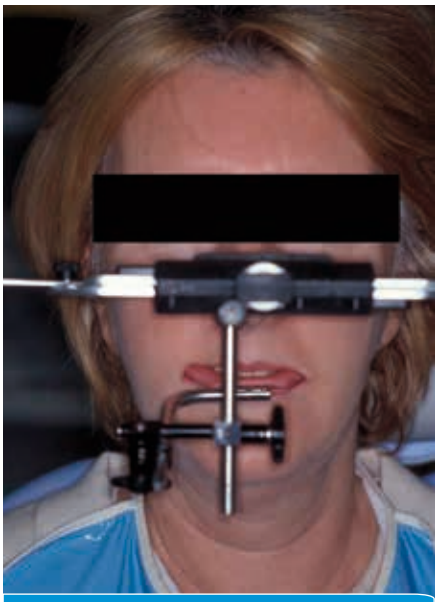

Fig 11 – Facebow recording

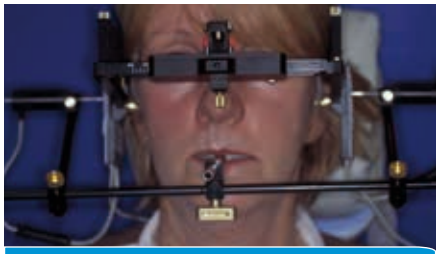

Fig 12 – Cadiax recording

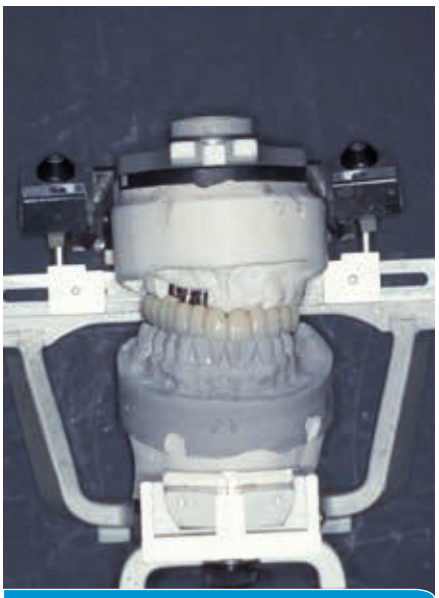

Fig 13 – Restorations on the fully-adjustable articulator

## ABOUT THE AUTHOR

A highly respected specialist in prosthodontics, Paul has written many articles for the dental press and is an expert lecturer in his field with Tipton Training Academies in Manchester, London and Dublin. After gaining his Masters degree in conservative dentistry in 1989, he was awarded the Diploma in General Dental Practice by the Royal College of Surgeons four years later and received specialist status in prosthodontics in 1999 from the GDC.

He is currently the President of the British Academy of Restorative Dentistry (www.bard.uk.com) and is a past-president of the British Academy of Implant Dentistry,

He takes referrals at the T.Clinic in Manchester and London (www.drpaultipton.co.uk)

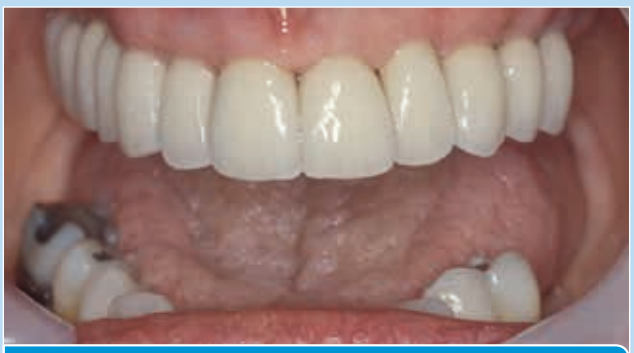

Fig 14 – Full upper arch complete

Fig 15 – Final Smile – close-up

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# tional expansion

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## The reassurance of a fully digital workflow

**Intraoral scanners**. Multiple demonstrations were given at the shows, of the 3Shape scanner, for which AVINENT and CORE3D are official distributors.

**Components, free library.** From planning through to restoration, AVINENT andCORE3D believe in "open platform" digital solutions and they have developed all the components and processes required for a truly complete digital workflow.

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AVINENT presented their new OCEAN implant for the first time at the Mediterranean Dental Forum (FDM) in Barcelona. Maintaining the very successful Biomimetic Advanced surface as used on the CORAL implant, the new implant incorporates innovative features in terms of geometry to make the implant suitable for all types of cases.


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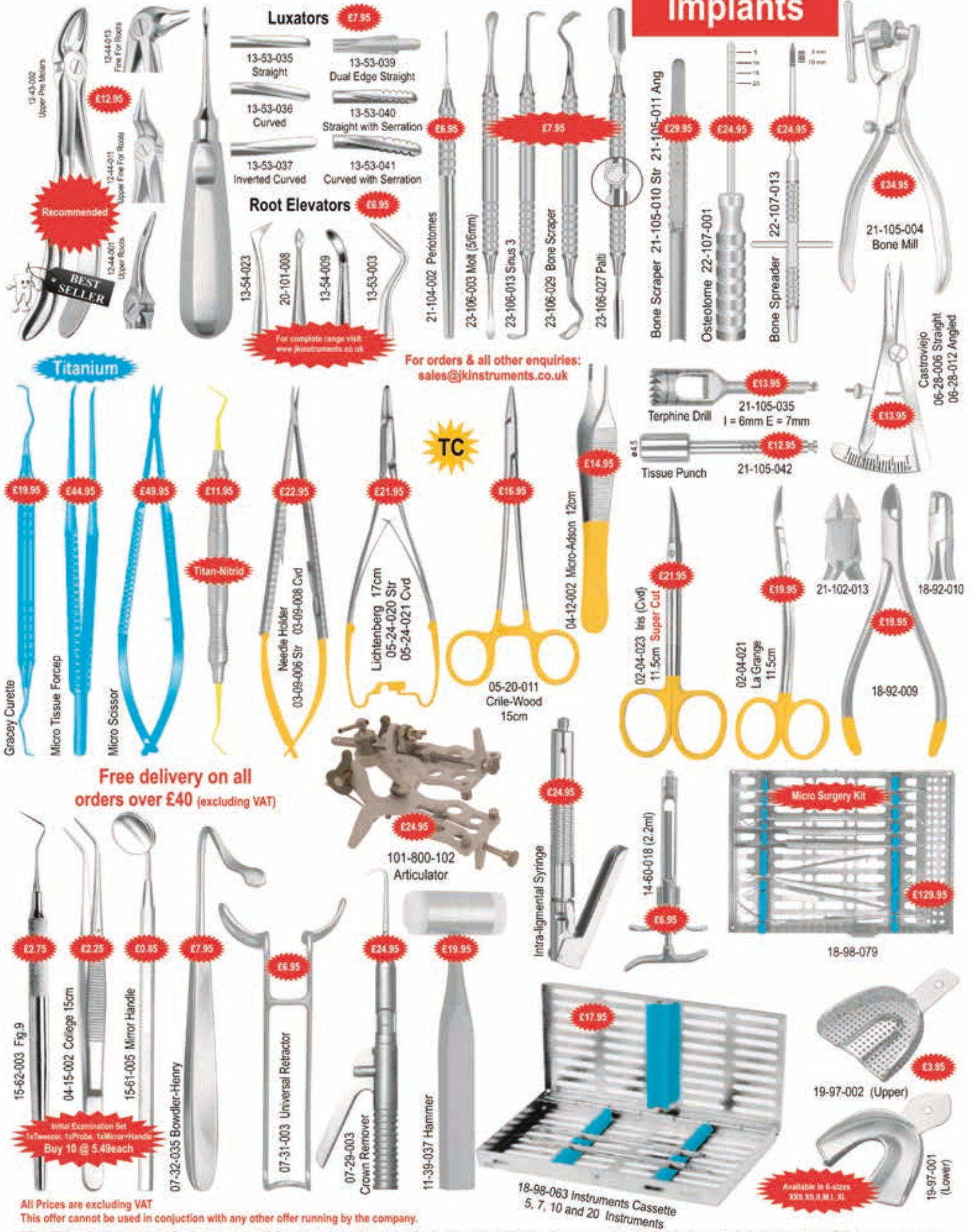


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# A patient-removable full arch upper fixed bridge

Dr Willie Jack describes a case of an implant supported bridge that provides a win-win-win for patient, technician and dentist

When contemplating replacing failing upper teeth with an implant solution, patients would mostly prefer to have a bridge that is permanently fixed to implants.

However, the main challenge with this is that they often have an uphill battle to maintain good oral hygiene, especially if the bridge has good anterior lip support as this will make flossing almost impossible.

On many occasions, I have had to opt for a full upper removable denture, retained using Locator abutments as the lip support required was too great to be accommodated within a bridge which resulted in effective oral hygiene practices (in addition, some of these full arch permanently fixed bridges have challenges with phonetics for months after completing a case).

I have made dentures which are neater than a conventional full upper denture as they omit the palate, but this is quite complicated as it needs to be reinforced with chrome cobalt; relines often being impossible. They do work well, but, of course, although retention is improved with the Locators, the denture is still tissue borne.

My ideal restoration would be a fixed bridge that is wholly implant borne, gives full lip support and is removable so the patient can maintain good oral hygiene. I have tried several designs but, until recently, all have been a compromise.

In most cases, there are two reasons why I prefer to use Straumann SLActive implants:
1. The SLActive surface is bioactive and allows for rapid osseo-integration.
2. Tissue level implants have a built in 'collar' of titanium so that the prosthetic connection is positioned away from the bone crest.

These two factors help to achieve a high level of integration with bone that is then maintained over the long term. I have used many other dental implant systems over 20 years but have returned to using Straumann due to the systems' predictability and reliability.

## Treatment plan

The patients' posterior teeth had been adversely affected by periodontal disease (Figs 1 and 2) and had been extracted previously; the patient was then left with the six upper anterior teeth only, all of which had some degree of mobility (Fig 3).

She wanted to avoid a removable denture at all costs and was willing to function without any posterior teeth during the duration of the treatment. Eight weeks after the posterior teeth were extracted, six implants were placed at upper 542/245; both upper lateral incisors were extracted and immediate implants placed (Fig 4).

Fig 1 Pre-op retracted

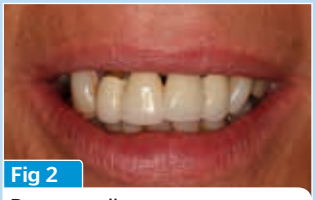

Fig 2 Pre-op smile

The premolar sites were of reduced bone height and volume due to bone loss from previous periodontal disease and, especially on the upper left side required guided bone regeneration using BioOss and BioGide (Geistlich Pharma AG). All implants were closed with closure screws for a two-stage closed healing protocol.

If I had placed four implants rather than six, this would have reduced the cost, but I wanted to have a full arch bridge and I knew I had enough bone volume for two implants on each side distal to the canines. Placing six implants will reduce the load on each of the implants and give a greater safety margin in case an implant was to fail (with only three implants the case would be unrestorable).

Just prior to placing the

Continued »

**"The patient wanted to avoid a removable denture at all cost"**

## SUMMARY

**Case selection**
ascertaining tissue loss and lip support required
identifying adequate bone quantity & quality

**Treatment planning**
- deciding when teeth need to be extracted
- is it possible to avoid a denture during the provisional stage?
- one or two stage approach
- osseo-integration timescale

**Implant predictability and reliability**
Straumann SLActive implants – tissue level

**Bridge accuracy and design**
Dentsply Implants Atlantis ISUS 2in1 primary and secondary bridge

Continued »

implants, the upper lateral incisors were extracted and the remaining four anterior teeth were prepared for a six-unit bridge. Using a prefabricated stent made from a diagnostic wax-up, a six-unit provisional bridge was made chair-side using Schottlander's Quicktemp.

The implants were then left to heal and osseo-integrate and the soft tissues to settle.

After three months, the provisional bridge was removed and all six Straumann implants were uncovered and checked for stability using the Osstell ISQ device. This gives an objective reading as to the implants' stability and can be compared to the reading taken at fixture placement.

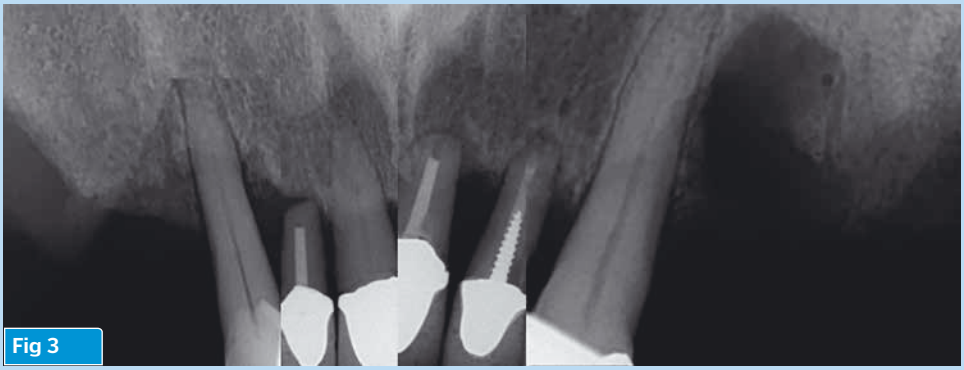

Fig 3

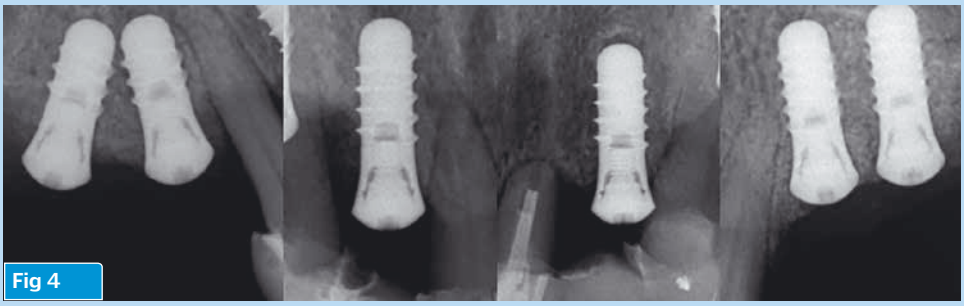

Fig 4

Once osseo-integration had been confirmed, the remaining four anterior teeth were extracted, and Straumann provisional abutments (synOcta Post for temporary restorations) were placed in the four anterior implants with healing abutments in the two most distal implants.

The same prefabricated stent was then used to provide an eight-unit bridge, fully supported on these front four implants. The tissue and the extraction sites were left to heal for one month before the patient was seen again to take full arch impressions.

Stuart Smith and his team at West Surrey Dental Laboratory (WSDL) in Walton-on-Thames (01932 253402, wsdl.co.uk) undertake all my laboratory work – from single crowns on teeth and implants to these complex full arch cases. For this case, they now provided a wax bite block and denture try-in. Once the final 3D design had been checked and agreed, the lab then took over for the next stage, fabrication of the final prosthesis.

Dentsply Implants has a great new product which fits the bill perfectly here. Called Atlantis ISUS 2in1, it is a milled titanium bar and matching bridge which is patient removable. The bar or primary superstructure is connected directly to the fixture heads and can be milled to connect to more than 250 implant systems.

The bridge, or secondary superstructure, fits over the bar by friction fit and then, in our case, locks into place by using pins with a button head towards the back of the

Continued »

Fig 5
The milled titanium bar

Fig 6
Another view of the bar prior to placement

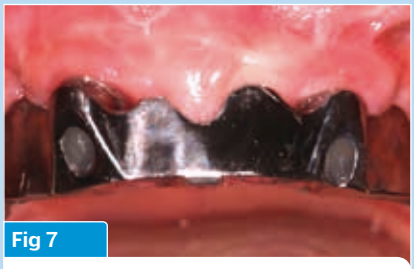

Fig 7
Bar in place

Fig 8
Bar in place

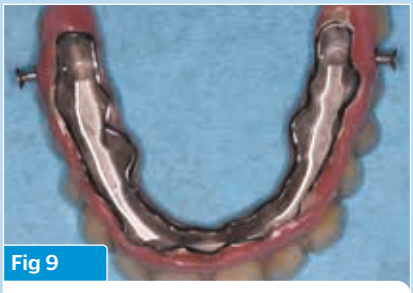

Fig 9
The bridge prior to placement

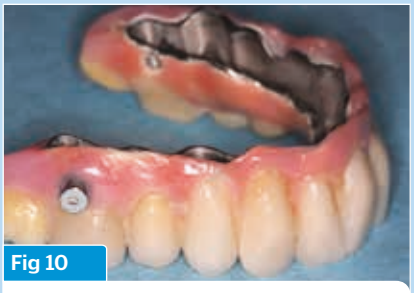

Fig 10
Side view of the bridge

Scottish Dental magazine **58**

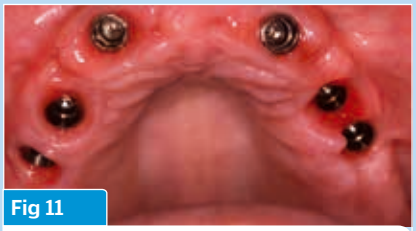

Fig 11
Implants in situ

Fig 12
Final smile

Fig 13
Retracted view

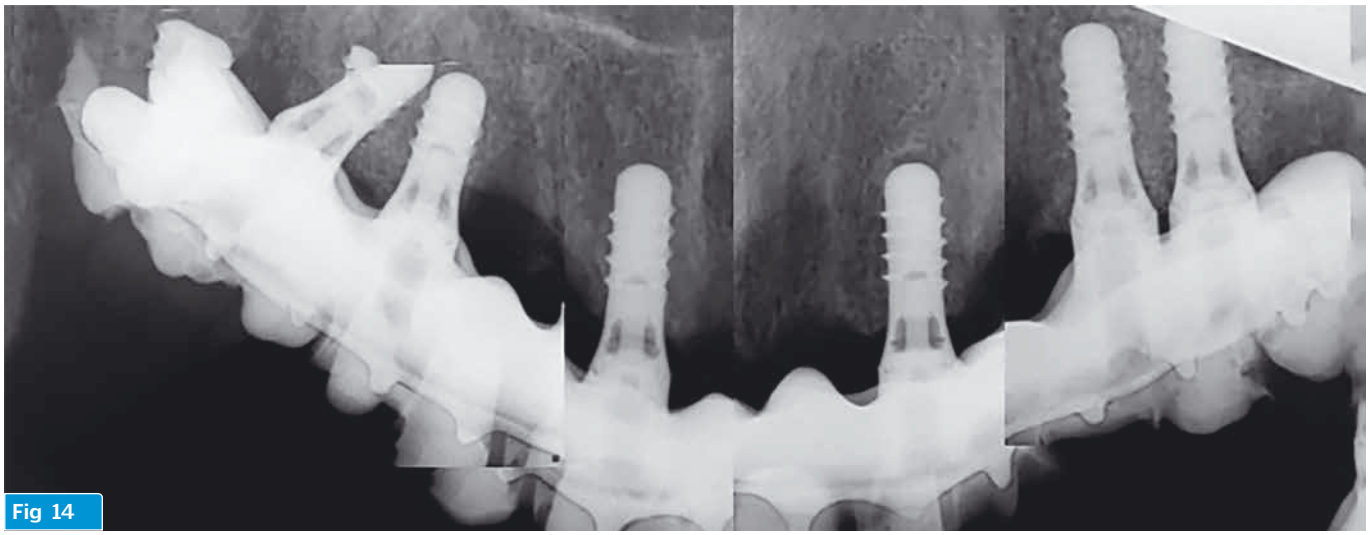

Fig 14

Continued »

bridge. You can see from the photographs that the inside of the bridge is a perfect fit for the bar. In fact, when I was trying everything out chair-side, I put the primary and secondary together to check the fit and I had quite a task to separate them again! (Figs 5 to 10)

At the fit appointment, I removed the provisional screw-retained bridge and the healing caps from the most distal two implants. With some trepidation, I picked up the bar and fitted it to the six implants. I needn't have worried as the fit was perfect.

You can see from the photographs that the bar fits perfectly on the soft tissues and this high degree of accuracy can be confirmed from the X-rays. Likewise, the bridge fitted evenly and snugly over the bar, with no sign of blanching or rubbing of the tissues.

What did require adjustment was the pins and the amount of acrylic around them. Patients do require a degree of dexterity to manipulate these and so, Stuart Smith at WSDL made up a couple of tools to push out the pins from the palatal. After a demonstration, the patient quickly got the idea of the angle and force required to push the pins out. I prefer to use acrylic teeth for a bridge such as this as it will be easier to adjust and maintain in the future.

Like all Dentsply Implants products, the bar is very well milled and, being made in 100 per cent titanium, the tissue response is positive as can be seen from the photo of all six fixture heads (Fig 12) – this was one month after the fit.

Patients do have to be shown how to clean underneath the bar using toothbrushing and flossing, but if there are any problems, the bar can easily be unscrewed from the fixtures if adjustments are required to allow floss to pass easily underneath.

This case was the second of four similar cases with others in the planning stages. All round a win-win-win situation for patient-technician-dentist (Figs 12 to 14). ■

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## ABOUT THE AUTHOR


Dr Willie Jack BDS (Univ Ed), DGDP (RSC Eng), MGDS (RCS Ed), MMedSci Oral Implantology & Biomaterials (Univ Sheff), qualified from Edinburgh in 1983, initially working as a community paediatric dentist for Lothian Health Board. He moved to Wales in 1985 to established an NHS practice, going private in 1990.

He has been placing implants since 1991 and in that time has placed over 3,000 implants in more than 1,000 patients.

He currently splits his time between Ludlow in the West Midlands and Edinburgh at Stafford Street Dental Care.

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# Dispelling inhalation sedation myths

## Janet Pickles from RA Medical Services describes why every dental practice should be availing themselves of inhalation sedation

The recently published SAAD (Society for the Advancement of Anaesthesia in Dentistry) Frame Tool: 'Guidance for Commissioning NHS England Dental Conscious Sedation Services'* serves to highlight the enduring useful tool that is inhalation sedation for dentistry.

The report commences with the advice: "Pain and anxiety control is central to modern ethical dental practice and should be a priority for all dental practitioners during the delivery of clinical care for their patients."

Despite this, only a small percentage of dental practitioners in the UK actually avail themselves of this useful and easy-to-use form of pain relief. The reasons for not doing so are varied but include 'expensive to install' and 'bulky equipment'. This perception is incorrect – modern inhalation sedation equipment does not have to be either and can be very discreet, depending on the type of installation available.

In other countries, usage figures vary between 50 per cent and almost 100 per cent of dental practitioners, compared with about 5-10 per cent currently in the UK. However, those figures are growing steadily as GDPs recognise the value of this equipment to their working practices.

Many GDP's are beginning to acknowledge what a useful addition this equipment is when dealing with nervous or phobic patients and, due to its vaso dilator qualities, nitrous oxide sedation is extremely helpful when cannulating for IV sedation, for example. Once the equipment is installed, it is always ready to go – only requiring cost-effective annual maintenance and a surgery management plan to include the use of a simple checklist prior to any equipment being employed.

An extensive range of inhalation sedation equipment will be on view at the BDTA Dental Showcase at the NEC in Birmingham on 16 to 18 October on the RA Medical Services Stand F11, along with a friendly team who will be available for help and advice. In addition, a range of information leaflets on various associated topics and the latest catalogue will be on display.

A further new venture for 2013 is a series of lectures, being run at regular intervals over the three show days, on the subject of inhalation sedation. These will be conducted by Richard Charon, a well known GDP with 37 year's experience, who has provided more than 8,000 administrations of inhalation sedation to anxious dental patients. He has also run 36 one-day, hands-on training courses in inhalation sedation for GDPs, specialists, therapists, hygienists and dental nurses.

Richard also mentors dental professionals to certified competency in this discipline and is an approved mentor for SAAD and DSTG (Dental Sedation Teachers Group). Since 2001, he has also written a variety of articles on the subject for Smile-on.com and a number of dental journals.

These lectures will provide verifiable CPD and offer a 'taster' on the subject. Participants will also have the opportunity to view equipment and discuss any requirements or upgrades.

Attendance at these 20 minute lectures will be an ideal opportunity to consider the idea of enhancing your business with this known and proven practice builder. If you would like to pre-book a place, please email info@ramedical.com stating which day and lecture time you would like. Lecture times are:

- Thursday 16 Oct: 12pm, 2pm, 3pm
- Friday 17 Oct: 11am, 12.30pm, 2pm, 3.30pm
- Saturday 18 Oct: 11am, 12.30pm, 2pm, 3.30pm

The lecture theatre on stand F11 can seat up to 20 persons and it is anticipated that demand will be high, so early booking is recommended. If further information is required, please email or telephone on 01535 652444. ■

** Guidance for Commissioning NHS England Dental Conscious Sedation Services. A Framework Tool SAAD May 2013*

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# Uncovered: five online patient booking myths

By Dr Sandeep Senghera BDS, CEO and founder of Toothpick

Online booking is set to become the next big thing in dentistry – it will sit up there alongside the likes of CAD/CAM, practice management software and other revelations that have taken the dental world by storm.

The best thing about it is that your practice will be open for bookings 24/7, ensuring increased visibility to patients and reducing stress on reception staff.

Despite the evident cost-effectiveness of this innovative marketing approach and the potential practice profitability, there are still some discerning dentists who need convincing – and some 'myths' to be dispelled – before they realise this will become a lifeline for your practice, as online booking sweeps the globe.

**Myth number one: patients will fail to attend**

FTAs are one of the most common myths surrounding online booking.

The online booking system you partner with should ensure that only pre-vetted patients are delivered to you.

A reliable system will ensure that each booking is genuine by sending a pin code via text message to each new patient before they can confirm their booking.

This way you have a verified contact number for your new patient, so you can take a deposit, or if you want to send an SMS reminder, you can.

**"You don't need to spend money on a new practice website to start benefiting from online booking"**

**Myth number two: it's going to mess up the diary**

Diary control is a key part of every successful practice – it's something that must be retained.

With online booking, you can still retain 100 per cent control of the diary and decide which appointment slots – as well as their duration – you want to be visible online.

This level of control allows you to book off that all-important weekend break to paradise without worrying about the online system filling any unavailable appointments.

It works in the same way you use a normal diary.

**Myth number three: we can't take pre-payments**

Just like when booking a hotel, a confirmation email is sent to the patient once the booking is made – this includes your cancellation policy and a clear note that the reception will be in touch to take pre-payment or pre-authorisation of the patient's credit card.

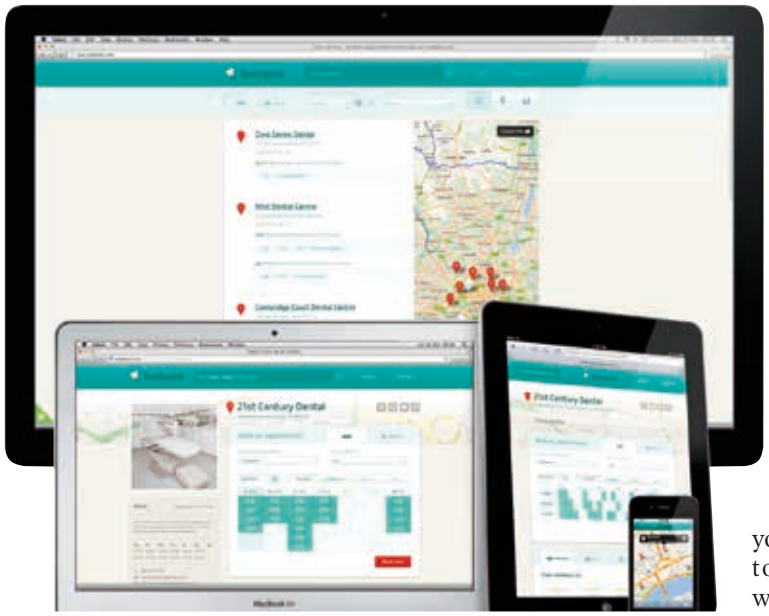
You then give them a call, and the relationship starts to develop.

It works the same way that your current system does, apart from the fact that your reception staff have another task removed from their list, leaving them more time to confirm the increased number of bookings your practice will be receiving.

## ABOUT THE AUTHOR

Sandeep has combined his 10 years of experience and knowledge as a practising Dentist with a passion for internet technology to create Toothpick. As co-founder and CEO, Sandeep devised the online booking platform and manages day-to-day operations.

Prior to launching Toothpick, Sandeep built a successful start-up dental clinic in central London which he exited to embrace the technology necessary to create Toothpick. His idea is to simplify the appointment booking process by bringing together dentists and patients via a live online platform. Sandeep is a former committee panel member of the British Dental Association and holds a number of dental qualifications including a Bachelor of Dental Surgery from the University of Liverpool.



**Myth number four: we need a great practice website**

If your practice is one of the 50 per cent of UK practices that doesn't have a practice website, fear not!

You don't actually need to spend your well-earned money on a new practice website to start benefiting from online booking.

Signing up to online booking with some systems offers you a 'find-a-dentist' website in itself – giving you a professionally designed and intuitive practice profile that displays all the key information to drive patients to your practice.

You can even buy a web address tailored to your practice that redirects to your online booking webpage – for example www.yourpracticename.co.uk

Best of all, you maintain full control of this page and can change it whenever you like.

**Myth number five: I'm not going to get any patients**

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# How strong are your systems?

In our last article 'Making your time work for you' (June/July 2013), director of Turner Accountancy Ltd, Damian Turner, set out the importance of prioritising your time and setting measureable targets in order to help make your practice more profitable.

In order to set and measure your targets, you must have the financial systems in place which provide the information you need. This will help you benchmark your performance against your previous performance, and against the targets you have set. There is a direct correlation between the best performing practices and the strength of their financial systems.

If you have an interest in tracking your performance to enhance profitability and practice management, here are some points to consider:

- Identify, measure and track your 'key performance indicators'. These KPIs can be used as a ready reckoner for how well you are doing in working towards the targets set in your action plan. Some examples of KPIs would include revenue generated per patient, number of new patients, number of complaints, and profitability by Associate. If you can't measure it, you can't manage it.
- Ensure you are getting your practice accounts prepared as soon as possible after your period end. This means the information you are reviewing has a degree of currency and not out of date before you get the chance to consider them. Ask your accountant if they offer a guaranteed turnaround time.
- Consider whether your practice book-keeping is capable of producing reliable interim management accounts. You may wish to ask for help from your accountant to prepare these on a regular basis i.e. quarterly or half-yearly. Management accounts will give you the information to take corrective action if expenses start to balloon/profit starts to drop, and do so sooner rather than later.

Many of our clients choose to include the preparation of interim management accounts and an interpretation of KPIs as part of their fixed-price menu of services with us.

Meeting on a regular basis such as this can help focus your mind on what is adding to your bottom line, and help put in place an action plan. ■


## ABOUT THE AUTHOR

Andrew Morrison FCCA is client service manager at Turner Accountancy Ltd, a chartered accountancy firm offering specialist value-added accountancy, taxation and financial services to the medical sector.

# Incorporation – will it work for you?

I attended the latest quarterly meeting of the Association of Specialist Providers to Dentists (ASPD) during which we spent some time debating the thorny matter of incorporation and dental bodiets corporate (DBC). Some of the common pitfalls covered during the ASPD meeting included:

### Taxation

While the headline rate of corporation tax (paid by the DBC) is 20 per cent, the remaining post-corporation profits belong to the company and there are potential personal tax consequences if the dentist requires the money out of the business for personal use.

### NHS superannuation scheme

My understanding remains that both listed and unlisted dental body corporate contractors are not eligible for the NHS Superannuation Scheme. An individual GDP can register patients and thus become listed, which triggers eligibility for the scheme, but can this income then be treated as the DBC's income for tax purposes?

### Post-tax profits

These concern any profits voluntarily retained within a business by the owners. Such retained profits need to be attributable by individual dentist necessitating 'behind the scenes' allocation workings.

### Surgery property

There are arguments for and against holding the property in the DBC – most of these points of argument centre on tax. It is vital adequate research is carried out here making careful consideration of all vehicles available to own the property.

### Income streams

Certain NHS income streams are not paid by local health boards to DBCs. While the rules have relaxed in certain areas over recent times, I strongly advise that direct contact is made with the local Health Board and written clarification obtained.

Trading as a DBC is one of the biggest decisions to be made by dentists and, while research in advance will never provide cast-iron guarantees, it should certainly eliminate most of the potential pitfalls. If you are trading as a DBC and have concerns, all may not be lost, but you need to act quickly to gain assurance that all is well. ■

*The advice in this column is for Scottish dentists and not all of it will apply UK-wide.*


## ABOUT THE AUTHOR

Roy Hogg is a partner with Campbell Dallas chartered accountants, Contact him on 01786 460 030 or at roy.hogg@campbelldallas.co.uk

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# Understanding business, **ensuring success**

CCW Dental work hard to understand the ethos of your practice so they can tailor their advice to your specific needs

**"We want to be your business adviser, not just your lawyer"**

It's easy for businesses to call in the lawyer only when there is a crisis or major event – a move to new premises, perhaps, or a challenging situation with an employee.

But is that really the best way to ensure you get the best and most cost-effective advice? Of course not.

At CCW Business Lawyers, we recognise that 'the legal stuff' isn't enough anymore. If a law firm is parachuted in for a crisis, it won't understand the ethos of your practice – your culture, values and business objectives.

If your lawyers really do understand your business, the kind of people you are and what makes you tick, they are far more likely to deliver the very best result and to resolve challenging issues more quickly and effectively in the best interests of your business.

By working closely with you to understand your practice, we can offer proactive, practical and cost-effective advice, tailored to your specific needs. We understand clients are interested in results and solutions, not paperwork and problems and that's how we work at CCW Business Lawyers. We want to be your business adviser, not just your lawyer – and we hope we can have a few laughs with you along the way too.

If you attended the Scottish Dental Show in May, you will likely have visited the stall where towers of bricks were constantly built... and constantly fell down. That was CCW – lots of laughs to break the ice before moving on to the legal stuff. We pride ourselves on being friendly, approachable and fun. Law doesn't have to be boring! This approach doesn't mean we aren't serious about law; CCW lawyers are always utterly professional in their dealings with clients and are good at the legal stuff too. There's just more to CCW than that; we believe that if we genuinely understand you and your business, we'll do a much better job for you.

We can provide first-hand advice on the many challenges faced by small and medium sized businesses, since we are one too. This certainly doesn't impact on our outlook and client base though, as we continue to act for clients throughout the UK and beyond, from our offices in Edinburgh, Fife and Salisbury.

CCW has considerable experience in the dental sector and can offer advice on property or employment matters, how to structure your business, how to set up a new dental practice or even business succession planning. At all times, we will marry experienced advice with a commercial focus, to give your business the very best result.

With that in mind, we have built relationships with high-quality bankers, accountants and quantity surveyors so we can join up the dots to give your dental business the best service possible across the board.

To sum up, CCW Business Lawyers will offer you a comprehensive, professional and competitive legal service – and much more – to ensure we always deliver the best results for you.■

## CONTACT

To contact CCW Dental, phone 0845 22 33 001, visit www.ccwlegal.co.uk or follow @CCWdental on Twitter

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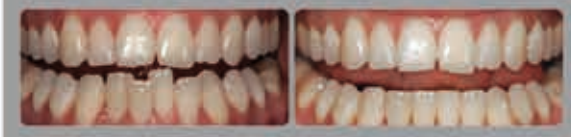

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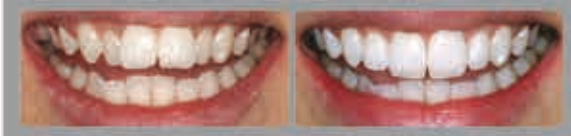

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# Understanding your cover

## Neil Taylor explains what makes Taylor Defence Services different

Taylor Defence Services (TDS) launched in March 2012 and has had massive interest. A few telephone calls, meetings and 18 months later the company is growing at a remarkable rate. Dentists now phone and ask to join as they have heard what is actually on offer.

Approximately 95 per cent of all TDS clients have met with me and discussed their requirements, rather than just signing for cover as they qualify. Having my mobile telephone always switched on and being available at anytime has been crucial to the development of the business.

Prima facie professional liability insurance and professional indemnity look the same, however, there are so many differences it would be difficult to list. There appears to be an element of competition with respect to pricing for cover. This is not the intention of TDS as the prices were fixed with insurers after lengthy negotiations. I have no input in this at all. Cost comparisons are, in my opinion, very dangerous as the product being compared is very different to indemnity products.

TDS currently charges £50 per dentist per annum for service provision, thereafter introduction to a policy of insurance. It is a legal requirement if you are a client of TDS that you purchase a full binding policy of insurance compliant with GDC regulations, UK and European Law.

Currently, as a dentist in Scotland you can either purchase professional liability insurance, such as introduced by TDS, or an 'indemnity arrangement' as this will now be the new section 26A(d) to the Dentists Act 1984 as amended from the previously titled and to be enacted section 26A 'insurance'.

Purchase of an insurance policy with retroactive cover means that from the date of signature all work carried out in the past is covered within the terms of the policy. This is not the same as an indemnity

arrangement as some indemnity arrangements do not cover work retroactively.

At retirement, the policy will afford five years of free run-off cover, after which you can purchase more if necessary – currently £100 per annum. At TDS there are no hidden costs.

Inferences that discretionary indemnity products are better than a full binding policy of insurance is very concerning. ■

# Giving dentists a brighter future

Martin Aitken Financial Services Ltd is a firm of Independent Financial Advisers offering specialist advice to members of the healthcare professions, especially dentists.

There has never been a more important time to seek independent financial advice if you are a dentist, associate or an employer in the dental profession.

Pension legislation is continually changing, with the next set of changes due to impact on 6 April 2014, relating specifically to the Annual Allowance and Lifetime Allowance.

The Annual Allowance shows how much can be contributed to a pension scheme in any one year and if your contributions exceed the limit, you are in for a nasty shock, in the form of an excess tax charge at your highest marginal rate – this could be as much as 45 per cent.

Currently, you can contribute up to £50,000 and this is due to reduce to £40,000 from next April. You can also look back at what has been paid in the previous three years to determine if there is scope to make a larger contribution by carrying forward any unused relief. For a member of a defined benefit scheme (SPPA) the calculation is complex in arriving at whether or not the limit has been breached so it's important to take professional advice.

The Lifetime Allowance shows the maximum amount which can be held within a pension environment, currently £1.5 million and reducing to £1.25m from next April. The calculation to determine how much of this allowance has been used is by no means straightforward and again, take professional advice to see if you are close, at the limit or indeed likely to breach it. ■

*Martin Aitken Financial Services (MAFS) offers specialist financial advice for individuals and businesses. Phone 0141 272 0000 or email mafs@maco.co.uk MAFS Limited is authorised and regulated by the Financial Conduct Authority.*

# Single-minded focus, leading-edge service

Stark Main & Co Dental's team of experts has extensive knowledge of the dental market

Award winning chartered tax advisers and accountants Stark Main & Co Dental have recently opened a new Edinburgh office focusing entirely on advising the Scottish dental sector. With this single-minded focus, the company is well placed to maximise dentists' potential.

Stark Main & Co Dental works on a 'deeper' basis than you would traditionally expect, using an analytical approach to drive forward its clients' results.

Deliberately choosing to work with fewer clients affords the firm time to advise its clients fully and to work as part of their team. The results speak for themselves and include a 100 per cent success rate in raising finance, an average of £25k per annum tax saved per dental client (£86k for practice acquisitions) and higher than UK average profitability, achieved consistently.

With a bespoke solution delivered to each dental client Stark Main & Co Dental's 'entry level' service includes absolute compliance with tax and accounting affairs but also includes guaranteed proactivity, fixed fee certainty, analysis of performance and full benchmarking feedback with continued targeted advice on tax reduction, profit enhancement and practice improvement.

Director Ian Main said: "We work with our dental clients to exceed their goals. We are focussed on being the accountant of choice for the Scottish dental market." ■

## AWARD WINNERS

British Accountancy Awards 2012 – *Scottish Accountant of the Year*
Practice Excellence Awards – *UK Small Firm of the Year 2012*
SBB Excellence Awards – *Employer of the Year 2011*
Accountants Club – *UK Firm of the Year 2011-2012*
Featured in the book *The UK's Best Accountancy Practices* (2011)

# Sit and relax

Good looks can sometimes belie the comfort of a dental chair, which is why Takara Belmont now offer their luxurious super-soft upholstery on a wider range of treatment centres, ensuring patients are as relaxed and comfortable as possible.

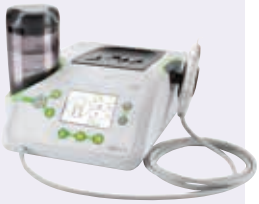
Not only is this new range of upholstery ultra soft, by virtue of its additional padding and quilted stitching, it's also available in large range of colours.

A comfortable and reliable operating chair is a prerequisite for a relaxed working environment. If your patients are not positioned properly, they may experience discomfort, especially when undergoing lengthy treatments.

Many patients are also unaware of the investment and functionality of a Treatment Centre, so the new Ultrasoft range is a tangible benefit for them.

*Contact Takara Belmont on 020 7515 0333 or e-mail dental@takara.co.uk*

# The piezo scaler with a difference



W&H's Tigon+ is a piezo scaler that optimally meets the needs of the patient and dentist.

Tigon+ provides the patient with temperature-controlled irrigant spray avoiding irritation, even for sensitive teeth, making the Tigon+ the patient's choice.

The five preset programmes save valuable user time while three power modes allow gentle working. The handpiece with five LEDs ensures perfect illumination of the treatment area. The Tigon+ display allows easy navigation and function setting, showing which programmes are in use.

*For further information on W&H products and services, please contact W&H (UK) Ltd on 01727 874990 or email marketing.uk@wh.com*

# Assistina 3X3

W&H are delighted to have launched a brand new concept in handpiece cleaning and lubrication. The Assistina 3X3 sets a new standard in handpiece hygiene and maintenance as it is the ideal device for internal and external cleaning and lubrication of all handpieces.

The Assistina 3X3 is the most thorough handpiece cleaning system currently available, cleaning and lubricating three handpieces in three steps for ideal handpiece care. Assistina 3X3 provides an extensive cleaning process, combining thorough cleaning of internal spray channels and transmission parts with external handpiece cleaning and precise, consistent automatic lubrication of all internal components.

The new Assistina 3X3 forms an ideal part of your decontamination routine as it is validated to remove commonly encountered microbes in the dental surgery, with a cleaning efficacy of over 99 per cent.

*Phone 01727 874 990 or marketing.uk@wh.com*

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## W&H: for the latest in technological innovation

Visit W&H on stand H10 at BDTA Dental Showcase for the latest news and special offers on handpieces, surgical and decontamination products. W&H is launching a number of innovative products, developed as a result of working with customers to meet the needs of dental professionals, including: an exciting new range of top-quality handpieces in the Synea range; the new Assistina 3X3, the most thorough handpiece cleaning and lubrication system currently available; the Piezomed, the minimally invasive, maximally effective surgical unit; the new range of surgical handpieces, including the WS-91, the first high-speed contra-angle handpiece with a 45 degree head and 1:2.7 ratio.

Visit W&H on stand H10 for show promotions, to meet our specialist team and try both new and established products.

*For more about W&H products and services, including W&H Rental Schemes, visit stand H10 or call 01727 874 990.*

## Innovation on show

The BDTA Dental Showcase provides the ideal opportunity to update visitors on the latest innovation in dentistry. Oral-B, which is a Gold Sponsor of this event, will be exhibiting its leading power toothbrush, the Oral-B Triumph with SmartGuide, which incorporates novel compliance-enhancing technology using a unique remote display and comes with a broad range of refill heads.

Oral-B's latest Pro-Expert Gum Protection toothpaste will also be available to delegates and reps will be on hand to advise delegates how they can gain free CPD, including the company's popular Up To Date seminars and Dental Summary Review. Visitors interested in CPD are also encouraged to check out www.dentalcare.com, which details the latest programmes as well as news, practice support material and samples. This website is constantly updated to ensure it contains novel material that will benefit users.

*For more information, call 0870 242 1850.*

## Carestream – here to help

How could the latest technology benefit your practice? And which equipment would suit you best?

Get expert answers from Carestream Dental at the BDTA Dental Showcase on stand P05.

The display will include CS Solutions, a system that enables you to scan, design, mill and place restorations in a single appointment; AutoPost, an innovative alternative to paper communication with patients; and RVG 6500, which produces digital radiographs to the highest resolution (20lp/mm) in the industry.

*For more information, please call 0800 169 9692 or visit www.carestreamdental.co.uk*

## Dürr Dental at M07

Want to save time, money and improve your diagnosis? Then head to Dürr Dental on stand M07 at the BDTA Dental Showcase to see just how technology has evolved and, more importantly, how it can improve your dentistry.

The company has just launched two new scanners: VistaScan Combi View and VistaScan Mini View. The former is a universal scanner for both intra and extra-oral film – the latter is suitable for all intraoral formats.

Also on show will be the Dürr VistaCam iX and launching this autumn will be VistaIntra, an X-ray generator for intraoral images.

Imaging is not the only area of innovation. The company's Tornado compressors have been upgraded, making both the one and two-cylinder systems exemplarily quiet and their energy consumption particularly efficient.

For hygiene matters, Dürr Dental's range provides complete peace of mind as it doesn't just protect against bacteria and fungi, it is also fully virucidal. This means that it destroys all viruses, both enveloped and non-enveloped, such as polio and Norovirus.

## Real show stoppers

If you're thinking about updating your surgery, you must visit Takara Belmont on stand H12 at the BDTA Dental Showcase. You can view the new tbCompass ambidextrous Treatment Centre with a delivery unit that can rotate behind the chair.

Alongside the tbCompass will be the company's flagship treatment centre, the Cleo II. This incorporates a folding 'knee break' chair, permitting access from the front, side or behind the patient. The foldaway, detachable armrest makes it easily accessible and less intimidating for those patients with impaired mobility.

Also taking centre stage at the show will be the company's new 900 Series LED operating light.

Takara Belmont also offers FREE five-year extended warranties on its chairs, units and operating lights.

## How can the Dental Directory help you?

Knowledgeable members of The Dental Directory team will be on stands G22 and H14 at the BDTA Dental Showcase, offering advice on saving your practice money.

The Dental Directory stocks a wealth of products, all at incredible prices with free next day delivery. It will be exhibiting Prestige Medical autoclaves and washer disinfectors, three chair packages, the very best digital imaging systems and a variety of facial aesthetics products. The Dental Directory is also providing a special hospitality area.

*For more information, call 0800 585 586, or visit www.dental-directory.co.uk*

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*For further information, contact your local dental dealer or DMG Dental Products (UK) Ltd on 01656 789 401, fax 01656 360 100, email info@dmg-dental.co.uk or visit www.dmg-dental.com*

## Visit TePe UK on stand N16

TePe is a Swedish company, manufacturing high-quality oral hygiene products since 1965. Our well-known TePe Interdental brush, together with toothbrushes, specialist brushes, including our implant care range, are used daily by consumers and dental professionals in more than 50 countries.

We will be launching our new Bridge & Implant Floss at the BDTA Dental Showcase. It has two stiffened plastic ends for easy threading and the spongy brush section enables efficient yet gentle cleaning in these delicate areas.

Why not become a TePe e-club member? You will receive the latest information on products, opportunities for CPD, participate in product testing, receive special offers, samples and lots more!

*For more information, visit www.tepe.com/uk, call 01934 710 022, or email infoUK@tepe.com*

## Solutions designed for you

Whether you're upgrading your delivery system or remodelling your entire practice, there's an A-dec solution for you.

This year at the BDA Scottish Dental Conference & Exhibition, we will showcase our A-dec 500 three chair and our Red Dot award-winning A-dec LED dental light. Territory manager Charlie Cope will be advising on treatment room design.

*For more information, please visit us on Stand 19 or call us on 0800 233 285, visit www.a-dec.co.uk or email info@a-dec.co.uk*

## Denplan – enhancing brand recognition

According to recent consumer research, Denplan is the third most widely recognised healthcare brand in the UK, behind only BUPA and AXA PPP, with an astonishing 50 per cent recognition rate.

As the only dental payment plan specialist that patients can ask for by name, Denplan uses its consumer brand identity to help you grow your business. Come along to stand F10 at the BDTA Dental Showcase to enjoy an ice cream and find out how.

And that's not all – we'll also be announcing some exciting new product enhancements at this year's Showcase which will benefit both practices and patients alike, so come and talk to one of the friendly team at our stand to find out more.

*For more information about Denplan, please visit www.denplan.co.uk or call us on 0800 169 9962.*

Denplan
At the heart of dental care

## 2013 BSDHT conference is now open for registration

The British Society for Dental Hygiene and Therapy are pleased to announce that registration for their flagship Annual Oral Health Conference is now open.

The event takes place at the ICC in Birmingham on 15 and 16 November 2013 with the theme 'Looking beyond the obvious' reflecting dental hygiene and therapy across all age groups, from cradle to grey.

Julie Rosse, BSDHT president, said: "We've hand-picked a wide range of interesting and inspiring speakers to cover a wide variety of topics. The conference is great value for money and allows visitors to gain CPD, learn from leading speakers and network with like-minded people."

*To register for the event, go to www.bsdht.org.uk*

BSDHT
BRITISH SOCIETY OF DENTAL HYGIENE & THERAPY

## Chair access for all

Ensuring access for mobility-impaired patients is a requirement for dental practitioners.

So, if your practice is ticking all the boxes with regards to legislation, why not go one step further and improve access into the chair itself?

The Takara Belmont Cleo II Treatment Centre features a knee-break chair that is ergonomically designed for unrivalled patient comfort and offers easy access for disabled patients and the elderly. It has an automatic extending leg rest that allows effective face-to-face consultation and swing out arm rests for easy patient access. The Cleo also allows the dentist to be better positioned for access to the patient's oral cavity.

Furthermore, Takara Belmont offers a FREE five-year extended warranty on its chairs, units and operating lights.

*To find out more about the Cleo Treatment Centre, please call 020 7515 0333.*

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## Accredited courses on Dentalcare.com

Patients today are more knowledgeable and questioning. They often want to know more about their treatment and may even undertake research themselves. This is just one reason why it is essential to stay abreast of the latest research.

In this fast-paced world, an online resource is the best way to instantly find information. Dentalcare.com is Oral-B's online resource which now offers 10 CPD courses, most of which have been accredited by the BSDHT. Alternatively, you may like to relax and listen to a selection of pre-recorded webinars, given by leaders in their field, including Profs Crispian Scully, Jack Toumba and Dr Louis MacKenzie.

Developed by dental professionals for dental professionals, theses courses are designed to provide stimulating, easy to follow resources relevant to an individual topic.

*Visit www.dentalcare.com*


## Don't forget the filter

Just as batteries should be replaced annually on your smoke alarm, so too should the filter on your compressor. With Dürr Dental compressors, the process is just as easy as changing batteries.

Simply log on to www.duerr.de/filter and enter the code number for your compressor and click 'Find Filter'. The model you require will be displayed immediately. Replacing the filter annually will preserve the service life of your compressor.

Dürr Dental compressors have a good track record for longevity and efficiency. This is ensured by their antibacterial tank coating, designed for permanent operation, and their novel use of dry air technology. Not surprising then, that all Dürr compressors carry a three-year warranty.

*To find out more, call 01536 526 740.*

## Minimally invasive, maximally effective

Piezomed is the new force in bone surgery. This device from W&H puts all the advantages of innovative ultrasound technology at the surgeon's fingertips: high-frequency microvibrations allow cutting with incredible precision and the cavitation effect ensures an almost blood-free surgical site.

*For further information regarding the full W&H surgical range, contact W&H (UK) on 01727 874 990 or email office.uk@wh.com*

## Scanning just got easier

Dürr Dental has just launched two new scanners, VistaScan Combi View and VistaScan Mini View. The former is a universal scanner for both intra and extraoral film, the latter is suitable for all intraoral formats.

Both models have upped the standard for digital X-rays and allow simultaneous access to more than one user. Simply scan jobs to the scanner at any time, from any workstation. The images are then automatically transmitted to the requesting PC without any need to hang around near the device!

The high-resolution touch screen can display 16.7 million colours, thereby providing excellent image quality. You can also manipulate the image on the screen for a quick observation before you review the file on your PC. This is great for gaining a quick patient overview or confirming earlier suspicions.

*To find out more, call 01536 526 740.*

## Viruses don't stand a chance


Dürr Dental's hygiene range doesn't just protect against bacteria and fungi, it is also fully virucidal. This means that it destroys all viruses, both enveloped and non-enveloped, such as polio and Norovirus. The range includes solutions for disinfection of instruments as well as surfaces. The ID213 Instrument Disinfection can protect your instruments for up to a fortnight. Its corrosion inhibitors also make it highly compatible.

To quickly clean small areas, there's FD333 Disinfection Wipes, a scent and residue-free, fast-drying wipe that is, of course, fully virucidal. For larger areas, there's FD333 Surface Disinfection. This high-yielding solution works fast: surfaces are disinfected within two minutes. The formulation is also safe on a range of materials and is recommended by leading equipment manufacturers.

## Exceptional promotions on W&H handpieces

W&H is currently running some exceptional promotions on its popular Synea Fusion and Alegra handpieces with extraordinarily low prices on Alegra handpieces and a select range of Synea Fusion handpieces with up to 50 per cent off these promotions are not to be missed.

Also on promotion – with up to 45 per cent off – is the new W&H Surgical handpiece range including the innovative WS-91 with 45 degree head and 1:2.7 ratio.

*For information about these prices and promotions on the full range of products and services from W&H, please contact your preferred W&H supplier or W&H (UK) Ltd on 01727 874 990 or marketing.uk@wh.com*

## Biocide 'essential' in DUWL treatment

The Combined Practice Inspection (CPI) Checklist that came into force at the beginning of 2013 gives clear guidelines on practices' responsibilities in terms of biofilm treatment in dental unit water lines.

Bioclear – from Dentisan – is a pH-neutral, odourless, non-tainting, ready-to-use solution that needs no mixing. The product is poured into the chair's water bottle, drawn through so that it fills the water line and left for at least 12 hours. See the video at www.dentisan.co.uk

Routine use of Bioclear provides the necessary evidence of biocidal treatment of dental unit water lines as required by the CPI Checklist.

*More information on Bioclear is at www.dentisan.co.uk Bioclear can be purchased from Henry Schein Dental 08700 10 20 43 or Kent Express 01634 87 87 87.*

## New products from Oral-B hit high street

Oral-B's new Pro-Expect Gum Protection toothpaste, Premium ProFlex manual toothbrush and Floss are now on the high street. So what's new about them?

The Pro-Expert Gum Protection contains stannous chloride, as well as stabilised stannous fluoride and polyphosphate. This results in 70 per cent more bioavailable stannous, enhancing its bacteriostatic and bactericidal properties.


Oral-B's Pro-Expert Premium Pro Flex manual toothbrush has flexible 'wings', which facilitate a 35 per cent greater plaque reduction at the gingival margin versus an ADA standard brush.

The new Pro-Expert Premium Floss contains a monofilament strand which slips easily between even the tightest of contacts.

*Samples from dentalcare.com*

## Mitsui acquires Heraeus

On 1 July, the Japanese firm Mitsui Chemicals, Inc (MCI) acquired Heraeus Kulzer, the dental division of Heraeus.

The acquisition allows MCI to expand its international activities. By working closely with Mitsui, Heraeus Kulzer aims to develop further innovative solutions for dental practices and laboratories.

Heraeus Kulzer remains the ideal partner of dental practice, lab and trade and customers will not be affected by the change.

Heraeus Kulzer will retain its name, its current management team and its global headquarters in Hanau. Heraeus Kulzer's portfolio of products and services will still be available to dentists and dental technicians.

Heraeus Kulzer
Mitsui Chemicals Group

## Bien-Air's micromotor prodigy: Optima MX2

With Smart Logic, Bien-Air's Optima MX2 and its MX2 micromotor guarantee perfect control – providing you with the ultimate speed and torque control.

With adjustable LED light, the MX2 brushless micromotor combines perfectly with Bien-Air's Micro-Series instruments. The combined unit is 30 per cent shorter and 23 per cent lighter to provide higher levels of balanced comfort with less hand fatigue.

The power is automatically regulated, thanks to the Smart Logic electronic control, allowing for variations in pressure even during complex treatments. And, because its ball bearings are lubricated for life, the MX2 is maintenance free and fully steriliseable.

*For more information, please contact Bien-Air on 01293 550 200 or visit www.bienair.com*

## The UK's first dental comparison website

CompareMySmile.com is pleased to announce the launch of its new website, which is the first comparison service of its kind for the UK dental industry.

Consumers will be able to compare the cost of private and cosmetic treatments from some of the country's most reputable dental practices through a user-friendly website, backed a team of patient co-ordinators.

CompareMySmile.com also helps dentists promote their skills and services to thousands of potential customers seeking treatments to create a consistent stream of new business.

*For more information, visit www.CompareMySmile.com*

## Balanced formulation, convenient application

GC Fuji TEMP LT is especially designed for long-term temporary cementation. Thanks to its balanced formulation, it is very convenient during application and provides a stable retention while assuring the future safe removal of indirect restorations. Besides presenting optimised handling and physical properties, GC Fuji TEMP LT counts on the well-known safety offered by glass ionomer materials.

This makes it the ideal choice for long-term temporary cementation of all types of all-ceramic, resin, acrylic and metal-based crowns and bridges.

GC Fuji TEMP LT is adapted to assure sufficient retention and retrievability of crowns and bridges cemented on implant abutments.

*For further information, please contact GC UK on 01908 218 999 or e-mail info@uk.gceurope.com*

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# The NEW surgical contra-angle handpiece with 45° head


The NEW WS-91 and WS-91 LG high-speed surgical contra-angle handpieces feature a 45° head and 1:2.7 ratio. The 45° head offers an ideal angle for surgical applications giving improved access to hard-to-reach operating areas and guaranteeing excellent visibility for treatment indications such as wisdom tooth extraction and apical resection. Now available with LED illumination and 3-port spray cooling.

Scan the QR code with your mobile telephone for more information on WS-91 L G

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