No.1 for dental professionals in Scotland

September 2014

Scottish Dental magazine

Professor John Gibson delivers inaugural lecture at Glasgow Dental School
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Glasgow calling

We report on the dentists involved at this summer's Commonwealth Games **page 32**

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Welcome

Editor's desk

with Bruce Oxley

Fun and games

This summer's Commonwealth Games proved to be even better than many people had anticipated. With a record medal haul for Scotland, 142 Commonwealth records broken (including four for Scottish athletes) and 1.2 million tickets sold, I'm not sure anyone could have expected a more successful games.

But behind the scenes there was an army of staff, officials and volunteers who played an essential part in the success of the games. Among them was a small band of dental volunteers, some of whom we profile in our special feature on page 32.

We also include an interview with Glasgow dentist June McNeill (page 35) who was part of the Scottish netball team competing at the games. She tells us how the home crowd inspired them and what it was like to walk out at Celtic Park for the opening ceremony – as well as being caught on live TV taking a group selfie...

Elsewhere, the big news over the last few weeks has undoubtedly been the GDC's consultation on the ARF increase. On page 24 we feature a letter by GDC council member Alan MacDonald and gather some reaction from the profession.

What's for sure is that this story is not going to go away. And, for the dental profession in Scotland, the date of 18 September has now taken on a dual significance – being the date of the independence referendum and the final decision from the GDC.

A busy few weeks ahead... ■

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

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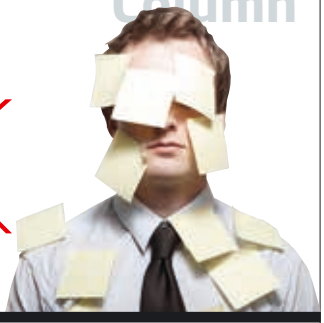
Biting back

with Arthur Dent



The price of self-regulation

As dentists we are told that we are accorded the privilege of 'self-regulation' by the General Dental Council (GDC). This was perhaps true in the 'good old days' when there was a sizeable council of 50 members containing a majority of dentists, most of whom were elected by their peers. Unfortunately, the GDC today is effectively a government quango of 13 appointees: six registrants, six lay people and a lay chair, Mr William Moyes.

In a recent speech to the FGDP, Mr Moyes outlined his 'credentials' "...as a relative newcomer to both the dental sector and to professional regulation". Why was a relative newcomer put in charge of our supposedly self-regulatory body?

In the same speech, Mr Moyes later opined that "the exposure of failure and bad performance will increase". This is hardly a vote of confidence in the abilities and standards of the profession he is tasked with regulating and appears to demonstrate how little he knows about dentistry.

Mr Moyes has a huge task ahead. The GDC is struggling to meet its many responsibilities: registration, regulation, professional conduct, patients' complaints etc. Yet recently, Mr Moyes spent thousands of the council's precious funding on a full-page advert in the Daily Telegraph inviting more patients to complain about their dentists!

The GDC is funded by one source, the Annual Retention Fee (ARF) paid by all registrants. The ARF for dentists in 2014 was the highest of any healthcare profession at £576. The General Medical Council charges doctors only £390.

Despite this huge discrepancy, Mr Moyes now proposes to increase the ARF by a massive 64 per cent to £945. The GDC attempts to justify this huge increase by claiming that, since 2010, patient complaints have risen by 110 per cent; making it all the more puzzling why precious money was spent inviting more complaints.

"Would it be better if dentists were regulated by the GMC?"

The Council has held a 'consultation' about the increase and no doubt has been flooded by protests from angry dentists and DCPs, the BDA and other bodies. However, there seems little doubt the increase will proceed.

Dentists across the UK are asking the more fundamental question: "Are we being well served by the GDC?" A recent BDA survey revealed 79 per cent of respondents don't believe the GDC is an effective regulator. Dentists used to jealously defend the GDC and the right to self-regulation. Now they are demanding an alternative is found. Even the unthinkable – would it be better if dentists were regulated by the GMC?

We often discuss the possibility of a Scottish regulator, and the outcome of the referendum might determine that decision. But one thing is certain: almost any alternative would be better than the General Dental Council. ■

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Poll reveals lack of trust in GDC

Nearly 80 per cent of BDA survey respondents doubt the General Dental Council's ability to perform its regulatory function

SURVEY RESULTS

A survey of nearly 6,000 members of the British Dental Association (BDA) has highlighted the profession's current lack of trust in the General Dental Council (GDC).

Nearly eight in ten (79 per cent) respondents to the survey, carried out between 11 and 21 July, said that they were not confident that the GDC is regulating dentists effectively.

Unsurprisingly, 98 per cent either disagreed or strongly disagreed with the proposal to increase the annual retention fee (ARF) by 64 per cent, with 25 per cent in favour of no change to the ARF level and 54 per cent stating that a rise in line with inflation would be appropriate.

The survey also asked whether they thought the GDC was fair in the way it treats registrants with only 9 per cent agreeing and 12 per cent believing the GDC is transparent in its dealings with registrants. Fewer than 8 per cent of respondents answered that they thought the regulator was proportionate in its dealings with registrants.

Of the 5,985 responses, 16 per cent revealed that they had experience of the GDC's Fitness to Practise function, with 66 per cent of those rating their experience as fairly poor or very poor.

And, when asked to give their overall rating of the regulator, only 7.5 per cent rated their experience as fairly good to very good.

Dr Mick Armstrong, Chair of the BDA's Principal Executive Committee (pictured), said: "Sound regulation depends on fairness, proportionality and transparency. And fundamentally it requires trust. The GDC is failing on all these counts.

"Dentists demand effective regulation. But what we are getting from the GDC is heavy handedness, inefficiency and the expectation we will pick up the tab for their mismanagement.

"This outrageous fee increase has only served to confirm what many had long suspected about the GDC. There is a real crisis of confidence between dentists and their regulator, and it must now be resolved.

"The GDC can start by shutting down this flawed consultation, and thinking again. Because today there is one question on the minds of the vast majority of dentists: is the GDC fit to regulate?"

Smoking rates drop down under

HEALTH UPDATE

Public Health Minister Michael Matheson has welcomed a significant drop in smoking rates in Australia as evidence that tobacco plain packaging is working.

Plain packaging for tobacco was introduced in Australia in 2011 and figures published by the Australian Institute of Health and Welfare show the number of daily smokers dropped from 15.1 per cent to 12.8 per cent between 2010 and 2013. This represents a 15.5 per cent drop – the biggest decrease since 1991. The average age at which smokers have their first cigarette has also increased – from 15.6 in 2010 to 16 in 2013.

A UK-wide consultation into standardised packaging was launched in June, but the Scottish Government has indicated that, if Westminster fails to introduce it on a UK-wide basis, Holyrood will aim to legislate in Scotland accordingly.

Dental Protection advises caution over ARF protests

FEES WARNING

Dental professionals are being advised to tread carefully when making public their reaction to the proposed annual retention fee (ARF) increases and also to think before considering withholding their fees.

Indemnity organisation Dental Protection (DPL) is warning that both actions could threaten their registration and ability to practise lawfully.

A press statement advised: "It would be unwise to follow the 'can't pay – won't pay' protest groups because a failure to pay in full will result in automatic de-registration and a delay (plus a loss of income) until one could be restored to the register."

DPL plans to respond to the GDC's consultation on the ARF level and encourages all registrants to do the same, either as an individual or part of a wider group.

Public remarks, say DPL, should be measured and directed through normal professional channels, avoiding any personal allegations of bringing the profession into disrepute.

The indemnity provider also suggests that the GDC could contain spiralling costs by more effective and proportionate Fitness to Practise procedures, which account for around 80 per cent of this year's budget and are therefore the main reason for the ARF increase being necessary.

ADI hit by committee members' resignations

President-elect Rob Dyas and past-president Cemal Ucer among those to step down

Glasgow practitioner Philip Friel is facing his first major crisis as president of the Association of Dental Implantology (ADI) following the resignations of four senior committee members.

President-elect Rob Dyas and past-president Cemal Ucer, along with the association's treasurer David Speechley and the director of education Simon Wright, signed a joint statement declaring their unhappiness with the direction in which the association is being taken.

They said that the association's drive to reform its constitutional management, as well as law and ethics matters, is detracting from what they see as the main aims of the ADI – promoting education and research.

The statement read: "ADI was founded by like-minded dentists with a common desire to promote the development of implant dentistry in the UK. The specific founding objectives were to assist education of patients and dentists, and help the general advancement of implantology. For the last quarter of a century, successions of members and trustees with different professional backgrounds and varying interests in dentistry have given their time and resources voluntarily, and always with the best interest of the ADI at heart, to help to develop a highly successful and respected association. In this respect, ADI's framework of constitution and traditions stood the test of the time well.

"Of course, time doesn't stand still and progress is essential. Nevertheless, change has to be managed within the restrictions of a well proven constitutional framework. ADI's current desire to revisit constitutional, management, law and ethics matters including the question of conflict of interests have unfortunately bogged down progress and detracted the association from fulfilling its planned projects and delivering its main charitable objectives of education and research. As nationally established independent providers of education and training in implant dentistry, we have always strived to contribute to the advancement of the ADI by helping to deliver education to patients, dentists and team members, as well as aiming to develop clinical standards and guidance for the benefit of our profession, members and patients alike.

"As trustees of the ADI, we have increasingly felt unable to carry out these objectives and duties and therefore have decided to resign our positions in order to pursue them elsewhere.

"We wish the ADI continuing success in the future."

When asked for a comment, the association's executive director Dr Tim Hogan said: "We will communicate with the ADI membership about the statement from Rob Dyas, Cemal Ucer, Simon Wright and David Speechley in due course, but we do not wish to make a statement at this stage."

Royal College to host first DCP conference

Inaugural event exclusively for dental care professionals taking place on 1 November

The Royal College of Physicians and Surgeons of Glasgow (RCPSG) will be holding its first-ever DCP conference in Glasgow on Saturday 1 November.

The one-day symposium marks the first time the RCPSG has held an event exclusively for DCPs and will cover core CPD topics as well as other recommended subject areas.

Alison Menhinick from Dundee Dental Hospital and School will give an update on IRMER and quality assurance, while Christine Young from NHS Education for Scotland will provide an update in infection control. Professor Chris Deery from the University of Sheffield will talk about 'Tip-top paediatric dentistry' and Glasgow Dental School's Dr Toby Gilgrass will then present on 'Cleft lip and palate – what you need to know'.

The final session of the day will see Trish Gray, director of dental education at the RCPGS, give an update on child protection, before forensic odontologist Fiona Waddington presents 'Forensic odontology; an overview'.

For more information on the symposium, visit www.rcpsg.ac.uk/events/items/dcp-symposium-2014

Paisley dentist struck off

HIV POSITIVE SCARE

Thousands of patients had to be contacted after a practitioner was found to be HIV positive.

The dentist from Paisley has been struck off by the General Dental Council (GDC) for "dishonest conduct" after he hid the fact that he had been diagnosed HIV positive.

More than 3,000 patients treated by Harry Robertson at Kelburne Dental Practice in Paisley between January 2004 and March 2013 and at Nithbank Hospital in Dumfries between April 2004 and 2007 were contacted and offered testing.

The Glasgow graduate was suspended by the GDC in May last year and has now been removed from the register after a hearing before the regulator's professional conduct committee.

Robertson's suspension in May came less than a week after the Scottish and UK governments announced they were to relax rules governing healthcare workers, including dentists, with HIV performing 'exposure prone' procedures.

From April this year, dentists and other healthcare workers who are undergoing anti-retroviral therapy and whose viral load is at an acceptable level, have been allowed to carry out their duties again following years of campaigning.

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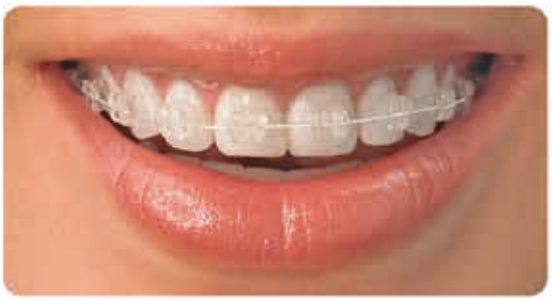

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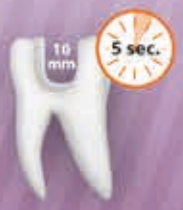

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500 miles for cancer

MOUTH CANCER FUNDRAISER

Dental hygienist Christina Chatfield has raised more than £20,000 for Mouth Cancer Action after walking 500 miles from her first practice in the north east of Scotland to her current practice on the south coast of England.

Christina was joined by more than 300 people for various legs of the route as she walked from Kirriemuir Dental Practice in Angus to her own practice, the Dental Health Spa in Brighton.

Christina said: "I spoke to a number of people along the route and very few are aware of the link between mouth cancer and the human papillomavirus (HPV), one of the key factors behind the increase. It was a gruelling month for me, but making those people I met aware of mouth cancer was worth it.

"I was joined by a mouth cancer sufferer and her children along the route, which was all the motivation I needed. The support along the route was incredible. I remember bumping into two ramblers, and they hadn't heard of mouth cancer. They donated £10 of their weekly pension allowance to me, and it was moments like that which kept me going.

"The money is going to an excellent cause. Mouth cancer rates are increasing, and hopefully the walk will get people thinking about the disease and what they can do to take themselves out of harm's way."

3,000 organisations support the best ever National Smile Month

CAMPAIGN SUCCESS

More than 3,000 organisations, including 2,000 dental practices and 800 schools, took part in National Smile Month 2014, the campaign's biggest yet.

Organised by the British Dental Health Foundation (BDHF), the annual fundraising event saw 1,700 community events up and down the country helping to deliver key oral health messages to members of the public.

Chief executive of the British Dental Health Foundation, Dr Nigel Carter OBE, paid tribute to the thousands who took part.

He said: "I would like to thank each and every individual and organisation that made National Smile Month such a resounding success. If it were not for you, the campaign simply would not happen.

"People care about the health of their mouth more than ever. The growing number of links between poor oral health and general health conditions continues to increase. That is why campaigns such as National Smile Month that educate the public about how to go about improving their oral health remains vital.

"We have seen a number of key oral health improvements to coincide with the campaign since its formation in 1977. As we take the campaign into the future, I hope we will see even greater improvement in the nation's oral health."

Book launch celebrates five-year anniversary

DENTAL PROTECTION

To celebrate its five-year anniversary at its new Edinburgh offices, Dental Protection have teamed up with dental consultant Sheila Scott to launch a new book.

Entitled Putting Health at the Heart of Your Practice, the book reflects Sheila's no-nonsense approach to developing strategies for business growth and patient loyalty. Dental Protection will be sending it to all members in Scotland to thank them for their continued support.

Kevin Lewis, Dental Protection's dental director said: "If you're interested in building a more profitable patient-centred and health-led practice, then this book is for you.

"It is a wonderful message and very practical way for us to celebrate this milestone in Scotland together with the members who have supported us along the way."

Watch out for our review of Sheila's new book in the new-look October issue of Scottish Dental magazine.

Chair of medicine inaugural talk

MVLS COLLEGE LECTURE SERIES

Professor John Gibson, who last year was appointed chair of medicine in relation to dentistry at Glasgow Dental School, recently gave his inaugural lecture as part of the MVLS College lecture series.

Prof Gibson, who graduated in both dentistry (1986) and medicine (1992) from the University of Glasgow, covered clinical, teaching and research aspects of his previous roles and his aspirations for the future in the new post he now occupies.

His wide-ranging lecture included references to many social as well as scientific concepts, identifying the critical importance of dealing with inequalities and the importance of re-aligning dentistry within the medical fraternity, from which in recent years it has become separated to a degree.

After graduating from medical school, Prof Gibson undertook house jobs in Glasgow and Stirling before being appointed lecturer in oral medicine at the University of Glasgow. He completed his higher clinical training and PhD, spending some time in Charlotte, North Carolina in the US, before being promoted to senior lecturer in 2000.

He also spent two years as associate dean for postgraduate dental education with NHS Education for Scotland as well as a year studying theology at the University of the Highlands and Islands.

In 2004 he joined the staff at the Edinburgh Postgraduate Dental Institute before joining Dundee Dental School in 2006, where he had the responsibility for the clinical medical sciences course and pursued his research interests in education and oral cancer.

He is also a member of the GDC's Fitness to Practise panel, where he is the chair of the professional conduct, health and interim orders committees.

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PRODUCT NEWS

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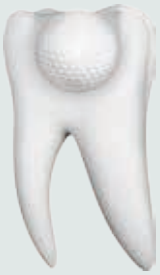

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Bilingual dental nurse picks up top award

Bernadetta Nowinska is named NHS Education for Scotland (north region) Dental Nurse of the Year

A Polish-born dental nurse working in Thurso has been awarded NHS Education for Scotland's (NES) Dental Nurse of the Year award for the north region.

Bernadetta Nowinska, from Dunbar Dental Centre in Thurso, was shortlisted alongside four other newly-qualified dental nurses: Martina Devit, Orkney; Jillian Mackay, Stornoway; Elaine MacIver, Stornoway; and Joanne Weatherstone from Inverness.

Each year, assessors for the SVQ 3 and PDA in Dental Nursing are asked to nominate anyone they feel are worthy for the award and, this year, five out of 36 candidates were nominated. The nominations are based on the candidate's nursing ability, organisation of patients for workplace observations and any other criteria that makes them stand out.

The final decision is made by a representative from The Dental Directory who sponsor the award.

As a Polish speaker with English as her second language, Bernadetta was comended, not only for all her assessments, but for being able to converse to patients in both Polish and English during her oral health project talk.

Bernadetta is pictured receiving her award from Isobel Madden, assistant director for NES north region.

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Perthshire firm aims to put decay in 'time warp'

New technology claims to be able to help teeth 'remineralise'

Former Dundee Dental School dean Professor Nigel Pitts (right) is one of the brains behind a revolutionary new device that aims to put tooth decay in a 'time warp'.

Prof Pitts and his colleague Dr Chris Longbottom, himself a Dundee graduate, are the co-founders of Reminova, a new company set up to develop technologies in the fields of caries treatment, prevention and management, as well as tooth whitening.

The company is the first spin-out from the King's College London Dental Innovation and Translation Centre which was launched in January 2013. The centre was formed to take research and novel technologies and turn them into products.

And, while the national press has been happily predicting the end of drilling and filling, the official Kings College press release was a little more circumspect in its predictions, announcing that "dentists could soon by giving your teeth a mild 'time warp' to encourage them to self-repair".

It continued: "The technology aims to take the pain out of tooth decay treatment by electrically reversing the process to help teeth 'remineralise'.

"The two-step method developed by Reminova first prepares the damaged part of the enamel outer layer of the tooth, then uses a tiny electric current to 'push' minerals into the tooth to repair the damaged site.

"The defect is remineralised in a painless process that requires no drills, no injections and no filling materials. Electric currents are already used by dentists to check the pulp or nerve of a tooth; the new device uses a far smaller current than that currently used on patients and which cannot be felt by the patient.

"The technique, known as Electrically Accelerated and Enhanced Remineralisation (EAER), could be brought to market within three years."

Implant company in talks over sale

Nobel Biocare confirms that discussions with potential buyers for the business are "at a very early stage"

Swiss dental implant company Nobel Biocare has confirmed that it has been approached by potential buyers with a view to acquiring the business.

However, the manufacturer insisted that any talks of a sale are in the early stages and may not go any further.

Bloomberg News reported on 29 July that the company had been exploring a sale for some time and is currently working with Goldman Sachs on a potential transaction.

In response, Nobel Biocare released the following statement: "The company confirms that it has been approached by third parties with a potential interest in acquiring the company.

"Nobel Biocare is in discussions, which are at a very early stage and may or may not result in any transaction."

Nobel Biocare was founded in 1981 and is listed on the Swiss stock exchange. Shares in the Zurich-based company rose rapidly following the Bloomberg report, closing up 15.5 per cent at 16 Swiss francs and valuing the company at 1.98 billion francs (£1.28bn).

Honour for former Edinburgh dean Philip

BDA Benevolent Fund recognises the hard work and dedication of Professor Sutcliffe by electing him into vice president role

APPOINTMENT

Former Edinburgh Dental School dean Professor Philip Sutcliffe was elected into the role of vice president at the BDA Benevolent Fund's annual general meeting.

Prof Sutcliffe has dedicated his retirement time to the 'Ben Fund' and was awarded the honour in recognition of his exceptional services to the organisation.

The AGM was chaired by BDA president and patron of the fund Dr Alasdair Miller and saw the officers of the fund elected. Dr Ann Rockey was named chairman, Dr William Nichols became vice-chairman, Professor Ros Keeton honorary treasurer and Dr Diane Waller as honorary secretary.

Prof Sutcliffe studied at Leeds University in the early 1950s and pursued a career in paediatric dentistry after graduation. He worked as a registrar at Eastman Dental Hospital and also at Northwestern University in Chicago for a year in the early 60s. He was later appointed professor at the Edinburgh University Dental School and served as dean before being named emeritus professor of preventive dentistry at the Edinburgh Postgraduate Dental Institute.

On his retirement, Prof Sutcliffe devoted his time to the BDA's Benevolent Fund. He explained that, before his time, the fund was mainly used for making provision for dentists' families after a death. However, these days the fund is much more likely to be helping out dentists of working age with a range of issues from money problems, physical or mental ill-health, accidents, marital breakdown to drug and alcohol addictions and restrictions imposed by the GDC.

Last year, the fund gave out £209,144 to dentists and their families in need but, like any charitable organisation, it is always in need of further donations. To find out more and to donate, visit www.bdabenevolentfund.org.uk

BDA conference will be the biggest yet

Scottish scientific event in Glasgow will feature 18 CPD sessions

The British Dental Association's Scottish Scientific Conference and Exhibition returns to the Crowne Plaza in Glasgow on Friday 5 September.

The event will feature more CPD lectures than ever before, with 18 sessions on offer throughout the day, covering everything from Core CPD subjects to teeth whitening, periodontics and paediatrics.

Speakers include: Laetitia Brocklebank, clinical senior lecturer and honorary consultant at the University of Glasgow; Linda Greenwall, prosthodontist and specialist in restorative dentistry, London; Graham Ogden, professor of oral surgery at Dundee University Dental Hospital; Anthony Roberts, professor of restorative dentistry at Cork University Dental School and Hospital; and Jack Toumba, professor of paediatric dentistry at University of Leeds School of Dentistry.

The conference will open with Scotland's Chief Dental Officer Margie Taylor and the deputy chair of the BDA's Principal Executive Committee Robert Kinloch giving an update on NHS dentistry in room one, before Professor Graham Ogden presents his first of two lectures on oral cancer and Prof Roberts gives his two talks on periodontal disease.

Linda Greenwall and Prof Toumba will present on tooth whitening and paediatric dentistry in room two, while in room three there will be two presentations from the MDDUS's Aubrey Craig, either side of Laetitia Brocklebank's talk on quality assurance in dental radiology.

Room four at the conference will feature Christine Young from NHS Education for Scotland talking about infection control and former 3M Espe rep Illona McLay presenting on 'Creating a successful practice: the importance of ethical selling and treatment presentations'.

The speaking bill is completed by hygienist Diane Roachford talking about teeth whitening for hygienists and therapists and Linda Nelson, from chartered accountants Condies, talking about 'Building value in your dental practice'.

BADN unveils details of 2014 dental nurse event

CONFERENCE

The British Association of Dental Nurses (BADN) has released details of the 2014 National Dental Nursing Conference, to be held on 3 and 4 October at the Blackpool Hilton.

The programme will feature everything from needlestick to public health and the GDC – covering volunteering, indemnity, dementia, anxiety, homelessness, deafness, drug abuse and sexuality/gender issues along the way.

The conference is open to all dental professionals, however, there is a special rate for current BADN members. It will begin on Friday afternoon with a welcome lunch followed by the lecture sessions and the BADN AGM. There is also an optional informal dinner on the Friday night at 12 Restaurant and Bar in nearby Thornton-Cleveleys.

The conference will close on the Saturday afternoon with a speech from president Fiona Ellwood, where she will acknowledge the achievements of members and delegates over the past year.

To reserve your place at the 2014 National Dental Nursing Conference, or for more information, visit www.badn.org.uk/conference

Showcasing the UK dental industry

BDIA DENTAL SHOWCASE

The UK's largest dental trade show takes place at ExCeL in London on 9-11 October, with more than 350 exhibitors and over 100 mini and on-stand lectures.

Last year, more than 12,000 dental professionals attended the British Dental Industry Association's (BDIA) Dental Showcase, visiting more than 380 exhibitors at the NEC in Birmingham. Last year's show was the last for the association under their old name of the British Dental Trade Association (BDTA) – it became the BDIA in January this year.

For more information, visit dentalshowcase.com

New Scottish showroom

A-dec's Livingston facility is officially opened by company's international vice president of sales

Dental equipment company A-dec officially opened its first Scottish showroom in Livingston, West Lothian last month.

Situated just off junction three of the M8, the new Scottish showroom contains a comprehensive range of chair packages enabling dental professionals to visit and see first-hand what's available and how they work.

The new showroom was opened by the company's vice president of international sales, Wayne Aho, in front of an invited audience of authorised dealers, grade partners and the dental press.

He said: "The UK & Ireland is an important market globally for A-dec and we are delighted to offer a showroom and education centre in Scotland. This is not just an A-dec showroom, it is a showroom for our authorised dealers, trade partners and customers to utilise."

The Livingston site joins the three existing A-dec showrooms in Surrey, Warwickshire and Manchester. It also provides facilities to be used as a training venue, with lecture seating for up to 35 delegates, six fully-loaded A-dec dental chairs for hands-on practical sessions, free WiFi and AV facilities.

For more information, call 0800 233 285 or email info@a-dec.co.uk

Rebranding gum disease

Hygienist Carol Clark is waging war on periodontal disease at her Direct Access clinic in Tayside and is nominated for the Most Enterprising Business award by the Association of Scottish Businesswomen

I still get a deep feeling of unease when I pocket chart a patient and discover they have bone loss. Every patient I see, I explain to them that my little probe has one millimetre divisions allowing me to determine how healthy their gums are. I tell them I can do two types of monitoring. It is a relief to do just Basic Periodontal Examination (BPE).

For the more unfortunate patient, pocket charting is a useful tool. How can anyone judge if the pocketing is reducing unless we have a baseline? I tell clients to be patient, this part of the appointment for them is quite boring but it is useful for me.

I am the Miss Marple of gum disease. I am a problem solver and, working with the patient as a team, our joint aim is to control the periodontal disease and not let it control the patient. Pocket charting and printing it out is immensely useful. The videos on my website also serve to refresh the memory.

Putting a toothbrush or floss into someone's hands can change their gum health. Small changes give big results. If I had disease in any part of my body that I could do something about, then I would go to town. Information is ammunition.

Direct access has changed my way of working beyond what I expected. My overheads are less than a dentist and therefore I can allocate 45 minutes of my time to my patient and still keep the price affordable.

I spend time speaking to new patients, asking how they deal with treatment. Recognition of an anxious, phobic patient or patient with sensitive teeth is the first step to healing an experience that the patient has never forgotten.

My first introduction to a dentist was a very tall, gruff man telling me: "This will hurt you more than it is going to hurt me." I share this with my patients, I am also anxious having treatment, and no wonder. As a direct access hygienist, I follow up with my patients. Treatment in a dental surgery puts a patient in a vulnerable position. If you meet a stranger in a pub and you don't like them, then you walk away. Control has been lost. Checking in with a patient the following day takes 30 seconds.

"I am the Miss Marple of gum disease. I am a problem solver"

Generally, all is well. However, today I had a patient complaining of sensitivity after the scale and I gave her some simple advice. My time is an investment and being interested in my patients may not be fashionable, especially when time is money, but it brings kudos to my business. My only disappointment is that, with more than 15 dental practices in Tayside without a hygienist, only three routinely refer to me. Undiagnosed or untreated periodontal disease is indefensible. It is one of the biggest reasons a dental professional can be sued. We should all be working towards the health of our patients. The benefit a dental referral gives is that the patient already trusts the dentist's opinion. It also shows that he cares for his patients' gum health. Periodontal disease is not a quick fix. Constant encouragement and motivation is fundamental to achieving results.

I'm not focused on image, and I don't negotiate on someone's health. I don't pander to insecurities, I don't massage egos, I don't Botox or fill, I don't straighten or bleach. I am a clinician and I look after my patients' gum health.

I assist my patients to keep their teeth and my primary driver is clinical excellence and not turnover. However, it is my firm belief that with clinical excellence I will achieve a reasonable income.

Being a finalist for an Enterprise Award has not only given my business a huge amount of publicity but, if I win, it will make gum disease something that can be talked about, recognised and hopefully treated in its early stages. Imagine being interviewed by a panel of entrepreneurs, top directors and a business expert as I was during the judging. Did they know anything about periodontal disease? If I don't win, at least four people are less ignorant. The final judgement is in Glasgow on 3 October.

I am passionate about my job, I have worked with many fantastic practices, particularly the team at Blackhills. I know we need to get more information regarding periodontal disease out there.

I had a patient last week asking: "Why me?" Let's hit it early. Love your teeth! ■

Find out more about Carol at www.gentlehygienetayside.co.uk

BDA dispatches

with Mick Armstrong

Campaigning for a fair deal

'Ludicrous' GDC fee proposal is final straw for dissatisfied members

The GDC must have anticipated that dentists would protest loudly against the ludicrous proposal to pay nearly £1,000 annually to stay on the register, but I doubt it was prepared for the anger it unleashed as the focus shifted to whether the regulator is competent to regulate.

It's not just – in fact, it's blatantly unjust – that the scale of the rise in the annual retention fee envisaged by the GDC is unprecedented. It is also totally out of line with the fees being charged by other healthcare regulators in the UK.

The GDC argues that it must raise fees to match the number of complaints levelled against registrants. The BDA's own survey suggests that dentists might grudgingly have accepted a modest rise in fees but in the wake of two successive damning reports by the Professional Standards Authority (PSA), there is little sympathy for the regulator's current plans.

The PSA found serious flaws with the GDC's fitness to practice processes, taking an unconscionably long time to conclude cases and leaving stressed-out registrants in limbo.

Dental Protection Ltd (DPL) has also expressed concern over the GDC's incorrect use of legal tests which has led to a high number of inappropriate referrals to the interim orders (IO) and professional conduct committees. We should remember that the IO committee is only required to intervene when there is a clear and urgent need to protect the public. In DPL director Kevin Lewis's opinion, there should be very few circumstances when such urgent action becomes necessary. Against this backdrop, it's no wonder we have no confidence that – even with a substantial injection of money – the GDC would be capable of improving its performance.

Wholly inappropriate statements from the GDC's chair comparing dentistry with shopping for groceries do little to avoid compounding the disconnect the profession feels from its regulator.

Much has been said about the GDC's poor judgement – not to mention poor taste – in using registrants' money to fund an inflammatory ad in the Telegraph which encourages patients to contact Dental Complaints Service if they are unhappy with their private treatment. The GDC says in its defence that the public don't know where to complain and so the ad is part of driving the public's awareness of where they can go if things go wrong. The trouble is that the full-page ad omitted to make any reference to trying to resolve any concerns at the practice first. It feels not unlike being mugged with a weapon for which you personally have paid during the course of a previous mugging.

That's the common thread in the profession's complaints about the GDC – in its efforts to ensure it's seen to be a tough regulator in the post-Shipman era, it appears to have lost all sense of proportion. Even the English regulator, the Care Quality Commission, concludes that the vast majority of dentists provide good quality care and are low risk to the public.

The BDA believes there is no justification in registrants' fees being used to pump up a failing system, and it would be unjust and inappropriate to pass on the cost of the GDC's inefficiency and mismanagement to them. As we informed Health Secretary Jeremy Hunt when we called on him to investigate the GDC's failings, the regulator must do a lot more to become cost-efficient than demanding shed-loads of money when its own failings are the obvious place to which its attention should be turned.

It behoves the GDC to get its own house in order – it must make doing so an urgent priority if it is to have any hope of regaining the confidence of the dental community it regulates, which is the only way for it to ensure that it protects patient safety. The BDA, at the time of press, is exploring all legal avenues to prevent this infamous increase.

We will continue to campaign for a fair deal for our members whether they are based in Glasgow or Glamorgan, Skye or Scarborough, Aberdeen or Antrim. ■

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GDC dispatches

with Ian Jackson

Improving the system

Director for Scotland at the GDC, Ian Jackson, explains some key changes in the Fitness to Practise process

Dealing with allegations that a registrant is not fit to practise is paramount to our role in protecting patients and is also the most expensive area of our work. Our Fitness to Practise (FtP) process ensures that those registrants who are not fit to practise are either restricted or prevented from working.

The number of incoming cases handled by our FtP teams has risen dramatically over the past few years and we are predicting that, by the end of this year, we will have handled over 110 per cent more cases than we did in 2011.

To ensure that our FtP process is as efficient and effective as possible, we have been running a rolling programme of improvement projects through the FtP Review Board since 2011. Phase three of that work came to an end in April 2014.

One of the principal projects initiated during this phase was the Practice Committee Procedure and Case Management (PCPCM) project. In short, this is a project in three parts which seeks to introduce some of the most effective elements of both the court and other regulatory processes into the final stage of our FtP process.

"The first part of the PCPCM project went live on 1 July"

By 'final stage' we mean the stage of our FtP process where the Investigating Committee has decided to refer a registrant to a hearing before one of our Practice Committees (Conduct, Performance or Health). Although there is only a relatively small number of cases at this stage of our FtP process in comparison to the level of complaints we receive into the organisation, it accounts for around 75 per cent of our total FtP budget.

The average length of a hearing is around four days, although some can last up to three weeks or even longer. The primary aim of the PCPCM project is to make substantial cost savings through, for example, reducing the average length of hearings and the number of lost or wasted sitting days at the Practice Committee stage.

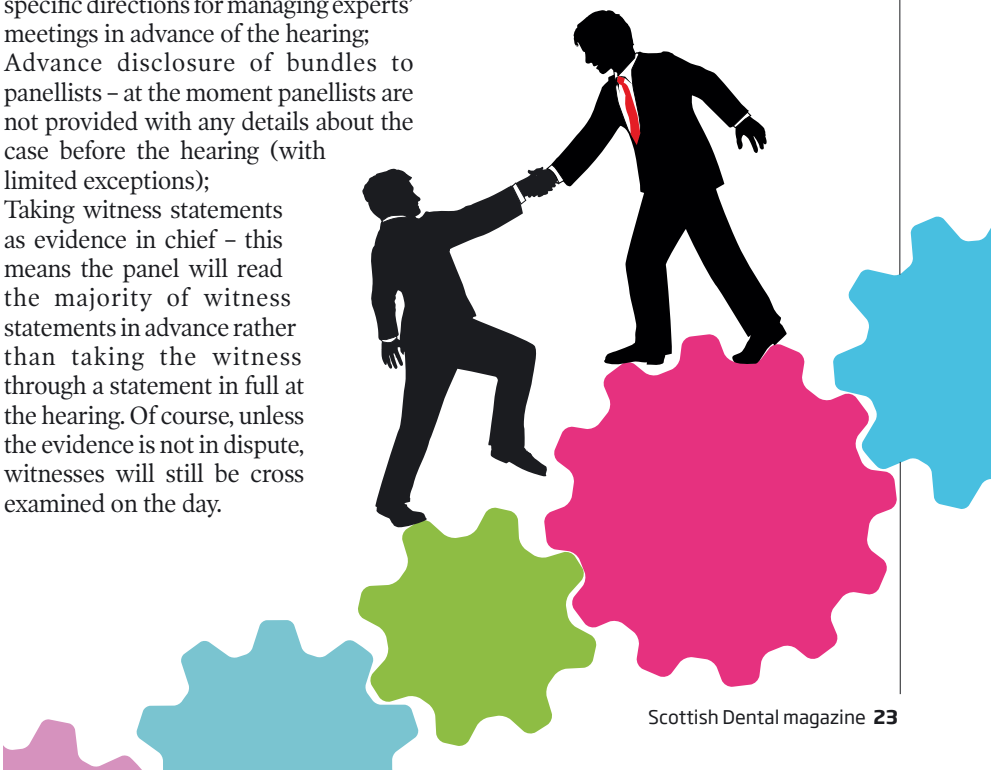
The first part of the PCPCM project went live on 1 July 2014 for a pilot period of 12 months and sees the introduction of three principal changes into our Practice Committee process:

- Improved case management procedures, including the introduction of Standard Directions which set out specific time-frames for disclosing documents and sending bundles to the panel and also specific directions for managing experts' meetings in advance of the hearing;
- Advance disclosure of bundles to panellists – at the moment panellists are not provided with any details about the case before the hearing (with limited exceptions);
- Taking witness statements as evidence in chief – this means the panel will read the majority of witness statements in advance rather than taking the witness through a statement in full at the hearing. Of course, unless the evidence is not in dispute, witnesses will still be cross examined on the day.

Although we have made a number of improvements to our FtP process, we are restricted by our current legislative framework. While we remain disappointed that the draft Law Commission Bill wasn't included in the Queen's Speech in June, we're pleased that the Department of Health has recognised the need for urgent change to our FtP processes with the announcement of its intention to publish a Section 60 Order, which will be laid before the UK and Scottish Parliaments.

By means of this, we'll be able to amend our current legislation to allow us to introduce a key change – case examiners – aimed at improving the speed of decision making in the interests of patient protection and reducing costs.

It is expected that the Order will be in place by May 2015. ■



The changing face of regulation

GDC lay council member Alan MacDonald explains the reasons behind the proposed increase to the ARF

As I'm sure you're aware, the GDC is currently consulting on a 64 per cent increase (£945) of its Annual Retention Fee (ARF) for dentists and a 6.7 per cent increase for dental care professionals (£128).

As a lay Council Member – I am a qualified solicitor living in Lanarkshire – I want to take this opportunity to put some of the issues being faced by the GDC into context, and perhaps dispel some myths at the same time.

When I was re-appointed to Council last year – joining the first lay Chair William Moyes – I was already aware that regulation is changing. We are not here to 'represent the profession'; we are here to protect patients and the balance of regulating the profession and protecting patients has considerable challenges.

On the whole, patients say they're satisfied with their dental treatment. But complaints are going up. Not just for the GDC, but for all healthcare regulators and we must better understand why this is. We need to hear from patients and the profession. Finding out about complaints is part of our work programme going forward.

The ARF was last increased in 2010. Since then, Fitness to Practise complaints (FtP) to the GDC have increased by 110 per cent. Without further significant investment in our FtP processes we'll be unable to deal effectively with the very large and continuing increase in our caseload. This is the most expensive part of our work. If a case reaches a hearing, the cost is about £19,500 per day and the length of a hearing ranges from a third of a day to 35 days.

We are investing substantial sums to tackle these problems in FtP, many of which were highlighted in the recent Professional Standards Authority report. There is no doubt that the report was critical of the GDC. Failure to meet the PSA's standards is entirely unacceptable and all our efforts are focused on tackling the problems.

This has already involved recruiting more staff and more FtP panellists to clear a backlog of cases and to process new cases faster; more robust management of staff performance; and improvements to our IT and related systems.

But there is also an urgent need for legislative change. All of us were disappointed at the lack of a Bill in the Queen's Speech. But we are now working with the Department of Health on a S60 Order to introduce a very significant change to our FtP processes. This change – the introduction of case examiners – will not only allow us to improve the way we handle cases but will also save us up to £2m a year. Without a S60 order we are unable to make changes to the legislation that sets out what we can and cannot do.

Our decision to propose the ARF increase stems, virtually entirely, from the huge increase in complaints now being brought to the GDC and the subsequent cost to FtP.

Patients have a right to complain, and the GDC has an obligation – where appropriate – to investigate.

I know many of you have been surprised to learn of the costs involved in FtP. Going forward we will continue to be as transparent as possible about these. We know there is a need for efficiency savings and we are keeping all our costs under review and will make savings wherever we can.

We are already making considerable savings in legal costs by building up an expert in-house legal team. We plan to bring more legal work in-house to reduce our costs further.

The patient's voice

It is a key role of all healthcare regulators to ensure the patient's voice is heard. Indeed, it is at the heart of the recommendations by Robert Francis QC, in his report published in 2013 in the wake of the Mid-Staffordshire scandal. It's of great importance that bodies like the Dental Complaints Service (DCS) are known to patients.

The types of complaints about private dental care being dealt with by the DCS are not dealt with by any other organisation – other than bringing issues to the GDC – it is the ONLY body in existence to deal with private dental complaints in this way. Rather than increasing the GDC's workload, it is dealing – very effectively – with complaints that might otherwise end up at the door of the GDC's much more costly FTP department.

The prevention agenda

We've heard just how good local resolution can be from both dental professionals and patients and we actively encourage it. We are working with stakeholders in Scotland and across the rest of the UK with a view

to encouraging earlier, local resolution of complaints. We are also analysing patterns of complaints and, where necessary, will be providing advice to the profession on how to prevent concerns being raised. We know that patients are confused about how to complain and we must have a system that works for them.

We can't just respond to complaints, we must understand the reason for the increase as well. The Council is developing a prevention agenda and as part of this we will be looking at why complaints are increasing. We will be doing a thorough analysis of the work, not only to try to help us deal with complaints better, but also to ensure the dental profession is operating to the highest possible standards.

Similarly to our work on 'Standards for the dental team', which launched in September last year, we will be in on-going discussions with the professional bodies to help us understand the best way forward. In developing the 'Standards' we listened to patients and the profession and this is reflected in the 9 Principles. Principle 5 is all about complaints handling; what patients expect and the standards expected of you as a dental professional.

Ultimately, the key test of the GDC, and indeed all healthcare regulators, is the standard of the professionals it regulates. The challenge for us, as the regulator, and you, as the profession, is to make the prevention agenda work. ■

Alan MacDonald
Lay Member, General Dental Council.

SOCIAL MEDIA REACTION:

Jason Wong
@JasonWong12
Please feel free to retweet the re issued open letter sent today to the GDC with support of 72 LDCs https://db.tt/xFNOQeo7

Paul Woodhouse
@eldentisto1976
What is the upper limit for ARF, if complaints continue to grow do we just get stuck with the bill? #hardlyfair

BDA
@BDA
"We have one simple message for the GDC. It's time to shut down this flawed consultation" http://bit.ly/1rWVboy #ARFhike

Tony Jacobs
@tonyj01
MPs hear about ARF rise in Commons http://lnkd.in/duJE8QK GDC_UK #dental #dentistry #GDPUKnews via GDPUKcom

Ian Mills
@ruarikeir
GDC UK secure £60k ad in Telegraph for £5.5k to encourage patient complaints. Similar savings to FtP costs might allow for reasonable ARF!

Eddie Crouch
@eddiecrouch
Was this always a possibility when GDC Chair changed from someone who was a dentist to one who doesn't know what it's like? #arfhike

Judith Husband
@Judith_Husband
A perfect storm? GDC_UK needs to realise the full cost of an ARF increase http://bit.ly/1ofsuTJ #ARFhike

Chairman of the Scottish Dental Practice Committee challenges Alan MacDonald over a crisis of confidence in the GDC's ability to be a fair and effective regulator

Alienating the whole profession

Alan MacDonald is a GDC member. I have no reason to doubt his sincerity when he argues the case for the preventive agenda, nor his integrity around the need to understand the reasons behind an apparent rise in dental complaints. But sincerity and integrity can not, should not and do not mean we can ignore the fact of his membership of the GDC.

The GDC has a crisis on its hands. Many dentists have little confidence in its ability to be a fair, transparent and effective regulator, as a recent survey of nearly 6,000 BDA members confirmed. Nearly 80 per cent of respondents doubted on the GDC's ability to perform its regulatory function.

The anger felt by dentists is not just about the outrageous proposal to bump up the annual retention fee (ARF) to nearly £1,000 – more than 30 times the rate of inflation! – but also the fact that we are being asked to bolster a failing system. The Professional Standards Authority highlighted the GDC's shortcomings in a damning report earlier this year.

Oh, and last year, too. Perhaps they could be sent to a fitness-to-regulate hearing.

Mr MacDonald draws attention to the staggering costs of each fitness-to-practise case and how a change in legislation could help. That takes time when action is needed now: the GDC needs to improve the way it triages complaints. Far too many cases are being inappropriately referred to the interim orders committee and the professional conduct committee. It is a scandal that cases can take years to resolve, which clearly helps neither the unhappy patient nor the dentist under investigation.

Alan MacDonald states that good local resolution would be better for patients and registrants alike, and claims that the GDC actively encourages it. We agree with his intentions (remember, we discussed his sincerity and integrity earlier?), but would have some qualms about accepting how helpful the GDC is in avoiding the full-scale hearings which are meant to justify the soaring ARF.

The failure to mention local resolution in the GDC's full-page ad in the Daily Telegraph about the Dental Complaints Service is one of the issues which appalled the profession. The attempt to draw public attention to the Dental Complaints Service by using a picture of a woman, with a muzzled mouth was also something less than a PR coup. We have been trying for many years to overcome odontophobia, and our own regulator attempts to terrify potential patients! Thanks, GDC! The image was reminiscent of those used by Amnesty International to highlight brutality and abuses of human rights.

It's no wonder the profession feels so alienated from the regulator. The BDA has had it up to the back teeth and that's why we challenged the GDC to provide the basis – any reasonable basis – for the 64 per cent hike in the ARF. If the answers are not forthcoming, we have no fear of taking it to judicial review if necessary. We're far more frightened of the impact on morale in the profession if we ignore this first step towards despotism. Watch this space.

Robert Donald, GDP from Nairn and chairman of the Scottish Dental Practice Committee

ARF increase is a kick in the teeth

I am appalled at the new level of ARF sought by the GDC. To say it is out of touch with reality is a gross understatement.

It has a responsibility to the profession to be reasonable, which it has forgotten. Its workload has increased specifically because it has encouraged patient complaints, which all cost time and money, regardless of their veracity.

So now we are being charged an extortionate amount to cover their misguided policies. This is a low-inflation era and our recent pay increase highlights this. Dental budgets are already being squeezed tightly. This new GDC intervention is just kicking our teeth in when we are already down.

Perhaps the GDC should be addressing the legal profession with their "no win, no fee" approach which, to my mind, is definitely encouraging complaints. Also, if the GDC pushed for the complainant to have to pay redress to a dentist for a spurious complaint, then perhaps the costs, to all of us, would be reduced.

Gerald Edwards, BDS

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Scottish Dental Awards' Dentist of the Year Bert Hay of Inspire Dental in Kingussie talks about his artistic side and chilling out in the Cairngorms

Job satisfaction in a smiley face

What do you love most about your job?
One of the best rewards is the look patients have after treatment – when they smile back at you after years of being self-conscious and covering their mouth. In general I like creating solutions to clinical problems and dreaming up new business ideas, but most of all I just love the banter with patients and my amazing team.

If you weren't a dentist, what would you be?
I love to draw as an escape and the life of an artist has great appeal. I'm a people person though, and find great reward from teaching and motivating others. To encourage confidence in those yet to find their belief in themselves – that would be very fulfilling... a life coach maybe?

Best piece of technology you own (dental or otherwise)?
iPhone – for punching in ideas on the go so I don't wear out my brain trying to remember anything. Love my Kindle Paperwhite too though.

Best piece of advice you've ever been given?
"When you die that's it, you die, so do whatever you like." After he gave up trying to turn me into a gamekeeper, my dad inadvertently seeded a deep belief in me, that anything you really want is possible.

On a day off, what would we find you doing out of the surgery?
Since becoming considerably less fitness obsessed, on a perfect chill-out day I'll be making the most of our beautiful Cairngorms, out walking with my other half and our two (highly spoiled) Boxer doggies. Or at home reading with a glass of wine to hand, charcoal drawing or maybe doing a wee song on my guitar. And, dare I say it, life/goal planning (well, that's just me!).

Who's your hero (dentistry or otherwise)?
I draw inspiration from many, but I have to mention my VT trainer Bill Bennie, as he helped so much to set my path in dentistry. James Goolnik springs to mind as well, and his book "Brush" is excellent. My heroes though – well for providing inspiration and proof that anything is possible, no matter what life throws at you – Stephen Hawking and Nelson Mandela.

If you could relocate your practice to any time or place, where would it be?
I love summer in Scotland, but I'd ditch the short winter days here in a second. Everyone says New Zealand is nice, so maybe a second summer Down Under would be cool.

"My dad seeded a deep belief in me that anything you really want is possible"

Favourite film (doesn't have to relate to dentistry..!)
I love film in general, but they are very dependent on my mood at the time. I like most Tarantino flicks. *Pulp Fiction* and *Reservoir Dogs* (great soundtrack) are fantastic, but I think *Inglourious Basterds* is even better. *Philadelphia* is brilliantly moving, while I love a good musical like *Moulin Rouge* or *Les Mis*. But, *The Matrix* is amazing on so many levels and I could watch it over and over – that's my fav!

Favourite tipple of an evening?
Love my wine. Crisp white in summer, a full bodied Shiraz (with some cheese) in winter. Never say no to a nice cocktail too, so long as there's no coke or tequila in it.

Favourite food?
I love my grub, but a favourite style is hard for me to pin down. French cuisine is king, but I also love Indian, Japanese and Thai food. I adore quality seafood and we're spoiled for that in Scotland. My food heaven would have to be soft-shell crab. Dee-Lish!

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A gold-medal performance

A staff of 30 dental professionals from across the UK came together to provide a gold-medal service for the athletes and officials at this summer's Commonwealth Games

Over 11 glorious days this summer, the eyes of the sporting world turned to Glasgow and the XX Commonwealth Games.

More than 600,000 spectators saw 140 Commonwealth records smashed as elite athletes from 71 nations and territories competed across the city and beyond. Team Scotland doubled its medal tally from Delhi, finishing with a record 53 medals and fourth in the medal table behind Canada, Australia and England in top spot.

Alongside the athletes, officials and paid staff, more than 15,000 volunteers, nicknamed 'Clyde-siders' gave up their time to help make the games one of the best in living memory. Among the drivers and technical officials, there was a small but dedicated band of dental volunteers based in the polyclinic in the Athlete's Village in the city's east end.

Tom Ferris, Scotland's deputy chief dental officer, was tasked with putting together the dental team and setting up the one-chair surgery within the polyclinic. He said: "I think it went really well, I don't think that I could have asked for better. There were teething problems right at the very beginning because we had all these dentists coming in to work in a new surgery that they had never seen before and work with a dental nurse they had never worked with before. But once they all got used to their surroundings it ran so smoothly.

"I think that the type of people who volunteer, actually just make things happen. They don't sit about and wait for someone to sort it, they want to fix things and get working themselves."

From around 80 volunteer applications, Tom whittled it down to the 18 dentists and 12 nurses who were best qualified and who could commit to a minimum of eight shifts over the games. Of the 30 dental volunteers, 20 were from Scotland, eight from England, one from Wales and one from Ireland.

Twelve dentists and 12 nurses were based in the polyclinic and the remaining six dentists covered the three 'field of play' venues – the National Hockey Centre, the SECC for the boxing, judo and wrestling, and Ibrox for the Rugby Sevens competition. To help Tom with the logistics and the set-up of the dental surgery, NHS Greater Glasgow and Clyde (NHS GGC) seconded dental nurse manager Elaine Hutchison for the period of the games.

Jim's experience was a real knock out

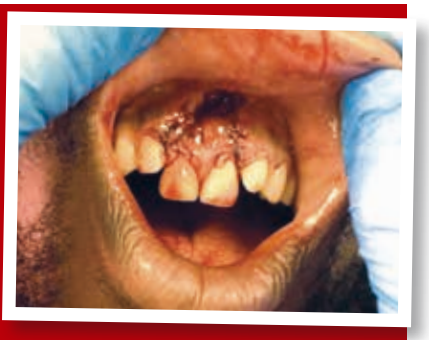
Dundee graduate Jim Oliphant was one of the six dentists posted to the three 'field of play' venues during the games. As a former amateur rugby player with Edinburgh Accies, he was given two shifts at the Rugby Sevens competition based at Ibrox.

The tournament was one of the standout successes of the games, with more than 170,000 people attending over just two days. Jim was pitchside for the two afternoon sessions and, as he explained, he was kept busy: "It was brilliant, a pitchside view the whole time, but I was actually kept really busy. I had quite a lot to do and see – for example, we had a few people with teeth knocked out.

"There was one guy, a Kenyan player (right), who got an elbow to the face which resulted in subluxed teeth and fractured anterior maxilla. It was quite a nasty injury but a good opportunity to practice my skills.

"We had a few others, a couple of players to suture – an ear and a chin, things like that. Not strictly dental relevant but it was really good."

And, as well as the dental injuries, Jim and his medical colleagues were also required to learn some new skills, specifically dealing with cervical spine injuries. "We spent a fair bit of time rehearsing how to deal with someone with a serious spinal or neck injury and how to stabilise



that – how to get them off the pitch without doing them any harm.

"The Scottish rugby doctor, James Robson, was adamant that we practised that ad nauseum so we could do it without any possible problems. It seemed boring at the time but it really made you realise how dedicated these guys are and how important it was."

Having worked for NHS GGC for nearly 30 years, Elaine, who is currently employed as a dental nurse manager in the public dental service, provided vital support for Tom and the organisers. The dental clinic consisted of a consulting room for triaging patients and a one-chair surgery. Tom explained: "We had two clinical teams every session because we just didn't know how busy it was going to be. One clinical team would take patients away and do the triage and a quick check-up in a consulting room. They would make sure they were a genuine case for treatment and then they would be handed over to the clinical team in the surgery.

"The team that were in the surgery were only doing work that could only be carried out in a surgery and it worked out well."

Elaine said: "In terms of the calculations of equipment it proved to be quite difficult because there were no projected figures of how many patients we would be seeing given to us from previous games.

"However, my background is in Glasgow's out of hours service, so I sat down with Tom and the managers and projected as if it were a busy out of hours service. So we based it on figures taken from that and our calculations were pretty spot on from a stock point of view. We ordered in the necessary stock on a sale or return basis for the stock that wasn't used."

The clinic used The Dental Directory for materials and consumables because the company has the NHS national contract for the Public Dental Service. The firm also provided the clinical tops for all the staff to wear in the surgery. The labwork was carried out by DTS International, whose managing director Sandy Littlejohn provided free mouthguards to any athletes needing them throughout the games. "He had no idea what sort of hit he was going to take on that so it was a great gesture," said Tom.

Tom (centre) and Elaine (second from right) with colleagues outside the polyclinic

Looking back after the event, Elaine said that the success was down in large part to the volunteers. She said: "As far as I was concerned it couldn't have gone any better. The staff were phenomenal, my job was made so much easier by the staff being so motivated and enthusiastic. They were all really professional, they all mucked in and it was just a really good team spirit."

And, despite a few logistical problems regarding accreditation for lab deliveries and decontamination equipment runs, the dental clinic was seen as a massive success. "The volunteers are the people who will just make it work and I take my hat off to them," said Tom.

"They hadn't a clue what was coming in to them. Even the polyclinic guys, they would see the trauma from the rugby sevens the next day and they would have to clean it up and re-splint it properly if the splint that had been done pitchside had to be replaced. They didn't know what was coming in next, but they took to it like ducks to water."■

Hollie goes the extra 400 miles

Dental nurse from Suffolk travelled up to volunteer at Glasgow 2014 after catching the bug during the London Olympics in 2012

Hollie Limmer could have a strong case for being one of the most travelled members of the dental team, having made the journey up from Lowestoft in Suffolk, a distance of more than 400 miles.

A dental nurse for the last 12 years, Hollie is also a keen hockey player and she jumped at the chance to volunteer in 2012 when the Olympics came to London. Spurred on by that experience, she put in her application for Glasgow as soon as she could.

She said: "After the Olympics, which was such an amazing experience, I thought that I now had the experience and confidence to take it forward and do it again. So that's why I applied for Glasgow."

Based in the polyclinic, Hollie explained that they saw a diverse range of injuries and ailments. "We saw a variety of things, everything from wisdom tooth pain and general tooth aches, through to full sports trauma with teeth being knocked out and facial injuries due to hockey, boxing, judo and rugby.

"It was nice to do some proper sports trauma work because, being in an NHS practice, I don't see a lot of that sort of thing. It is usually just children with knocks to the face in the playground, that kind of thing. So this was quite interesting to see, full scale sports trauma."

Hollie said that the biggest challenge was simply having the guts to go for it in the first place. She said: "It is all too easy to work within your confines or your comfort zone. I think the challenge was that every day you go in and you don't know what to expect, who you are going to work with, what kind of things are going to come through the door.

"But equally, that's the reward, because every day is so different.

"You do it because you have such a good time."

Shooting for success

Glasgow dentist June McNeill talks about her experiences as a member of Team Scotland during this summer's Commonwealth Games

Since the age of 10, when her primary school teacher urged her to join the local netball team, June McNeill has been on the fast-track to success.

June, who is an associate dentist at Martin Dental Care in Shawlands, has represented Scotland at under-15, under-17 and even captained the under-21s at the World Youth Championships in the Cook Islands in 2009. Now an established member of the senior side, June was selected to be part of the netball team – nicknamed 'Scottish Thistles' – that competed in the XX Commonwealth Games in Glasgow.

The team narrowly missed out on their goal of finishing in the top eight, as they finished the competition in ninth place. After an opening win over St Lucia on 25 July, June and her teammates suffered defeats by eventual silver medallists New Zealand, bronze medallists Jamaica, and Malawi who finished fifth overall.

They then faced Northern Ireland in their last group game and lost a tight game 32-37 and consigning them to a play-off for ninth and 10th place. However, the Thistles raised their game and recorded a convincing 46-28 victory in the play-off against Trinidad and Tobago to claim ninth place.

Despite the mixed results on the court, June explained that the whole experience was amazing. She said: "I think the games was a massive success from start to finish. We unfortunately didn't finish at the position we wanted to – we were aiming for top eight and we finished in ninth place. But, overall, we were pretty happy with our performance.

"Everything about the experience, the buzz about Glasgow, the support from the home crowd was just amazing. I don't think it could have been bettered, it was one of the best games that there has been and it certainly was from our point of view."

And, as expected, the home support provided a great boost for the team. She said: "Having the home support was just a bonus for us. The crowd definitely lifted us at times and we perhaps needed to be lifted. So that was great, knowing that all our families and friends were in the crowd supporting us."

If the reception at the matches provided a lift for the girls, June explained that the experience of walking out at Celtic Park for the opening ceremony was something else entirely.

She said: "Walking into the stadium itself was probably one of the most overwhelming experiences I've ever encountered. The noise from the crowd and just the amount of people that were there and knowing how many people were watching the ceremony on TV, was just fantastic.

"Me and a few of the other girls were actually caught taking a selfie live on television (above). There was a massive Facebook buzz after that of everybody putting it up and sharing the pictures from the TV. So it was just great."

Looking to the future, the initial goal for June and her teammates is the World Championships in Sydney next year, although she has one eye on the next Commonwealth Games in the Gold Coast in 2018.

"I could never have expected how good it was going to be," said June. "The friends that we have made with the other athletes from Team Scotland, it has just been phenomenal.

"I would love more than anything to be involved in another multi-sport event like the Commonwealth Games. So, if my body allows it, I'll probably hang around until the next one." ■

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We're one big **happy family**

Jan Thompson, product specialist for Scotland and north-east England for J&S Davis Limited, talks about her career in dental sales

Tell us a bit about your career so far

I started my career in the dental world in 1988. Prior to that I worked for six years in a small touring theatre as a wardrobe mistress.

I started in Newcastle Dental Hospital's Central Sterile Services Department then trained as a dental nurse, qualifying with distinction in 1991. After a brief spell in practice, I returned to the dental hospital to work in the prosthodontic department until 2002, when I joined Kavo as a handpiece and equipment specialist.

I then worked on the trade sales side with Kavo, working closely with the retail reps doing handpiece care and maintenance courses, advising dentists as to what handpiece was best for the job they were doing. I built up a strong relationship with many of the retail sales force, which continues today. After seven years, I joined what is now Plandent, before becoming part of the J&S Davis team in 2010.

What do you enjoy most about working for J&S Davis?

The thing I enjoy most about J&S Davis is being able to impart information and using my depth of knowledge about our products and championing those which we have a special affinity. My products are Cavex Alginate and LM instruments, however, we all cross over and know all the products.

Also, as J&S Davis is a wholesale company, we get to spend time talking indepth about the products in our portfolio. I particularly enjoy helping the dental practice team find the product which suits their métier and helps to keep costs down.

We're a very close-knit team and, because it's a family-run company owned by Daniel Davis, we feel highly motivated to support it. I also love getting out, meeting customers and meeting up with the retail reps.

Describe a typical day/week

There is no typical day which, for me, is exciting. One day I can be helping at a hands-on course in Newcastle upon Tyne, and the next I can be visiting customers in the north of Scotland doing alginate mixing and showing the dental team how to pour models and make whitening trays.

My territory is Scotland and north-east England so I have the best scenery as my office. I love the fact that I am given a certain amount of autonomy, it means that customers benefit from it as well.

What do you do in your spare time?

In my spare time I do Bikram yoga, which is fantastic for toning and suppleness, although very, very hot! I also love reading, walking and cycling (not competitively though) and I'm a bit of a Doctor Who geek.

What does the future hold for you?

I have no idea what the future holds for me, every day is different, every day is a new opportunity, so who knows? My motto is "carpe diem" (seize the day) and I intend to adhere to that for as long as I can. ■

Pensions – the future

"This government believes in the principle of freedom. Individuals who have worked hard and saved responsibly throughout their adult life should be trusted to make their own decisions with their pension savings" – George Osborne

The Government is introducing the most radical changes to pensions in almost a century. The changes were initially proposed by the Chancellor in his March Budget and the Government has now confirmed that those changes will take effect from April 2015.

From April 2015, pension investors aged at least 55 will have total freedom over how they take an income from their pension funds. You will be able to take the entire fund as a lump sum, which could then be spent, invested or gifted. The first 25 per cent of the fund is tax-free, with rest subject to income tax at your highest marginal rate, either 20 per cent, 40 per cent or even the top rate of 45 per cent. You will also be able to take your pension fund out in stages, rather than all at once, which could help manage your tax liability. It will also be possible to take the tax-free cash and defer taking the taxable income until a later date.

The restrictions currently applying to pension income drawdown will be abolished. Currently there are limits on how much can be drawn from a personal pension fund each year, known as the Government Actuaries Department (GAD) maximum. From April 2015, these limits will be scrapped and investors will be able to draw as much or as little income as they like.

Using income drawdown means that your pension funds remain invested and under your control, giving you choice with regards to how much income you take and where the funds are invested. Income drawdown is a higher risk option, as unlike a secure income from a conventional annuity, where income is certain, the risks and responsibilities with drawdown rests with the investor and their financial adviser.

Poor investment performance, combined with excessive income withdrawals, can significantly erode pension fund values which could result in a worst-case scenario of the funds running out. A further change is a reduced annual allowance of £10,000 per annum for those who elect to take pension income in addition to their tax-free cash after April 2015.

There are also going to be fundamental changes to the ability to transfer defined benefit pension to a SIPP. Anyone with a defined benefit (final salary) pension will be able to take advantage of the new rules and make unlimited withdrawals but, to do so, you will have to transfer to a defined contribution pension, for example, a SIPP before April 2015.

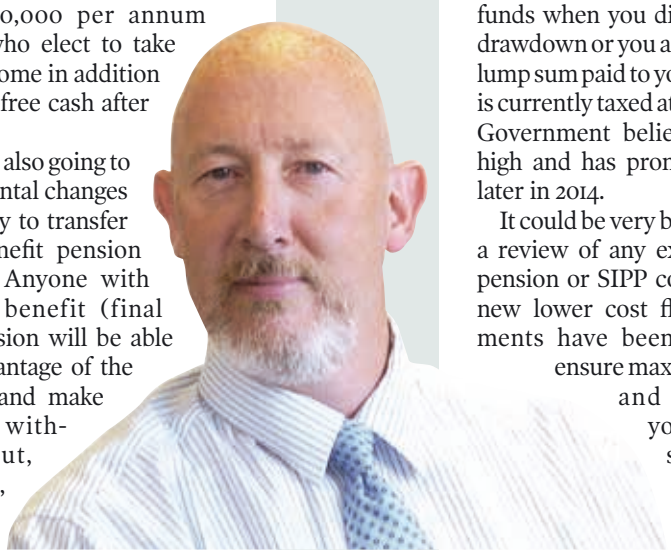
This is a decision not to be taken lightly, or without expert, independent advice, as you could lose very valuable benefits. After April 2015, it will no longer be possible to transfer from most public sector pension schemes to a defined contribution pension. However, in a recent Government paper they have stated that they will allow private defined benefit schemes to take advantage of the new rules provided they take financial advice in making their decision. This does not need to be done by April 2015.

There are also proposals to reduce the tax paid on pension funds when you die. If you are in drawdown or you are 75 or over, any lump sum paid to your beneficiaries is currently taxed at 55 per cent. The Government believes this is too high and has promised to review later in 2014.

It could be very beneficial to have a review of any existing personal pension or SIPP contracts now, as new lower cost flexible arrangements have been developed to ensure maximum flexibility and control over your investment strategy, income withdrawal and tax planning. ■

ABOUT THE AUTHOR

Alasdair MacDougall Dip PFS is a director of Martin Aitken Financial Services Limited which is authorised and regulated by the Financial Conduct Authority. For more information, contact Martin Aitken & Co on 0141 272 0000.



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The changing face of dental education

For many dental professionals, fitting in CPD courses and events around working hours can be problematic. Dental education company RED SQUARE is aiming to make things a little easier

The issue of dental education has taken on a new dimension due to the increased demands upon dentists and their teams to meet continuing professional development (CPD) demands while managing their contracts to provide treatment. Dental academia are required to respond with innovative and exciting ways to improve learning but to also modify methods to fit in with current work patterns and lifestyles.

With the current increase in GDC fitness to practice cases for "lack of competence" (covers lack of knowledge) it is imperative that we keep abreast of and practice evidence-based dentistry.

There has been a significant shift in dental education in the last 10 years, with dentists increasingly wanting to acquire further skills to benefit both their patients and their own career aspirations. However, there are a number of barriers, including work patterns and university time schedules, and it is essential that universities respond to this.

There has been a change in how universities ensure quality assurance in education is adhered to, by ensuring their educational facilitators have formal qualifications in educational expertise. The past experience of clinically-trained dentists will still hold weight, but understanding how to deliver their expertise through effective educational methodologies delivers a standard of both clinical and educational excellence.

There is a recognition that the need for educational research to optimise methodologies of teaching, learning and assessment underpin contemporary educational practice. But an area where universities have struggled to improve has been modifying academic schedules to fit in with dentists' work patterns. That is until now. RED (Restorative Education for the Dental team) SQUARE in partnership with University of Chester (awarding body), has developed an MSc in restorative dentistry delivered outside the recognised working pattern.

The changing face of dental practice

The times are changing. Technological developments in areas such as dental materials, pharmacology and treatment modalities have resulted in a much wider range of treatment options. The approach to care is now aimed more towards prevention than mere repair and is increasingly patient-driven, rather than entirely dentist-directed. There is a greater emphasis on elective dentistry in the form of whitening, tooth-coloured restorations, porcelain laminates and short-term orthodontics.

New corporate players, with a more retail-oriented outlook, have sensed an opportunity and entered the market with considerable financial backing from a variety of financial sources. The concurrence of these trends has created an environment in which an ever-increasing number of 'savvy' dentists are able to run extremely successful practices while at the same time providing the sort of care and work environment that could only have been dreamt of even a short while back.

With this new-look horizon, dentists are required to continually develop and improve their understanding and this can only be achieved by increasing their dental knowledge, which builds confidence. The barrier to this is dental academia which provides its training on a Monday to Friday, 9am to 5pm week pattern. This results in dentists taking time off from work to achieve their goals of improving their skills, which in turn improves the quality of work they can provide their patients.

How has RED SQUARE education made academia accessible?

a) Saturday course

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consultants/academics and specialists teaching the programme, the course allows dentists to increase their knowledge base or refresh their existing wisdom with evidence-based principles, but without the need to take time off from work.

b) Central location

The course is held at Dundee Education Centre, which is a central location with excellent transport links from all over Scotland. The facilities offered are:

1. Lecture rooms with excellent AV facilities
2. Individual Phantom head units with their own screen linked to the demonstrator unit – bringing the 'Tell, show and do' principle into the 21st century.

Learning requires clear objectives and these can only be met and understood if we are assessed. The assessment protocol will test and reinforce restorative principles taught throughout the year. Dentists clearly see a benefit when they are being assessed upon a topic.

The programme provides delegates with an excellent understanding of general dentistry today, teaching dentists how to integrate all the techniques into their daily armamentarium and for it to become a part of their everyday practice. RED Square aims to provide dentists with accurate and consensus-based knowledge.

c) General Dental Council – CPD Requirements

With the GDC's professional standards document creating a rigid framework for dentists to work from and ultimately clarifying what is expected from our profession, it is now imperative that dentists have a clear and unequivocal justification for any treatment modalities/options being offered.

To help dentists with this change in thought process, reflective teaching and critical analysis is the principle that underpins the MSc programme, making you ask yourself: "What is my reasoning for your treatment choice or the answer to a question."

Course lecturers include:

Professor Craig Barclay, Dr Dean Barker, Dr Julie Kilgariff, Professor Philip Preshaw, Dr Ziad Al-Ani, Dr Riaz Yar, Dr Paul Stone, Mike Sharland, Dr John Cameron, Dr Graeme Lillywhite and Dr Andrew Patterson.

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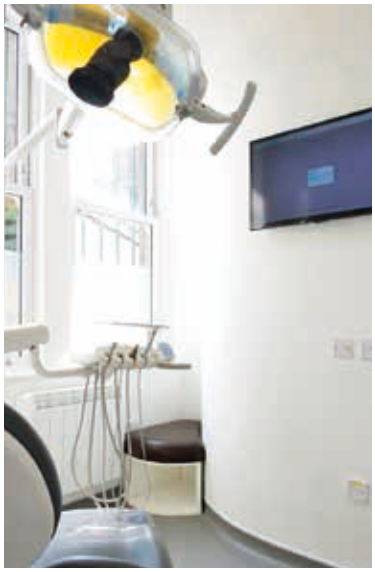

A plus for Perthshire

The picturesque village of Alyth has a dental practice again after a gap of a few years, thanks to Lothian-based dentist Paul Roberts

Residents in rural Scotland sometimes feel overlooked when it comes to the provision of dental services. However, those living in and around the picturesque village of Alyth in Perthshire have a new practice to serve their needs thanks to Lothian-based dentist, Paul Roberts.

It was a family link and some special pleading by local people that brought Paul to the village. He explained: "My wife used to live in Alyth and, around five or six years ago when I visited regularly, people would often say to me, 'We're crying out for a dentist here. We've not had one for years.'"

In fact, the previous practice had closed some time before. It had been an outreach of a Perth-based dentist, but when a choice between refurbishment and closure had to be made, the doors were shut and patients moved en masse to the practice's main base.

Aware of the latent demand and with his first centre well established in West Calder, Paul kept a look out for a prospective new base in Alyth.

"I first saw the property up for sale around two years ago and thought it would be perfect. It is a ground floor shop with on street parking. It has wonderful large windows that provide lots of light."

With sufficient time on his hands to get a new practice up and running, he decided to make his move.

The building had been used for a variety of purposes in the past including a mini-market and a pet shop. Taking a hands-on approach to the initial development Paul enlisted one of his friends to begin the basic restoration. "We stripped the whole shop back and once that was done it was relatively straightforward for the builders."

"One of the big challenges was space. There was no room to spare but the design NVDC came up with was really clever"

The architects and builders in question were Glasgow firm NVDC. According to Paul, working with the firm was relatively straightforward. "They came in, surveyed the property and came up with a number of design possibilities. I tweaked things a little, we agreed a final design and applied for a building warrant in November 2013. It was approved in December and building work began in February."

The design finally selected made the most of building's advantages, including its three very large windows. Making the environment as pleasant as possible for patients and staff, there was an emphasis on making the best use of the natural light. That included an open plan approach wherever possible and practical, and the use of light-enhancing features such as glass walls.

"One of the big challenges was space," added Paul. "There was no room to spare, but the design NVDC came up with was really clever. It manages patient flow in an imaginative way, while exploiting the limited space by, for example, turning cupboards into seating areas."

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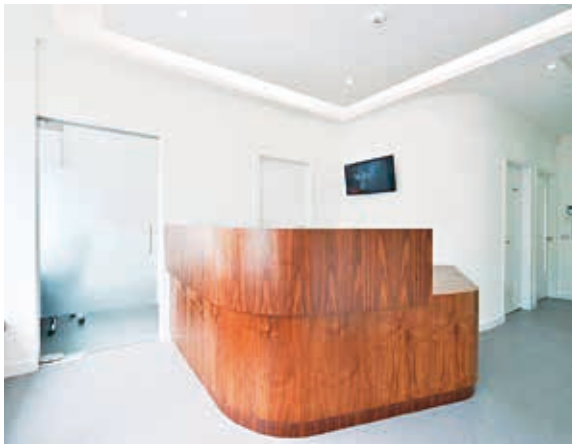
In terms of décor, the practice has a steel grey and white finish that makes the surroundings bright and clean.

"I'm delighted with it and we've had really positive feedback from staff and patients," said Paul. "They are amazed at how quickly the work has been done and the standard that it has been finished to."

The IT hardware and software integration was carried out by IW Technology Services, who regularly work with NVDC and ensured a smooth installation. The dental chair was sourced through Wright Cottrell, the X-ray machine from Henry Schein and the cabinets through NVDC.

The practice provides a mix of NHS and private services, and since opening its doors on April 28 has registered around 500 patients. Paul reports that people are happy that they no longer face a 40-mile round trip to Perth or Dundee for essential dental services.



The reception area at the new Alyth Dental Care

"In the past they'd have to devote half a day to a trip to the dentists, so the time saving and convenience we are providing has gone down well."

Since opening, Paul has concentrated on building up the staff team as well as the patient base. His practice manager, Lynne Gibson, is a former employee of Alyth's previous practice so comes with a ready knowledge of existing and potential patients.

A new full-time dentist, Amy Anderson, was recruited in late July and she is supported by colleague Chris Ogle who currently dedicates one day a week to the practice. Completing the staff complement are dental nurse Ashley MacGregor and receptionist Andrea Holbrook.

"I am very happy with our staff team," said Paul. "Amy has already settled in well and has been receiving extremely positive feedback from patients."

Now that Alyth is up and running, there are no plans for further expansion. "Because I'd set up my first practice I thought it would be relatively simple to do the second. However, as it turned out some things were more complex than I'd imagined. For example, the budget ran to twice the initial estimate.

"Although it's too early to judge success – it will take me around a year to make that assessment – I'm encouraged by the progress we've made so far. I know that patients are delighted with our presence and that goodwill provides solid foundations to build on." ■

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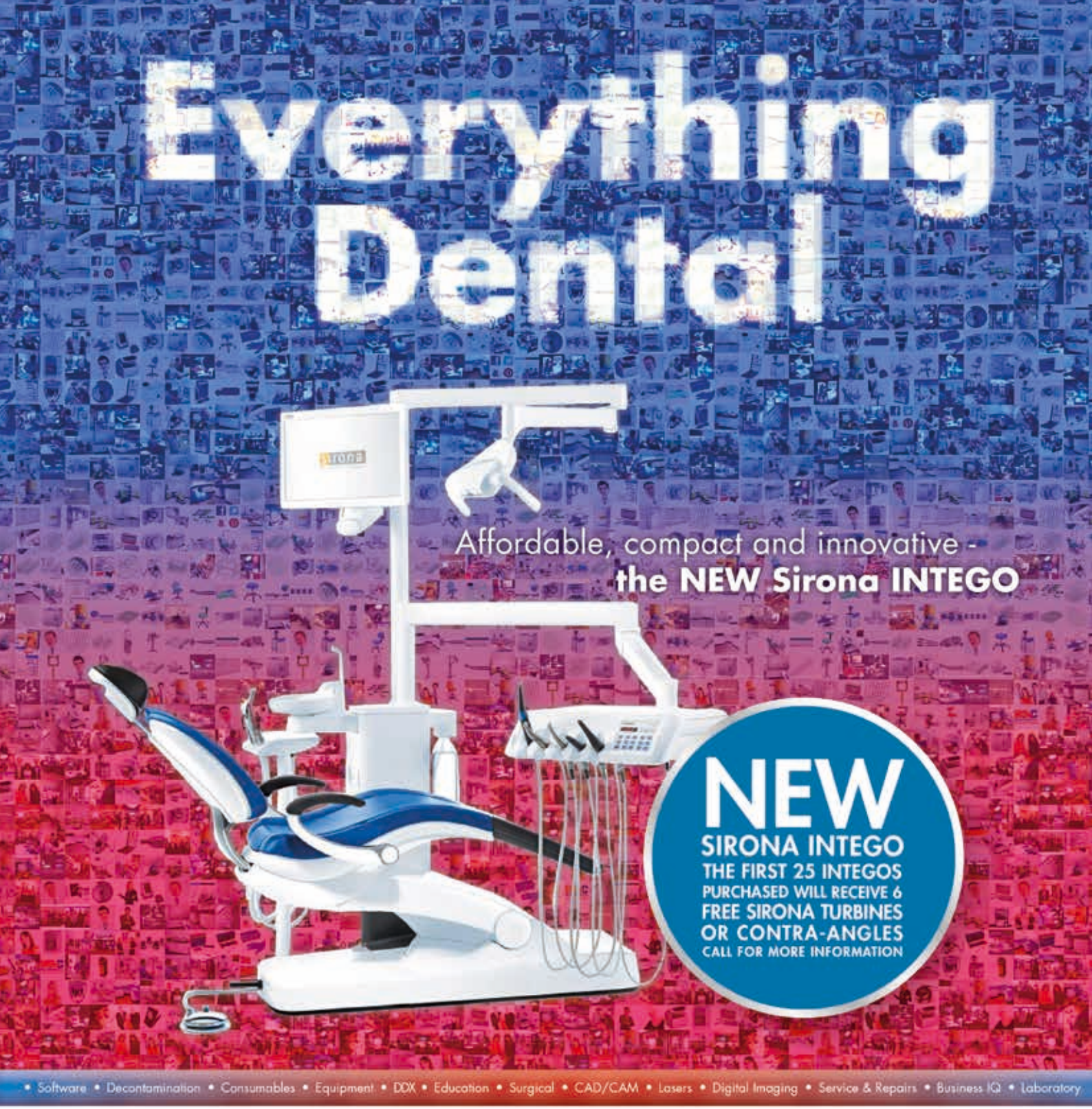

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A very social **practice**

Using social media and new technologies has provided many benefits to the recently-opened Inverurie Dental Practice

Social media sites are becoming increasingly important to many dentists, but if anyone was in any doubt about how effective an online presence can be, they could benefit from listening to Will Doherty, co-owner with his wife Judith of the recently-opened Inverurie Dental Practice in Aberdeenshire.

The husband and wife team took the decision to set up their own practice last year, and immediately created a Facebook page to announce their upcoming opening in Inverurie and to start the process of pre-registering patients.

"We gave people the option to sign up from that point onwards last year, even before we began the physical work on the practice," says Will. "We didn't have a single sign up by phone, it was all done online, but by using social media we could easily keep everyone up to date with any changes in our planned opening date."

After three months of hectic work, the practice officially opened its doors on 12 June, by which time Will and Judith had around 4,500 patients on their books.

"It made such a difference to open the practice on day one, knowing we already had a very good number of patients registered with us, and we weren't making a step into the unknown in terms of who was going to come to us as a new practice," says Will.

"There's no doubt that having a good handle on social media can provide a competitive advantage. For me as the practice owner, it's about being able to have complete control over the various streams we have online and making sure there is synergy between them all.

"It's multi-faceted – you can use it for market research and sales, or as a patient recruitment and retention tool, or simply to keep people easily up to date and connected with what is going on at the practice."

The practice qualified for Scottish Dental Access Initiative (SDAI) start-up capital as an NHS-committed practice. Will said: "The SDAI grant was crucial, but setting up the practice also involved significant personal investment. We took on a 10-year lease on our property, which we fitted out from scratch as a squat practice."

The facility has complete disabled access, and offers free Wi-Fi, TV, SMS and email appointment reminders. Patients are also offered short notice cancellation appointments by text message. Should they accept, they are automatically allocated these appointments.

The surgeries were kitted out by Wright Cottrell with top-of-the-range A-dec chairs, digital radiography, air conditioning, micro-motors, rotary endodontic equipment and Corian seamless work surfaces. All the dental materials are supplied by Henry Schein Dental and they even have ceiling-mounted televisions for patients to watch while they are undergoing treatment.

Inverurie Dental Practice now has three dentists and four dental nurses, as well as a practice manager and receptionist. The dental team is headed up by Judith, while Will stays out of the surgeries to concentrate on managing the practice.

The other reason for the instant success of the practice, Will thinks, is that it is a family-run operation with strong roots in the Inverurie community.

"Our team has been formed with people who we have worked with for several years in practice, so we already knew each other. The majority of our staff are from Inverurie and the rest from Aberdeen, so the practice has a real local identity." ■

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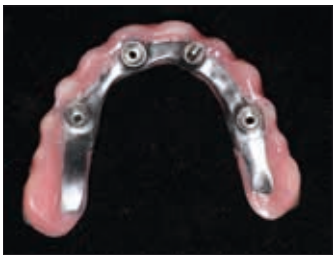
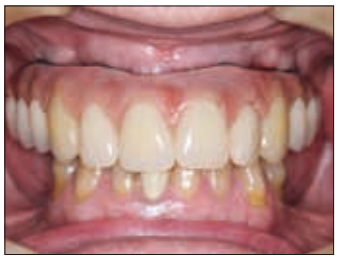
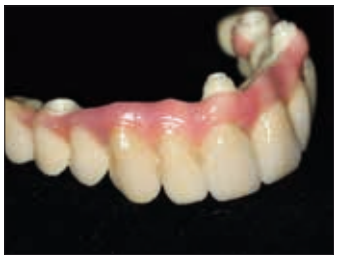
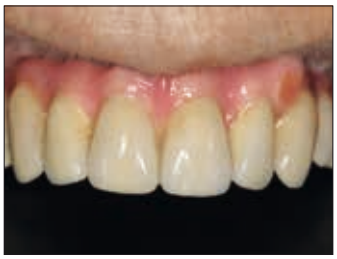
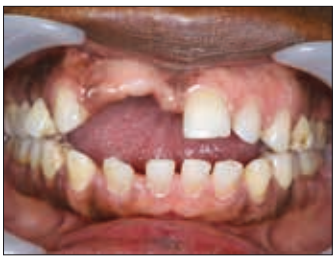
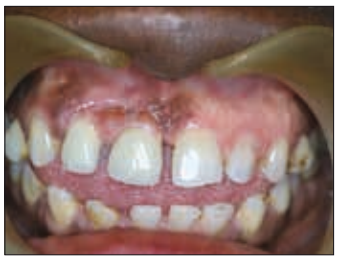



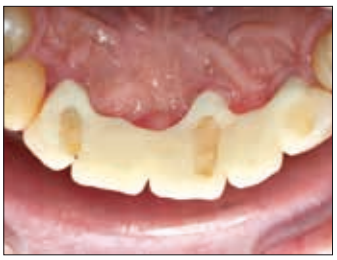
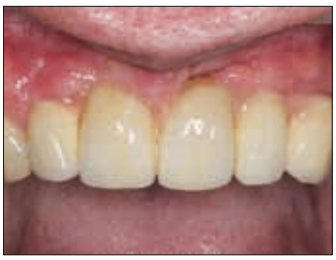
All on 4 (or more) titanium and resin full arch bridges

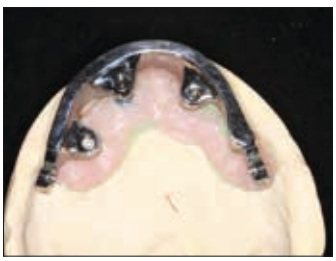
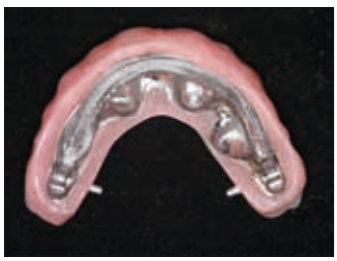
Full arch, one piece, zirconia bridges with ceramic veneer

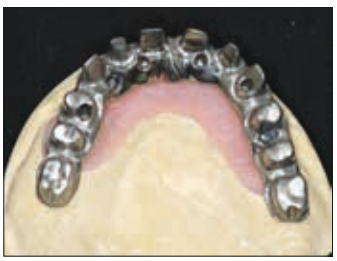
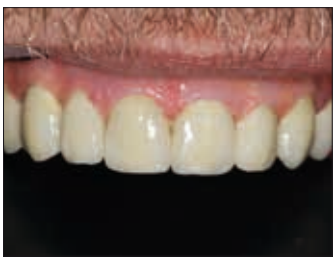
Personalised pink porcelain on all aesthetic bridgework

Angled screw channels in zirconia, titanium and chrome, from one crown to a whole arch (no cement)

"Double structure" "over dentures" and milled bars

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Small angle, big change

Kevin Lochhead, specialist in prosthodontics and clinical director at Edinburgh Dental Specialists, explains how a small change in angle is producing a big change in implant dentistry

For many years the standard approach to restoring implants has been with cemented restorations, which are effectively porcelain-bonded crowns or bridgework glued to angled posts on the implants.

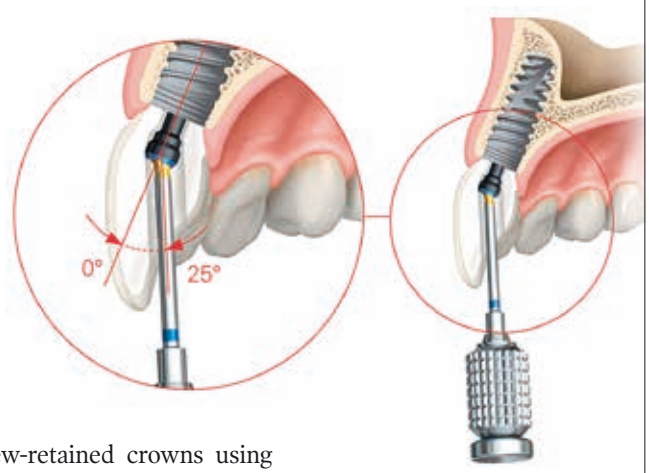
Fabricating this type of restoration allowed for the limitation in knowledge, materials and technical skills within the profession at the time. The current trend in implant dentistry, however, is moving away from cement-retained restorations towards one-piece screw-retained restorations. Screw-retained restorations avoid the issues associated with excess cement, are easier to handle and allow for restoration retrieval when necessary.

This changing trend in the market has become possible largely due to the increased knowledge on how the bone implant interface behaves under static loading (and the misfit which will always occur) and, crucially, the advancement of computer numerical controlled (CNC) milling units which are able to produce solid one-piece frameworks in titanium, zirconium and cobalt chrome that fit perfectly, without any of the challenges imposed by a cast restoration. (Note: Milled cobalt chrome should not be confused with the cobalt chrome used to cast partial dentures. Milled chrome is a medical grade solid structure with none of the potentially allergenic additives that are necessary for casting.)

One of the continuing challenges in delivering a screw-retained restoration, however, has been that the implant has to be placed correctly (angled to the cingulum) to allow for the screw channel to emerge where it is not seen. This can be a more challenging surgical procedure, which some implant designs (and drilling systems) make it more difficult to achieve (every clinician who places implants will have experienced placing the direction indicator to show correct orientation only for the implant to drift into a more labially angulation during placement.)

The implant companies have put some thought into this and the result is angled screw channels coupled with newly designed screws and screw drivers. As the image of the new 'Angled Screw Channel Abutment' and 'Omnigrip' tooling from Nobel Biocare shows, the design works by the edge of the driver engaging the screw head and still having enough grip to torque correctly.

It is now possible to change the angulation of the screw access by up to 25 degrees without any compromise in aesthetics (which would occur with angled abutments) or strength (which occurs with screw-retained crowns using cemented link abutments). As the restoration is fixed to the implant head, there is no need for additional components.



With this solution, it is possible to take an implant that previously had to be restored with a two-part cemented solution (and the inherent challenges of establishing the correct marginal depth with provisional restorations) to a one-piece screw-retained solution – in two relatively simple restorative appointments, saving time and money for you and the patient.

Restoration retrieval is a huge bonus. In a cemented situation if a patient is unhappy with the shade of a crown, removing it may be challenging or impossible. The screw retained process is much simpler. Porcelain margins can be taken deeper for better aesthetics, without concern for excess cement. No one milling company has a solution for all implant systems and platforms. Combining the innovations from all companies means that, for most main implant systems, it is possible to use angled screw channels for small bridges up to full arch, one-piece, implant bridges in all the common materials.

Most recently, it has become possible to provide an angled screw channel in milled chrome for single implants. Milled chrome behaves like cast gold, allowing ceramists to make beautiful strong restorations, using ceramics they are used to, at a significant cost saving from conventional casting.

To provide this solution to patients, you only need the relevant screw driver, which is supplied by the laboratory with your first case. Providing a fixture head impression is all that is needed. It is, of course, always advisable to contact the laboratory beforehand to check what is possible for your implant system. ■

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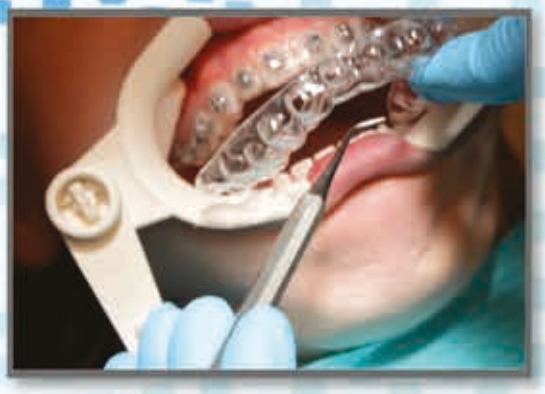

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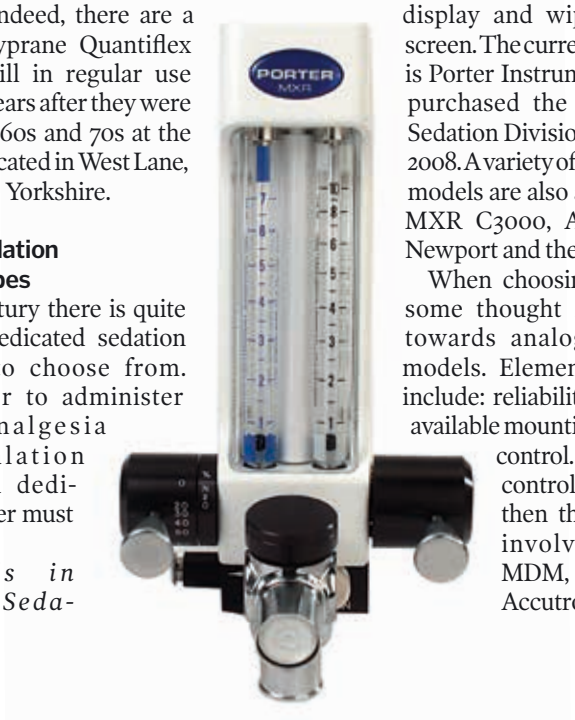
Inhalation sedation equipment guide

Janet Pickles from RA Medical Services Ltd offers important advice for clinicians thinking about purchasing new equipment

For trouble-free and successful administration of inhalation sedation, several basic recommendations should be followed prior to initial installation of the equipment. Choices include:

- Manufacturer: analogue or digital flowmeter
- Medical gas supply: pipeline system or stand-alone mobile four-cylinder stand
- Scavenging requirements: breathing system type/method of waste gas removal

However, once specification is determined and equipment installed by a specialist company, then, with regular ongoing maintenance to ensure optimum equipment performance in accordance with manufacturer recommendations, most equipment of this category will offer the user many years of relatively trouble-free service. Indeed, there are a number of Cyprane Quantiflex flowmeters still in regular use more than 45 years after they were made in the 1960s and 70s at the factory, then located in West Lane, Keighley, West Yorkshire.



Inhalation sedation flowmeter types

In the 21st century there is quite a choice of dedicated sedation flowmeters to choose from. And, in order to administer relative analgesia – or inhalation sedation – a dedicated flowmeter must be used.

Standards in Conscious Sedation in Dentistry[1] states: "Dedicated purpose-designed Relative Analgesia machines for dentistry should be used. Such machines should conform to British Standards and be maintained according to manufacturer's guidance with regular, documented servicing."

This statement is repeated in *Conscious Sedation in the Provision of Dental Care* published by the Department of Health in 2003[2] and remains the defining regulation in force.

Flowmeters of this type have been widely available in the UK since the 1960s. The Analogue MDM (Monitored Dial Mixer) is still the most popular type of IS flowmeter. Large quantities were sold and it is not uncommon to come across units that are more than 45 years old.

The 21st century flowmeter model is the Digital MDM, which also addresses the issue of infection control with its digital display and wipe clear touch screen. The current manufacturer is Porter Instruments USA, who purchased the Nitrous Oxide Sedation Division from Matrx in 2008. A variety of other flowmeter models are also available: Porter MXR C3000, Accutron Ultra, Newport and the McKesson Mc1.

When choosing a flowmeter, some thought must be given towards analogue or digital models. Elements to consider include: reliability, performance, available mounting and infection control. Thus, if infection control is a big issue, then the choice might involve the Digital MDM, Porter MXR or Accutron Ultra – all of which were designed with this function in mind. Other considerations might include:

- Type of flowmeter already familiar with
- Whether to be used with pipeline or four cylinder stand
- General overall appearance
- Space in surgery.

Medical gas supply options

All of the above flowmeter types, with the exception of the Accutron Newport which carries integral mounting for four 'E' sized cylinders within its cabinet, require the addition of a medical gas supply, oxygen and nitrous oxide in order to function. The subject is divided into two main areas:

Medical gas pipeline system: This is a complicated area, with the main standard applicable being HTM 02-01 published in May 2006[3]. This best practice guidance is aimed primarily at hospitals and larger healthcare premises. It is very hard to apply successfully for smaller establishments. However, the basics required are:

- Suitable location for larger cylinders
- A piped system to carry the gases
- At the surgery end, the pipework usually terminates in wall outlets (terminals) which are colour coded and gas specific for the oxygen and nitrous oxide, although a simple 'in-surgery' pipeline system may not have these, being connected directly to the RA Flowmeter
- The price depends on type of pipework system and the number of outlets (surgeries) supplied.

Mobile four–cylinder stand: This is a combined mounting and medical gas system with a base and five legs (some older models have four), column and yoke assembly. The yoke carries a mounting

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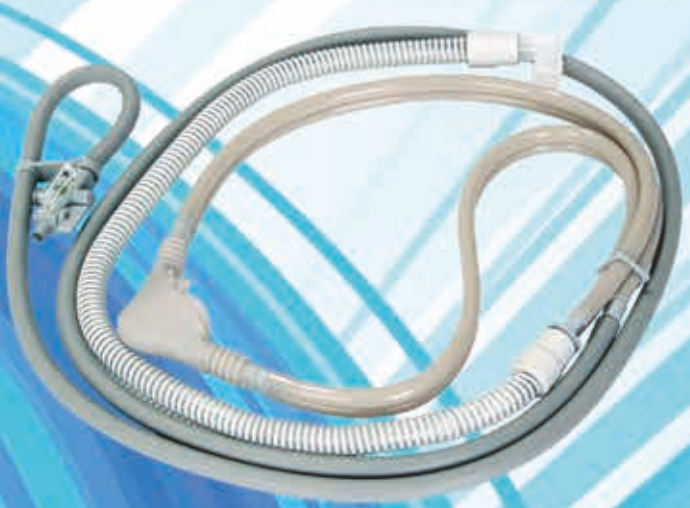

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for four cylinders; two oxygen and two nitrous oxide: 'E' size with pin indexed fittings to prevent interchange of gases.

Scavenging of waste nitrous oxide

This is a vitally important subject and attention to detail should be exercised when choosing the correct system for individual application. There are two distinct areas of scavenging:

- Scavenger breathing system (or patient delivery circuit)
- Method of active removal of waste gases from surgery environment.

Scavenger breathing systems: All Dental breathing systems should be active – the definition of which is: "An air flow rate of 45 L/min." This is designed to comply with the COSHH exposure limit of 100 ppm over an eight-hour TWA (Time Weighted Average). Most current manufacturers produce a breathing system that complies with this. Porter offers both the Porter brown and ANS (Autoclavable Nitrous Scavenger) systems and Accutron also produces a version of this type of system.

The efficiency of these systems varies slightly depending on whether a single or double mask is used – the double mask being more efficient at scavenging as determined by various studies. The most well recognised of which is: *Clinical evaluation of the efficacy of three nitrous oxide scavenging units during dental treatment*[4]. This study concludes that the Porter brown double mask breathing system is the most efficient.

Methods of generating extraction flow rate:

There are only three methods available:

1. Connection to a suitable dental vacuum system – using the high volume port (subject to it being externally vented and also capable of sustaining the 45 L/min draw during the sedation procedure)
2. Connection to a centralised anaesthetic gas scavenging system – directly to the terminal by a special AGS probe adapter – but with no air break in-line
3. Connection to a Miniscav – stand-alone dedicated scavenger unit.

Maintenance

Once you have your equipment, it is strongly recommended that regular maintenance is carried out. Guidelines can be vague however, the document *Commissioning conscious sedation services in primary dental care* Annex 1 checklist[5] states that it is mandatory to have the equipment serviced according to the manufacturer's guidelines.

The generally recognised service interval in the UK is once per annum. This ensures equipment is kept in optimum working order including calibration. ■

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3) Health Technical Memorandum 02-01 Part A: design, installation, validation and verification. Department of Health 2006
4)'Clinical evaluation of the efficacy of three nitrous oxide scavenging units during dental treatment'. Certismo, Walton, Hartzell, Farris General Dentistry, September-October 2002
5)'Commissioning conscious sedation services in primary dental care'. Department of Health, May 2007.

Implants in the aesthetic zone

Donald Morrison and Peter Byrne from Quadrant Dental Practice explore the soft tissue issues to overcome when placing implants

Tooth replacement using endosseous implants has provided predictable and stable results with good long-term implant survival rates. However, the goal of implant treatment has evolved from achieving purely osseous fixation to providing an aesthetic, long-lasting restoration that seamlessly blends with the existing dentition. Therefore, factors such as the appearance of soft tissue are of utmost importance in order to achieve success, especially in the aesthetic zone.

All implant placements have hard and soft tissue components, and correct management of these tissues during treatment planning will avoid a simple case becoming a complex case.

Soft tissue management can be separated into:

- Pre-implant placement – often overlooked
- With implant placement – all implant placements involve some component
- Post-implant restoration – most often reactionary in nature.

Pre-implant soft tissue management is generally the most simple approach and yet the most difficult treatment to sell to the patient. Pontic or implant site development surgery can help to produce excellent results but adds to treatment duration. It requires the patient to accept the concept of delayed placement when treatments are advertised in the general media as 'immediate'.

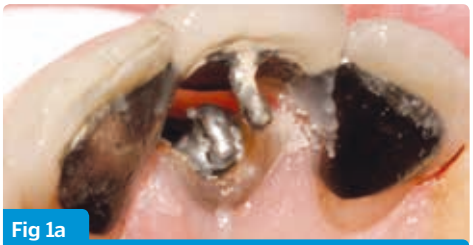

Fig 1a Both angled away to retain elastics

Fig 1b Pontic is buccal to tissues

Fig 1c Pre-op

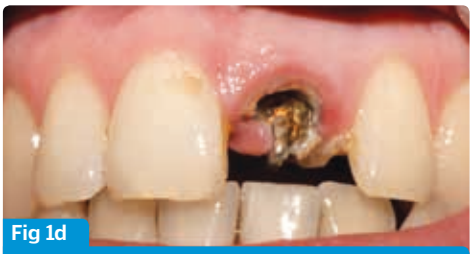

Fig 1d Eight weeks post-op

Figs 1a-d: Patient presents with decoronated upper left central. Significant gingival display and thin biotype. Modified Maryland bridge with J hook post was cemented with the use of orthodontic elastics the retained root was extruded increasing tissue height while providing a fixed temporary appliance for the patient

Soft tissue assessment and keratinised mucosa

It is good practice to document the pre-operative soft tissue situation, not only to manage patient expectations but also to avoid potential litigation if there is disagreement over the position of the final gingival margin.

Important factors include: patient biotype; papillae height; pocketing; marginal height relative to adjacent teeth; and the patient's smile line in relation to the soft tissues.

The minimum amount of keratinised gingivae required has been a controversial topic. Clinical evidence suggests that if good oral hygiene is performed, then little to no keratinisation is required to maintain fixation.

However, clinical experience over clinical evidence suggests that having thick keratinised tissue at the gingival margin makes the biological seal around the implant more effective and reduces long-term tissue recession.

Pre-implant placement soft tissue management

Tissue augmentation should be considered at the treatment planning stage. Starting with the ideal soft tissue improves the predictability of hard tissue augmentation, as well as implant health. It is better to have too much tissue early that can be manipulated, rather than have to replace it when there is a deficit post-operatively.

Tooth extrusion

In cases where the tooth is still present, orthodontic tooth extrusion may be appropriate to advance not only the soft but hard tissues, including the problematic interdental height (Mantzikos, 1997). Classic fixed arch orthodontics are very effective however, novel use of adhesive bridge work can advance the tissues coronal prior to extraction. (Figs 1a-d)

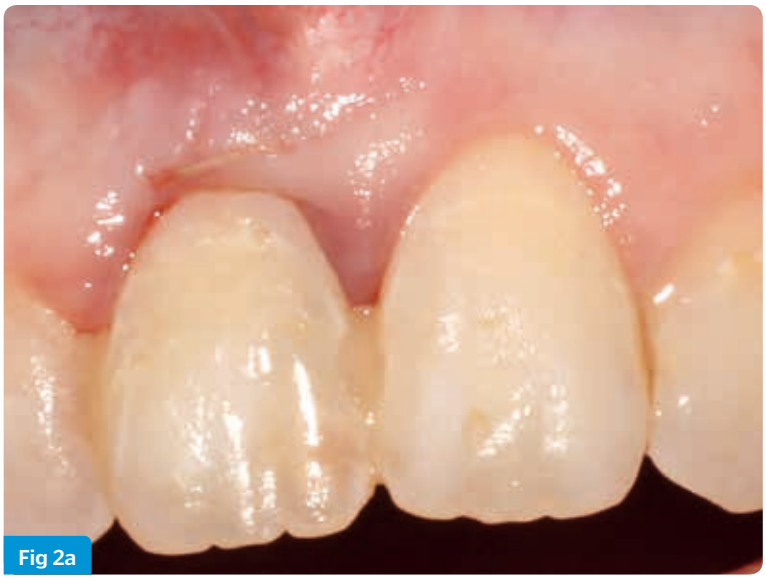
Fig 2a

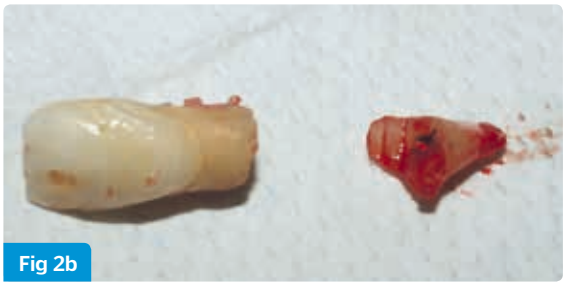
Fig 2b

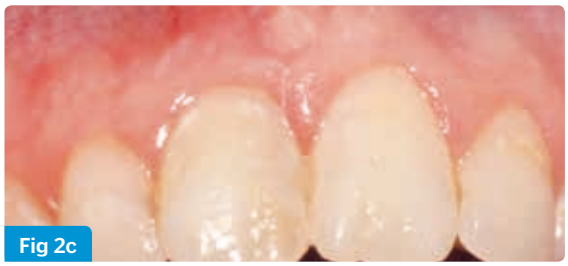
Fig 2c

Figs 2a-c: Patient has root fractured upper right central incisor. Has high smile line with significant gingival display. Tooth is atraumatically extracted, grafting material placed and natural crown replaced as temporary pontic to preserve soft tissue architecture.

Extraction techniques/ socket preservation

Socket preservation should be discussed with all patients prior to any extraction. At this stage, the condition of the hard and soft tissues and temporisation techniques has a significant effect on the final aesthetic and functional outcome around implants.

In cases where immediate placement is not appropriate, preserving the architecture of the underlying hard and soft tissues is paramount. Wherever possible, extractions should be bone preserving using a combination of periotomes, elevators and gentle rotation rather than expansion. Multi-rooted teeth should be divided and piezo surgery used to remove palatal or lingual bone to facilitate extraction. Alternatively, the 'furrowing' technique should be employed to avoid buccal plate trauma.

The socket should be cleaned and debrided to remove macroscopic infection as far as possible and encouraged to bleed. It is good practice to map the buccal plate for deficiencies with a periodontal probe at this stage. Using the natural tooth crown as a pontic can be an effective solution to maintain the soft tissue structure. (Fig 2a-c)

In the presence of significant apical pathology, we maintain the soft tissue using collagen cones retained in the socket with a horizontal criss-cross mattress suture, promoting clot stabilisation and preventing ingression of soft tissue into the bony socket. This is normally left for six to 12 weeks before additional surgical procedures are carried out.

If it is believed that the majority of any apical pathology has been removed, augmentation of the remaining socket can be conducted using bone particulate material. Collagen cones are inserted into the socket and flattened underneath the margins of the socket and sutured into place, again with retaining horizontal mattress sutures to encourage epithelial growth across the socket and limit ingression into the graft. (Fig 3a-c)

In addition, if there is a significant lack of keratinised tissue prior to extraction or at presentation, it may be necessary to perform soft tissue augmentation prior to any hard tissue or implant procedure. A connective tissue graft (CTG) with split thickness flap may be used to increase keratinisation volume and allow tension-free primary closure if significant bony defects are to be repaired. (Figs 4a-c)

With implant placement/pre-restorative

Implant design

It is important that clinicians are aware of how the design features of the selected implant influence implant position, and hard and soft tissue outcomes. It has been accepted that most two-piece bone level implants will cause some hard tissue loss if placed at the level of the crest. However, some provisional evidence suggests that both macro- and microscopic design features may reduce, if not completely prevent, crestal bone loss. There has also been evidence of direct connective tissue attachment to the implant neck, which will redefine the tissue compartments of the biological width around dental implants and create a soft tissue biological supra-crestal seal for the bone that previous implant designs lacked. (Fig 5a) There is also scope to utilise tissue level implants to protect the crestal bone.

Ideal 3D placement

The final implant position within the arch relative to the neighbouring dentition has a significant effect on the long-term outcome and stability of the overlying soft and hard tissue form. Buser (2004) has described the ideal biological envelope that a bone level implant must sit on so as not to cause further bone and soft tissue resorption, while Tarnow (2003) details the expected papillary position relative to the interdental bone. (Fig 5b)

The final 3D position of the implant is far more predictable if placed using a restorative-focused surgical stent. This can be simplified further if a radiopaque restorative trial is captured intraorally using CBVT, so that both surgical and restorative approaches can be combined into a CBVT guided surgical stent.

Flap design

It is the authors' belief that, if there is adequate form and function of both hard and soft tissue prior to placement, consideration must be

Continued »

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given to performing flapless surgery or immediate implant placement to maintain the soft tissue support. The flapless approach or using tissue punches have the advantage of reducing morbidity and speeding up soft tissue healing. Additionally, as no bone is exposed and periosteal blood flow is not compromised, it can lead to reduced bony resorption and minimal soft tissue scar formation. The major drawback of this technique is poor surgical site visualisation and potential disposal of useful keratinised soft tissue.

Where the buccal plate requires visualisation, the choice is to preserve or lift the adjacent interdental papillae. Sclar (2003) describes the papillae preservation flap that allows for the adjacent papillae to remain over the interdental bone, with the relieving incisions curved and changing direction within the mucogingival border to disguise post-operative scar tissue.

When significant ridge grafting is required, larger soft tissue flaps involving one or more adjacent teeth may be employed. Generally with large flaps, relieving incisions are made distal to the anterior teeth. Care must be taken with these large flaps to minimise papillae recession post-operative bone resorption caused through tissue acidosis. Furthermore, significant flap advancement can result in transposition of unkeratinised sulcular epithelium over the neck of the implant, requiring corrective surgery later.

There are many more novel solutions to flap design that are case specific, such as the 'aesthetic buccal flap' described by Steigman (2008). In cases where periodontal bone support is poor but soft tissue architecture is favourable, access to the buccal plate can be made through an incision in the mucogingival border without the need to interrupt or cut circumferential gingival fibres at the cervical margin.

Surgical staging, temporisation and immediate placement

As discussed, if hard and soft tissue is optimised pre-extraction, and if there is no infection or occlusal issues, then consideration can be given to immediate implant placement with immediate provisionalisation.

It is difficult to provide a truly non-functional implant-retained temporary crown or bridge; however, a customised healing collar offers sufficient support to the facial and interdental soft tissues where loading is a concern. Surface modification on healing collars and abutments (Laser-Lok, BioHorizons) can also maintain soft tissue compartmentalisation by reducing apical migration of the junctional epitheilium, allowing direct connetive attachment to the collar/abutment itself (Nevins, 2010).

In cases of keratinisation deficiency, a submerged approach can be used to increase soft tissue bulk, allowing an attached connective tissue roll graft procedure during second stage surgery. In addition, submerging healing collars can allow for additional soft tissue 'dead space', as described by Salama (1995), facilitating soft tissue manipulation at the restorative stages to guide tissue regeneration.

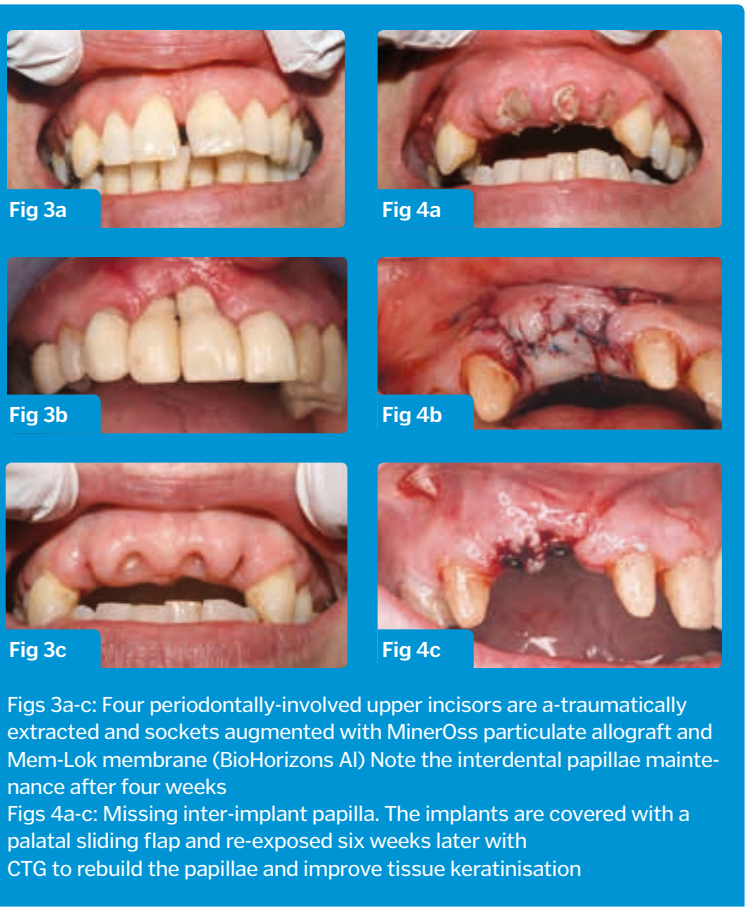
Care must be taken when removable temporisation is employed, due to the lack of papillary support and possible tissue compression of the gingival architecture. If possible, adhesive temporary bridgework is preferable over an acrylic denture to replace bound saddles of less than 4 units. If a removable prosthesis cannot be avoided, the functional compressive elements of pontic design overlying the implant must be sympathetically handled. Both removable and fixed solutions can help with pontic site development of soft tissue guidance prior to restoration.

Soft tissue augmentation

During placement, the opportunity can be taken to augment the facial tissues to reduce repeated surgical intervention and morbidity by performing a free CTG from either the patient or cadaver sources.

Post-restorative management

Post-restorative soft tissue correction is the most common and least predictable soft tissue intervention. The restoration can be removed and soft tissue bulk improved if the implant position is favourable. CTG can be employed to 'biotype boost' deficient soft tissue, although there is little evidence



Figs 3a-c: Four periodontally-involved upper incisors are a-traumatically extracted and sockets augmented with MinerOss particulate allograft and Mem-Lok membrane (BioHorizons AI) Note the interdental papillae maintenance after four weeks
Figs 4a-c: Missing inter-implant papilla. The implants are covered with a palatal sliding flap and re-exposed six weeks later with CTG to rebuild the papillae and improve tissue keratinisation

ABOUT THE AUTHORS

Donald Morrison, owner and partner of Quadrant Dental Practice, gained his BDS from Dundee University in 1997. He has trained extensively with experts worldwide, as well as holding a Master's in Aesthetic Implant Dentistry from the University of Lancashire. Donald takes great pleasure in working with ground-breaking dental techniques to provide excellence in treatment for patients using a gentle and caring approach that is second to none.

Peter Byrne, owner and partner of Quadrant Dental Practice, qualified from Glasgow Dental School. He too has trained extensively with experts around the globe and also holds his Master's degree in Aesthetic Implant Dentistry. His work ranges from single tooth replacements to complex full-mouth rehabilitations, involving implants and cosmetic dentistry using metal free-restorations.

to support the long-term results of such reparative procedures.

Free gingival grafting, coronally advanced flap and other root coverage concepts can also be employed. However, none are ideal in nature and almost always result in a compromised outcome.

The final solution sadly, is to use pink restorative material to disguise the form of the underlying soft tissue. It has the advantage that repeated surgical intervention is not required to create the illusion of soft height and bulk. However, blending with adjacent soft tissue can be difficult and the 'ridge lap' creates major issues cleaning the prosthesis, which can result in further hard and soft tissue loss.

Conclusions

Although there are numerous approaches to managing soft tissues at various stages of implant treatment, it is best that soft tissue is optimised as early as possible in the treatment plan.

Furthermore, it is the authors' belief that immediate implant placement can be considered only if the gingival tissues are in the desired form and function pre-treatment.

When soft tissues do require correction, it is suggested that a delayed or submerged approach is considered to increase soft tissue bulk, allowing further tissue manipulation and a wider margin for error. ■

Fig 5a
Good soft tissue outcome

Fig 5b
Poor aesthetic outcome as a result of poor soft tissue consideration and implants placed too deeply in respect to the adjacent teeth

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BioHorizons – a plus for implant dentistry

Scot Muir presents a case involving an implant patient with very high aesthetic expectations

Like myself, BioHorizons is committed to improving patients' quality of life. They do this for patients with missing teeth by offering implants and tissue regeneration products that are clinically proven by some of the most thorough and in-depth research in the industry. Using a system that incorporates innovations like Laser-Lok® assures me that I am providing the very best treatment possible.

A 23-year-old female with no medical problems was referred to the practice by her GDP. She presented with a subgingival fractured root on tooth 11. The tooth had been endodontically treated and restored with a porcelain veneer. Her GDP had placed a post in the root in order to secure the loose coronal section, thereby supporting the soft tissue and buying everyone some time.

At the consultation, the patient presented with extremely high cosmetic expectations. Her smile line extended to the gingival levels and her thin soft tissue profile, adding a level of complexity.

In situations such as this, you need to work with an implant system where the results speak for themselves and are well documented. Confidence in your system is everything and, for me, this is met by BioHorizons. With a wealth of evidence to attest to its value and understanding that no single implant design is perfect for every indication, the BioHorizons range allows the dental professional to choose the implant best suited to their patients' requirements and their own working practices with confidence. For example, for this case, a BioHorizons implant with a platform switch was ideal.

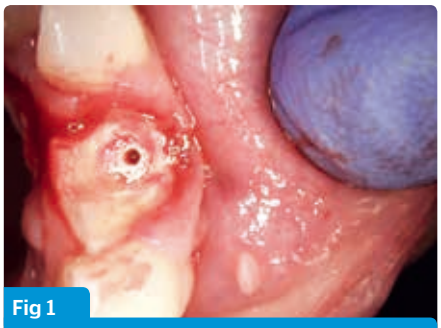

Fig 1 Patient had fractured tooth 11 above the gingival margin

Fig 2 Laser-Lok holding soft tissue in place after removal of immediate temporary restoration

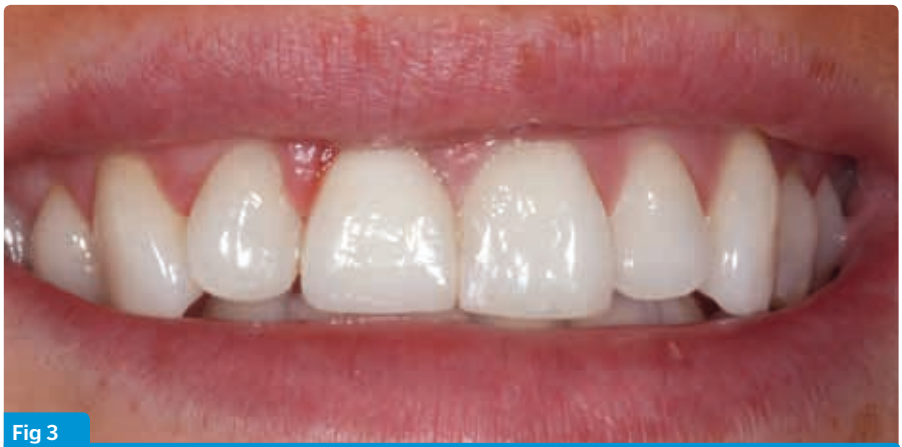

Fig 3 Excellent aesthetic result on day of final crown. (Only the distal papilla has a little inflammation)

The Tapered Plus system offers all the great benefits of BioHorizons' Tapered Internal system designed for increased soft tissue volume. Plus, it features a Laser-Lok-treated bevelled collar for bone and soft tissue attachment and platform switching designed for increased soft tissue volume around the implant connection.

Laser-Lok microchannels are a series of precision-engineered, cell-sized channels that are laser-etched onto the collar of BioHorizons' dental implants, attracting a true, physical connective tissue attachment (Nevins M et al, 2008).

Putting a smile on the patient's face

First, tooth 11 was removed and a 4.6mm x 10.5mm Tapered Plus implant (see box for product details) with a 3.5mm prosthetic platform was placed immediately and loaded with a screw-down temporary.

The implant has a more palatal position than the original tooth to allow for bone and soft tissue maintenance, as well as for palatal screw access. The gap between the implant and the buccal bone was grafted with MinerOss® human allograft to stabilise the crestal bone levels and prevent soft tissue in-growth.

With the abutment, we used Laser-Lok® to our advantage, selecting BioHorizons' Esthetic Abutment. The biological advantage is that Laser-Lok® is the only surface treatment shown to attract a true, physical connective tissue attachment (Nevins M et al, 2008).

Finally, the implant was restored with an e.max crown, which gave an optimal aesthetic outcome and resulted in an extremely pleased patient.

It is one of the privileges of being involved in implant dentistry that short, minor surgical procedures allow patients to leave the surgery with a smile, looking as they did when they entered. ■

"You need to work with an implant system where the results speak for themselves"

For more information, please call 01344 752560, email infouk@biohorizons.com or visit www.biohorizons.com

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ABOUT THE AUTHOR

Dr Scot Muir graduated from Glasgow Dental Hospital in 1996, and since then has completed an MSc at the University of Warwick and achieved a diploma from the Royal College of Surgeons in England. Scot is a clinical supervisor on the Ultimate Implant Year Course at smiletube.tv and holds annual implant seminars at Aberdeen Dental Institute and the West of Scotland Centre for Postgraduate Dental Education. Scot has recently become a director (partner) at the Scottish Centre for Excellence in Dentistry (www.scottishdentistry.com).

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- Demonstrate to the participants which **Core3dcentres*** prosthetic solution has been chosen to restore the different AVINENT cases.
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Digital dentistry

Dr Jesús López Vilagran describes an anterior double-ocean implant-supported aesthetic restoration using the digital workflow and guided surgery

Patient
63-year-old male.

Clinical history
No medical diseases and no relevant history.

Reason for the restoration
The patient visited the clinic due to class-2 mobility of teeth 11, 12, 21 and 22 caused by advanced periodontal disease in the upper anterior region that prevented him from chewing properly.

Treatment plan
Following a prior, thorough periodontal treatment plan, the decision was made to extract the four anterior teeth and, during the same surgery, to place two immediate implants in positions 12 and 22 using guided surgery.

Dental implants are a highly predictable treatment and an excellent choice for restoring missing teeth. Research has furnished us with digital dental systems that are swiftly taking over from conventional techniques. These technologies offer numerous benefits for patients, clinicians and the prosthetics laboratory, and create new opportunities in interdisciplinary workflows, making treatments more precise and comfortable and improving the quality of the outcome.

Using diagnostic imaging techniques and new planning software, clinicians can place implants in a predetermined position at the same time as considering the immediate or final prosthetic restoration and designing the surgical splint that will guide the placement.

Fig 1
Patient's initial condition

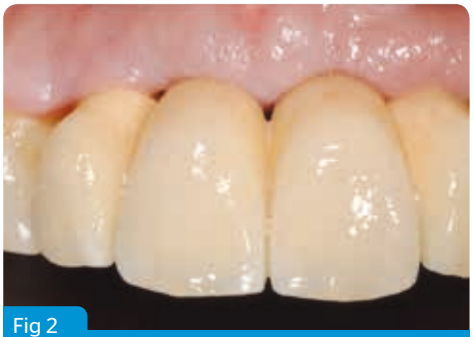

Fig 2
Images of the final prosthesis in the mouth

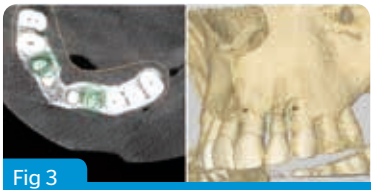

Fig 3
Images produced by the planning software

Fig 4
Screenshots of the process to design the surgical guide and the temporary prosthesis

Designing the prosthesis using CAD/CAM and milling it at high speed are highly beneficial, as they result in a significant improvement to the fit between implants and structures, leading to better long-term results and outstanding reliability in treatments using implants.

Case overview
When the patient visited the clinic, diagnostic tests revealed he had lost a considerable amount of bone in the anterior region due to periodontal disease. The decision was made to extract the four teeth and to place the implants during the same surgery. To do this, a technique was required that would enable us to orientate ourselves spatially and which would indicate the direction of the implant placements in relation to the patient's alveolar process in the remaining bone.

The surgery was planned using 3Shape's Implant Studio software, a tool that enables prosthetic planning to take place at the same time as the planning of placement of the implants and the design of the surgical guide used in the treatment.

One of the advantages of this software is that it enables us to

Continued »

Fig 5
Pre-surgery image post-extraction

Fig 8
Image of the temporary prosthesis in the mouth

Fig 11
Image of the milled structure placed in the 3D-printed model

Fig 6
View of the tooth-supported guide in position and detail of the placement of the implant

Fig 9
Scanning abutments in the patient's mouth while taking the definitive impression

Fig 12
View of the tissues and of the gingival emergence using the temporary prosthesis

Fig 7
Detail of the making of the temporary prosthesis

Fig 10
Screenshot of the intraoral impression and the scanning of the implants using the scanning abutments

Continued »

superimpose the DICOM files obtained using CBCT (cone-beam computerized tomography) and the stl-format files produced by intraoral scanning with the TRIOS scanner (from 3Shape), thereby making guided surgery much more precise than conventional systems in which only CAT (computerised axial tomography) is used.

The surgical splint guide designed by the doctor was made at the Core3dcentres milling centre, ensuring excellent stability and fit and giving the clinician greater confidence of success at the time of treatment.

During surgery, once the four teeth were extracted, the surgical guide was correctly fitted to the adjacent teeth in order to proceed with the placement of the two Ocean implants, measuring 4mm in diameter and 13mm long from platform 4.0 of the Avinent Implant System.

The type of surgery used in this case was pilot guided. The surgical splint is used to initiate surgery by marking with the first drill the direction and depth at which the implant is to be placed. Afterwards, the surgical guide is removed and the drilling sequence continues in the conventional manner, following the marked direction until the diameter of the selected implant is reached. All of this can be done in a minimally invasive manner without the need to make a flap, improving the patient's post-operative recovery. Fully guided drilling and implant placement is also an option available to the clinician.

Once the implants were placed in position, they demonstrated satisfactory primary stability and so two AVINENT straight transepithelial abutments measuring 4mm were placed to reach the height of the gum and to position the prosthetic connection at the gingival level. The temporary prosthesis was made in a conventional manner using titanium temporary abutments retained by the transepithelial abutments. A fixed acrylic partial prosthesis screwed to two temporary abutments was placed and the occlusion was adjusted, leaving it load-free during lateral and protrusive movements.

Twelve weeks later, once the implants had been shown to have good stability, the definitive digital impression was taken using the TRIOS intraoral scanner so that the permanent prosthesis could be made using CAD/CAM design.

3D-printed models were made to check the precision of the fit and to send the work to the laboratory for the final loading with ceramic.

Conclusion

The partial or complete restoration of teeth using dental implants has a very high success rate as a treatment method today.

The latest technological advances enable us to plan the surgical placement of guided implants in accordance with the final restoration, giving an even more predictable outcome. Using the new design software programs, we can make extremely precise surgical guides for more challenging cases, speeding up surgery and shortening patient recovery times.

In addition, CAD/CAM technology applied to the design of prostheses and the making of milled structures gives improved fit with outstanding reliability and excellent long-term results. ■

ABOUT THE AUTHOR

Dr Jesús López Vilagran graduated from the University of Barcelona in 2001 with a degree in dentistry. He has a masters degree in occlusion and oral restoration and a qualification in reconstruction in multidisciplinary treatments on implant materials from the University of Barcelona. He is currently a director of the odontology and prosthodontics area at the Maxilofacial Institute at the Teknon Medical Centre in Barcelona and is a director of Clinica Dental Vilagran in Badalona.

Finding your 'Why'

Jan Clarke, former principal of Ferryburn Dental Care in South Queensferry is looking to an exciting new chapter in her career

Parents of small children will be more than familiar with the favourite question children seem to pose dozens, if not hundreds of times a day – why?

But, rather than focusing on the interminable curiosity of the nation's toddlers, dentist Jan Clarke and business coach Kevin Rose believe that finding your 'Why' is the key not just to a more successful business, but a healthier, happier and more successful life.

They believe that if you uncover your reasons for doing what you are doing – what drives you, what motivates you etc – then everything else will start to fall in to place.

Jan qualified from Birmingham in 1988 and moved to Scotland in 1995, eventually buying the practice she was working in from the retiring principal. She built up and developed Ferryburn Dental Care in South Queensferry into one of the finest in the area before selling the practice last summer and leaving in January this year to pursue other interests.

Holistic business coaching

Before leaving Jan also worked as a practice advisor with Denplan for eight years having gained a postgraduate certificate in Dental Practice Appraisal from FGDP UK. It was during her work with other practices that she noticed many dentists admitted feeling a bit lost. She said: "Increasingly, I was feeling frustrated when going into practices that they needed more ongoing help, not just with their business but with all aspects of their lives.

"The Denplan Quality programme was great in that it meant I could help with change management when I was there but I felt there was a missed opportunity for following it up and making longer-term changes."

Jan had been a client of Kevin Rose for a number of years, having travelled down to Oxford and seen the benefits of his business mentoring and coaching first hand. After selling her practice she spoke with Kevin about the possibility of introducing a peer support group closer to home. She

said: "This was the way I could help implement change for dentists to help them achieve a better work life balance, and ultimately more life satisfaction. Cheesy maybe, but I know there is a need for this, not just coaching but real mentoring, where we can facilitate change."

Jan explained that when she was in a leadership role in practice she often felt nervous about leading as she didn't want to be seen as "bossing people about". However, she soon discovered that if she communicated her goals and ambitions effectively to the rest of the team – her 'Why' – they were more likely to get on board and help her get the practice where she wanted it to be.

Through Rose and Co, Jan and her colleagues will be able to offer leadership training both on a one-to-one basis and also through group events such as the popular Club Connect meetings.

Jan and Kevin are currently inviting dentists to get a taste of how Club Connect can help them. They are running two sessions on Thursday 30 Oct at the Hilton Airport Hotel in Edinburgh. If you would like to be invited to participate in one of these sessions, then please contact Jan for more information, either by email jan@roseand.co or call 07968 542 472. Alternatively, you can book directly via the website www.roseand.co/scotland

A social touch

Throughout her time at Ferryburn, Jan was very active on social media and she utilised Facebook, Twitter, LinkedIn and other mediums to help grow her business. Her husband, Andy Taplin, is a graphic designer by trade and runs Interphase Design where he provides a full design and build service on websites, print media and so on. Through Interphase Social Media, Jan provides social media support and manages projects for Andy's clients.

And now she is looking to expand that into the area she knows most about – dentistry. Interphase have several packages to support dental practices in their social media usage, from setting things up from scratch, to assisting with coverage on Facebook and Twitter through to YouTube channels and blogs.

Jan said: "One of the problems with someone else running your social media campaign is lack of knowledge about the business and the personal touch. However, I alone will be running these campaigns for dental practices.

"I will interact with the practices to get a feel for their ethos, although some I obviously know better already! I will also get a feel for the kind of posts that suits the style of the practice and how they wish to interact with their patients and potential new patients." ■

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Clifton Dental Clinic is delighted to offer a comprehensive endodontic service for referring practitioners

From his highly equipped endodontic suite in the West End of Glasgow, Dr Ross Henderson welcomes referrals for all aspects of endodontic treatment.

Ross qualified in 2003 from Dundee Dental School and has worked in private practice since 2008. In that time he has developed a keen interest in endodontics and has gone on to complete a Masters Degree in Endodontics from Barts and the London School of Medicine and Dentistry.

By referring your patient to a dedicated endodontic practitioner, they benefit from improved success rates, and improved surgical success thanks to the use of microsurgical techniques.

Ross carries out all treatment under the operating microscope, and is happy to accept referrals for both routine and more complicated cases including re-treatments, surgical endodontics and problems with anaesthesia.

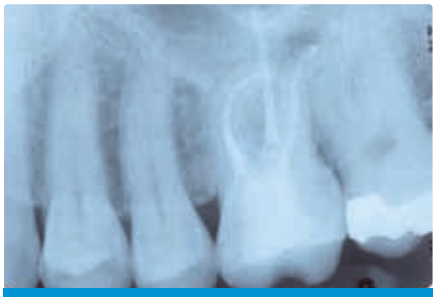
The clinic is also able to offer sedation, both IV and oral for anxious patients, as well as an emergency service for the relief of acute dental pain.

Clifton Dental Clinic offers help in diagnosing dental and facial pain and referring dentists are given a full post operative report.

All treatment is carried out in a relaxed and friendly environment. ■

For more information or to discuss your cases, please contact Dr Ross Henderson at Clifton Dental Clinic on 0141 353 3020.

Before treatment



After treatment

Innovative aesthetic treatments

Sinclair Pharma and Clinetix – pushing the envelope with aesthetic procedures

Clinetix Rejuvenation is quickly developing a reputation as one of Scotland's most reputable aesthetic medical clinics.

Under the leadership of dentist Dr Emma Ravichandran and her husband, ENT Surgeon Mr Simon Ravichandran, Clinetix is driving forward the aesthetic medical industry with their core ethos of providing the best possible customer experience and delivering the best possible results.

They have a regular list of high profile clients, and an international influence with some customers making twice yearly trips from as far as New Zealand, Australia and New York!

Emma and Simon have always been passionate about pushing the envelope with aesthetic procedures and products and have been developing techniques with Silhouette Soft Thread Lifts and Ellanse Bio stimulating dermal filler for some time. Simon will be travelling to the Silhouette Soft World Experts meeting in Barcelona in October where advanced techniques will be discussed. Simon will also be joining the Silhouette Soft national training panel.

Sinclair Pharma have recently expanded their portfolio to include distribution of Ellanse and Silhouette Soft Thread Lifts and are pleased to introduce Debbie Moodie, a former dental therapist with training in aesthetic procedures, as the aesthetic account manager for Scotland and the north of England. ■

Debbie can be contacted on 07891 019 200 for all enquiries regarding Silhouette Soft Thread Lifts, Perfectha, Ellanse and Sculptra. For more information on Clinetix Rejuvenation, visit the website at www.clinetix.co.uk

THE FUTURE OF DENTISTRY

19th September 2014

WITH AMARJIT GILL

Past President of the BDA

Clifton Dental Clinic & Dentsply UK present an exciting day looking to the future of dentistry in the lovely setting of the Grand Central Hotel in Glasgow.

We have invited three inspiring speakers to our event this year.

PROGRAMME

Allan Pirie – Clifton Dental Clinic – Expanding Implant Applications
Richard Lishman – Money 4Dentists – Financial Products or Financial Advice
Lunch in the Tempus Restaurant
Colin Burns – Crow Road Dental Practice – The Future of Composites
Amarjit Gil – BDA Past President – The Future of Dentistry
Cocktails in the Champagne Bar, Grand Central Hotel

Allan Pirie

Richard Lishman

Colin Burns

£95 per dentist & 1 DCP.

This includes:
* 7 hours CPD *
* lunch in the hotels TEMPUS restaurant *
* a cocktail in the Champagne bar *
* DENTSPLY goody bag (value £70)

To reserve your place, please contact Lesley Woods at Clifton Dental Clinic on 0141 353 3020 or by emailing cliftondentalclinic@yahoo.co.uk

Clifton Dental Clinic
excellence in dental care

A first-class referral team

Glasgow clinic welcomes new managing partner to add to the practice's wealth of experience

Scottish Centre for Excellence in Dentistry has a referral team that is expanding. For more than five years, since the building of their new premises at Watermark Business Park, the team has been offering a full range of referral services to more than 200 dental practices across Scotland.

Clinical director Arshad Ali is the lead clinician and, in July of this year, Scot Muir joined the team as a managing partner. Scot is a very welcome addition and his experience in advanced implants will add to the wealth of expertise that is available at the centre.

Dentists who refer to the centre benefit from a host of added services including complimentary lunch and learns at their practice, complimentary CPD updates and seminars, invitations to leisure days and access to additional courses at discounted rates. One such course is the 'Use of Magnification in Dentistry' evening course that is being held at the prestigious Bentley Glasgow location. This course is being held on Thursday 30 October, from 6.30-8.30pm and the cost is £30.

The use of magnification in dentistry has increased greatly in the past few years in the UK, so it is a very interesting topic and one that will help greatly in improving the quality of treatments. ■

To book your place, please contact secretary@scottishdentistry.com

REFERRALS FOR IMPLANT AND RECONSTRUCTIVE DENTISTRY

Stephen Jacobs

Stephen accepts referrals from single implant placement to the more complex cases involving full arch reconstruction, sinus lifts and bone grafting.

Imaging services also include CT scans and DPT radiography

Patients can be referred to the practice in the following way:

Email: **info@dentalfx.co.uk**, *refer via the website* **www.dentalfx.co.uk** *or call us on* **0141 931 5533**

Lee Savarrio

New Service: Consultant periodontist Lee Savarrio is now accepting periodontal and implant referrals at Dental fx.

Email: **perio@dentalfx.co.uk**

www.dentalfx.co.uk
call us now on: 0141 931 5533

dentalfx
implants and cosmetic dentistry

A life's work and a passion

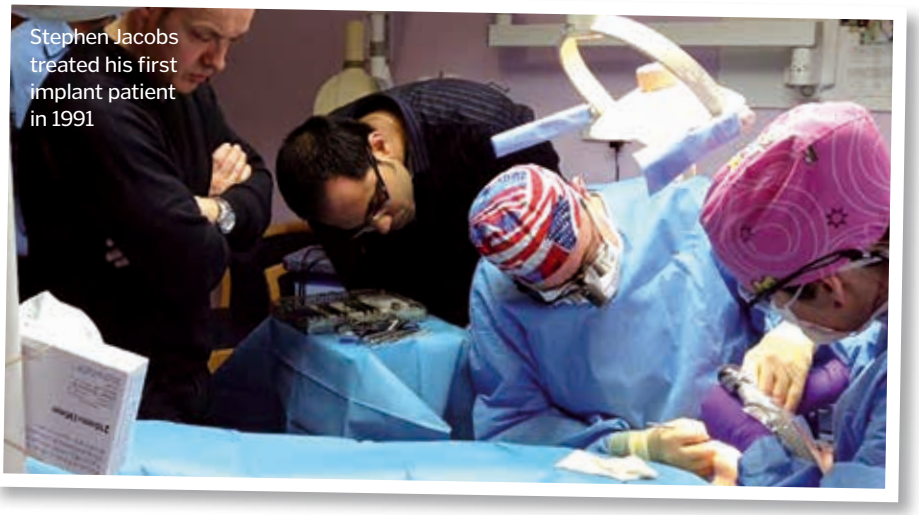
Dr Stephen Jacobs decided his practice would focus on dental implants

In April 2006 Dr Stephen Jacobs started Dental fx, a referral practice for implant and reconstructive dentistry, in Bearsden, Glasgow.

"It was the next logical step for me," Stephen explained. "I treated my first implant patient in 1991 and since then it has become a life's work, not to mention my passion. So, to move from a mixed general dental practice, to set up my current practice, focusing on dental implants was really me achieving my goal."

Stephen's passion for implant dentistry is reflected in his biography and list of achievements:

- Past President of The Association of Dental Implantology (ADI)
- A committee member of the Academy of Osseointegration (AO)
- Lecturer and speaker at meetings and congresses throughout Europe and USA, most recently at the AO Annual Meeting, this year in Seattle, WA
- Author of many articles in the dental implant press
- Currently involved with several research projects
- Scientific Chairman of the ADI.



Stephen Jacobs treated his first implant patient in 1991

Stephen explained the various types of work carried out at Dental fx: "We provide the full range of implant treatment, from straight forward cases to complex full arch/full mouth reconstruction, from block grafts to sinus grafts and now, with increasing frequency, I am required to correct implant complications including failed cases, both biological and mechanical, including peri-implantitis.

At Dental fx, the focus is on the team and I am fortunate to have a fantastic group of people around me."

Stephen continued: "In 2006, there was myself, my practice manager, Susie, and one nurse. Now we have eight members of staff plus three hygienists. Susie still makes the office 'tick' and we have added our associate, Nahida Roy, and a specialist periodontist, Lee Savarrio."

Moving with the times and keeping up with technological developments has also been an important part of running a successful referral clinic. Stephen said: "In 2010, we purchased a Cone Beam CT machine, and I could never have imagined the difference that would make to our daily work. Eighteen months ago, Lee Savarrio joined the team, and takes referrals for periodontal treatment and implants. A periodontal treatment service is the cornerstone to any implant practice, and Lee is busy with both mine and outside referrals.

"Furthermore, we have a visiting oral and maxillo-facial surgeon, Jeff Downie, who carries out more complex oral surgical procedures, including hip-grafts."

Referral services at Dental fx include:

- Implant placement only
- Implant placement and restoration
- Bone grafts
- Sinus augmentation
- Periodontal treatment
- CT scanning
- Implant complications
- Peri-implantitis
- Implant removal

Dental fx is also a training establishment offering a range of courses including:

- A comprehensive one-year course in basic implant dentistry
- Implant restorative courses
- Advance implant courses
- Sinus bone grafting (including cadaveric dissection at Glasgow University's department of anatomy)
- One-to-one mentoring.

Stephen said: "I encourage our referrers to restore the implants we place for them. That's the fun bit and is the most rewarding part of what we do – provision of the patient's teeth.

"We are happy to train dentists to treatment plan and restore their patients implants, so I urge those interested to look at our courses."

As for the future, Stephen said: "My aim is to continue to grow the practice and improve the service we provide to both patients and referrers. This continues to be a priority.

"To lecture at the AO this year was a big honour and a special goal for me this year is to have an article accepted for publication in one of the foremost peer reviewed journals...two are in preparation at the moment." ■

Make the move towards implants

THE PEPPERMINT GROUP
GENERAL DENTISTRY . DENTAL AESTHETICS
FACIAL AESTHETICS . ADVANCED AESTHETICS

Bath Street practice offering course to help clinicians learn more about incorporating implants into their practice

The Peppermint Group are delighted to offer dentists wanting to learn about incorporating implants into their everyday practice the opportunity to do so with the Nobel Biocare Esthetic Alliance Program.

The Esthetic Alliance Program, or EAP, was established by Nobel Biocare to allow dental surgeons who currently refer externally for implant treatment to learn about the restorative elements of implant dentistry in a well-structured format using the worlds leading implant manufacturer.

Through a series of lectures and practical sessions, clinicians will learn to restore implants placed for them in cases including single units, multiple units, All-on-4 and removable dentures.

The course is delivered by Dr Greig McLean, who, for more than 10 years, has been working closely with Nobel Biocare at Bath Street. Greig graduated in dentistry in 2001 and then in medicine in 2007 from the University of Glasgow.

In our convenient city centre location, he will guide delegates over a series of modules enabling them to restore cases, and allow them to make the next move towards placing their own implants. All this comes with the support of Nobel Biocare territory manager Lynda Maxwell and the support of well-respected local technical staff to teach delegates about laboratory stages. ■

The course fee of £595 plus VAT for delegates includes all module meetings held at Bath Street, which are conveniently held after normal practice hours, as well as the Nobel Biocare Prosthetic kit required for restoring implants. A social schedule is also included in the fee and delegates accrue 18 hours of verifiable CPD. We are also pleased to be able to offer the course at a reduced fee of £495 plus VAT for delegates in their VT year or in their first year of practice following VT (proof will be required).

Enhancing the treatment portfolio

Private Dentistry AWARDS
Winner Best Implant Clinic 2011

Dr Bruce Strickland BDS DipImpDent RCS (Eng) has been placing dental implants within general practice for the last 18 years. To add qualifications to his experience, he completed the Implant Diploma with Advanced Certification in Bone Grafting with the Royal College of Surgeons, England. He has lectured with and is a member of the International Team for Implantology.

The other two members of the clinical team are: Dr Adrian Pace-Balzan, consultant specialist in restorative and periodontal dentistry; and Dr Will McLean, endodontic clinician at Glasgow Dental Hospital. Our three clinicians, working closely with our implant clinic laboratory, aim to provide exceptional patient care and reliable clinical results.

Over the years, Bruce has placed over 3,500 implants and worked closely with referring dentists from all over Scotland. His aim is to partner with other clinicians as an extension of their team and to provide a referral service which enhances the treatment portfolio offered to patients.

To some, this partnership is the delivery of a completed case, to others it is a journey of clinical development through our mentoring and training programs which equip our referring dentists with the skills to be involved in implant restorations.

Referring dentist's testimonial

"Bruce's approach to educating his referring practitioners is second to none. He is dedicated to providing the absolute best level of patient care and equipping you with the knowledge and skills to do the same. "I have benefitted greatly from the two-year programme of education I am currently participating in with Care Dental Implant Clinic.

"This course not only increases my knowledge and understanding of implants but has enabled me to undertake the restorative phase once the implant has been placed which is very exciting."
– Dr J Lang

Referrals

The clinic accepts a whole range of referrals; for single implant placements to full mouth reconstruction cases with bone augmentation. ■

To discuss partnering with Care Dental Implant Clinic or for more information, please call the practice on 01764 655 745, email referrals@care-dental.co.uk or visit www.care-dental-implants.co.uk

Buying a practice – two different views

Martyn Bradshaw from PFM Dental considers practice purchases from a buyer's viewpoint and his own as an experienced sales agent

Buying a practice can be lengthy and challenging. I asked a recent purchaser their opinion on the buying process, and I also offer my view as a practice sales agent on the issues raised – in the form of 10 top tips.

Why did you want to buy a practice?
I've seen associate pay and job security come under pressure in the last few years and I didn't want to be in a position where I had to take a pay cut. Apart from, that I liked the idea of buying a practice I could develop and put my own mark on.

How long were you looking?
Overall, for about two years. I missed out on a couple of practices and was surprised at the competition. There seem to be a lot more buyers than practices, especially in Glasgow, Edinburgh and Aberdeen.

Was location important?
Not especially, although I didn't really want to be in a remote location. Being flexible about the location certainly opened up my options.

Were you looking for a specific type of practice and, if so, why?
Yes. Buying an NHS practice was definitely a priority. I've worked in the NHS system for a few years and felt that this would be a stable base for my business. I'm developing the private fee income now that I've been in the practice for six months.

How did you finance your practice purchase?
I borrowed money from a bank as well as putting in a deposit of about 10 per cent. I used a broker to find the best finance deal, which was helpful as I was turned down by one high street bank initially.

What was the most challenging thing about buying the practice?
It all took longer than I'd expected – about nine months from my offer being accepted to completion. There were a lot of hoops to jump through from the legal side.

Jon's 10 top tips for prospective purchasers

1. One of the most challenging things about buying a practice is finding the right practice. Most buyers have a specific practice type in mind – NHS, private or mixed. Popular locations are the major cities with a higher concentration of dentists looking to buy – hence the competition for practices.
2. There are a few things a prospective buyer can do to get ahead of the field, such as registering with practice sales agents and keeping a close eye on practices coming to market.
3. When viewing a practice, it is important to create a good impression as the vendor may have a number of offers to choose from. Being flexible about the handover timescales and positive about the practice in general is likely to help here.
4. The more specific your requirements, the longer it is likely to take to find a suitable practice. However, as most dentists will work until retirement at the practice they buy, be patient and make sure the practice you purchase is right for you.
5. Solid finance arrangements are often key to supporting an offer to buy a practice. If you buy through a practice sales agent remember that the agent acts on behalf of the vendor. They have a duty to verify that the buyer has credible finance arrangements in place. The vendor may accept a lower offer from a buyer who can demonstrate finance is in place.
6. Most agents will issue sufficient financial information on the practice (usually by way of a prospectus) to allow buyers to approach banks prior to making an offer. Approaching the right bank and the right bank manager is important. Banks with dedicated healthcare lending departments are most likely to understand your finance requirements and quickly provide an outline finance proposition.
7. Once an offer has been accepted, the legal requirements of the purchase will take several months to complete. Solicitors for the buyer and vendor will need to agree on a sale-purchase contract, which includes protection for the buyer and vendor 'post purchase'.
8. Your solicitor will conduct 'due diligence' on the business, which involves asking a lengthy series of questions. Failure of the vendor to provide adequate answers can lead to delays or even the transaction collapsing. Engaging a solicitor experienced in dental practice transactions is likely to speed up the process, especially where both you and the vendor instruct dental solicitors.
9. If the vendor is trading as a limited company there are additional requirements which can also cause delays.
10. Despite the challenges, most buyers are positive about practice ownership and find this a rewarding career path. ■

ABOUT THE AUTHOR

Martyn Bradshaw is a director of leading practice sales agents, PFM Dental, with offices in Edinburgh, York and Oxford. For information on practices for sale in Scotland, visit www.pfmdental.co.uk

Raising the recruitment bar

UK-wide service now offers dental practices the opportunity to request cover in the short and long term

H1 Healthcare a recruitment company established over 12 years ago has expanded its offering within the health-care sector and now offers dentists across the UK the ability to request dental nurses and hygienists for permanent, short term contracts and last minute emergency cover.

Over the years, we have seen the demand for dental nurses increase nationwide. In response to this, we have set up H1 Dental, headed up by a GDC-registered dental nurse and backed up by 12 years of recruitment experience, it brings a level of service to the dental industry that raises the bar when it comes to response times, industry knowledge and compliance (all our dental nurses are GDC registered and the soon-to-be mandatory PVG/CRB checked, something that isn't true for many providers).

Dentists are able to contact us 24/7, 365 days of the year, safe in knowledge they are using an NHS framework approved agency that is regularly inspected by the care commission to ensure regulatory and compliance levels are being met. This has been met with overwhelming approval from many dental practices who have welcomed H1 Dental's approach.

H1 believe that dental nursing should be treated with the same professionalism as general nursing within healthcare, and patients and dentists deserve to have the highest quality nursing staff involved with the delivery of care. We operate transparently and would provide PVG/GDC numbers to practices to confirm compliance for every booking, providing assurance that the staff we provide will meet regulatory requirements.

Operating on a national level means that H1 Dental is building an extensive hub of dental professionals and means we can pull on resources and successfully supply, where smaller local providers fail. ■

To learn more, please call Annmaree on 0141 375 7680.

Annual Tax Statements

Tax expert Phil Donegan of Martin Aitken & Co provides an explanation about your Annual Tax Statement – don't panic, it's not a tax demand!

From October 2014, 24 million tax payers will receive an Annual Tax Statement from HMRC. It's not a tax bill; it merely discloses how your taxes were allocated to public spending projects such as welfare, the NHS and defence.

The form will detail how much tax and NICs you have been charged and will analyse the attribution of your taxes to public services in pie chart format.

The distribution of the statements is the conclusion of a project commenced by the coalition government in 2010. In an effort to champion the cause of tax transparency it is the chancellor's intent that all UK taxpayers should be able to clearly see where their taxes are being spent.

This is a laudable attempt to encourage accountability, but we wonder how many people will be interested in such detailed analysis. Individuals are usually more concerned about how much tax they are incurring as opposed to where it is spent.

The cynics, however, may opine that this is nothing more than a government ploy to change how we feel about the welfare state. The chancellor's only motive is to shock us when we see how much of the pie chart is given over to welfare spending thus hardening our attitudes to the residents of 'Benefits Street'.

There is also a danger that many recipients will be unnecessarily alarmed and think that it is a tax demand. This in turn will lead to unnecessary calls to hard pressed accountants! ■

For more information, contact Jayne Clifford, head of our specialist dentistry team, or Phil Donegan one of our tax experts on 0141 272 0000 or jfc@maco.co.uk or PD001@maco.co.uk

INITIAL MEETING FREE OF CHARGE

Call us to arrange a meeting to discuss your needs

At William Duncan + Co we have the expertise to help you improve your overall financial performance and minimise taxation. When it comes to finance, dental professionals themselves are in need of some specialist care.

Our dedicated healthcare team provides accountancy services to many dental practices throughout south west Scotland. Our Key areas of expertise are:

- Specialist Accounts Preparation
- Business and Personal Taxation
- Business structure, entry and exit planning
- Service tailored to your requirements

"Having worked with William Duncan throughout the incorporation of my business and also moving and expanding to new premises, I can highly recommend them to other dental colleagues."

Mark Fitzpatrick, Sandgate Dental Practice, Ayr

"I have worked with William Duncan since setting up my practice – I would recommend them to any dental professional – their support has been excellent"

Dr Ainsley Ness, Breeze Dental Clinic, Troon

Learn more, contact one of our dental sector specialists:
stephenbargh@williamduncan.co.uk, sandydargie@williamduncan.co.uk, hazelmurphy@williamduncan.co.uk

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www.williamduncan.co.uk

william duncan+co
Chartered Accountants & Business Advisers

Borrowing funds to improve your practice

With patients now more willing to shop around for dental treatment, practices across Scotland are having to invest heavily in the latest equipment and facilities

Cost of improvements

Renovating a practice can cost tens of thousands of pounds. To refurbish a consulting room with cabinets and up-to-date equipment can cost in excess of £25,000, and if a dentist has bought a new practice and wants to make improvements to the whole surgery, it can be considerably more.

With costs like this, a dental practitioner may need to turn to a bank or other provider for a loan.

As some high street banks are still reluctant to lend to small businesses (the Bank of England reports loans to SMEs by banks fell by 2.5 per cent last year), it is worth seeking a specialist lender that has an in depth knowledge of the dental profession and understands the latest issues affecting them and the increasing pressures on a practice's finances.

Because they have expertise of working with dental practices, these lenders are able to make quick and well-informed decisions when it comes to approving loan applications.

Depending on why funding is required, it is possible to access secured and unsecured commercial loans for up to as much as £1.5 million. These can be repaid over periods from six months to 10 years, with a variety of options including fixed and variable interest rates.

Conclusion

Juggling the dual responsibility of practicing dentistry and running a business can be difficult. However, by talking to a specialist lender with expertise of the dental sector you can ensure your practice is best placed to run smoothly and remain a successful business. ■

The above information does not constitute financial advice. For further information speak to your financial adviser. Contact David Gibb , Wesleyan Bank Commercial Finance, on 0800 072 8586, e-mail david.gibb@wesleyan.co.uk or visit the website www.wesleyan.co.uk/commercial

†Henry Schein prices taken from www.henryschein.co.uk. Wright Cottrell prices taken from www.wright-cottrell.co.uk. Price comparisons correct as of 08/07/2014.
*PriceMatch guarantee applies to any nationally advertised published price, from any dental dealer on all identical consumables, sundries and materials products.
**Order fulfilment rate based on average figures for the period Jan-March 2014.

13.5% cheaper

than Henry Schein on 50 top products featured in our latest Product Guide Update†

Based on the same 50 products, we're 8.45% cheaper† than Wright Cottrell too!

To view or download the full list of products and the savings you could make, visit dental-directory.co.uk

Plus!

Fantastic promotions on a wide range of quality products

Massive buying power that enables us to give greater value to ALL of our customers

Your own local Business Consultant to help you reduce costs and increase profitability

Comprehensive UnoDent/Classic range of high quality alternative brand products

Our peace-of-mind PriceMatch Guarantee*

Huge stock holdings and 27,000 different product lines – all backed by an average daily order fulfilment rate of 99.2%!**

...and all with FREE delivery and NO minimum order value!

Trust...

The Dental Directory

THE UK'S LARGEST PURCHASER OF DENTAL PRODUCTS

0800 585 586 www.dental-directory.co.uk

The Dental Directory, 6 Perry Way, Witham Essex, CM8 3SX

The latest advances and technological innovation

W&H look forward to welcoming you on Stand J03 at BDIA Dental Showcase for the latest news and special offers.

W&H are launching a number of new and innovative products, including new models within the Synea Vision range of top quality handpieces: Penta LED turbines which offer unique daylight quality 100 per cent shadow-free illumination of the treatment site and the Short edition contra-angle handpieces which are lighter and shorter for perfect balance especially for those with smaller hands.

Also on display will be the new Alegra handpiece range offering vibration free, quiet operation and improved spray function and the new improved range of air motors which do not require a coupling for 360 degree flexibility.

Call 01727 874990, or follow W&H on Twitter @WH_UKLtd

VOCO at the BDIA 2014

VOCO presents several proven and innovative products at the BDIA Dental Showcase 2014 (Stand F15).

Futurabond M+ is a universal one-component adhesive that offers the user flexible solutions for every bonding situation.

Total-etch, selective-etch or self-etch – the dentist is free to choose and apply the etching technique depending on indication or according to personal preference.

Another highlight IonoStar Molar, a new glass ionomer restorative material in innovative application capsule.

The material is applied without conditioner or adhesive and scores particularly highly thanks to its non-sticky consistency and perfect marginal adaptation.

SnF_2 makes the difference

Gum health through effective plaque control is just one of the many beneficial features of Oral-B's Pro-Expert toothpaste and it's the inclusion of stabilised stannous fluoride (SnF_2) that makes the difference.

This powerful ingredient gives Oral-B's Pro-Expert toothpaste a long-lasting antimicrobial action, which fights plaque and consequently gum problems. Laboratory and clinical studies have confirmed that the inclusion of stabilised stannous fluoride will inhibit antimicrobial growth as well as reducing the ability of bacteria to 'stick' to tooth and gum surfaces.

The gum health benefits do not stop there, thanks to the perfectly matched inclusion of sodium hexametaphosphate that protects against calculus formation, as well as staining, thereby reducing a further cause of plaque retention.

Showcasing Oral-B power

As Gold Sponsor of this year's BDIA Dental Showcase (9-11 October, ExCeL) the Oral-B team (stand J04) will be on hand to showcase their latest power toothbrush as well as their Pro-Expert toothpaste.

Technology aficionados will love the new Oral-B SmartSeries electric toothbrush with Bluetooth 4.0 connectivity. The new toothbrush connects to the Oral-B App and records brushing activity, which patients can then share with their dental professional.

Visitors can also find out about the revolutionary Test Drive trial programme, which allows multiple users to experience Oral-B power and toothpaste using a shared handle in a hygienic way.

Triple-action spray

New System-3 enzymatic wetting solution is scientifically developed to break down blood, soil and protein whilst delaying the drying of organic soils for up to 24 hours. It's triple action prevents soiled instruments from drying prior to decontamination, active protease enzyme pre-cleansing agents aids reprocessing and helps prevent instruments from rusting or pitting.

Following use soiled instruments should be placed in a suitable container/tray. Spray System-3 foaming solution directly onto the soiled instruments ensuring complete coverage. Following application instruments/container should be kept covered. Prior to final decontamination simply rinse instruments under running water.

System-3 Decontamination Holding Time solution is available in a 800ml bottle with trigger dispenser through all good dental wholesale suppliers at *£6.90 + VAT. (*Manufacturer's recommended price)

For more information, ask your usual rep or visit alkapharm.co.uk

The proven, long-term implant solution

For efficient and reliable full-arch restorations with only four implants, evidence shows that you need look no further than the All-On-4 treatment concept from Nobel Biocare.

Clinical studies looking at the survival rates and effectiveness of implants 10 years after placement in the mandible and five years after placement in the maxilla, have found very positive results.

Cumulatively, 97.6 – 100 per cent survival rates were found after three to four years, 98.4 – 99.7 per cent four to five years and an impressive 94.8 – 98 per cent survival rate between five to 10 years after surgery.

Visit www.nobelbiocare.com

The future starts now

Dr Matthew Burton from Loughborough Road Dental Practice has been using the CS 3500 intraoral scanner from Carestream Dental for the last three months.

"The CS 3500 has provided a completely new experience for me, a totally different way of working. I mostly use it for milling posterior restorations, but it has opened new opportunities for improved patient experience and care.

"Not only does it eliminate the need for traditional impressions but it also vastly increases the speed of treatment. As such, I was recently able to provide two restorations for a patient who had been waiting years:

with only short visits to the area of a couple of days at a time, we had been unable to take impressions and create restorations fast enough with traditional techniques."

For more information, contact Carestream Dental on 0800 169 9692 or visit www.carestreamdental.co.uk

Secure LDU record storage

Dolby Medical, Scotland's leading dental LDU supply and servicing company has announced the development of a new facility for its customers – COMPLY-SAFE.

COMPLY-SAFE is a secure online storage system enabling Dolby Medical to hold an individual dental customer's LDU service records digitally – so they can be accessed by the client at anytime, by the simple click of a button.

Iain Pryde, product manager at Dolby Medical said: "Our aim is to make things as easy as possible for our dental customers. Storing their LDU service records digitally on their behalf helps to do this.

COMPLY-SAFE will take the hassle away from our customers of having to file and store these records themselves. All the servicing records required for any compliance checks can be held securely in one place and can be accessed in seconds."

More details on COMPLY-SAFE and multi-service contracts can be obtained by calling Dolby Medical on 01786 235 500.

Visit us at IPS Glasgow

Schülke will be exhibiting at the Infection Prevention Society (IPS) Conference in Glasgow from 29 September to 1 October.

Come and visit us on Stand 54 to find out more about our extensive infection prevention and control product range. You can also watch our new DVD showing how schülke watersafe completely removes biofilm in DUWLs and then provides continual protection against biofilm reforming.

If you're not already enjoying the benefits of our Plus Points Reward scheme, we can help you join and start receiving rewards that can be exchanged for free products!

Contact Allan Wright, on 07976 513 439, or visit www.schulke.co.uk

Fast and easy placement

Filtek Bulk Fill flowable restorative from 3M ESPE offers fast and easy placement in just one increment of 4mm, is 50 per cent stronger than the leading bulk fill flowable and has nearly twice the wear resistance. This allows for increased efficiency without compromising on professional standards.

Dr Nikhil Arolker from Eckington Dental, Sheffield is extremely impressed. He said: "I really like Filtek Bulk Fill flowable restorative and have been using it since it was launched. I more or less use it every day and have had absolutely no problems with it.

"I find that the restorative saves me time, handles really well and patients appear to have experienced no problems with sensitivity. It's radiopaque, and it does what I need it to do."

Call 0845 602 5094 or visit www.3Mespe.co.uk

Cochrane conclusions on oscillating brushes

For the third consecutive time, the independent, not-for-profit Cochrane Collaboration has concluded that oscillating-rotating technology – used in Oral-B power toothbrushes – is the only type of power brush consistently proven to reduce more plaque and gingivitis versus manual brushing in the short and long term.

This outcome was derived from a larger study that concluded power brushes outperform manual toothbrushing.

The conclusions of this most recent report, published in June 2014, were derived from reviews of 56 studies published from 1964 to 2011 and included no less than seven types of power brush technologies, based on brush head movement.

More than 50 per cent of the studies reviewed focused on oscillating-rotating technology, reinforcing the robustness of Oral-B's body of scientific evidence versus other power brushing technologies.

Up for a challenge?

Philips Oral Healthcare is recruiting dentists, dental hygienists and therapists to 'Take the Sonicare EasyClean Challenge'; trialling the brush and reporting their findings about its effectiveness.

The Philips Sonicare EasyClean will come coupled with an InterCare brush head which is Sonicare's best brush head for an all-round clean.

At the end of the four week period every trialist will be able to keep the brush to thank them for participating.

Dentists and hygienists wanting to take part in the trial should visit www.philips-tsp.co.uk to sign up.

The recruitment process will continue at the BDIA Showcase in October at the Philips Oral Healthcare stand (P09).

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Perfect partnership

A good team works together in harmony. The launch of Durr Dental's new X-ray system, VistaIntra, works in perfect partnership with their image plate scanner, VistaScan.

VistaIntra offers the quality you would expect from Dürr Dental. The unit is modern and slim in design and is easy to operate and position. It is pre-programmed with exactly the right x-ray dose when using Durr Dental image plates and sensors.

This ensures it's ready for use and always delivers clear, perfectly exposed images. Moreover, the patient radiation dose is reduced by 25 per cent compared

to conventional AC generators, ensuring greater safety.

It makes sense to use equipment that work in synergy with each other, such as Durr VistaIntra and VistaScan. Optimally-matched components ensure you have the best image results.

Find out more at www.duerrdental.de

Invaluable implant tool

AVINENT (UK) are delighted to announce the launch of our new app 'MY DIGITAL TREATMENT'.

The app, which is available for both Apple and Android tablets as well as a downloadable version for PC or MAC can be accessed on our website at the following link: www.avinent.com/en/my-digital-treatment/

The app has separate sections for professional use and patient use and is an invaluable tool for patient education of dental implant treatment as well as the new Digital Workflows available in collaboration with Core3dCentres.

We hope that you find the app useful and would welcome your feedback.

If you require any further assistance or would like more information, then please do not hesitate to contact Ted Johnston on 07813 445354.

New orthodontic range

The Dental Directory is pleased to announce that it will be able to supply its customers with the full range of G&H Orthodontics.

G&H Orthodontics is a manufacturer and worldwide supplier of high quality orthodontic products. The company offers extensive ranges of archwires, springs and elastomerics beside the remarkable line of orthodontic brackets, bands and buccal tubes. Each of these products are designed and manufactured in the US at the company's Indiana and California facilities.

If you are attending the British Orthodontic Conference this year in Edinburgh, come and see The Dental Directory team at Stand 24.

Call 0800 585 586 or visit www.dental-directory.co.uk

The numbers say it all

Of the 50 top products featured in The Dental Directory's latest 'Product Guide Update', 13.5 per cent were cheaper than Henry Schein and 8.45 per cent were cheaper than Wright Cottrell – now that's value!

The Dental Directory offers huge stock holdings with over 27,000 different product lines, and with an average daily order fulfilment rate of 99.2 per cent!

With free delivery on all orders and the peace-of-mind of the PriceMatch Guarantee, The Dental Directory simply provides greater value to all its customers.

Download the full list of products and the savings you could make at www.dental-directory.co.uk

Difference is in the detail

The A-dec 500 chair is engineered for better dentistry. The pressure-mapped upholstery comforts and cradles the patient while the ultra-thin, graceful backrest and slim-profile headrest optimises ergonomics and provides more leg-room, bringing you in close. Lasting innovation and true comfort – for you and your patient.

Meld this with the Red Dot award-winning A-dec LED light to truly complement the package. Its consistent neutral white light floods the oral cavity helping you to diagnose clearly with true-to-life tones.

To arrange a visit at one of our

four UK showrooms and experience your ideal surgery set up call us on 0800 233 285. Our brand new showroom in Livingston opened in June 2014.

For more information, call 0800 233 285, email info@a-dec.co.uk or visit www.a-dec.co.uk

High quality outcomes

Provide a new alternative to dentures with the All-on-4 treatment concept from Nobel Biocare, developed to provide an efficient and effective solution to edentulism.

Using just four dental implants, the All-on-4 treatment concept supports an immediately loaded full-arch prosthesis, which means your patients can leave your practice with a beautiful set of natural looking, fully-functional teeth all on the same day.

The All-on-4 treatment concept has completely revolutionised the treatment of edentulous patients, and has shown good

clinical results over more than a decade of use. It also provides excellent stability in minimum bone volume, and can be fully planned using Nobel Biocare's innovative NobelClinician treatment planning software.

For more information, contact Nobel Biocare on 0208 756 3300, or visit www.nobelbiocare.com

Dates for your diary

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

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

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

17-18 September
BSPD Annual Conference
The Royal College of Physicians, London
For more details, visit www.bspd conference.org

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

25-27 September
EAO Congress
Rome
To find out more, visit www.eao-congress.com

26-27 September
BADT Conference
Hilton, Manchester
To find out more, visit www.badt.org.uk

29 Sept – 1 Oct
Infection Prevention Society Conference
SECC, Glasgow
To find out more, visit www.ips.uk.net

9-11 October
BDIA Dental Showcase
ExCel, London
For details, visit www.dentalshowcase.com

21 & 22 November
BSDHT Oral Health Conference
ACC, Liverpool
To find out mores, visit www.bsdht.org.uk

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

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

10-14 March 2015
International Dental Show
Cologne
For details, visit www.ids-cologne.de

17-18 April 2015
Dentistry Show
NEC, Birmingham
For details, visit www.thedentistryshow.co.uk

7-9 May 2015
BDA Conference
Manchester Central Convention Centre
To find out more, visit conference.bda.org/

14-16 May 2015
ADI Team Congress
SECC, Glasgow
For more information, visit www.adi.org.uk/

29-30 May 2015
Scottish Dental Show
Braehead Arena, Glasgow
For details, visit www.sdshow.co.uk

Full service specialists

The introduction of new technology is having an increasingly positive impact on the day-to-day operation of dental practices and Henry Schein Dental's team of specialists are on hand to guide practitioners on the best solution for their needs.

Each specialist team covers a specific area of expertise; Equipment, Digital Imaging, CEREC and Lasers, enabling them to develop the in-depth knowledge and wide-ranging experience that is so valuable to dentists.

Dentists can confidently rely on Henry Schein Dental as a reliable single source for all their hi-tech needs – including supply, installation, support, service maintenance and ongoing education. This will help maximise return on investment and simplifies the integration of hi-tech equipment into your practice workflow.

For more information, call 08700 10 20 41 or visit www.henryschein.co.uk
Twitter: @HenryScheinUK
Facebook: HenryScheinUK

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Two simple steps to make your water safe

Frequent periods of water stagnation in dental unit water lines (DUWLs) promote the growth of biofilm-forming microorganisms. schülke watersafe completely removes biofilm in DUWLs and then provides continual protection against biofilm reforming.

Stage one is a unique, one-off procedure to completely eliminate viable bacteria and reduce biofilm coverage by 100 per cent in one hour, using the schülke watersafe starter kit.

Stage two gives continuous protection against biofilm reforming. schülke watersafe cleaning solution is added to the clean water bottle and remains in the system without the need to empty the bottle at night or weekends.

For more information, call 0114 254 3500, email mail.uk@schuelke.com or visit www.schulke.co.uk

Health and Wellbeing Survey 2014

Denplan's newly renamed 'Denplan Health and Wellbeing Survey 2014' has evolved this year to reflect the fact that dental plans are rising in popularity as employee benefits. In fact, they are viewed by employees as the most important benefit in demonstrating their employer's support for their wellbeing.

The survey indicates that 46 per cent of companies considering adding a dental plan in the coming year, 62 per cent of employees would also consider a dental plan if offered one, while 56 per cent said they would appreciate access to one as part of a package.

To download the full survey with much more detailed information, visit www.denplan.co.uk/h&wsurvey
To find out more about the Denplan Discount Network, call 0800 169 9962.

The Royal College of Physicians and Surgeons of Glasgow presents two upcoming dental symposia

TC WHITE ENDODONTIC SYMPOSIUM

Negotiating the Present and Preparing for the Future

To celebrate the career and contribution of Professor Bill Saunders to endodontics, eminent national and international speakers will address contemporary and forthcoming developments within endodontic practice.

Why attend

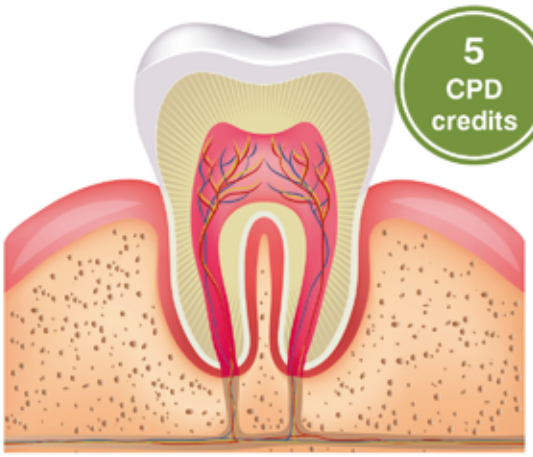
Bill Saunders has been at the forefront of endodontic practice and its rise as a specialty, most notably in Scotland. This symposium hopes to reflect Bill's past present and future enthusiasm in the field of endodontics by bringing together some of the best endodontic educators as a celebration of his career.

This exciting educational programme will be of benefit to all clinicians who provide endodontic care.

Who should attend

- UK specialist and non-specialist practitioners
- Undergraduate dentists
- VT dentists

Poster competition: *Prize for best clinical poster and best research poster*
Contact valerie Crawford: valerie.crawford@rcpsg.ac.uk for details



Friday 12 November 2014

Royal College of Physicians and Surgeons of Glasgow
232-242 St Vincent Street, Glasgow G2 5RJ

Fees

Fellow / Member £68
Full £178
Trainee £100
DCP £90
Student £10
Full time postgraduate £50

Top Tips for Dental Care Professionals

An event for all Dental Care Professionals where experts will share their knowledge and expertise in core CPD and recommended subject areas.

Why attend

This is a one day symposium designed exclusively for Dental Care Professionals, where experts will speak on topics such as Forensic Dentistry, Paediatric Dentistry and Cleft lip and palate.

- ⇨ gain vital Core CPD
- ⇨ invaluable update on IRMER
- ⇨ annual child protection update
- ⇨ network with professionals in your field

Renowned UK speakers include Professor Chris Deery, Dr Toby Gilgrass and Fiona Waddington

Who should attend

- Dental Hygienists
- Dental Therapists
- Dental Nurses
- Dental Technicians
- Clinical Dental Technicians
- Orthodontic Therapists

5 CPD credits

TOP TIPS

DEVELOPING DENTAL EXPERTISE

Saturday, 1 November 2014

Royal College of Physicians and Surgeons of Glasgow
232-242 St Vincent Street, Glasgow G2 5RJ

Fees

Dental care professionals £25
Dental care professional trainees £15

50% discount on 12 month Associate membership*

** for those who sign up on day of symposium*

Contact Valerie Crawford
valerie.crawford@rcpsg.ac.uk 0141 241 6224

Book online: http://rcp.sg/events

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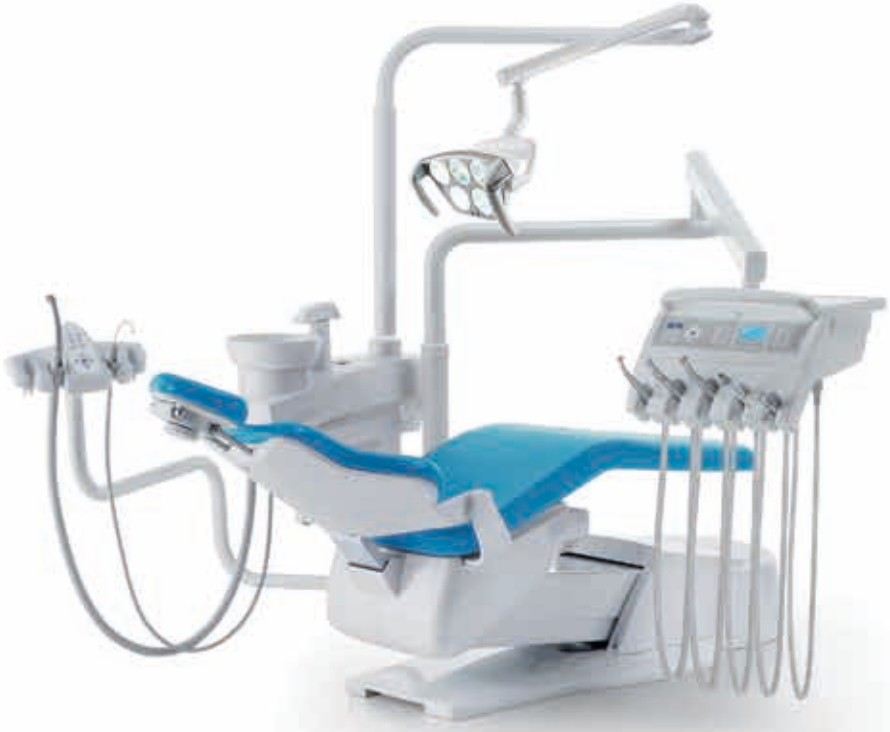

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