The magazine for dental professionals working in Scotland
December 2010 / January 2011

Scottish Dental magazine

Putting a smile on the faces of anxious young patients
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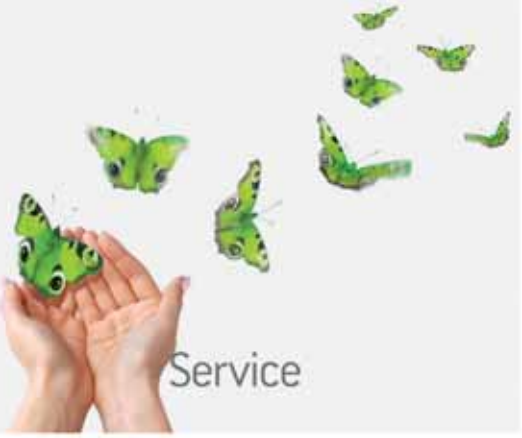

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Editor's desk

with Bruce Oxley

Singing from the same day sheet

While I was speaking to all the people involved with dental outreach for the article featured on page 20 of this issue, I kept asking the same question.

I asked them whether they were surprised, given all the different bodies and organisations involved, that dental outreach has been so successful?

I was half-hoping at least one of them would look over their shoulder and whisper: "Well, off the record, it was a nightmare dealing with so and so," or "This group seem to have got the better deal". But no, to a man they all said they weren't surprised in the slightest.

Now after spending a fair amount of time talking to Andrew Forgie, David Watson and Andrew Hall, plus the people on the ground in Kilmarnock, it became clear that this wasn't arrogance, just a reflection of how proud this group of people were with what they had achieved.

It was also a reflection of years of hard work and cooperation in bringing together ten NHS boards, two (soon to be three) dental schools and NHS Education for Scotland. And, what became clear from very early on is that this has worked because everyone is gaining from the project. Universities, health boards, students and patients all benefit.

In these times of all-consuming bureaucracy and news of bail outs and double-dip recessions, it is refreshing to get a genuine good news story.

Speaking of good news I'd like to take this opportunity to welcome our newest columnist, Spencer Wells, to the Scottish Dental family. Claire Walsh left some pretty big shoes to fill (metaphorically-speaking of course), but I have every faith that Spencer is more than up to the task. ■

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

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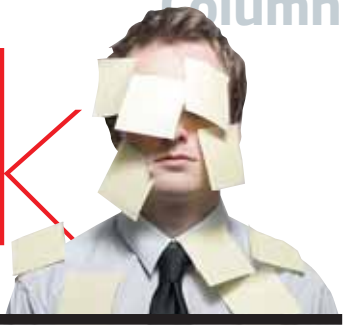
Column

Biting back

with Spencer Wells



No names – just fun and games

As this is my first column for *Scottish Dental magazine*, I thought I'd give you a wee bit of background on myself. I've never written in a magazine before, I post the odd thing on GDPUK.com every now and then but there isn't much to interest us Scots there at the moment. What with all the HTM whatever it is, and CQC ranting and raving...I swing between thinking 'ha ha' and 'who cares?'

To put it bluntly, I am a late 40s, greying-round-the-edges, bog-standard dentist. I've got a standard bog as well, but it has been adapted for disabled use, so that should suit my nurse who has a physical incapacity to go an hour without sloping out for a fag.

I've owned a practice for longer than is good for my sanity, mainly NHS with the odd bit of private here and there – and by odd, I mean the patients.

I attend the occasional course or meeting to keep up to date and shoot the breeze with old friends, and I am up to here with writing policies on health and safety and all that rubbish we have to spend time on these days. I have a long-term associate who gets on my nerves, and a younger one that thinks he knows it all, so I might as well be back home with the missus and the teenager who mooches around like the world owes him a living. I'd been hoping he would follow in my footsteps, in other words take over the practice so I can talk to my plants all day long, but he isn't showing much interest in pulling his finger out any time soon.

"I've owned a practice for longer than is good for my sanity, mainly NHS with the odd bit of private here and there – and by odd, I mean the patients"

So, in other words, I reckon I am just like quite a lot of you: Grief at work, grief at home, and turning into a Grumpy Old Man (love that programme, I am definitely turning into my father). These days, it seems we are all being strangled by bureaucracy and, for that reason, I have decided to be anonymous, because I don't want to go above any radars just because I have had a moan and a whinge.

I know it's a cop out, but Big Daddy is always watching – well, Big Brother is finished, so my nurse reliably informs me, so who else can watch over us now, lying in wait with the proverbial banana skin so we can get the legs pulled from under us?

Never mind, maybe someday I will reveal myself, like that guy with the motorbike helmet on the popular BBC motoring show. If that day ever comes I hope to God you have your dark glasses on, as I'm not a pretty sight! ■

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GDC withdraws entry qualification

INSPECTION

An independent inspection, commissioned by The General Dental Council (GDC) into the Royal College of Surgeons (RCS) of England's Licence in Dental Surgery (LDS), has led to the withdrawal of the qualification.

The LDS, which is sat in two parts, serves as an alternative route towards GDC registration to the council's Overseas Registration Exam. However, after an inspection into the first part that was sat in June, the GDC found "serious issues with the award" and withdrew the second sitting that was due to be sat in September.

A statement from the council read: "The council endorsed the recommendation of the inspectors that the LDS was 'insufficient' for registration as a dentist in the UK. The report was shared with the college, who agreed to withdraw the first sitting of part two and to develop an action plan that addresses the issues raised in the report, before running any further sittings.

"The GDC is working with the college to bring the LDS up to the required standard. The report of the inspectors will be published on the GDC website at a later date."

The RCS have indicated that the second part is provisionally scheduled to sit in April, pending the outcome of the inspector's report. However, this still leaves a cohort of dentists who sat the first part in limbo as they wait to hear whether they will have to resit the exam and when they will be allowed to complete the second part.

The GDC said: "We are sympathetic to candidates of the LDS and appreciate that they are in a difficult position. However, we must be assured that dental professionals are safe to practise on patients when they join the registers."

Accreditation award for Perth clinician

A Perthshire dentist has become the first clinician in Scotland to achieve Accreditation for the British Academy of Cosmetic Dentistry (BACD).

Dr Elaine Halley, of Cherrybank Dental Spa, completed the rigorous two-stage process that is only awarded to clinicians who have achieved a level of excellence with regard to their cosmetic dental skills.

The BACD accreditation pathway has been in place since 2005 and candidates must demonstrate their ability to diagnose, plan and execute cosmetic treatment to the highest standards, showing that it can be performed safely, ethically and competently.

Left: Dr Elaine Halley

Funding boost set to create a Special Smile

Education. Charity workers express their joy after securing the future of a vital project

A dental project that promotes oral healthcare through play has received a funding boost that will enable them to continue in the Glasgow area for a further 18 months.

The Special Smiles project, run by the charity Action for Sick Children (Scotland), has secured funding to the tune of £30,000 from the Hugh Fraser and Pfizer foundations.

Catherine Nelson, Dental Playbox Co-ordinator for the charity, explained that if the funding hadn't been found the project would not have been able to continue.

She said: "I am absolutely delighted that we have managed to secure sufficient funding to ensure the continuation of the project. I have been working on this project for seven years now, developing and refining the idea of the Dental Playboxes. I think it is a wonderful project and I would hate to see it die a death through lack of funding.

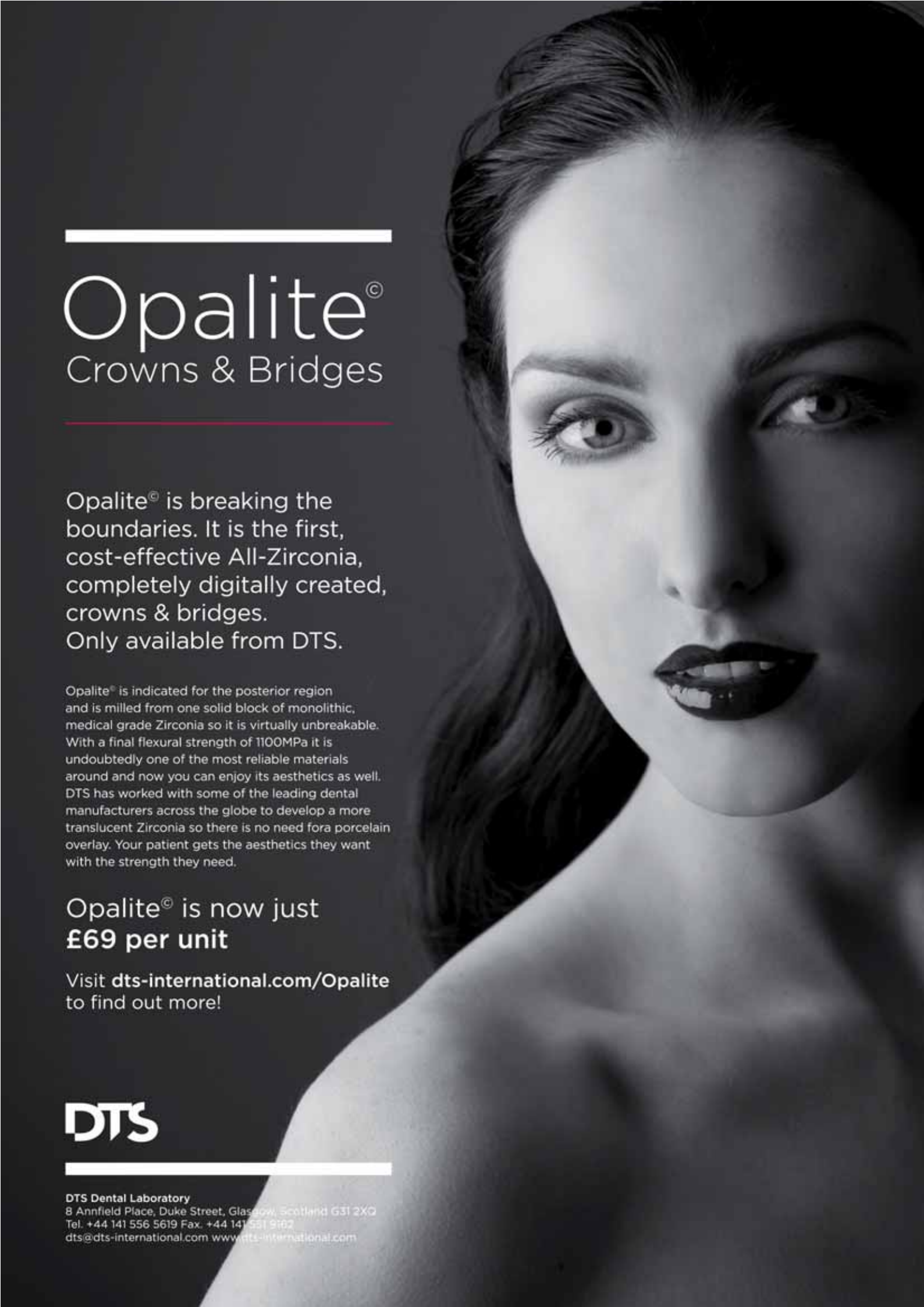
"This project represents so much of what our charity stands for in helping vulnerable children and young people meet their healthcare needs. Special Smiles provides this often forgotten group of young people with information and preparation for treatment in a fun way, appropriate to their age and understanding."

Thanks to the funding boost, the Special Smiles project will be offered to 12 schools over the next 18 months, and this could increase to around 16 if additional funding is secured. Catherine explained that they are still waiting to hear back on a further £8,500 worth of funding that would allow them to run for another two years.

The grants they have received so far will go towards covering the project's staff, resources and running costs, including: Special Smiles Playboxes and Playpacks for every school, training for staff and parents, a part-time project co-ordinator (15 hours a week) to produce and distribute resources and deliver the training, as well as a range of back-up support.

For more information and to download a copy of Action for Sick Children (Scotland)'s publication Preparing your child for dental treatment, please visit www.ascscotland.org.uk

Turn to page 33 for an in-depth look at the Special Smiles project.



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Domestic violence initiative launched

TRAINING

A new initiative aimed at training dentists to encourage patients to report domestic abuse has been launched in Ayrshire.

Health Minister Nicola Sturgeon was on hand to meet Medics Against Violence (MAV) founder Dr Christine Goodall at the North West Kilmarnock Area Centre at the official launch.

Ms Sturgeon saw examples of the training that will be given to dentists on how to spot signs of abuse and encourage victims to report it to the police or support services. About 90 dentists are expected to attend the first training session, which will comprise a short film and a series of short inputs from MAV and the Violence Reduction Unit.

NHS Ayrshire and Arran are piloting the initiative but a number of other health boards are expressing interest.

Dr Goodall explained that dentists are perfectly placed to offer advice, she said: "Victims of domestic abuse often suffer injuries to their teeth, face and neck, so dentists are often the first health professionals they see.

"We felt it was time to take advantage of this 'golden moment' to intervene and help. On average it takes around 35 incidents of abuse before a victim feels able to tell the police or a support service. This is about helping, encouraging and supporting victims to be able to make that call whenever they are ready."

Government delays PVG scheme

The Scottish Government has announced a delay to the introduction of its Protecting Vulnerable Groups (PVG) scheme, which will replace the current disclosure arrangements.

The scheme had been due to go live in 30 November but has been postponed until February 2011 following advice from the PVG scheme programme board.

Children's Minister Adam Ingram explained the reasons behind the move: "We all remember the problems that arose when Disclosure Scotland was established with a massive back-log of checks. I believe that appalling situation came about because quality was sacrificed to meet arbitrary timescales. We will not make the same mistake."

The General Dental Council has revealed that it has a legal obligation to share information with the PVG scheme but that it is unclear as to the nature of the information. The council have confirmed, however, that any information received from the PVG scheme will not result in automatic erasure, but it will be dealt with as an allegation of impaired fitness to practise.

Let HIV dentists work, says indemnity organisation

EXCLUSION

A leading indemnity provider is challenging the Department of Health to withdraw the rule that stops HIV positive dentists from treating patients.

Dental Protection argues that it is 20 years since the 'draconian rules' were introduced and current evidence suggests that there is no risk of transmission from dentist to patients.

It claims that many UK dentists, hygienists and therapists have lost their livelihoods because they have been forced to stop working.

The rules banning HIV positive dental professionals from treating patients were introduced as a precautionary measure after the case of Dr Acer in the US who was thought to have infected six patients with the AIDS virus. No other transmissions of the disease have ever been recorded in a dental setting since.

Kevin Lewis, director of Dental Protection, called on the Department of Heath to show greater fairness and a more consistent application of the evidence. He said: "Dental Protection has championed the cause of HIV-infected dental health professionals for more than a decade in several parts of the world and will continue to take action against this kind of unfair and discriminatory treatment of its members.

"HIV infected dentists can continue to practise safely with no risk to patients, subject only to some very clear and manageable criteria being met"

Kevin Lewis, Dental Protection

"The international evidence base is overwhelming and the Beijing Declaration unequivocal in confirming that HIV infected dentists can continue to practise safely with no risk to patients, subject only to some very clear and manageable criteria being met.

"In every other area of professional activity, dental health professionals are directed to follow the evidence base, but HIV has for too long remained a singular exception – during which time careers have been destroyed."

IN BRIEF

CHRISTMAS APPEAL

The British Dental Association has launched a special Christmas Appeal to raise money for dental professionals who find themselves in need this festive season.

A spokesman for the BDA said: "As a UK registered charity, the Benevolent Fund offers support to dentists and their families in times of need, and can make a vital difference to their lives."

The Fund provides support through grants and interest-free loans."

If you or anyone you know requires the fund's help, call Sally Atkinson on 020 7486 4994 or email dentistshelp@btconnect.com

IN BRIEF

DENPLAN LOSES EUROPEAN COURT RULING OVER VAT

One of the leading dental plan providers in the UK has expressed its disappointment after the European Court of Justice (ECJ) ruled it must pay VAT on administration fees.

Denplan, which has more than 6,500 member dentists and about 1.8 million patients, had previously won a decision in the High Court that stated VAT was not payable on administration fees the company charges to dentists.

The UK tax authorities, HMRC, appealed the decision to the Court of Appeal which then asked the ECJ for a ruling.

Stephen Gates, Managing Director of Denplan (pictured below), said: "The decision will make no difference whatsoever to our future business or charges.

"Denplan has paid VAT on these fees for the past 25 years and will continue to do so. This judgement is retrospective and will in no way affect our pricing or activities."

The ECJ ruled that the payment processing provided by Denplan was akin to a 'debt collection service' and hence excluded from the exemption for payments or transfers and subject to VAT.

Supervision for Dundee graduate

Fitness to Practise. Treatment fell way below standard expected says PCC

A Dundee Dental School graduate has been ordered to work under conditions by the General Dental Council (GDC), after his treatment was described as "deplorable".

Jonathan Gregor Drummond, who qualified in 1986 and now lives in Hampshire, was charged with failing to properly treat five patients between June 2004 and September 2008. The failings described by the Professional Conduct Committee (PCC) included the diagnosis and management of caries, root canal treatment, radiography, communication with patients and the prescription of antibiotics.

Addressing Drummond at the hearing, the chairman of the PCC said: "The standard of your treatment was deplorable, as you recognised in your testimony to this committee. Your failures were repeated, wide-ranging and serious. You exposed a number of your patients to significant risk of harm.

"Your failures were repeated, wide-ranging and serious. You exposed a number of your patients to significant risk of harm"

"In respect of ten patients your record keeping was poor and well below the standard of a reasonable dentist."

However, the committee noted that while the deficiencies are capable of being remedied, so far they had not been. It also pointed to the fact that he had not worked since October 2008 after Hampshire Primary Care Trust removed him from its performers list and following a decision by the Family Health Service Appeals Authority (FHSAA) in June 2009, he was disqualified from carrying out NHS work.

The committee noted that prior to this period and since qualifying in 1986 his record was unblemished. They also recognised that during the period in question he had a heavy workload, was professionally isolated and his work conditions were difficult. While none of these matters were deemed to excuse the poor standard of treatment, the PCC ruled that a suspension would be a disproportionate punishment.

The committee ordered that he must work under a series of conditions for 18 months, including working under supervision and formulating a personal development plan to address his deficiencies.

Essex GDP reprimanded by the GDC for poor quality of care

GDC HEARING

A Glasgow dentist has been reprimanded by the General Dental Council (GDC) after failing to provide a proper standard of care to a patient over a period of 18 months.

Atul Gandecha, who graduated from Glasgow Dental School in 1990 but who currently lives in Essex, admitted carrying out treatment that was not in the patient's best interests in September 2006 and in the following months.

The charges centred around a failure to adequately diagnose chronic adult periodontitis, with Gandecha proceeding to provide advanced restorations on the patients anterior teeth – namely veneers and a new crown – without treating the gum disease first.

It was also found that the dentist, while practising at the Hainault Dental Practice in Ilford, also failed to take adequate account of the patient's occlusion when fitting the veneers. When the veneers fell off, in one case on several occasions, he failed to analyse why and also failed to take remedial action in relation to the veneers.

The Professional Conduct Committee reported that: "No attempt was made to analyse or remedy what other dental witnesses described as an obvious problem."

Significant deficiencies with regards to his record-keeping for the same patient were also noted. However, while the committee decided that Gandecha's fitness to practise is impaired, it decided that: "...a reprimand was a sufficient and proportionate sanction in this case having regard to its duty to protect the public and uphold proper standards."









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New oral cancer guide for GDPs

ADVICE

The British Dental Association (BDA) has published a new guide aimed at helping dental professionals combat the growing problem of oral cancer.

Early detection and prevention of oral cancer: a management strategy for dental practice co-written by Saman Warnakulasuriya (pictured) offers practical advice on preventing, detecting and managing oral cancer, addressing both the clinical aspects of the condition, and the management of relationships with patients.

It explains risk factors, provides guidance on talking to patients and offers tips on medical history taking and record keeping.

Professor Damien Walmsley, the BDA's Scientific Adviser, said: "General dental practitioners and their teams are ideally placed to lead the fight back, but they face many practical difficulties, including patient resistance to practitioners' advice on lifestyle factors.

This publication provides in-depth guidance on overcoming those problems and involving the whole dental team in the effective prevention, detection and treatment of the disease."

BDA members can access the guide free of charge at: www.bda.org/cancerdetection

HPV status 'predicts' cancer survival chances

Researchers from Australia have discovered that cancer patients with the Human Papilloma Virus (HPV) have a greater chance of survival from mouth cancer than those whose cancer is HPV negative.

The study, carried out by scientists at the University of Sydney, monitored 198 patients suffering from mouth cancer after they had surgery or radiotherapy for two years. It was found that those with HPV positive cancer were four times less likely to die than those who were HPV negative.

They also found that cancer was three times less likely to reoccur at the primary site in patients with HPV positive cancer.

Dr Angela Hong, who led the research, said: "Our study, which focused on a group of patients with advanced oropharyngeal cancer, found that those with cancer caused by HPV had a significantly better chance of survival than cancer which was not caused by HPV.

"HPV status is now the strongest predictor of whether a patient will survive oropharyngeal cancer or whether the disease will return. Various clinical trials are now in development to tailor treatment according to HPV status of tumours."

GDC under fire for increase

ANNUAL RETENTION FEE

The General Dental Council's (GDC) decision to increase the Annual Retention Fee (ARF) has come under fire from leading dental unions.

As of 31 December, dentists will have to pay £576, while the DCP fee has increased to £120 – however, this is not due until 31 July. The dentist increase amounts to an extra £11.50 a month and the DCP increase £2.

The GDC claims that the increase has been set due to a number of 'significant challenges' that will 'place additional pressure on its resources' in 2011. They point to a 40 per cent rise in fitness to practise cases, legal costs standing at more then £8 million and the additional costs of revalidation as its main reasons for the increase.

GDC chair Alison Lockyer said: "We have looked very carefully at what it costs us to regulate dentistry. Costs include keeping our two registers, one for dentists and one for DCPs, up-to-date with people joining and leaving.

Above: GDC headquarters

"More significantly, fitness to practise caseloads continue to grow and these costs are largely driven by allegations against dentists. Dental care professionals are now beginning to feature in fitness to practise work too.

"Our strategy commits us to protecting the public, regulating the dental team. It also commits us to ensuring value for money and we will do all we can to continue to use our resources efficiently and effectively."

However, a spokesman for the Dental Professionals Association was outspoken in his criticism, he said: "The General Dental Council seems to have finally lost the plot, with their daring daylight smash and grab on the dental profession's income.

"Instead of tackling endemic inefficiency and bloated expense allowances, it has decided help itself to a larger share of registrants' earnings."

The British Dental Association spokesman was, however, a little more circumspect in his view: "This is a challenging time for dentists with growing financial pressure from regulation across the board and this is yet another burden.

"Practitioners will clearly want to understand the reasons for the application of a substantial rise in the GDC's annual retention fees both for themselves and the dental care professionals they work with."

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Scotland leads the way

Speakers at a national conference say Scotland gets it right on decontamination guidance

When it comes to decontamination and infection control Scotland is leading the way in Europe according to a leading Glasgow University academic.

Professor Andrew Smith was speaking at the university's fourth National Conference on Decontamination of Dental Instruments, held at the Royal Armouries museum in Leeds in November.

The aim of the event was to present the theory and practice of local decontamination, giving practical advice alongside sound scientific evidence.

With speakers from all over the UK and Ireland, the conference covered a wide range of topics from Dr Riina Richardson's look at infectious diseases in the oral cavity to Mark McCutcheon's experiences advising more than 80 practices on installing LDUs.

Guidance and the variations in guidance were themes that ran through the day, but there were constant nods towards Scotland, as David Hurrell, microbiologist with Healthcare Science Ltd, remarked: "England and Wales tend to march together, Northern Ireland take a slightly divergent view. And Scotland gets it right."

And Dr Smith agrees, he said: "Certainly in Scotland perhaps we don't fly the flag often enough. We have put an enormous amount of time, money and effort into trying to address these challenges. I think that we are probably about the best in Europe, and I don't think that message gets out to dental practitioners, patients and other people in central government enough."

Above: Royal Armouries museum

When asked about the constant debate about whether instruments need to be sterile at point of use or not, Prof Smith insisted he felt it was just a matter of time before a consensus was reached. "I think most people will tend to admit that it is not a revolution," he said. "We're going to have an evolution and we will move eventually to sterile at point of use. Basically, the same standards that apply to all other surgical professions. I think we will get there, it is just a matter of time. And money, of course."

Prof Smith has also been recently appointed as the chairman of a new Europe-wide infection control organisation, the Association for European Safety and Infection Control in Dentistry. He said: "It will be a very useful forum for communication as well as, I hope, a lead for research and innovation." ■

Aberdeen research highlights the triggers for oral cancer

STUDY

New research from Aberdeen University has found that young people who smoke, drink and eat low levels of fruit and vegetables are at a higher risk of developing cancers of the mouth, larynx and oesophagus.

The five-year pan-European study looked at 350 patients under the age of 50 with upper aerodigestive tract (UADT) cancers and 400 patients free of these diseases in an attempt to discover what factors influenced their development.

The findings confirmed that 88 per cent of UADT cancers in this age group were caused by smoking tobacco, alcohol consumption and/or a lack of fruit and vegetables in a person's diet. UADT cancers kill more than 100,000 people across Europe and 10,000 in the UK each year.

Professor of Epidemiology at the University of Aberdeen, Gary Macfarlane (pictured), who led the study said: "Our findings confirmed that smoking tobacco, heavy alcohol consumption and a lack of fruit and vegetables in a person's diet remained the most important causes of cancers of the UADT.

"The increase in the occurrence of UADT cancers in this age group is likely to be linked to increased alcohol consumption and future studies will determine whether 'binge' drinking carries a particularly high risk."

The results of the study – which was funded by a European Union grant – indicate that the public health message in preventing cancers of the UADT should remain the same for young and old alike.

Professor Macfarlane continued: "The results of our study further emphasise that the message we need to be communicating to the public remains the same – that smoking, drinking and diet are the major triggers of these diseases at all ages."

The message we need to be communicating to the public remains the same – that smoking, drinking and diet are the major triggers of these diseases at all ages

Gary Macfarlane (pictured right)

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Physiotherapist Anne Lyall, centre, shows Neena Mahal and Ken Corsar some of the new facilities in the centre

Ribbon cut at Hamilton clinic

A new £4.6 million community health clinic in Hamilton has been officially opened in a special ceremony.

Mrs Neena Mahal, chairwoman of the NHS Lanarkshire South Community Health Partnership, and Ken Corsar, chairman of NHS Lanarkshire, cut the ribbon at the Douglas Street Community Health Clinic, which will offer community dentistry and orthodontic treatments as well as a range of other primary care services.

Practices of the year

AWARDS

Two Glasgow practices picked up major accolades at a national awards ceremony held in London's Intercontinental Hotel recently.

David Cunningham's Spring Grove Clinic in Garrowhill was named Practice of the Year 2010 and The Scottish Centre for Excellence in Dentistry (SCED) in Govan was named Best Specialist Referral Practice at the 2010 UK Private Dentistry Awards.

Spring Grove won the prize for Best Patient Care and was runner-up in the Best Community or Charity Project category.

Three cheers for

NEW SURGERY

Health Secretary Nicola Sturgeon has officially opened a £450,000 NHS dental surgery in the Ayrshire town of Stevenston.

Three Towns Dental Care opened its doors in the summer but recently held a special opening ceremony where Ms Sturgeon cut the ribbon together with the practice principal's mother. Owner Simon Morrow said: "The official opening of the practice cements our progress to date and I would like to give particular thanks to Nicola Sturgeon and my mother Sheila Morrow for opening the building.

"Our staff are looking forward to welcoming new patients and we hope the community will take full advantage of the facility."

The practice has more than 2,000 NHS registrations available and, so far they have also enrolled over 200 children on the Childsmile programme. The new facility – which took two and a half years to plan, but only seven months to build – houses a dedicated Childsmile oral health education room.

Simon explained that the practice benefited from a Scottish Dental Access Initiative grant for relocation and, as well as having full

Spring Grove staff celebrate their win

Speaking after the win, David Cunningham said: "I'm absolutely delighted to have won the blue riband award in the UK for the best dental practice. To have won that in combination with winning the award for Best Patient Care is the ultimate combination.

It's been a long road for me to go from an NHS practitioner who was very disillusioned to somebody who has managed to create a fully private practice in the East End of Glasgow.

"I just want to thank everybody that has helped us over the years, my patients, my staff and the group of advisors who I have had around me."

And Arshad Ali, SCED's clinical director, said: "When we set up SCED last year we had the opportunity to make something really special. We put together the country's best team and provided them with the most advanced equipment and resources to give patients the finest treatment to be had anywhere. To be awarded Best Specialist Referral Practice at the Private Dentistry Awards is proof that we are firmly achieving what we set out to do."

Also on the night, The Berkeley Clinic's Jamie Newlands just missed out on the title of Private Dentist of the Year as he finished second to the winner Shameek Popat from Hertfordshire.

Three Towns...

access for people with disabilities, it features a fully computerised system that enables close tracking and monitoring of patients, providing reminders for appointments, reducing waiting times and cutting down on missed visits.

As well as Stevenston, Three Towns Dental Care has a sister practice in Saltcoats. Together, the organisation employs more than 30 members of staff.


Health Secretary Nicola Sturgeon opens the new dental practice

New Fife dental centres given the green light

Two new six-surgery dental centres in Fife have been given the go-ahead by Fife Council. Work at the £1.5 million Glenwood Dental Centre in Glenrothes will begin shortly and is expected to be open to patients in summer 2011.

The new dental centre will sit alongside the redeveloped Glenwood Health Centre on Napier Road, providing NHS services to the local population.

Dawn Adams, clinical director of NHS Fife's salaried dental service, said: "We are delighted to be securing NHS dental services within the Glenrothes area with such an impressive new facility. The unit will provide NHS dental care with additional facilities to extend current services for special needs patients and specialist dental services."

Fife Council also gave the green light in October for work to begin on the Kirkland Dental Centre in Methil. It is also espected to be finished in time to see patients in the summer of next year.

International recognition for Edinburgh laboratory

An implant laboratory in Edinburgh has become the first international member of a specialist association.

The Edinburgh Dental Implant Laboratory at Edinburgh Dental Specialists has become the first non-German member of the Vita In-Ceram Professionals. The association is a conglomeration of groups across Germany who meet to discuss ceramic aesthetics and CAD CAM.

Recently, members flew to Edinburgh for a course hosted by the laboratory's master ceramist Bianca Mueller.

For more information, visit www.edinburghdentist.com

Everyone's a winner

A project that brings together two universities, ten health boards and a major NHS funding body could be a headache in the making. But, as Bruce Oxley discovers, positive collaboration is a powerful thing

"There is no competition, there is no point scoring, it is just a very positive, collaborative framework that we've got."

These are the words of Andrew Hall, final year coordinator at Dundee Dental School, but they could have been spoken by any one of a number of people involved in one of the most successful, and far-reaching, dental projects of recent times.

Both Dundee and Glasgow dental schools have collaborated with ten out of the 14 health boards in Scotland, as well as NHS Education for Scotland, to produce a comprehensive dental outreach programme that is garnering overwhelmingly positive reviews from all involved.

Dental outreach is not especially new, Glasgow has been running a paediatric outreach programme for a number of years and it also piloted student outreach back in 1997. What is different about the current system, introduced nationwide in 2006, is the fact that it brings together so many different elements and provides so many solutions to common problems.

Andrew Forgie, (pictured) Associate Dean for Postgraduate Dental Education at NHS Education for Scotland, who supplies all the revenue funding for outreach, explained: "I think that it has been successful because nobody is trying to get more out of it than anyone else. If everyone is gaining and nobody is trying to take advantage of anyone else then I think you are more likely to get better collaboration.

"The ethos behind outreach was threefold: to give students experience outwith the dental schools, to provide service in areas that have either a lack of NHS provision or where there is a high treatment need, and finally, to promote recruitment into areas that are having difficulty recruiting dentists or students."

"I think it has been successful because nobody is trying to get more out of it than anyone else. If everyone is gaining and nobody is taking advantage you are more likely to get better collaboration"

There are currently 12 dental outreach centres across the country, providing more than 70 chairs. And, with a further five centres in development, the number of outreach chairs will be over 100 by 2012.

Glasgow and Dundee students (and eventually Aberdeen when their first final year comes through) spend roughly half their final year on outreach placements in various locations, seeing a diverse range of patients.

David Watson, Senior Clinical University Teacher and course coordinator for BDS5 at Glasgow Dental School, is the teaching lead for outreach at Glasgow and was involved with the original pilot at Greenock Health Centre. He was a salaried dentist working in the centre when outreach was trialled and he had no doubt it was a positive development. He said: "I always did think it would work. I didn't think it would be easy, and it has been a lot of hard work on all sides. It has involved a lot of travelling around and monitoring, but I think that the feedback that we have had has confirmed that it is working."

And, although the outreach programmes at Glasgow and Dundee differ in the specifics, the two schools have worked closely together over the past few years, sharing knowledge and experience. The fact that Andrew worked with David in Greenock when the original outreach was being set-up, further strengthens the alliance. Andrew said: "It's a great working relationship and I know that if I have a problem in Dundee, I can phone up David and ask them what they did in Glasgow, how they got round a particular problem and vice versa."

David and Andrew are supported by full-time outreach administrators Frank

Continued »

CAREER FILE

JAMES MCCALL
qualified from Glasgow in 1997 and was in general practice for ten years, both NHS and private, before moving to Kilmarnock when the centre opened three years ago. While in general practice he worked one day a week at Glasgow Dental Hhospital teaching students, which paved the way for his career in dental outreach.

CAREER FILE:

DONALD MACFARLANE
qualified in 1999 from Glasgow and initially worked as a community dental trainee for two years before going into general practice in Beith and then Portobello. After two years he moved into the salaried service where he worked with David Watson in Greenock before joining the outreach team in Kilmarnock three years ago.

(l-r) Glasgow final year students Viraj Patel, Nial Balloch and Jamie Kinnell with tutors James McCall and Donald Macfarlane (seated)

Continued »

Bonner and Bruce Watt, who deal with timetabling and placement issues, logistics and expenses as well as helping the teaching leads evaluate the programme, amongst many other things.

The Scottish Government has invested over £100 million into dentistry since 2005 and a significant amount of that has been used to build and refurbish community dental centres, some of which now include a proportion of outreach chairs. Patients visiting the outreach centre don't pay for their treatment, providing a much-needed service to people on low incomes or those who have been unable to register with another NHS practice.

The students work under close supervision with a tutor on hand to advise them at all times and with nurses available to provide a level of assistance that just isn't possible in the dental school. Donald Macfarlane, one of the tutors at the Kilmarnock outreach clinic, explained that having better nursing support is often cited in student feedback, but the

Continued »

David Watson (seated) and Frank Bonner from Glasgow Dental School

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experience gives them a better understanding of what lies ahead. He said: "They get much more of a taste as to what it is like working in general practice. They get to experience the whole range of treatment that a general practitioner would be expected to provide and in the safe environment of a supervised clinic. They are free to carry out their treatment but they know that if they have to ask questions, or things go wrong then they have a safety net."

His fellow tutor at the North West Kilmarnock Area Centre, James McCall, added: "I think they get a more realistic picture of what things are like when they are out in practice. They get to bring all the individual elements that they learn in the hospital together, in order to treat patients in a more holistic manner. I think it is quite good preparation for them going into VT."

"These guys are young, enthusiastic, keen to learn and they are also learning the latest techniques and developments in materials from the dental hospital, which we are then required to know about in order to teach them. So it keeps us on our toes"

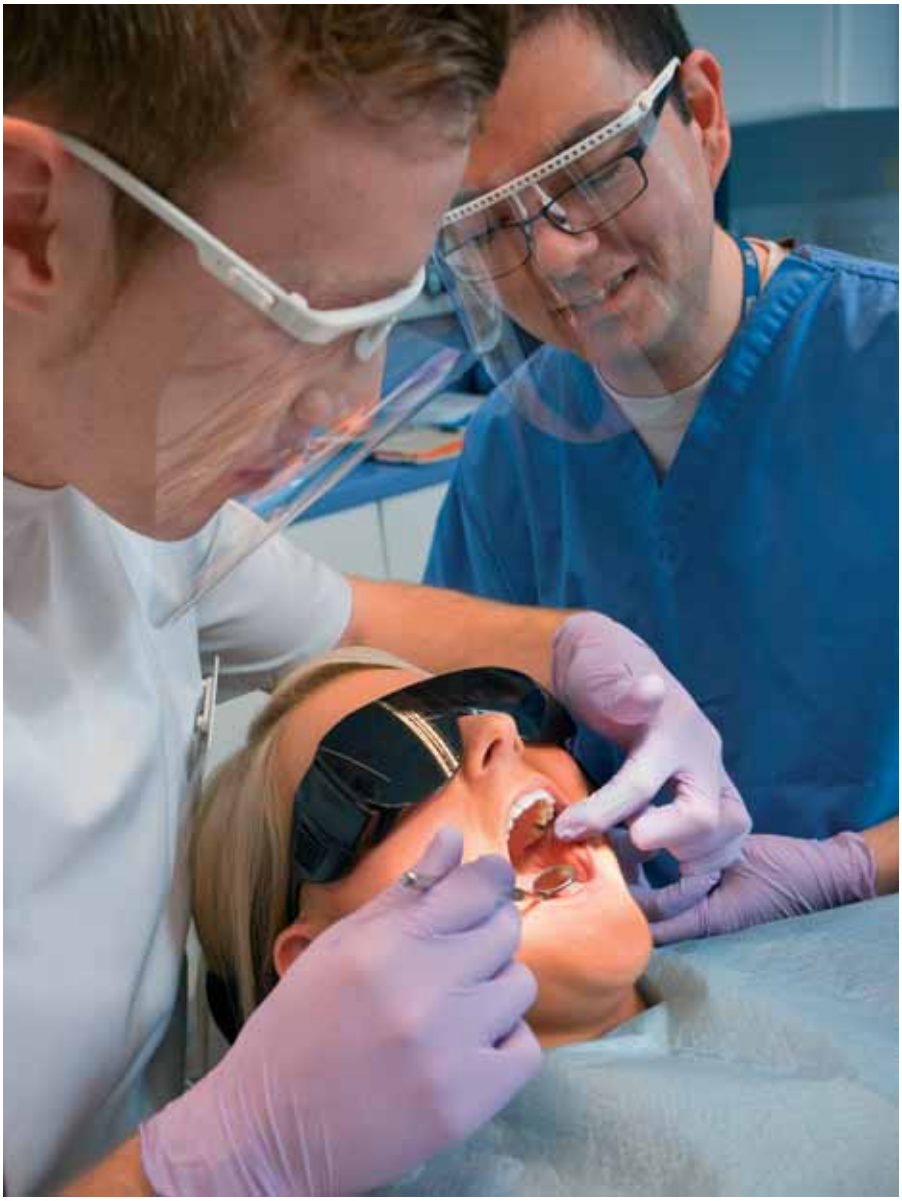
Donald and James currently have four Glasgow students on placement at the centre, each seeing up to five patients a day. Final year student Viraj Patel, 23, explained how he was enjoying his time in outreach: "It's absolutely brilliant. You just get to do so much more, seeing patients one after the other and it's good preparation for what it is going to be like in practice. You just get such a variety of things and I'm really enjoying it.

"The supervision from the tutors is great. Even if you don't have a patient, or someone cancels, they can give you tutorials and talk to you about anything else you might need help with."

Fellow outreach student Jamie Kinnell, 26, paid tribute to the staff. He said: "The facilities are excellent; the staff and nurses are great. At the dental hospital we don't have as many nurses but here we have staff on hand to assist us, and help us. We can also see more patients, and there is a greater integration with the dental team.

"It is just thoroughly enjoyable, we see more patients, we get to do more dentistry and it lets us feel more like dentists."

But the benefits are not just restricted to the students, as Donald explained: "It's a very stimulating environment to work in. These guys are young, enthusiastic, keen to learn and they are also learning the latest techniques and developments in materials from the dental hospital, which we are then required to know about in order to teach them. So we ourselves have to continue learning and it keeps us on our toes."



The ratio of tutors to students is much higher in outreach than in the dental schools

His sentiments were echoed by James: "If you are teaching somebody you need to be really sure about what you are talking about. I think it encourages you to keep up-to-date and to develop yourself. It is quite inspiring seeing some of these students, they are so keen and that fires your own enthusiasm."

Dental outreach in Scotland seems to be a unique example of multiple organisations working together to achieve multiple goals. Everyone benefits, from the NHS boards and their patients, to the students and the universities.

Andrew Forgie concluded by saying: "I think it has been a win-win situation for all those involved. Hopefully it will produce students who are much more aware of the real world situation and we are getting patients treated who may otherwise have struggled to get care. So I think that is about as good as you can really get."

And the view from the universities is also very positive David said: "The success of outreach to date has been the result of teamwork. Considering the close working relationships which have developed among all of the stakeholders: NES, the universities and the host NHS boards, outreach is probably one of the best examples of partnership working you can find in the present time." ■

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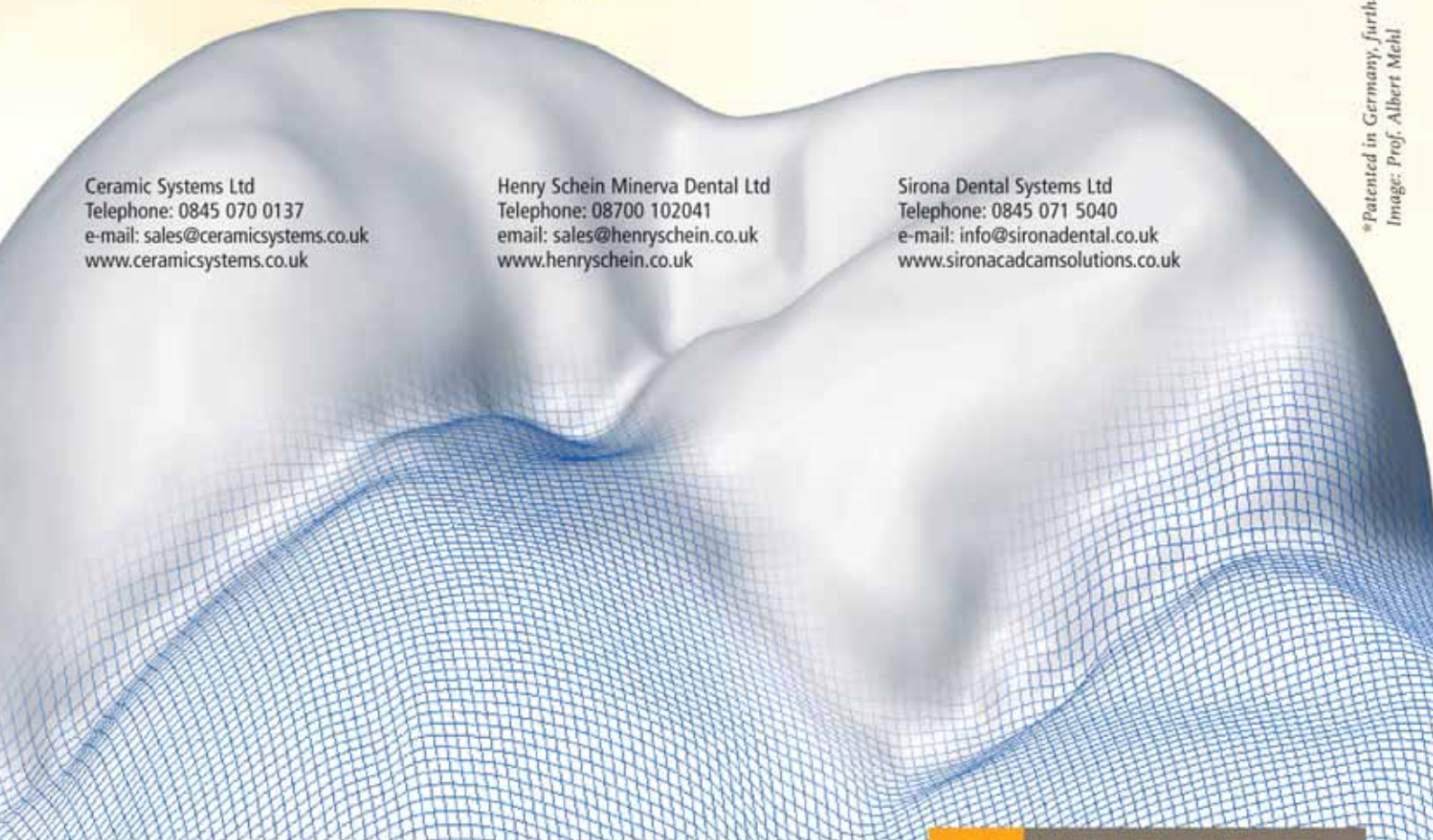

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The Dental Company sirona.

Bridging the gap between science and clinical practice was the aim of the European Association for Osseointegration's recent congress and of its scientific chairman Paul Stone, writes Bruce Oxley

Key Stone

Sporting a kilt was just one way Paul Stone was championing Scotland

It's not every day a European congress filled with world-class speakers arrives on your door step, and for oral surgeon Paul Stone the four-day event marked the culmination of three year's hard work.

As the scientific chairman and president-elect, the Perthshire specialist had plenty on his plate but he still found time during the European Association for Osseointegration's (EAO) 19th Annual Scientific Congress to speak to *Scottish Dental magazine*.

The EAO Congress, at Glasgow's SECC, saw more than 3,000 clinicians from around the world come together to see presentations from an educational faculty of more than 40 world-class speakers and session chairmen. After so many years of preparation and collaboration with other members of the scientific committee, Paul admitted that his over-riding emotion was one of relief now that the event had finally arrived.

He said: "I guess I am relieved that people seem to be enjoying the event. Delegates have to spend a lot of money getting here, taking time out of their practices, travelling long distances and staying in hotels. So I do worry about letting people down, as there is a great deal of trust that the EAO will provide a world-class congress, but I am pleased to say that everyone I have spoken to seems to be very positive."

The congress saw the EAO take over three halls in the SECC, accommodating the trade exhibition and meeting rooms as well as the Clyde Auditorium, which was the venue for the plenary sessions.

After welcoming delegates to the congress, Paul co-chaired the first session, entitled 'Aesthetics: Clinical guidelines', with Professor Daniel Buser from Switzerland. Paul said: "Daniel

Continued »

"What we don't want is large numbers of dentists entering the discipline without adequate training, as this will only damage the good reputation that has been created"

Continued »

Buser is probably one of the most respected implant surgeons in the world and I found it quite intimidating sharing a platform with someone who is this well-known, but I have to say he was a delight to work with."

And, the following day Paul, wearing his wife's family tartan, addressed the whole delegate audience at the 'Congress Ceremony'. He introduced delegates to their host country, speaking about the geography, culture and history of Scotland, with special mention of the medical and scientific breakthroughs and developments that made Scotland famous.

"I really wanted people to come to this congress and have no doubt that they were in Scotland," he said. "This is very important to me as I am only too aware that many clinicians travel the world attending different conferences and meetings. However, most see little more of the host country than the airport, taxi cab, hotel and conference centre.

"It was my hope that by promoting Scotland to such a large audience, I would be able to stimulate interest in the delegates to return and explore this country more than they might otherwise have done."

Paul, who qualified from Liverpool Dental School in 1985, explained that he also had a personal reason for promoting his adopted country to the

attending delegates. He said: "I moved up to Scotland over 22 years ago for a six-month job and I have never left. Although I'm English, anybody will tell you how patriotic I am of Scotland and with a Scottish father-in-law and two equally patriotic Scottish sons, it is easy to see why I should be so loyal to a country that has looked after me so well."

And Paul's belief in Scotland is not just restricted to its history and traditions; he believes that Scottish implant clinicians are doing the country proud. He said: "Scotland is a small country with a small number of cities but we have a really high standard of care. At the moment though, we don't seem to have enough of these high calibre clinicians to meet the demand that we see on a day-to-day basis.

"However, what we don't want is large numbers of dentists entering the discipline without adequate training, as this will only damage the good reputation that has been created."

The theme of the Glasgow congress was 'Clinical Controversies in Implant Dentistry' and, as Paul explained: "The problem is that many clinicians don't know what they don't know and therefore they often practice in isolation relying heavily on the information they are given by dental companies."

Paul continued: "The EAO's philosophy is one of 'bridging the gap between science and clinical practice' and this is particularly relevant to today's clinicians. The idea of this congress is that world-respected clinicians and researchers present on a specific topic, each being asked to review the relevant scientific literature and relate this to every day clinical practice. My aim as scientific chairman was that every delegate would return home with practical, evidence-based information that they could apply to their clinical practise.

"I have no intention of patronising any dentist who attends such a meeting but many of us find that some of the complex research papers published in the implant journals are quite difficult to fully understand and often even harder to relate to every day practise. It's the responsibility of the presenter to attempt to demystify some of the controversies we have in

"It was clear from some of the presentations that the science does not always support what some of the companies are telling clinicians to do"

implant dentistry and to present the evidence for or against the various options available.

"It is my strong impression from the presentations I have seen that many of the faculty of speakers are concerned with how quickly many clinicians try to carry out the various stages of an implant-based treatment plan. The message seems to very clearly suggest that more predictable results could be more often obtained if a little more time was taken to ensure that each stage was carried out correctly.

"There seemed genuine concern that where this was not the case, patients could end up significantly worse off than when they had started treatment. It was clear from some of the presentations that the science does not always support what some of the companies are telling clinicians to do.

"The EAO board is very aware of this situation and certainly I was very keen to gather together a group of speakers and moderators, who would ensure that this message was conveyed in an appropriate way."

Paul, who took over the presidency of the EAO at the end of the conference from Professor Christoph Hämmerle from Switzerland, finished by saying: "Not that long ago, it would be common to see different meetings attended by either the scientists or the dental practitioners and we would see one group presenting 'evidence' while the other presented 'opinion'.

"This is not the situation with EAO congresses and I hope that during my two years as president, I will ensure that this philosophy continues. For me it is very important that wherever possible, all clinical practise is based on sound scientific evidence.

"It is all about taking the science and making it clinically relevant and trying to give colleagues real perspective as to how they might treat their patients." ■

For more information on the EAO, visit www.eao.org

Dangers of stress

Anxiety and addiction to alcohol or drugs can be an issue in the profession due to the stressful nature of the job. It is important to seek help from organisations such as The Dentists' Health Support Programme, writes Hew Mathewson

Dentistry is a stressful profession. Indeed, Professor Cary Cooper's famous study of stress in the workplace found that, of 104 jobs, it is one of the 10 most stressful in the UK, alongside fire fighting, police work, social work, mining and medicine.

It's easy see why: here is public-facing job that requires you to remain calm and in control despite carrying out what can be extremely difficult and intimate procedures. Even the routine things, such as giving an injection, cause a surge of adrenaline every time you do it.

And it would take a clairvoyant to arrange for every difficult patient to arrive when you are at your peak. Many dentists will have had that difficult molar endo that comes in at 5.20pm: you're tired, your blood sugar is low, your partner's out of town, you're meant to be picking the kids up from the childminder at 6.15pm – and you can't find the third canal.

It's hardly surprising, then, to find that as a profession we experience higher than average levels of anxiety, addiction and both attempted and successful suicide. So, while there are a number of reasons why a dentist might come before the General Dental Council with health problems – they could, for example, be seeking a ruling on fitness to practise

in cases of neurological disease such as Parkinson's or multiple sclerosis, or blood-borne diseases such as hepatitis B and HIV – mental health problems and addiction are by far the main ones.

In the past, the abused substance was almost always alcohol, but increasingly drugs are involved too, and it is currently estimated that one in seven practitioners will have a problem with one and/or the other at some point in their career.

Everybody has their own way of managing stress. Some knock seven bells out of a squash ball, others take up yoga or meditation; an acquaintance of mine even took up weightlifting in his late middle age. But many of us reach for a glass of wine when we get home. Of course, this is not in itself a problem. That comes much further down the road when a patient complains they can smell alcohol on your breath in the morning or you're caught driving over the limit on the way in to the practice.

In most cases of substance abuse reported to the GDC, the members of the Fitness to Practise Committee, operating in private session in their 'health' mode, will ask for blood tests and a report from an expert psychiatrist, all in strict confidence. The dentist is likely to be suspended as they decide what to do. While protection of patients is paramount, let me emphasise here that the committee's role is also to help dentists recover and get back to work.

To this end, committee members will be looking for evidence that an alcoholic or a dependent drug user can get their life in order. They might well revoke their fitness to practise, but they might just as well allow a dentist to work under certain provisos – such as having to work alongside a colleague or being limited to three days a week. After a time, even this condition might be lifted. Each case is treated on its own merits. The point is to help dentists in

trouble stage a recovery, by setting conditions that are helpful and helping them get back to work.

It would, of course, be better all round if someone with a growing drink or drug problem sought help before the GDC got involved. The local GP and Occupational Health are obvious ports of call. The Dentists' Health Support Programme (DHSP, formerly known as the Sick Dentist Scheme) also has a crucial role. Independent of the GDC, it is run by dentists in recovery themselves and is strictly confidential. That it exists at all is partly an acknowledgement that dentists, particularly in small towns, are unlikely to go to a support group like Alcoholics Anonymous where they may run into their own patients. With regular meetings all over the country, the DHSP aims to overcome that obstacle.

To see ourselves as others see us is a rare quality, so it may well be a colleague who has to persuade a troubled dentist to seek help or quietly contact the DHSP to seek help for them. It will be difficult, but I urge all of you to be vigilant – it is far better to intervene than to stand by while a colleague implodes.

In one tragic case, a dentist became so stressed that he left the surgery after a day's work, filled a couple of forged prescriptions at two chemists, checked into a hotel and downed the lot. He woke up in his own vomit a day and a half later, realised his family would be worried sick, and decided to drive home – and ended up crashing into a police car as he left the hotel. He was charged with driving under the influence, and then, when the police found out where he had got the drugs, he was charged with that too. How different things might have been had he felt able to seek help or had a colleague intervened. ■

THE STRESS FACTOR

As if the stresses of dentistry weren't enough, at this time of year there is, unfortunately, one more to contend with: paying the Annual Retention Fee. Next to addiction it is a minor matter, but I want to mention it because the consequences of non-payment can be considerable – the worst of which is being removed from the register and told to stop working.

While occasionally dentists in financial straits will deliberately not pay the fee and carry on working anyway – which is a serious offence – the reason for lack of payment is almost always administrative. Not keeping your address details up to date with the GDC and consequently not receiving the renewal notice (or the reminder) is one of the most common reasons. It is particularly prevalent among young dentists who have changed jobs and location.

Other reasons for non-payment include changing bank accounts and being too near the limit on your account.

Nobody wants to be told in early February to stop work this instant when they've got a full waiting room and Christmas bills to pay, so I urge you to ensure you're up-to-date. The stresses of dentistry are great enough without incurring them needlessly.

The Dentists' Health Support Programme can be contacted confidentially on 020 7224 4671.

Hew Mathewson is a general practitioner in Edinburgh, a special adviser to the MDDUS and a former President of the General Dental Council

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A project using toys, as well as other resources, is helping improve the dental health of children, writes Catherine Nelson

Above: play resources help children better understand dental treatment

Playschool

Special Smiles is an innovative play-based dental health project which the charity, Action for Sick Children (Scotland), (ASC(S)), has been running for the last two years in special schools throughout Tayside. The purpose of the Special Smiles Dental Project (SSDP) is to improve the dental health and therefore overall quality of life of children and young people with a range of severe and complex additional support needs, by promoting learning through play using dental play resources.

Special Smiles is a development of the Dental Playbox Project, which ASC(S) launched in 2003 as their response to the Scottish Executive's paper – *Towards Better Oral Health in Children*[1], a document which highlighted the poor record of children's oral health in Scotland, namely:

- 55 per cent of all five-year-olds had dental disease
- by age 14, 68 per cent of children had dental disease in adult teeth
- more than a quarter of a million teeth were extracted from children each year
- tooth extraction was the largest single reason for children receiving general anaesthesia in hospital.

The need for a co-ordinated approach with key agencies and professionals working in partnership to tackle dental decay was also highlighted, giving rise to the idea of Dental Playboxes, based on the highly successful Hospital Playbox scheme run by ASC(S) for many years.

Play is a child's language, but more than that, research shows that play reduces anxiety, facilitates communication and speeds recovery and rehabilitation[2]. ASC(S) believes in the importance of adequate preparation for any form of treatment and

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in the role of play in this regard and has long promoted the concept of hospital play as a way of helping children cope with the trauma of procedures, treatment and pain and to understand what is happening to them.

So, following discussions with staff at the Glasgow Dental Hospital and with funding from Boots Plc through their Community Investment Fund, ASC(S) developed 30 Dental Playboxes with the aims of encouraging children to attend the dentist, dispelling the anxieties associated with dental treatment, and promoting good oral health habits. The Playboxes contained books and toys about teeth and dentists, safe dental equipment, mini uniforms, worksheets, certificates and stickers.

These Dental Playboxes were available on loan to nurseries, primary schools, school nurses and hospitals throughout Scotland and 18,500 children had access to the Playboxes over the two-year period. The feedback received from schools, parents, children and dental professionals was overwhelmingly positive and an evaluation by an independent consultant indicated that the aims had been successfully realised. A need was identified for a resource specifically geared for children with physical disability, sensory or learning impairment.

At the same time, the Scottish Executive was setting out a commitment to improving children's oral health in the Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland.[3] A key principle of the Action Plan was that: "Services for children and young people should be focused on prevention and meet the oral health needs of those in the most disadvantaged circumstances."

The Action Plan also set oral health targets that:

- 60 per cent of five-year-olds to show no signs of obvious dental disease by 2010
- 60 per cent of 11-12-year-olds to show no signs of obvious dental disease in their permanent teeth by 2010.

Research evidence suggests that children with additional and complex support needs have poorer oral health and receive less preventive care and restorative treatment than children in the general population. Reasons put forward to explain this include:

- children being unable to take care of their teeth
- children refusing to co-operate with carers with tasks such as tooth brushing
- children experiencing communication difficulties
- lack of experience among dentists in treating children with additional and complex support needs
- many children with additional and complex support needs experiencing dental anxiety which makes dental care difficult to carry out.

Children with additional and complex needs are therefore at a higher risk of needing specialist dental services than the general population and at the highest risk of having to undergo general anaesthesia for dental procedures. Despite the growing number of oral health initiatives for children in Scotland, it was found that none of them adequately addressed the needs of children with physical disability, sensory or learning impairment.

Above: Dental Playbox and portable Playpack

"Despite the growing number of oral health initiatives, it was found that none of them addressed the needs of children with physical disability, sensory or learning impairment"

Thus, it was acknowledged that children and adolescents with additional and complex support needs required a specialised oral health intervention which would raise their awareness and improve oral health practices, and that using a therapeutic play strategy would prepare them for dental treatment. It is with these issues in mind that the SSDP was designed and received funding from Boots Plc for ASC(S) to refine the Dental Playboxes into a specialised resource for use with children with additional support needs. ASC(S) consulted and researched a wide range of individuals, organisations and publications during the course of this period and, in addition to the Dental Playboxes, developed a portable Dental Playpack for use at home by parents.

The basis of the SSDP was to test out these specially developed play resources, by piloting them in schools for children and young people with additional and complex support needs in one Scottish Health Board area over a two-year period (2007-2009).

Funding was secured from the Scottish Government and resources were placed in 29 schools throughout Tayside. These included specialist nursery, primary and secondary schools, a sensory service and also units in mainstream schools with specialist provision for pupils with additional and complex support needs which covered a range of conditions, such as Autistic Spectrum Disorders, as well as those with sensory and physical impairment. The project complemented the work of NHS Tayside as it implemented its Childsmile programme in mainstream schools.

Each school received a Special Smiles Dental Playbox and a portable Playpack for home use and training was provided for teaching staff and carers in the use of the various resources in school, nursery and home settings. The Special Smiles resources included books, DVDs, puppets, games and toys about teeth and dentists, safe dental equipment and mini-uniforms, worksheets and stickers, together with templates for social and multi-sensory stories which could be adapted to the individual needs of a child. Books, charts and worksheets with Makaton and Boardmaker symbols were also included. Additional resources such as inflatable dentist chairs were made available and replacement disposable materials were also supplied as required. Two-minute timers were supplied for every child. Throughout the project, back-up support was provided by the project staff in the form of workshops with children, meetings with parents, activity sessions and competitions and exchange of ideas through regular newsletters.

The aims of the project were to improve the oral hygiene understanding and practices of these children and young people and reduce the anxiety associated with dental treatment by promoting learning through play using the dental play resources. It was also hoped that the project would heighten the awareness of the dental health needs of these children and

young people among parents, carers and relevant professionals, and assist them in providing for their oral healthcare needs.

Guidelines for use of the play resources were inserted in each box and pack and a training programme was offered to staff and parents. This included information on how to make best use of the resources, guidance on play, anxiety reduction, oral health and children with additional support needs and links to other organisations and websites.

The schools used the resources in different ways. There were opportunities for medical play, using a mixture of real and toy equipment to assess and encourage information sharing – what the child will experience and how procedures will occur; opportunities for projective play, using toys such as Play-Doh or teddy patients to help children play out their experiences; opportunities also for role-play, using the mini uniforms, masks, gloves and goggles, allowing them the chance to try on adult roles, giving them a sense of control which can help identify any hidden misunderstandings, fears or feelings.

Some schools ran sessions purely on oral health promotion, and used the resources to refer to healthy teeth and diet. Others set up a dental surgery with chair and held role-play sessions in class using all the resources, while other schools used the resources for short-term projects on related themes.

More than 700 hundred children in 29 schools had access to the resources over the period of the project. Because of the very complex needs of some of the children, it was difficult to measure any change in the children's understanding using traditional methods, so there was a reliance on parents and carers to answer on their behalf using before and after questionnaires, and on other means such as photographs, drawings and observation. The greatest amount of feedback came from the teaching staff who were universally in favour of the project with very positive feedback.

The success of the Special Smiles Dental Project is in no doubt, having been received enthusiastically by children, parents, carers and professionals. The Evaluation Report[4] can be accessed on the ASC(S) website. It concludes that the project met its main aims and that oral health understanding and practices improved among staff, parents and children, and child dental anxiety was reduced.

Research shows that dental anxiety can prevent children from accessing dental treatment[5] and highlights children with additional and complex needs to be among the most vulnerable. Special Smiles staff received several reports of extremely anxious children who were initially totally non-compliant, but successfully completed a course of dental treatment after using the Dental Playpack.

It is hoped that by using the Special Smiles resources with the support of professionals, parents and carers, children will require less dental treatment and when they do, will have strategies in place reducing the need for general anaesthesia for treatment, a costly and risky procedure. ASC(S) believes that Special Smiles could greatly enhance the Scottish Government's ability to achieve their oral health targets for children in Scotland. ■

FEEDBACK: Teachers and parents are all smiles

"The children loved dressing up and taking part in the role-play activities and at the end of the project all but one were able to indicate that they weren't worried about going to the dentist."
Isla MacDonald, Grange Primary School, Monifieth

"The children had been brushing teeth individually before, but with Special Smiles, it became a group activity. I noted quite a big change. Even the most sensory defensive child held a toothbrush."
Heather Miller, Nursery Teacher, Fairview School, Perth

"Heather now brushes her teeth two to four times a day and visits the dentist every three months. She is still slightly apprehensive, but will now have treatment. The resources, combined with an understanding dentist, have made a big difference."
Parent, Tulloch Primary School, Perth

"My child treats teeth cleaning more as a game now, so it is much easier to help her."
Parent, Fairview School

Catherine Nelson is a Dental Playbox Co-ordinator. Further information about the project can be obtained from: Action for Sick Children (Scotland), 22 Laurie Street, Edinburgh EH6 7AB, tel 0131 553 6553, enquiries@ascscotland.org.uk www.ascscotland.org.uk

Above: Special Smiles books help to reduce children's anxiety over dental treatment

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The 'wow' factor

For Yas Aljubouri, patient satisfaction is the most important part of the job

When Yas Aljubouri describes the look on his patients' faces when he removes their fixed appliances – after what is often a long treatment period – his passion for the job really shines through. "You get that 'wow' smile and it makes it all worthwhile. For me this is the reward, this is the job satisfaction and it makes my day every time."

Yas graduated in 1991 and obtained his Specialist Orthodontic Certificate (M Orth) from The Royal College of Surgeons of Edinburgh in 2003 following his three-year Specialist Orthodontic training in Glasgow Dental Hospital & School, where he also completed his Orthodontic MSc in 2002. He worked as a specialist orthodontist in Glasgow and Dundee for five years, before an opportunity arose for him to buy his own practice.

Yas was determined to reduce the waiting list

Yas took over Giffnock Orthodontic Centre in October 2008, one of the oldest orthodontic practices in Glasgow with an established referral base.

However, the waiting list at the practice stretched to two-and-a-half years, something Yas was determined to reduce, with the help of his associate George Kantopoulos. He said: "The waiting list was unacceptable. It's not in the best interests of the patients to be waiting that long for treatment, especially when you are young.

"It took us the best part of six months to do it but we managed to get the waiting list almost down to nothing. We increased our working week from 35 hours to 40, worked through lunches in shifts and even opened on some Saturdays. But we got there."

Since taking over, Yas has managed to increase the referral rate by two-and-a-half to three times, month on month. "A high referral rate shows that our referring dentists are happy with the service we are providing. It is so important to have a stable, long-term relationship with referring dentists, and it's a huge big thanks to them that we are where we are now."

While this was going on Yas was also completing a series of renovations to the practice, which he felt needed freshening up. A rolling programme of refurbishments was introduced with new floors, furnishings, cabinetry, window blinds and a new computer system – with digital X-ray system – as well as an LDU, all installed. ■

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BIEN-AIR SWISS MADE

Skills check-up

The General Dental Council has launched a consultation on a new system of checks that will ensure dentists are meeting the minimum standards, writes Denis Toppin

The term revalidation has been floating around the medical profession for some years now. Plans to introduce it for doctors in the UK have been under discussion for quite some time.

The current proposals for the introduction of revalidation were triggered by The Shipman Inquiry, chaired by Dame Janet Smith, which concluded that the NHS and General Medical Council did not have the systems or culture in place that would have allowed the conduct of someone like Harold Shipman to be detected.

Following publication of the report, Sir Liam Donaldson, Chief Medical Officer for England, was asked to undertake a broad review of medical regulation which led in 2007 to the publication of the White Paper: *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st century*. This led to the passing of legislation in 2008 granting the powers to establish revalidation.

In spite of delays, the General Medical Council recently confirmed its plans to introduce medical revalidation in 2012. The General Dental Council (GDC) is also moving ahead with developing its own scheme and is currently consulting on the issue.

As a dentist working in Scotland, I am well aware of the demands regulation is putting on the profession. The second part of the Scottish Government's consultation on the regulation of independent healthcare has recently closed, the Protecting Vulnerable Groups scheme started at the end of November and already in place are the health board inspections, vocational training practice inspections and, of course, registration with the GDC.

But our plans for revalidation are about individuals. It's about protecting patients by ensuring you're giving them the best possible care. You may well be at the top of your game as far as technology and practices go when you first register with us, but we want to ensure it stays that way throughout your entire career. The scheme, for the first time, will provide a proactive way of checking that dental professionals carry on meeting our standards after they join our registers.

The GDC's fitness to practise procedures are reactive rather than proactive; they assume that dental professionals meet its standards unless information to suggest otherwise is received. That is not good enough. Patients believe and expect that dental professionals' compliance with standards is checked on a regular basis and are surprised to find this doesn't happen. Revalidation will bring reality into line with their expectations.

Now is the time to have your say on what we're planning through our consultation, which is open on our website www.gdc-uk.org now and runs until January next year. The consultation document sets out the GDC's proposals for revalidating dentists. We don't plan to consider in-depth whether revalidation is necessary for dental care professionals (DCPs) until the random audit of their first cycle of continuing professional development (CPD) is complete in late 2013. However, their views on this consultation would be very welcome.

Put simply, the philosophy behind the proposals is to avoid over-regulation by making as much use of existing systems within dentistry as possible. It should be seen as a very useful extension of what dental professionals are already doing with CPD – which is an earnest attempt to keep themselves up to date. It's far from a panacea, nothing can remove all risk, but what we need is a scheme that isn't too burdensome and that will give that additional reassurance to patients and the public.

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Revalidation will make clear the minimum standards that all dentists must meet. It is expected that the majority of dentists will already be meeting these standards and should have no difficulty revalidating. However, the system will provide an opportunity for those in difficulty to identify and tackle any problems before they become serious.

A standards and evidence framework will set out the standards dentists must meet under the four domains of clinical, management and leadership, communication and professionalism. The framework will also set out the evidence that will be acceptable to demonstrate compliance with each standard.

Dentists will gather this evidence over five years, and revalidate at the end of each cycle. We are proposing a three-stage process at the end of each cycle:

- Stage 1 – compliance check, which will apply to all dentists
- Stage 2 – remediation phase, which will provide an opportunity to dentists who do not pass Stage 1 to remedy deficiencies
- Stage 3 – in-depth assessment, which will apply to dentists who fail to demonstrate their compliance at the end of the remediation phase.

Dentists who refuse to engage with the process, or who do but who fail to revalidate, will ultimately be removed from the register, with additional requirements for restoration to the register. However, there will be an appeals process.

We are keen to get feedback from a full range of stakeholders including patients and organisations representing the interests of patients. In order to secure a wide range of views we are also carrying out other activities alongside the formal consultation. These activities include research into patient and public views, dedicated focus groups, meetings, and piloting activities as the project progresses. Once the consultation has closed we will collate all the responses we have received and GDC staff will carry out a consultation analysis and produce a report for the Revalidation Working Group to consider. This report will be published on the GDC website and will influence the proposals the working group makes to council for revalidating dentists. ■

About the author

Dentist Denis Toppin is on the council of the GDC and is also chairman of the Revalidation Working Group. A returning registrant member to the council of the GDC, Denis was born in Glasgow where he returned to study and work.

He qualified as a dentist in 1977 from the University of Glasgow and has been working in general dental practice ever since.

Denis developed an interest in dental education through his involvement in dental vocational training as a vocational training trainer, adviser and regional adviser as well as through teaching undergraduate dental students clinical practice in restorative dentistry. He also teaches on numerous postgraduate courses. He holds a masters degree in education.

He was a member of the Scottish Dental Practice Board for the maximum six year period and he currently holds a part-time post of Assistant Director of Postgraduate General Dental Practice Education with NHS Education for Scotland.

Readers of Scottish Dental magazine can respond to the consultation by email on revalidation@gdc-uk.org or by filling in the form at www.gdc-uk.org or by writing to: Revalidation Consultation, General Dental Council, 37 Wimpole Street, London W1G 8DQ.

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Fit to practise?

Event looks at the GDC inquiry process that examines a registrant's fitness to practise

In the first event of its kind, Dental Protection in conjunction with the British Dental Association (BDA) held a joint meeting in Edinburgh on 19 November, which took a unique 'behind the scenes' look at the processes involved in a General Dental Council (GDC) inquiry into a registrant's fitness to practise.

This proved to be an interactive, informative and engaging event aimed at raising awareness of the fitness to practise process, from the initial patient complaint, through to a potential fitness to practise hearing, which was brought to life in a powerful re-enactment.

The delegates were able to put themselves in the shoes of the Investigating Committee – review case notes, hear from the complainant, caseworkers, prosecution, expert witnesses and members of the Investigating and Fitness to Practise Committees. This allowed them to make their own judgements on the allegations of impaired fitness to practise and consider the sanctions available.

The likely impacts of being involved in such an inquiry were explored with a high level of realism that drew upon the experience of council members of the GDC together with employees and advisers from Dental Protection and the BDA.

The attendees were welcomed by BDA Scotland Director Andrew Lamb, which was followed by an informative presentation by Alison Lockyer, chair of the council, GDC, who brought the delegates up to speed on the new GDC, its roles and responsibilities, and provided an explanation of its view of the concept 'Fit to Practise'.

Kevin Lewis, dental director of Dental Protection, reviewed the nature, number and pattern of complaints received by the GDC in the wake of the changes in the Fitness to Practice Rules, which occurred in July 2006.

The delegates were able to put themselves in the shoes of the Investigating Committee; review case notes, hear from the complainant, caseworkers, prosecution, expert witnesses and members of the Investigating and Fitness to Practise Committees

Stephen Henderson, a dento-legal adviser with Dental Protection, proceeded to introduce a number of fictionalised complaints and invited the audience to review these and vote on which case should be referred to the Investigating Committee for consideration.

The work of this committee was outlined by Andrew Keetley, a former member of the committee, who explained the important features of a complaint that would influence the committee's decision to refer a case for further investigation, and the weight given to the various documents appertaining to the case. Delegates were provided with a bundle of documents similar to one that would be provided to the legal teams representing the parties involved in a real enquiry. An assessment of the bundle contents was covered by Chris Morris, head of Dental Team, Hempsons Solicitors, who advised the delegates about the gathering of information on the case by the solicitor, and what factors influence the content of the letter of observations returned to the GDC.

After lunch, the attendees voted by SMS text on which cases merited further investigation. This was followed by a presentation from barrister Philip Blakebrough, head of Fitness to Practise at the GDC, who described the process of case investigation from the GDC viewpoint, highlighting the challenges and pitfalls encountered in preparing a case for a Fitness to Practise hearing. Jason Leitch, chair of the Health and Conduct Committees, discussed the many health issues that could potentially impair a registrant's fitness to practice, and outlined how the GDC deals with ill health in the Health Committee.

Undoubtedly, the highlight of the day was the live dramatisation of part of a Fitness to Practise hearing involving actors and barristers. This demonstrated how stressful and challenging a hearing can be, and proved to be both informative and entertaining. This was followed by an enlightening presentation by John Gibson, who is a member of the Fitness to Practise panel, discussing how decisions are reached, and factors which influence the panel when considering whether to take action on registration. A final vote was cast on the hearing, and a discussion on the lessons learned.

The day was deemed a great success by the large number of delegates present, who ranged from students and graduates to experienced practitioners. ■

LEARN ABOUT RISK MANAGEMENT...

The Premier Symposium organised in conjunction with Schülke is now celebrating its 10th anniversary. The risk management event was held on Saturday 4 December 2010 at Kings College London.

Speakers included Professor Tara Renton, who discussed the cause of nerve injuries and their management, and Professor Richard Palmer who spoke about implant risks.

'Mastering Your Risk' workshops offer an evidence-based overview of the important role communication, behaviour and performance play in providing quality care and reducing the risk relating to patient dissatisfaction. The format is designed for no more than 25 delegates and offers an opportunity for each participant to develop skills to meet the increasing number of challenging situations that often act as a trigger point or catalyst to a complaint or claim.

Each workshop is led by a trained facilitator with experience in delivering communication-based training.

These workshops take place at various locations throughout the UK, are approved for three hours' verified CPD and are free to DPL members, so book now as numbers are limited.

Dental Protection continues to increase its membership in **Scotland** in 2010

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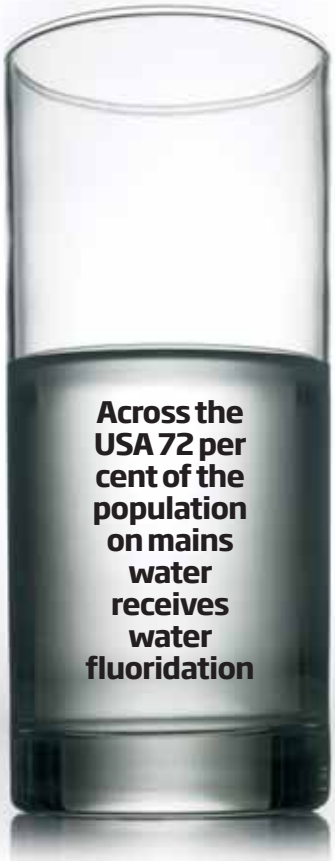
Dental Protection

The experience of other countries over several decades tells us that water fluoridation is safe and effective, explains Colwyn Jones

Glass half empty?



The USA Centers for Disease Control and Prevention recently released the latest water fluoridation statistics for 2008, which showed that 58 per cent of people living in California receive fluoridated water, more than double the 27 per cent who benefited in 2002.[1]

Thanks to efforts led by a charitable trust established by the California Dental Association (CDA) Foundation, it has steadily expanded access to water fluoridation. California now has the largest total number of residents of any American state receiving fluoridated water; 21.5 million people or four times the Scottish population.

Before the CDA Foundation-led efforts to expand fluoridation in the late 1990s, only 17 per cent of California's population received the benefit of fluoridated water. Progress was achieved largely by legislation approved in 1995.

The CDA fulfils the same role in the state of California as the British Dental Association does in Scotland, including being an advocate for water fluoridation.

Since then, the CDA Foundation and its partners, often working with private funders, have provided grants to help communities initiate fluoridation projects.

The USA federal government's Healthy People 2010 objective for fluoridation is 75 per cent, which is a target that the CDA foundation reports it plans to achieve in the near future.

Across the USA, 72 per cent of the population on mains water receives water fluoridation; the state of Maryland has 99.8 per cent benefiting from water fluoridation.

Across the Pacific in 2008, the state of Queensland in Australia also adopted legislation to promote water fluoridation with the aim of 90 per cent of Queensland residents having access to fluoridated water by 2012. Under this legislation, a statutory duty was placed on public water suppliers who supply water to more than 1,000 people, to add fluoride to the public water supply under their control or management.

The Queensland legislature also committed AUS$35 million to improve the infrastructure of water treatment plants over this six-year period and implement fluoridation. The new water bill followed a petition from the Australian Dental Association of Queensland signed by more than 25,000 Queenslanders supporting water fluoridation.[2]

In 2008, 65 per cent or 11.5 million Australians benefited from drinking fluoridated water and this proportion is increasing. Like the USA and the UK, fluoridation of water supplies has been practised for more than 50 years without credible evidence of any harmful effects on general health. For generations, millions of people have lived in areas where fluoride is found naturally in the drinking water in concentrations as high as or higher than those recommended to prevent tooth decay. Research conducted among these groups confirms the safety of fluoride in the water supply. While we welcome more research, there are no concerns about the safety and effectiveness of water fluoridation.

In Canada, 45 per cent of the population receive fluoridated water, in Eire 67 per cent or two million people, in Spain about 10 million, in Singapore and Hong Kong the proportion is 100 per cent. In New York, with a population of eight million, the water was fluoridated 45 years ago in 1965. Virtually all of the major cities in the United States of America are fluoridated.

In the UK, water fluoridation, either natural or adjusted, is available to only about 10 per cent of the English population. The only area in Scotland which did have naturally fluoridated water at 1ppm was on the Moray coast.[3] However, the water came from a borehole supply which is no longer used. Most of the water collected for domestic use in Scotland has a moorland catchment, which means it will be low in fluoride. So, in Scotland, despite having a public water supplier, there is essentially no water fluoridation, either natural or artificial.

Across Europe only England, Ireland and Spain practise artificial water fluoridation and while many other European countries do have natural water fluoridation, they prefer to rely on professionally applied fluorides for the preventive benefits; those countries within the European Union are governed by water quality directives which allows for natural fluoride levels of up to 1.5ppm. (Council Directive 98/83/EC. 3 November 1998. The quality of water intended for human consumption). The target level for artificial water fluoridation in temperate climates is lower at 1mg/L and unlike school-based

Current water fluoridation (selected countries, various years)

Country	*Percentage*	*Population receiving water fluoridation*
Scotland	0%	none
USA	64.3%	195 million
Canada	45%	31 million
England	10%	6 million
Eire	67%	2 million
Australia	65%	11.5 million
New Zealand	61%	2.3 million
Israel	75%	4.2 million
Singapore & Hong Kong	100%	10 million

programmes, it should be noted that people of all ages do benefit from water fluoridation.

Dental fluorosis is present in areas both with and without water fluoridation and in a European context the mild dental fluorosis found is a minor cosmetic issue.

The suggestion that water fluoridation is mass medication is false. All water supplies, even in Scotland, have some natural fluoride and the water fluoridation process just involves adding fluoride (or removing fluoride in some areas of the world) to the level that protects dental health. It does not involve adding anything to the water that is not already present. There is no difference between fluoride present naturally and that which is added to water.

Water fluoridation both reduces tooth decay and also the need for dental treatment. In Scotland extraction of teeth is still the main reason that young children are admitted to hospital for treatment under a general anaesthetic. Dental treatment creates additional problems for some (e.g. diabetics, haemophiliacs, transplant patients, the immune compromised) for whom a healthy mouth is essential.

Some evidence shows that fluoridation is particularly beneficial in preventing tooth decay in deprived groups of children who may have difficulty with their own preventive care. However, it benefits all children, and reduces dental health inequalities.

A recent paper reporting on natural fluoridation and the effect on the dental health of children across Denmark concluded that: "The study confirmed previous findings of an inverse relation between fluoride concentration in the drinking water and dental caries in children. This correlation was found in spite of the extensive use of fluoridated toothpaste and caries-preventive programs implemented by the municipal dental services in Denmark."

They reported that at a level of fluoride of about 1ppm, a reduction in tooth decay of around 50 per cent was found.[4]

So even in countries with widespread use of fluoridated toothpaste and caries-preventive programmes, such as in Scotland, the evidence shows that water fluoridation would provide major, additional improvements in child dental health.

The recent lesson from California and Queensland, and historically elsewhere, is that local dentists need to engage politicians in promoting a statutory duty on public water suppliers to fluoridate. ■

Colwyn Jones is a Consultant in Dental Public Health for NHS Health Scotland

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Disclaimer

The views expressed in this article are solely those of the author.

A real head turner

Introduction

In recent times, technology has taken a huge leap forward, not least in the field of dental imaging. The following article is a light-hearted look at some issues around cross-sectional dental imaging with a few serious comments and warnings for the uninformed.
General dental practitioners are becoming increasingly involved in implant planning, placement and in the restorative phase of this newer treatment modality.

Bright eyed and bushy tailed, we headed off to university. For some this is a fond, but distant memory. Remember struggling with the vagaries of anatomy? Then later, trying to apply it when looking at X-rays, oops... meant radiographs – "X-rays being invisible", I was reminded often.

What memories of the X-ray department? Didn't the staff have strange job titles such as radiographer, radiologist and dark room technician? The latter was the poor soul condemned to darkness for much of their working day – what was all that about?

Dad said to study an "ology", so maybe that made radiology a useful topic – so we got those radiology tomes out, laid them on our chests in the park on a sunny afternoon in May just before the exams and allowed osmosis to take effect. Spotting caries was not rocket science if you could sort out the pesky "cervical burnout" lesion!

Wade through the black and white/gray stuff for exam purposes and get stuck into real dentistry – this perhaps sums up most people's experience of radiology at undergraduate level, unless like this author you were a bit of an imaging geek.

But what if all of that radiology speak actually had a practical use? I soon became aware, after graduation in dentistry, that many clinical decisions centre on a sound understanding of radiological anatomy and the ability to recognise the "abnormal".

How to ward off that nagging thought that occurs just as you place your head on the pillow: "what exactly was that radiographic appearance I noted today?" This is the ongoing challenge. The spectre of missing a sinister lesion can sometimes weigh heavily. Should I refer on for an opinion or will I look silly?

The steep learning curve tails off and the bump and grind of daily practice can begin to lull one into a state of professional stupor. Then along comes a new "ology". Driven by the endless makeover programmes and the promise of restored function and eternal youth, implantology makes its entrance on to the dental high street.

Driven by the promise of restored function and eternal youth, implantology makes its entrance

This offers the opportunity for some skilled and daring souls in our profession to move out of their long-established comfort zone of routine dentistry into a brand new world of surgical "Meccano".

Remembering dad's advice, implantology represents a good "ology" to get involved in. Besides, there are some flashy new shiny toys which fit easily with the dental profession as we are so used to working in confined spaces and have excellent manual dexterity.

In order to avoid that nasty letter from a lawyer should the

expensive implant work fail and to avoid the "welling up" of red stuff in the floor of mouth due to pranging a neurovascular canal or misaligning the implant completely, perhaps a timely bit of imaging is required.

So we dust off that radiology book and apply the knowledge. Conventional views have served for a number of years with well-placed per-apicals (paralleling technique) and the trusty panoramic, but the illusive third dimension is missing.

There are those at conferences who will sell the line that they can eyeball an implant into the mandible from a thousand yards, using skills honed over a thousand cases. The realities may be quite different to the novice operator on the implant scene.

Alas, 3D imaging systems can offer some peace of mind. Visualisation of the bucco-lingual dimension is now possible – seen in the coronal plane, remember. Sagittal, coronal and axial, the orthogonal planes used by anatomists and radiologists to describe sections. The fog of the undergraduate memory clears.

Having spent a serious amount of cash acquiring the impressive looking "Daddy of all dental imagers", the question arises as to who is going to take the scan?

The cone beam CT scanner

Since units have become available on the high street, dentistry has been quick to appreciate the benefits of an office-based (how American), low-dose (compared to medical CT), 3D imaging device, the cone beam CT scanner. CBCT can address many of the problem solving aspects of diagnosis in dentistry.

With regard to implants, knowing where those pesky nerves are is all-important in the quest to give a predictable result and avoid operator hypertension. A bit larger than an OPG machine, obtaining its images by circling the head in anything between 10 and 40 seconds, the CBCT produces cross-sectional images that can be viewed from three plains: axial, coronal and sagittal. Variable thicknesses in section can be shown, down to 0.25mm.

In addition, using a software package, the data can be made so that the acquired volume (field of view) can be viewed like the trusty old friend "the dental panoramic". 3D reconstructed images of the jaw are possible and can be manipulated at the chairside, sending the patient into raptures of delight as they see their inner-self revealed.

So, CBCT imaging – can't be that difficult, can it?

Perhaps I should get one for the practice?[i] CBCT comes in various shapes and sizes and are classified as large (field of view) FOV and small FOV. The smaller field size can offer dose reduction and limited viewing of teeth and immediate surrounding structures.

Super-crisp images in the brochures tempt one with resolution "to die for". Was the picture produced on a patient though, I hear you say?

What is not immediately apparent is that there are nuances to the CBCT systems. For example, the 0.4mm voxel setting gives better pictures than the 0.2 mm voxel setting on iCat. This comes down to the maths involved in the imaging algorithm. The system utilises a limited tube current in order to keep dose down. No more, you are losing me, you might say... Put simply, this is essentially good news for the patient as it cuts down the rays.

Having spent a serious amount of cash acquiring the impressive looking "Daddy of all dental imagers", the question arises as to who is going to take the scan? In the opinion of this author, it should be a medical/dental professional with appropriate training. This may include a radiographer, or a dentist. One should appreciate that the use of dental nurses or hygienists even with a dental radiography qualification is contentious in the acquisition of CBCT images at this time.

IRMER issues

In order to comply with the radiation regulations, a great deal of effort has to go into informing the Health and Safety Executive that you have the CBCT scanner and into documenting your IRMER 2000 and IRR1999 protocols.

CBCT room design will have to allow for radiation protection features to cope with a 120KV beam energy. This 120KV beam has increased penetrating power, compared to dental sets at approximately 65KV to 70KV. A radiation protection advisor (a medical physicist) will have to verify this has been carried out correctly in compliance with IRR1999.

All the IRMER documents must be in place, which entitle the various staff members to carry out their roles under IRMER in regard to the CBCT machine. For example, who is acting as employer, referrer, operator and practitioner.

Protocols must be in place itemising all possible CBCT imaging situations, detailing who can refer for them and under what kind of situations – that is, what "justification" is required. All must be documented and be robust enough to withstand an IRMER inspection. This gets a little complicated, but is distillable with some effort. Also, in terms of image interpretation, IRMER

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Fig 1: Mass in the left piriform fossa (see axial section)

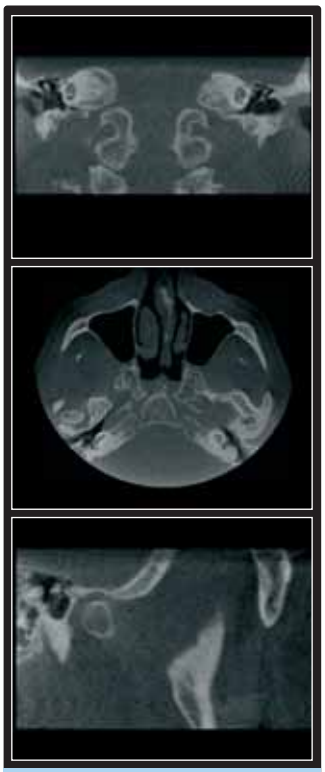

Fig 2. Lateral lingual canal situated in canine region of mandible (sagittal section)

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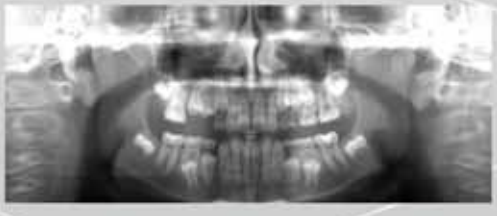

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3D - CBCT Images

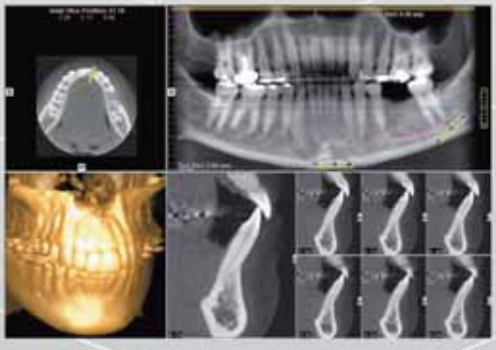

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Fig 3. Haemangioma in lateral mass of CV1 (atlas) noted in all three planes

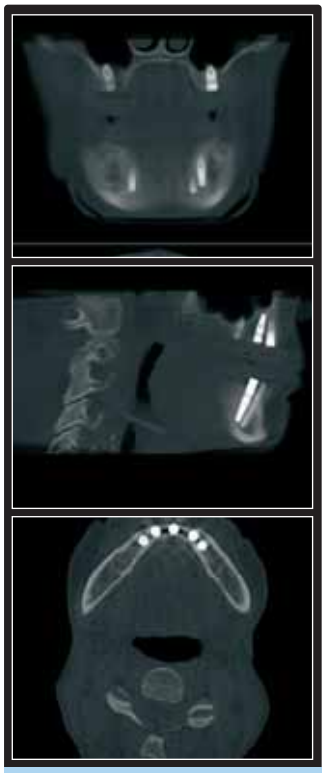

Fig 4. Soft tissue mass in right Prussac's space (medial to the tympanic membrane-possible early cholesteatoma). Coronal section showing the middle and inner ear structures. Cerumen also noted in the right external auditory

Continued »

2000 demands that all of the radiographic image should be assessed and an appropriate report documented.

So how do I report on the CBCT images?

Much of the software available will make dental diagnosis very user-friendly and allow planning for implant placement straightforward, for example, ICat vision software (Imaging Sciences).

There is, however, a sizeable amount of tissue data that may be missed in the FOV. This can be seen on the MPR screen on iCat vision or with better resolution on the Xoran software used with iCat. This author reports direct from the Xoran software, which is presented in the orthogonal planes.

Currently there are few if any courses being run on how to report CBCT. Problem-solving begins when appearances are unusual. Is the appearance benign or does it represent an aggressive process? If so, is it malignant? Having knowledge of "normal" on an image section will help, but pattern recognition may be a bit scary at first.

New anatomical territory is now visualised: inner ear, base of skull, cervical spine, peri-oral soft tissues to name a few. A sound knowledge of what soft tissue outlines are supposed to resemble will give peace of mind that no tumours have been missed, for example, in the laryngo-pharynx (Fig 1).

The old imaging maxim: "Just compare left with right sides" has merit, assuming lesions are not bilateral in their presentation. Appreciation of the anatomical site, the relative density, outline of a lesion and access to any previous imaging will all help in reaching a differential diagnosis.

Getting the dissection/radiology books out from times past may be a good way to start. However, not much cross-sectional anatomy was taught at dental school.

The following examples are in no way comprehensive:

Some anatomy to know about on a CBCT sectional image

Recently, small "neurovascular canals" have come into view on CBCT that were not appreciated before[2]. The "lateral lingual canal" in the body of mandible is a good example. These neurovascular canals usually lie near but separate from the mental foramen. In the patient with an atrophic mandible, they can offer a potential surgical hazard for implant placement. They can contain nerve fibres from the nerve to myelohoid and so if impinged upon by an implant, pain can present post op. (Fig 2)

Some examples of lesions not to be missed from CBCT images

A keen rugby player and diver presented for a 4cm FOV pre-implant assessment of his upper centrals. Assessment of the full field of view revealed a haemangioma of CV1. (Fig 3)

Assessment of the base of skull is imperative – ear structures should be reported on

The appearance of chronic inflammatory lesions in the middle ear – an early cholesteatoma (Fig 4).

Conclusion and opinion

Having a knowledge of the appropriate "ology" is the key here, for peace of mind and ongoing success in implant planning. It is for the person functioning in the IRMER operator role to produce the image report. Confusingly, this may not be the person pressing the button to obtain the scan (see IRMER2000 regulations).

The IRMER operator (reporter) must report the CBCT scan and any other relevant images, unless that role is delegated to a suitably trained other, such as a radiologist. This author would argue that the best-placed radiologist to undertake this role should have a dental background.

This obviously has cost implications that must be passed on to the patient. However, in the long term, if cases come to light where significant medical radiological presentations are missed, there will be medico-legal ramifications.

It is also good practice to warn the patient prior to the CBCT scan that non-dental features/lesions may become apparent on the scan, which may involve ongoing referral, and potentially give rise to a period of uncertainty until a definitive diagnosis or treatment can be realised.

With respect to Ionising Radiation Regulations, if they are not properly implemented into practices with CBCTs, then the Scottish Executive may have the right under IRMER2000 to take action which could close the imaging service down.

In my opinion, the "Daddy", in colloquial parlance, is the wise practitioner who puts the patient's best interests first. The "Daddy" is also someone who plays to their strengths.

It may be that image acquisition is more easily carried out at another site where all the above issues have been addressed. It may be that image interpretation is best carried out by a suitably qualified other.

The fear of losing a patient to another operator who has "the big daddy" of dental imagers will be less if the CBCT is sited in a secondary referral centre/practice.

Discussions with the owning practitioner/specialist should ensure that we act as a family within the profession, with respect for each other's role in the treatment team. ■

Dr Neil D C Heath, DCR, BDS, MSc, MFDS RCS, DDR RCR, Consultant and Specialist in Oral Maxillofacial Radiology, Edinburgh Dental Specialists

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Why refer?

Arshad Ali of the Scottish Centre for Excellence in Dentistry discusses the benefits of referral to a multi-disciplinary centre

As a general dental practitioner (GDP), it has become increasingly difficult to carry out every aspect of treatment that patients require. More patients are wishing to avoid removable partial dentures, resulting in the need for more extensive crown and bridge and implant treatment.

We also have an increase in the elderly population who are retaining their teeth into old age. This is resulting in more complex treatment planning and treatment requirements for our patients.

In the Maintaining Standards document published by the General Dental Council, November 1997, paragraph 3.3 states: "When accepting a patient, a dentist assumes a duty of care which includes the obligation to refer the patient for further professional advice or treatment if it transpires that the task in hand is beyond the dentist's own skills.

"A patient is entitled to a referral for a second opinion at any time and the dentist is under an obligation to accede to the request and to do so promptly".

When a GDP wishes to refer to a specialist, he or she can refer to a general or dental hospital where dental services are provided. In most cases there are waiting lists for a consultation and also to have treatment carried out.

The other option is to refer to a specialist or dentist with special interest in the high street where, in most cases, patients can be seen within a relatively short period of time.

Some referral centres have a small number of specialists providing their services; others have more specialists in different specialities. In the latter case, the centre will be able to provide comprehensive multidisciplinary care in one site. This will often result in better co-operation and communication between the specialists, which would be of benefit to the patient. Specialist centres also should have spe-

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CASE STUDIES

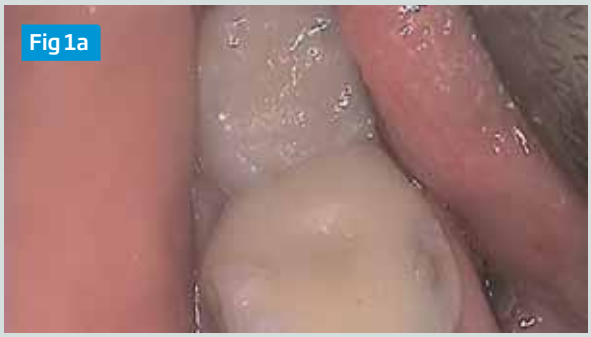


Fig 1a

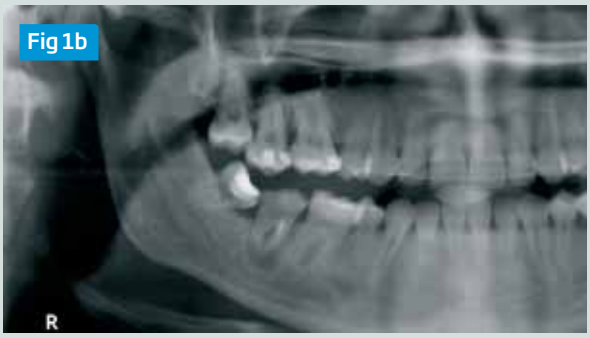


Fig 1b

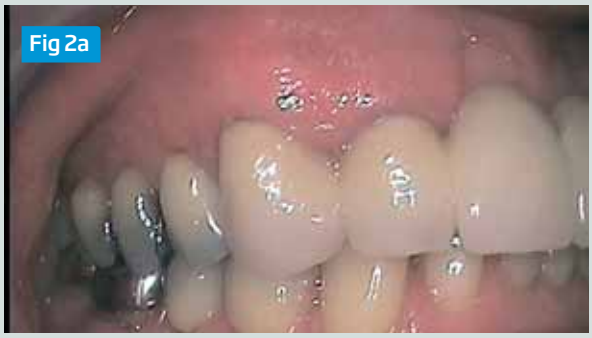


Fig 2a


Fig 2b


Fig 2c

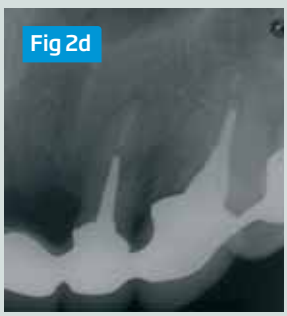
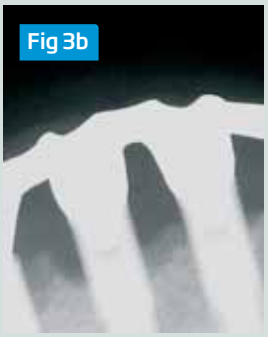


Fig 2d



Legend

Figs 1a &1b: Patient referred for advice regarding continuing pain in the lower right quadrant. Recent restoration on 48. This tooth was TTP and there was also periradicular infection related to 47. 47 had previously been endodontically treated with a large periradicular area. The position of 48 was not ideal and prognosis of 47 was poor. The GDP, who had experience in oral surgery, was advised to extract 47 and 48 and carry out curettage of the 47 socket.

Figs 2a to 2d: Patient referred with problems related to upper anterior bridge. Bridgework extended from 13 to 23 with post-crown retainers; there was peri-radicular infection related to 12 and 13 and extensive caries in 23. The GDP will carry out general care with the specialist carrying out implant-retained bridgework from 13 to 23.

Figs 3a & 3b: Patient had implants placed in USA in 1993 with no maintenance following treatment, which has resulted in considerable bone loss around some of the implants. He will have treatment to stabilise the peri-implant tissues and reduce further bone loss around the implants.

Figs 4a & 4b: Patient referred for a fixed restoration in the upper arch. CT scan assessment carried out for implant-retained restorations showed that bone-grafting will be required.

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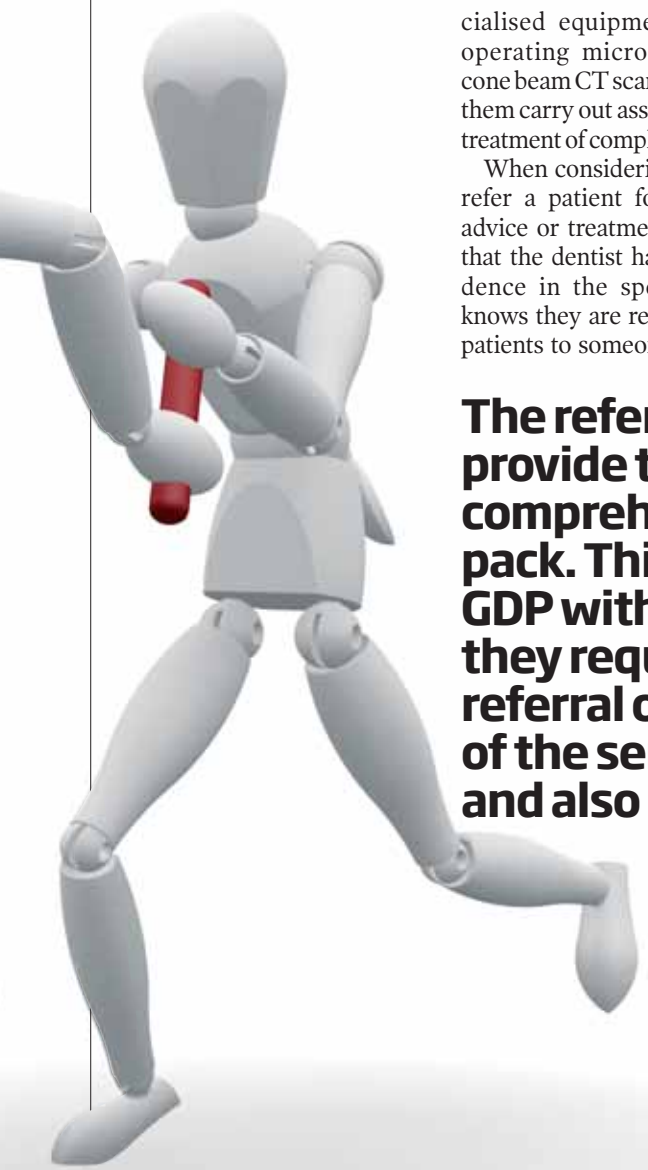
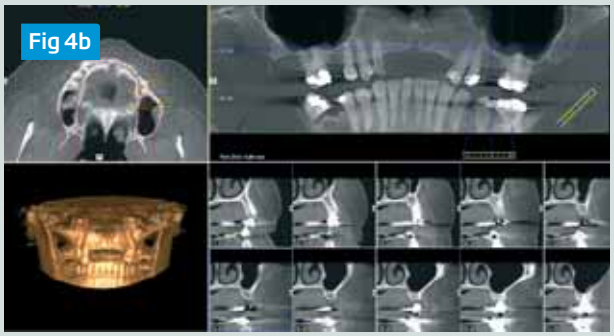


cialised equipment such as operating microscopes and cone beam CT scanners to help them carry out assessment and treatment of complicated cases.

When considering where to refer a patient for specialist advice or treatment, it is vital that the dentist has the confidence in the specialist and knows they are referring their patients to someone who they know and trust to carry out first-class treatment for their patients. The specialist should be considered as part of the team and should be able to support the GDP in a number of ways:

- To provide diagnostic and treatment planning advice. There will be cases where the GDP is happy to undertake treatment, but requires advice on treatment planning. In such cases, it is often useful for the GDP to attend with their patient on the consultation appointment.
- Assist with part of the treatment. There will be other cases where the GDP is happy to carry out most of the treatment but requires assistance with part of the treatment plan, for example crown-lengthening surgery, endodontic treatment prior to restoration or orthodontic treatment prior to restorative treatment.
- Provide specialist treatment in cases where all of the treatment is beyond the scope of the GDP. Examples may be the provision of extensive crown and bridgework, implant treatment or multidisciplinary treatment.
- Provide opportunities for the referring GDP to visit and discuss cases personally. Most specialists will be very happy for the GDP to visit the centre to discuss planning of cases.
- Communicate regularly and keep the GDP updated with treatment progress. It is important that any GDP who sends a patient to a referral centre is kept fully updated with the progress of their patient's treatment. At the end of treatment, the patient will be referred back to the GDP for continuing care or there may be situations where shared care may be best for the patient.
- Provide training and teaching opportunities for the GDP and their team. Many referral centres will provide seminars, hands-on courses and year courses which will help develop their knowl-

The referral centre should provide the GDP with a comprehensive referral pack. This should provide the GDP with all the information they require in relation to referral of patients, details of the services provided and also a fee guide



About the author

Arshad Ali is the Clinical Director and Managing Director of the Scottish Centre for Excellence in Dentistry. He is also a part time Consultant in Restorative Dentistry at Glasgow Dental Hospital and School and an Honorary Clinical Senior Lecturer at the University of Glasgow.

SCED has recently been awarded Best Specialist Referral Practice UK at the Private Dentistry Awards in London

edge and skills, help master new techniques and allow them to treat more complex cases.

In order to make the referral process easier, the referral centre should provide the GDP with a comprehensive referral pack. This should provide the GDP with all the information they require in relation to referral of patients, details of the services provided and also a fee guide.

The referral centre should also provide the GDP with information leaflets on treatment procedures. Many GDPs prefer to refer online and this mode of referral will no doubt increase in the months and years to come.

The referral centre should provide the patient with a welcome pack explaining the consultation process and what can be expected on the first visit.

Some referral centres have agreed contracts with medical insurance providers and patients need to be made aware of this before they are referred. Some medical insurance companies do provide cover for specialist consultations and investigations and also some surgical procedures.

Many GDPs will already have a relationship with a specialist or referral centre. The best way to build a relationship is to meet with the specialist, visit the centre and discuss ways they can work together.

It is best to visit the premises as it will give the GDP a feel of how they work and the GDP can see for themselves where their patients will be going to for their treatment.

Many referral practices also have open days and it would be very useful for the GDP and their team to attend one of these open days. This is also an opportunity for you to meet the specialists.

Referral of patients to a referral centre should be complementary to a GDP's existing services. By working effectively together, everyone will benefit.

By referring cases that are beyond the scope of the GDP, it will also reduce the risk of legal claims in negligence and difficulties with the General Dental Council. ■

For further details about the services provided at the Scottish Centre for Excellence in Dentistry, visit www.scottishdentistry.com If you would like to request a referral pack or visit the centre, please contact Heather McCaffery on 0141 427 4530 or email pgc@scottishdentistry.com

For whom the bell tolls

Hatton Senior Clinical Research Prize winner David Conway was invited to speak at the Houses of Parliament on the launch of Mouth Cancer Action Month 2010. Here's what he said to the politicians...

Thank you for this opportunity to speak at the launch of Mouth Cancer Action Month 2010. On my way here I was thinking, as I heard Big Ben's bell ringing, that my research chimes with the location here in the Houses of Parliament. It also chimes with the current economic and social climate that we live in.

My research on mouth cancer inequalities is a subject that is inherently political. Our research at the University of Glasgow Dental School is focused on understanding and ultimately tackling socioeconomic inequalities in oral health.

Mouth cancer is a horrible, insidious disease. Horrible, as John Diamond – the respected journalist who so vividly documented his suffering and death from oral cancer – described it as "like being on death row".

Insidious, because it hides under the radar of public and research attention, casting a dark shadow of devastating and often fatal consequences for individuals, families, and communities, while also stretching limited healthcare resources.

The research which I am going to talk about today is a European collaborative with 14 centres across 11 countries – including our own in Glasgow; Manchester and Newcastle were the other UK centres. The research was well funded by the EU framework grant.

We studied mouth cancer alongside pharynx/throat, larynx and oesophagus/gullet – grouped together as upper aerodigestive tract cancers. Collectively, they are among the most common in the world, especially in developing countries, but increasingly in Europe and North America.

Globally there are about 550,000 cases a year, in Europe, about 180,000 cases every year and in the UK, we observe more than 10,000 cases, 1,000 in Scotland.

Socioeconomic inequalities – with the poorest bearing the greatest burden – are increasingly being recognised. In Scotland there is a two-fold greater incidence in the most deprived compared to the least deprived areas.

Traditional risk factors for mouth cancer are well known and described. There is plenty of evidence that smoking and alcohol increase risk. And there is moderate level evidence that diets low in fresh fruit and vegetables, and human papilloma virus (HPV) infection, also increase risk.

Our systematic review of the world literature has also shown definitively that low socioeconomic status by income, education and occupational social class increases risk for mouth cancer significantly. However, the components and nature of this socioeconomic risk are not well understood – with lifestyle risk factors (smoking, and alcohol) being the accepted explanation.

So, in our European study, we aimed to assess socioeconomic factors associated with upper aerodigestive tract cancer risk, both independently and through their influence on known lifestyle behaviours.

We employed a case-control study design with robust methods. This involved hour-long face-to-face interviews by trained research nurses following a detailed standardised script. We investigated full life histories of patients recently diagnosed with cancer and the control group were recruited to the study matched on age and sex only – in that they were broadly identical, but didn't have cancer.

Data collected included demographics, full-time occupation history, very detailed information on smoking, alcohol and diet behaviours.

Socioeconomic status was measured in several ways: education, occupational social class and unemployment experience.

We managed to recruit large numbers due to the multi-centre collaboration and the good funding arrangements. Some 2,200 people with cancer and a similar number of controls participated – making this the largest study of its kind in the world. More than half the cases were those with mouth cancer.

What were our findings?

- low occupational social class – manual workers – had a 50 per cent increase risk relative to non-manual workers.
- unemployed experience conferred a 60 per cent increase risk
- low educational attainment

gave a near two-fold increase risk.

However, when we took into account how much of these differences were explained by alcohol, smoking and diet, significance was diminished in all but education, with education conferring a 30 per cent increase risk independent of lifestyle. This finding was consistent for all cancer subsites – including mouth cancer. It was more prominent in UK and northern and eastern European centres compared to central and southern European centres.

We also found, from the life course of occupational histories, that downward social mobility or being consistently in lower socioeconomic group, relative to a life-time in a higher socioeconomic group gave an increased risk.

So, the explanation for our findings boil down to two pathways: the 'cause of the cause' explanation – with low socioeconomic circumstances influencing behaviour – and we have seen this; and the more 'direct/fundamental' effects of socioeconomic status, and we have observed this also.

What was interesting was that low educational attainment was the strongest socioeconomic risk factor. The explanations for this have yet to be fully unbundled, but education potentially:

- reflects childhood socioeconomic circumstances
- influences position in society, social networks and income
- affects access to healthcare services, health information and uptake
- determines values, attitudes, cognitive decision-making, and risky behaviours.

We must also reflect that smoking and alcohol are socially patterned and have been described as social justice issues.

While one could argue that smokers in a sense choose to smoke, we know that this choice is effected by the unequal social circumstances in which they are made. Analysis of the literature reveals important factors such as:

Above: David (right) with Ralph Goodson of Heads2gether Patient Support Group

- advertising targeted to more deprived areas and groups
- unequal dissemination of smoking information and availability of smoking cessation services
- social stresses, cultural differences and norms.

In conclusion, our study found:

- socioeconomic inequalities in mouth cancer risk are not totally explained by lifestyle risk
- education is the most powerful of the socioeconomic factors
- further investigation into underlying biological processes is required, including the role of psychosocial stress.

Finally, if I may, and given our location at the heart of political decision making, I would like to extend our research findings into some potential implications for policy and practice :

1 We need upstream action – by that I mean efforts to address the underlying socioeconomic determinants are required if we are to really tackle health inequalities. The ongoing debate about the fairness (or otherwise) of the public sector cuts in the recent comprehensive spending review highlights some acknowledgment of this. The Marmot Review into tackling health inequalities needs to be implemented, but it looks like it may be ignored just as the Black Report was nearly 30 years ago.
2 Maintaining education – as a, if not the, top governmental priority – is essential, particularly in these times.
3 Public health and preventive programmes or behavioural risk factors need to more explicitly acknowledge and be designed to take into account socioeconomic circumstances.
4 Rather than target interventions to deprived communities, activities and services should be developed with communities as full partners.
5 And finally, health services need to further shift from a treatment to a preventive focus.

In these regards, there remains some uncertainty about which direction policy is going with the coalition government. Health inequalities were conspicuous by their absence from the initial coalition agreement.

Health and wellbeing inequalities seem to be lost from the discourse around the government's spending review – where I would argue that the impact of the cuts should be viewed through this lens and health inequalities' impact assessed. Moreover, health inequalities seem sidelined in the NHS White Paper.

We need to follow the Dental Health Foundation's lead with shifting from Mouth Cancer Awareness to Mouth Cancer Action Month – we need more action.

And for all the politicians here, I leave you with a quote from George Orwell's *The Road to Wigan Pier*, which I believe encapsulates the will required to tackle inequalities in health, including those we observe for mouth cancer :

"Economic injustice will stop the moment we want it to stop and no sooner, and if we genuinely want it to stop, the method adopted hardly matters." ■

David Conway is a Clinical Senior Lecturer in Dental Public Health at the University of Glasgow Dental School

First impressions count for Blackhills

Upgrade. It doesn't have to take a complete overhaul to change the feel of an important space,as this project shows

The waiting and reception area

A little over three years after opening their doors in Aberuthven, Perthshire, the team at Blackhills Clinic decided the time was right to revamp the waiting and reception areas.

Clinic Manager, Trudie Imrie said: "When we moved in the areas gave a feeling of open space and comfort and we bought in the furniture ourselves to reflect this.

"However, the waiting area, as well as being for our customers, was now being used for educational meetings. The furniture we purchased originally, while being functional and comfortable, was not easy to move around and after three years it had become a little 'tired' looking."

After seeing previous examples of their work in *Scottish Dental magazine* Trudie, along with the practice's clinical directors Paul Stone and Ken Watkins, decided to contact Farahbod Nakhaei and Homan Varghaei of NV Design and Construction. They were tasked with reinvigorating a bright open space and incorporating the practice colour scheme and identity into the design.

The waiting and reception desk area was already spacious with a double-height window facing the front of the building but, as Trudie explained: "Previously, it was neutral and comfortable but not very contemporary and we wanted to freshen it up and bring to the forefront our brand image."

Farahbod takes up the story: "We were tasked with coming up with the ideas for reinvigorating the space and make it a more interesting space to move through. They mentioned that at certain times of the day the sun comes through the big two-storey window and shines on the waiting area and the reception desk. They wanted to make the most of that.

"So, we came up with the idea of using the wall next to reception as a feature wall and take advantage of the light coming from the sun."

Farahbod designed a green glass feature wall next to the reception desk incorporating the practice logo and opposite the reception desk they installed a glass partition to separate the two areas, but keep the sense of space and light. The new partition also has the added benefit of providing patients with an extra level of privacy when they are discussing treatments at the desk.

As the waiting area also accommodated the practice's education evenings for dentists the furniture needed to be modern, comfortable and practical, to replace the older more cumbersome furniture they had previously.

Farahbod continued: "Quite often it is the small details that can make all the difference and this attention to detail is important in waiting and reception areas. So, rather than having numerous pieces of furniture and fittings serving different functions, such as bins, fridges, display cabinets, etc, we designed a single unit which houses all these disparate elements into a single piece of fixed furniture. This has freed up space and created a more coordinated arrangement within the seating area, reinforcing and better reflecting the Blackhill's passion for creating a quality environment for their patients."

And the effect of the changes hasn't gone unnoticed, as Trudie said: "It is just excellent, we are so pleased with it. We've had positive comments from both patients and other dentists.

"First impressions are very important; it is a top priority for us. You only get one chance to put across that first look at the image and the style of the practice." ■

How the new dentistry regulations affect you

Update. The impact on practices of recent amendments

Regulations update

On 24 September 2010, the Scottish Government released a memo notifying NHS boards of further amendments to the new NHS dentistry regulations. These revisions were made after our comments in the August/September 2010 issue of this magazine, which covered the impact of these new regulations on NHS practitioners operating their practice as a Dental Body Corporate.

We have reviewed the new guidance and our opinion remains the same as previously set out: due to changes in the way NHS practitioners register on the NHS dental list, practitioners registered as a Dental Body Corporate (DBC) lose entitlement to income under several determinations as set out in the Statement of Dental Remuneration. These include vocational training allowances, grants, seniority payments, long-term sickness payments and maternity leave payments.

The new guidance does, however, clarify the issue of multiple list registrations where practitioners serve different patients in different practices – it is possible to be registered on the first list and the second list if one treats patients via a DBC and also as a sole-practitioner.

We do not believe there is a cost-effective way in which this could be taken advantage of to retain full entitlement to grants and allowances while trading as a Dental Body Corporate and benefiting from the favourable tax rates companies pay in comparison to individuals via income tax.

Patients must be registered with one practice only and the choice must be made whether this is the practitioner as an individual, or via his or her company.

A possibility may be to split your patient book by registering some with your DBC, and the remainder with you as an individual. The patients would appear on one practice list only, but entitlement to grants and allowances is reopened. However, this would also mean more complex administration work and the preparation of two sets of financial statements (one for the unincorporated practice and another for the company).

Right: Stephen Neville, Partner, Martin Aitken & Co

Tax update

More than four months have passed since the new chancellor delivered the emergency budget. Among the measures announced were some key revisions to the tax system, both positive and negative.

The personal tax-free allowance for income tax will be increased by £1,000 up to £7,475 from 6 April next year, with a target of £10,000 by the end of 2015. However, there will be no benefit for higher-rate taxpayers because the starting point of the higher-rate tax band will be reduced accordingly.

The bad news for higher-rate taxpayers continues: the rate of capital gains tax increased from 18 per cent to 28 per cent commencing midnight on the day the emergency budget was delivered. The positive, however, is the first £5 million of gains, if applicable for entrepreneurs relief, is only taxed at 10 per cent. The lifetime limit was previously £2 million, so this is good news for people in business who may have capital gains over their lifetime at this level.

The employers' rate of national insurance (NI) has been increased by 1 per cent, bringing the rate to a total of 13.8 per cent from April 2011. To compensate employers for the effects of this increase, the threshold at which employees' earnings start to be taxed will be increased by £21 per week above inflation, also from April 2011.

A positive provision in the emergency budget for new practices is the regional employer NI contribution holiday. The revenue will waive the employer's NI contributions for the first ten employees in a new business, to a maximum of £5,000 per employee. This applies to new businesses for the period from 22 June 2010 to 5 September 2013.

Employer's NI is an additional cost that each business must bear. Therefore, the above concession represents a reasonable saving for a new business.

This saving is only available for new practices, however, and the practice must be based in an eligible area. The whole of Scotland is eligible. If you commence trading as a practitioner for the first time during the eligible period of 22 June 2010 to 5 September 2013, you are classified as a new business for the purpose of these rules.

Opening a new practice as part of an existing chain is merely an extension of an existing business and this would be ineligible for relief. There are also a number of anti-avoidance rules to stop claims, which the revenue considers to be against the spirit of the new concession. ■

"A possibility may be to split your patient book by registering some with your Dental Body Corporate and the remainder with you as an individual"

Stephen Neville

Stephen Neville is a Partner at Martin Aitken & Co and has advised many dentist clients, including in the NHS and private sectors, for more than 20 years. Stephen can be contacted at scn@maco.co.uk and on 0141 272 0000. Visit www.maco.co.uk

This is our understanding of the law at this time and we advise you to seek professional advice prior to taking any actions based on the above. This article is not intended as professional advice – it is for information purposes only.

Act quickly to beat the VAT increase

The seemingly never ending stream of bad news regarding the economy and gloomy predictions are undoubtedly causing businesses to look closely at any capital expenditure.

A natural reaction, and with the year-end fast approaching, is that some may be postponing any purchases until a clearer picture emerges. This will, however, mean that a purchase made next year will attract the new increased standard rate of 20 per cent for VAT, from 4 January 2011.

On a £10,000 purchase, this equates to an additional cost of £250 – not huge, but better in your pocket than that of HM Revenue & Customs.

Making a purchase simply to save tax is never good practice, but if the purchase is planned and required, it would make sense to bring this forward to 2010. But hurry, as suppliers will be low on stock at this time of the year and HMRC have made it clear that they will take a dim view on any sharp practice as they see it where invoices have been provided at the 17.5 per cent rate for deliveries which will knowingly take place at some unspecified date in the future.

If you are considering a purchase, there is also some good news on the tax front. Up to £100,000 of capital expenditure may qualify for 100 per cent tax relief in the year of purchase. This is the annual investment allowance and will substantially reduce your tax liability for your current tax year. This annual investment allowance incidentally reduces to £25,000 from April 2012 so this should be factored into next year's spending plans as well.

Speaking of tax, 31 January 2011 is a date viewed by many businesses with a degree of trepidation as it is the deadline for income tax to be paid. With December often a poor month in terms of cash flow, this can cause temporary difficulties for many practices. There may also be a reluctance to approach your bank to extend facilities.

Above: David Foster, Managing Director, Braemar Finance

Braemar Finance can provide tax loans over a short term – usually six to 12 months – to assist with practice cash flow. They are quick and simple to arrange and may well prevent any penalties that HMRC will levy for late payments of your tax liability.

Paying tax is unavoidable, but by maximising available tax relief, and taking advantage of the current rate of VAT, you can take comfort in the fact that you are minimising your personal contribution to the Government budget deficit. ■

For more information on Braemar Finance, phone 01563 852100, fax 01563 852111 or email info@braemarfinance.co.uk

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Your Dental Plan Provider

Thought about a plan?

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Practice Plan boost for Bridge2Aid

CHARITY SUPPORT

With charity incomes under increasing pressure in the midst of the current economic climate, new sources of income are becoming more important. Many charities are receiving a welcome funding injection from commercial partnerships where companies donate a percentage of what they receive from new business to charity.

To this end, dental plan provider Practice Plan has decided to build on its support of Bridge2Aid over the past four years by offering just such a funding stream to the charity.

For dentists that may require the services of Practice Plan, Bridge2Aid is delighted to announce that it will receive a donation for any dental practices that mention Bridge2Aid when contacting Practice Plan

for a patient membership plan. The donation is based on the number of patients that convert to a private patient membership plan and is offered to Bridge2Aid at no additional cost to the patient or the dentist.

Bridge2Aid Chief Executive Mark Topley said: "Practice Plan's support over the past four years has made a huge difference to what we have been able to achieve in Tanzania. Its team's work at Bukumbi Care Centre with the disabled community and people affected by leprosy was invaluable, as well as their sponsorship of some of our community development staff.

"This new commercial partnership offers great benefits to Bridge2Aid at a time when all charities are looking for new funding streams. At Bridge2Aid we are grateful for how our supporters' continuing donations have helped us to keep growing our services at a time when finances are under extreme pressure. I am delighted that we can look forward to funding from this partnership if people decide that Practice Plan is the right choice for them, and mention Bridge2Aid in the process."

Practice Plan Managing Director Nick Dilworth said: "We are constantly looking at innovative ways of making a difference with the various charities that we support.

"Over the past four years we have been fortunate to share a number of experiences in support of Bridge2Aid.

"We are really pleased to be associated with Bridge2Aid in this new arrangement which will make another small difference to the plight of those less fortunate in Tanzania." ■

For information on Bridge2Aid visit www.bridge2aid.org, to find out more about Practice Plan head to www.practiceplan.co.uk

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THE SUNDAY TIMES 100 BEST SMALL COMPANIES TO WORK FOR 2010

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INVESTOR IN PEOPLE

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supporting the business of dentistry

A 21st-century private practice

Denplan's Michael Rudman looks at the benefits of investing in the latest systems and technology

There's more to running a successful practice than flashy gadgets – in fact, up to 30 per cent of dental practices in the UK still have no computerisation at all. However, keeping up to date with 21st-century technology can not only help you attract new patients, but also help your business thrive. The following tips are designed to give you an idea of where to start.

Websites

Having a website is one of today's most important yet inexpensive advertising tools. The best websites are visually appealing, informative, inviting and regularly updated, so invest in a good basic design and the rest can be done in-house. Most dental practice websites are outsourced to a specialist provider for design and support and this can be an easy and efficient way to achieve an internet presence.

Mobile phones

More than 40 million people in the UK own a mobile phone and for the forward-thinking dental practice, its simplest application can be its greatest asset. By reminding patients of their forthcoming appointments via text message, you can save thousands of pounds in lost revenue. These can even be sent automatically on a daily basis, as part of a practice management software system.

Computerised records

Storing computerised patient records not only eliminates the need for hundreds of patient folders, it also opens up a world of marketing opportunities and time-saving measures. A couple of clicks is all it takes to make, cancel or amend appointments and, with patient information at your fingertips, you can develop even better relationships by noting birthdays, applauding special milestones for children or recognising nervous patients.

Speculate to accumulate

All these ideas are all very well and good, but in the current financial climate, you may be wary of making expensive changes to your practice. However, Practiceworks (sole suppliers of the Kodak R4 system) indicate that a two-surgery practice could have a basic networking system installed from under £10,000, while with digital imaging and other innovations, you could be looking at closer to £25,000. With a little effort to make the best use of the new technology, Practiceworks estimates that most practices will cover the cost of such an investment within 12 months.

Installation and training can usually be done in three days, with the practice being closed for a maximum of just one day. Additional training can be delivered at any time and some payment plan providers offer a range of verifiable CPD courses to help integrate your team into new systems or ways of working.

Some also offer a wealth of services, including the ability to share patient information to ensure your records are always up to date and a wide range of professional and personal discounts.

Social media

If your practice already has the basics, you're probably a convert already, so what else is out there that could make your dental practice stand out from the crowd? Social networking sites such as blogs, Facebook and Twitter can not only allow you to share all your latest news and information with colleagues and patients, but also the real-time nature of online updates can cause a real buzz and interest in what you have to say.

You can set most up in minutes and it's a great way of updating your patients and colleagues on your latest practice news, events, services and products. And the best thing is most social networking sites are completely free!

So, if it's time for an injection of technology, my advice would be to consult the experts and take that leap to bring your practice into the 21st century. ■

About the Author

Michael Rudman is Dental Strategy Manager at Denplan. With more than 11 years' experience providing marketing advice and solutions to small businesses, Michael has been focusing on Denplan products for four years to not only develop its offering for practices, but also expand its online communications strategy.

Michael Rudman

Plans managed better

Isoplan is one step ahead in developing perfect plans for practice needs

At Isoplan, we offer a wide variety of plans, including maintenance, capitation and children's plans.

Your local Business Development Consultant will be on hand at every stage of the process and will help you to choose the best type of plan to suit your needs.

We don't charge a set-up fee and will help you calculate the correct cost for your plan as well as assisting you with all aspects of marketing the plan from brochure and posters to a website for your practice.

At Isoplan, we don't only offer to construct the perfect practice plan for your practice, but much more besides. We like to keep one step ahead and help our practices obtain best practice standards at all times.

This is why we offer our Practice Management System (PMS). Many of Isoplan's practices in England are currently taking advantage of our PMS to assist with upcoming Care Quality Commission guidelines. While this is not imminent in Scotland, it would be a worthwhile exercise to ensure that your practice is compliant with these guidelines for the future.

Our new and improved PMS has recently been revamped and made more accessible through a flash drive and loose-leaf folder for ease of use. The PMS is available for a nominal fee to Isoplan practices.

We have also included an in-depth health and safety section along with a helpline for enquiries. The management system will give you clear guidance and provide you with step-by-step procedures, forms and templates. It allows you to edit the existing content to tailor it to your practice needs, including adding your own documents.

Our new and improved PMS has recently been revamped and made more accessible... The PMS is available for a nominal fee to Isoplan practices

Your completed records such as employment contracts, job descriptions, training records etc are simply printed off and put into your folder. With regular updates and IT support included, it is a must for forward thinking practices wishing to be at the forefront of managing their practice. ■

Call our head office on 0845 123 5228 for more details.

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Get the perfect balance.

Are you a practice-owning dentist who would like to spend more time caring for fewer, more profitable patients, while still offering NHS treatment in the practice? Do your NHS patients ever opt for additional or alternative treatment privately?

We can help. Denplan are the experts at maximising business success and can support you in offering your patients the best possible care.

We can help you give your patients options: stay with you on a private basis with a flexible payment plan, or be treated under the NHS by your Associate. This enables the practice to offer NHS treatment, while enjoying the financial rewards of a reliable private patient base.

Get the following benefits with Denplan:

- A predictable, regular income
- Maximised earning potential
- Security of loyal patients who attend regularly
- Networking opportunities with like-minded professionals
- Marketing and business support with bespoke marketing materials and financial plans
- Practical support with cross infection control and Local Decontamination Units
- Verifiable CPD training for you and your team
- More time to run your practice and a better work/life balance

To find out more about how this can help you and your practice, call a Practice Support Advisor on **0800 169 9962**.

Denplan
At the heart of dental care

CAM343 09-10

Denplan Limited, Denplan Court, Victoria Road, Winchester, SO23 7RG, UK. Tel: +44 (0) 1962 828000. Fax: +44 (0) 1962 840846. Email: denplan@denplan.co.uk Registered in England No. 1981238. Registered address 5 Old Broad Street, London, EC2N 1AD, UK. Lines are open 8.30am to 5.30pm Monday to Thursday and 8.30am to 4.30pm Friday. We may record and/or monitor calls.

You may have spoken to other plan providers. They may have convinced you that they could save you a few pence per patient, per month.

At The Dental Plan we think that approach is very short sighted. And we should know. As a company that was set-up and is run by dentists, we know that it will take more than a few extra pennies to make your life richer. A well run, profitable, patient focused practice is the most enriching feeling of all.

Don't be misled by our name. While a dental payment plan is important in the long term profitability and value of your practice, it's not all we do! With our partners at 'The Dental Business Academy' we can introduce systems that include all the processes and procedures to make your practice run more smoothly and profitably. We also offer consultancy on all areas of running the ultimate dental practice.

You may already know some of the team. And if you don't, you're sure to know some of the new team members joining us soon in areas all across the U.K.

So why not give us a call to find out how we can help your business? We're not just a dental plan, we're **THE** Dental Plan.

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E: info@thedentalplan.co.uk

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Report aims to boost domiciliary care visits

A report that highlights the decline in domiciliary care visits by GDPs has been launched by the Scottish Dental Needs Assessment Programme (SDNAP).

The number of domiciliary dental care visits among GDPs has halved in the last ten years, down from 30,712 in 2000 to 13,771 in 2008. The SDNAP working group looked at the provision of domiciliary dental care in Scotland, identified gaps in the service and made recommendations for the future.

Euan Thomson, the GDP on the working group, said: "There are a number of reasons for the fall in visits from GDPs with two of the main ones being level of financial remuneration and lack of adequate equipment.

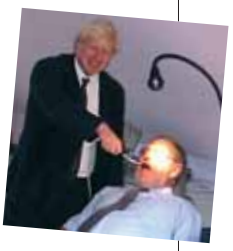
Above: (l-r) Working group members Tracey Welbury, Euan Thomson, Derek Richards, Maura Edwards, Petrina Sweeney and Karen Gordon

"A proposal in this report is to pay GDPs a sessional rate for visits and make grants available for specialised equipment."

The `Domiciliary Dental Care Needs Assessment Report` was produced alongside `Caring for Smiles` – a guide for trainers to deliver oral care in care homes.

For more information on SDNAP and its reports, visit

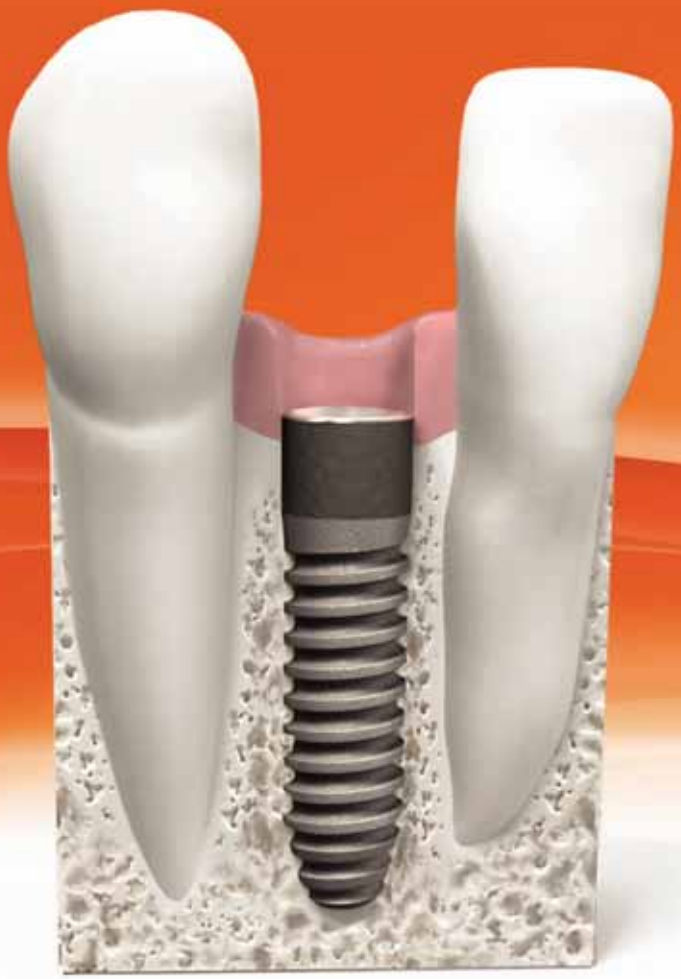
Siggi goes forth with dental unit



After 25 years working with DentalMan and Lysta promoting their mobile dental units in the UK, Siggi Jokumsen (above with good friend Boris Johnson) has set out on his own.

Through his new company, Newcodent, Siggi has developed a complete portable dental unit that is lightweight and includes a wide range of instrumentation.

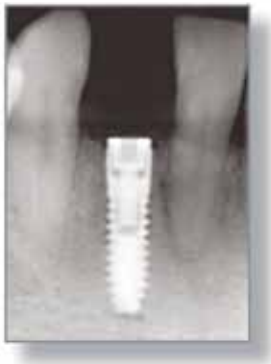
For more information, please call Newcodent Ltd on 01844 213399 or visit www.newcodent.com



Treat small spaces with confidence

Laser-Lok 3.0 placed in aesthetic zone.

Image courtesy of Michael Reddy, DDS



Radiograph shows proper implant spacing in limited site.

Image courtesy of Cary Shapoff, DDS

Introducing the Laser-Lok® 3.0 implant

Laser-Lok 3.0 is the first 3mm implant that incorporates Laser-Lok technology to create a biologic seal and maintain crestal bone on the implant collar[1]. Designed specifically for limited spaces in the aesthetic zone, the Laser-Lok 3.0 comes with a broad array of prosthetic options making it the perfect choice for high profile cases.

- Two-piece 3mm design offers restorative flexibility in narrow spaces
- Implant design is more than 20% stronger than competitor implant[2]
- 3mm threadform shown to be effective when immediately loaded[3]
- Laser-Lok microchannels create a physical connective tissue attachment (unlike Sharpey fibers) [4]

For more information, contact BioHorizons Customer Care: +44 (0)1344 752560 or visit us online at www.biohorizons.com

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1. Radiographic Analysis of Crestal Bone Levels on Laser-Lok Collar Dental Implants. CA Shapoff, B Lahey, PA Wasserlauf, DM Kim, UPRD, Vol 30, No 2, 2010.
2. Implant strength & fatigue testing done in accordance with ISO standard 14801.
3. Initial clinical efficacy of 3-mm implants immediately placed into function in conditions of limited spacing. Reddy MS, O'Neal SJ, Haigh S, Aponte-Wesson R, Geurs NC. Int J Oral Maxillofac Implants. 2008 Mar-Apr;23(2):281–288.
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SPMP10109 REV D SEP 2010

Keith McFarlane looks back at how one course proved to be the best investment he ever made

Meeting the demands of a mixed dental practice

As I stepped into Dr Paul Tipton's lecture room for the first time I didn't really know what to expect. I'd heard a lot about Paul's courses through friends who either knew somebody who had benefited from the course or who had read his articles in the dental press. So, I felt at ease knowing that both he and the course came highly recommended.

I was about six years qualified when I joined the Tipton Training Restorative Course. I was a relatively new VDP trainer at the time and had just moved to a new dental practice. After just a few months at this new practice, I could see that there was demand to deliver more complex cases than I had been used to. Slightly overwhelmed, I decided it was time to further my skills and knowledge. So, I signed myself up for a place on Tipton Training's One Year Restorative course. My friend had been on the same course the previous year and said it had been really helpful in bridging the gap between VT training and working full-time in a mixed practice, building practically on what we had already learnt in dental school, but with a real commercial edge.

After a brief introduction and meet and greet, Paul and his faculty quickly got the course off to a great start. We got stuck straight into exploring the topic of occlusion. Even though it was a topic I felt familiar with, I remember being surprised to leave that day feeling I had just been presented with a mound full of new insights and knowledge... and this was just the first day!

As the course progressed I could see the positive impact it was having on the way I worked, by improving my standards. Even minor changes were having an impact. For instance, by making small changes in my restorative techniques I found I was able to reduce post-op sensitivity. That meant I could reduce the chance of problems for patients and me occurring after treatment.

I started to feel much more confident and began implementing the new skills into my work. I became accustomed with new impression and temporisation techniques. These allowed me to strive for better results. I realised the importance of communication and impression quality for improving the results from my technician. It was then I began to realise my potential.

One of the best elements of the course was Paul's personal input. By the end of the course I had built up a bank of knowledge from all the tips and techniques that he had described and demonstrated throughout the course. What was great is that all of these could easily fit into my working practice, so I didn't need to alter the way I did things or learn new skills to see positive results.

By picking and choosing the elements that worked best for me I could see that I was able to make my patients even just that little bit better instantly. Consequently, I achieved better results more consistently and had happier patients.

"I realised the importance of communication and impression quality for improving the results from my technician. It was then I began to realise my potential"

The helpful structure of the course was instrumental in guiding my learning. The mix of theory and practical allowed me to strike a perfect balance between understanding and performing. The practicals were a great way to see the theory come to life and really challenged me to consider why I was performing each step, what the most appropriate choice was, and why a certain treatment plan might be more suitable for a case.

All the information given to us was backed up by theory and scientific studies, which gave me the confidence when discussing treatment with patients and colleagues. Having this extra confidence enabled me to demonstrate my knowledge and capabilities more effectively in the workplace and allowed me to take on more complex work. I was able to start charging more for my work, which really opened my eyes to what was possible. It was gradually becoming the most profitable and successful investment I had ever made!

The change to a new practice with more private work was a slow progression, but the course really helped speed things along and ease my transition. I am really pleased I did the course when I was younger as it definitely changed the way I looked at dentistry. As a VDP trainer, even now, I refer to the same studies and literature that Dr Tipton introduced me to. ■

Keith McFarlane completed Tipton Training's Restorative Level 1 and Level 2 (Phantom Head) Courses in 2004 and 2008.

Just inspired dentistry

Inspired Dental Courses provides 'must attend' aesthetic-restoration sessions

A hands-on aesthetic-restorative course – promising top quality education at affordable prices – is being hailed as a 'must-attend' for dentists in 2011.

Inspired Dental Courses has brought together some of the top clinical lecturers and teachers from around the globe, including David Winkler (pictured), Raymond Bertolotti, Gary Unterbrink, Phil Wander, David Bloom, Michael Miyasaki, Zaki Kanaan, Amarjit Gill and Laura Frost.

And this course promises to teach every GDP attending key practical skills, which can be implemented in practice the very next day.

Clinical Director and Course Lecturer David Winkler said: "We are giving people access to a education at a price point that's not prohibitive. We want to bring in quality people who have a passion for fields of interest and are enthusiastic about imparting this knowledge to their colleagues.

"We feel general dentists are tired of show-and-tell lectures and, since we're all wet-fingered clinicians, we aim to provide a whole host of excellent hands-on sessions connected to a myriad of topics."

Topics covered include:

- Treatment planning/ diagnostics
- Setting goals/informed consent and dento-legal matters
- Smile design and digital photography (hands-on)
- The business of dentistry
- Facial analysis (hands-on)
- Tooth set up and diagnostics wax-ups/provisionals
- Simple ortho for the GDP (hands-on)
- Endodontics for the GDP (hands-on)
- Basic perio surgery for the GDP (hands-on with pigs' heads)
- Impressions
- Failure festival and many more.

The 12-day course – supported by Discus Dental – takes place across six months throughout 2011 (from April until October) and takes place at the London Dental Education Centre near Waterloo mainline station in London.

It offers 84 hours of verifiable CPD and costs only £315 per day – or £280 per day if the course is paid for in advance. ■

Venue is LonDEC King's College, London, SE1. To reserve a place or speak to one of the clinical team, call 01923 851 574.

Inspired
dental courses

The aesthetic-restorative hands-on course for the GDP.

This course will give you practical skills that you can implement in practice the very next day.

Topics covered in this course:

- Treatment planning/Diagnostics
- Setting Goals/informed consent & dento legal
- Smile Design & Digital Photography (Hands-on)
- Facial Analysis (Hands-on)
- Tooth set up & diagnostic waxups/provisionals
- The business of dentistry
- Simple Ortho for the GDP (Hands-on)
- Impressions
- Functional Occlusion for Aesthetic Dentistry 1
- Functional Occlusion for Aesthetic Dentistry 2 (hands on)
- Bonding
- Aesthetic Adhesive Restorations
- Anterior direct composites (Hands-on)
- Posterior direct composites (Hands-on)
- Indirect restorations & Cementation
- Crown preparations (Hands on)
- Veneer preparations and aesthetic smiles (Hands on)
- Endodontics for the GDP (Hands-on)
- Removable Prosthodontics
- Mini Implants and denture stabilisation (hands on)
- Basic Perio Surgery for the GDP (hands on with pigs heads)
- Oral surgery for the GDP (hands on with implants)
- Failure Festival
- How to implement the teaching into practice

84 hours of verifiable CPD upon completion of the course

We have brought together the best lecturers from the UK and around the World to deliver a course that is second to none at a price you can afford.

Only £315 per day or £280 per day (if course paid for in advance)

This is a 12 day course delivered over 6 months in two day modules.

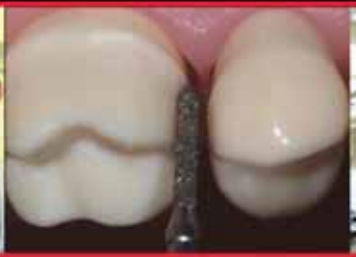
LonDEC Kings College, London, SE1. Beginning April 2011.

Dates

- Saturday 9th - Sunday 10th April 2011
- Friday 20th - Saturday 21st May 2011
- Friday 15th - Saturday 16th July 2011
- Friday 5th - Saturday 6th August 2011
- Friday 30th September & Saturday 1st October 2011
- Saturday 29th - Sunday 30th October 2011

To reserve your place or speak to one of our clinical team call: **01923 851 574**





Eschmann delivers nationwide state-of-the-art decon room facilities

Dr Harj Basra, from Station House Dental Practice in Telford, discusses how he planned and implemented the very latest, state-of-the-art decontamination room from Eschmann, in order to meet with HTM 01-05 guidelines and become compliant with 'best practice' standards

In March 2009, Harj contacted five different decon specialists in the marketplace to discuss his plans for extending his practice to incorporate a new decon room. Having carried out some investigative work into their credentials, quality of service, customer support and product specs, he decided to have a second meeting with Martin Loftus from Eschmann.

According to Harj, his meeting with Martin gave him an astonishing insight into Eschmann's immense knowledge within this area of dentistry. Harj said: "Unlike other specialist consultant companies, Martin really understood what we were trying to achieve and knew how to implement the entire process so that my team and I did not have to concern ourselves with any issues regarding the planning and construction of our proposed project.

"Martin and I arranged for Eschmann's surveyors to visit my architects and practice to inspect the internal supplies and services required to create the perfect environment for our new facilities. I remember now that Eschmann still hadn't charged any deposit for their expertise to date and that Martin was due a return visit to me with his own plans for my practice, based on the architect's drawings.

Prior to delivering plans for a decon room, Harj had already spoken to his head dental nurses to identify usage levels and exactly which types of equipment would fulfil their criteria. Both Sara Dixon and Sophie Davies were consulted throughout the entire process and they also provided vital information on the cleanliness of the handpieces, together with the benefits and features of other types of products that would support their everyday roles within the new 'clean' environment.

Once the surveyor had visited Station House Dental practice, Martin returned to provide the costs and options required to fulfil Harj's plans, together with the information provided by the head dental nurses and Practice Manager Aisling Perkins.

Following his second meeting

Above: (l-r) Aisling, Martin, Harj and nurses Sara and Sophie
Left: The decon room in action

with Martin, Harj decided to specify Eschmann's unique Decon360 solution in order to meet the highest possible standards attainable. During this visit, Harj selected DuPont Corian worksurfaces throughout; non-splashback sinks, an illuminated magnifier to survey cleanliness, an air tight pouch sealer, two washer/disinfectors, three new autoclaves coupled with 'brilliant white' cabinets and 'clean' white cupboards with the wording 'clean' written in relief and contoured into the surface area of the units.

With every area under extreme scrutiny, no detail was left unplanned and every additional item that the Decon360 range has to offer was equally specified.

Benefits of an Eschmann Decon360 room

Creating a system of cross-infection control provides an overall standardised process for the dental team to work with. The benefits this provides for the principal is markedly noticeable. Because there is no autoclave in every surgery, handpieces are easier to locate for all members of the practice as they are now stored in only one area.

Each handpiece or dental tool is also easier to locate by size as each draw or airtight pouch is marked with the contents. Furthermore, each surgery can be equipped with more treatment zones where space has been freed up by the autoclaves and washer/ disinfectors. Every Decon360 room solution is supported by Eschmann who ensures that staff are provided with tailored training to suit the practice requirements. This includes practical advice and user training on all the latest regulations to ensure that every practice is complying with HTM 01-05.

The overall experience

In Harj Basra's experience, Eschmann has created a business model with the Decon360 solution that harvests the personal touch. During his experience of the Decon installation, he was keen to point out that the whole process was "stress-free". He continued: "I thoroughly enjoyed the confidence I experienced through working with Eschmann."

Since gaining compliance with his contemporary decontamination room, the practice has been able to standardise all instruments, consulting with all associates and hygienists to make sure that they have the appropriate instruments within their own personal packs.

Harj is now enjoying a smoother balance between the clinical running of his practice and the compliant issues that he faced prior to gaining his own Decon360 solution. ■

Contact Eschmann today on 01903 875 787 or email ic.sales@eschmann.co.uk Alternatively visit our website at www.eschmann.co.uk/decon360

Scottish dentist makes the grade

The BACD would like to congratulate Dr Elaine Halley for becoming the first Scottish dentist to achieve BACD Accreditation.

Open to full members, BACD Accreditation is a rigorous two-stage process that illustrates to peers and patients alike that a technician or practitioner has achieved a level of excellence with regard to their cosmetic dental skills. Anyone attempting to obtain BACD Accreditation must demonstrate their ability to diagnose, plan and execute cosmetic treatment to the highest standards, and show that this can be performed safely, ethically and competently.

Currently, there are only a handful of clinicians country-wide who have managed to attain this prestigious award, making Dr Halley's achievement all the more exceptional.

To acknowledge her achievement, Elaine will receive a BACD Accredited Member's plaque to hang on her wall, confirming that the quality of her clinical skills has been independently verified.

For more information on the accreditation process or BACD membership, contact Suzy Rowlands on 0207 612 4166 or email info@bacd.com

LittleSister

Why take a chance when you can enjoy complete confidence with the new Little Sister SHS800 **handpiece specific autoclave.**

NEW

Full HTM 01-05 validation and commissioning included as standard

SHS 800
Fast Handpiece Steriliser
£3195.00 ...or
£94.99 per month*

Offering unrivalled performance, the Little Sister SHS800 is dedicated specifically to the task for which it has been designed, without risk of compromise.

Sterilising up to eight headpieces in an average of just 8 minutes, the SHS800 autoclave allows you to easily manage your handpiece inventory when using a washer disinfector.

Save £500 when you buy the Total Handpiece Care System

Together, the SHS800 and HCS300 handpiece care system provide the perfect solution for the rapid cleaning, lubricating and sterilisation of handpieces, without the risks and costs of an all-in-one system.

BUNDLE PRICE **£4495.00** ...or **£124.99** per month*

* LeasePlan60 monthly finance includes full warranty and service cover for the duration of the agreement. Lease rates quoted for business purposes only

Prices valid to 31st December 2010
Price excl. Carriage and VAT

To achieve Total Handpiece Care call EschmannDirect on: 01903 875787
ic.sales@eschmann.co.uk | www.eschmann.co.uk

LittleSister from EschmannDirect

ESCHMANN
SIBK GROUP

* HCS 300 includes three handpiece couplings – 2 x multiflex, 1x E Type, 6 x cleaning/lubricant spray cans and absorption pads. HS 800 includes 1x mesh basket for up to 8 handpiece

NobelReplace – for a more comfortable procedure

NobelBiocare's unique NobelReplace implant system enables practitioners to offer their patients the very best treatment while reducing pain and minimising chair time.

Developed by Nobel Biocare, world leaders in the manufacture of dental implants, NobelReplace is a user-friendly system boasting numerous prosthetic options. A favourite among surgeons and clinicians alike, NobelReplace is able to fulfil all aesthetic and biological expectations.

As well as ensuring that the patient spends as little time in the chair as possible, the implants also feature their very own surface, TiUnite, which is scientifically proven to aid the healing process and encourage implant stability for long lasting results and improved patient comfort.

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

NobelActive: for a secure fit

Increasing numbers of practices are offering implant treatments meaning that implantologists have to go the extra mile.

Nobel Biocare, world leader in evidence-based dental solutions, offers the more experienced user excellent results with NobelActive.

Providing accurate placements with minimal pain and invasion, the NobelActive implant system is built around a unique design that helps it provide speed, simplicity and ease of use. Instead of cutting, the implant gently compresses into the bone.

The implant has undergone stringent clinical testing and results from the one-year, cumulative survival rate for a NobelActive implant show that 96.5 per cent of implants placed survived.

For more details, contact Nobel Biocare on 0 208 756 3300, or visit www.nobelbiocare.com

Guiding practitioners towards implant success

The NobelGuide state-of-the-art computer-based implant rehabilitation system assists dentists with pre-planned, predictable guided implant surgery to accomplish both provisional and final prosthetic results.

In four simple steps, NobelGuide will assist in quick, effective dental treatment, reducing the time the patient spends in the chair.

NobelGuide can be used with conventional model-based techniques, or CT scanning and 3D CAD/CAM software. The system allows you to plan the exact positions and depths of implants before surgery and to plan for prosthetics well in advance. Nobel Biocare will then produce a detailed surgical template, incorporating the exact data from your own scanning and planning.

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

Perfect restorations with NobelProcera

NobelProcera is an easy-to-use, practical system by Nobel Biocare, designed to save practitioners time when creating dental prosthetics.

Using the best CAD/CAM technology, NobelProcera enables the dental practitioner to produce perfect restorations. Unique scanning technology allows for highly precise data acquisition.

NobelProcera solutions include abutments, crowns, bridges, implant bridges and implant bars overdenture on both natural teeth and implants.

The system has been designed for intuitive navigation, impressions are scanned with accuracy and models are milled precisely.

NobelProcera offers an assortment of shaded zirconia, acrylic, alumina, titanium and cobalt chromium products, including cement and screw retained options.

For more details, call Nobel Biocare on 0208 756 3300 or visit www.nobelbiocare.com

Accept no imitations

General Medical is the UK distributor of the Mectron Piezosurgery 3. Like its predecessors it features Mectron's unique dual wave modulated frequency technology, which ensures optimised cutting efficiency at a third of the power setting of the imitations which are piezosurgery units in name only.

The benefit of this unique feature is that bone cut using the Mectron Piezosurgery 3 heals quicker and with dramatically less post operative swelling and pain than using any other system including surgical burs and microsaws.

The only unit with 10 years of research and publications behind it, Mectron's Piezosurgery 3 is still the best, can be sterilised up to 135°C and has a two-year warranty.

For further information, telephone General Medical on 01380 734990, visit www.generalmedical.co.uk or email info@generalmedical.co.uk

The perfect answer to sinus lift GBR

General Medical is the UK distributor for the complete range of OsteoBiol bone graft materials and membranes, including MP3, the perfect answer to sinus lift GBR.

Ideally suited to lateral access sinus lift procedures, MP3 consists of prehydrated OsteoBiol granules in a sterile syringe. Using MP3 facilitates easier and more convenient handling.

With a recommended re-entry time of five months, MP3 is extremely competitively priced and fully resorbable within a clinically defined timescale. Total conversion to natural bone guaranteed.

For more details, call General Medical on 01380 734990, visit www.generalmedical.co.uk or email info@general medical.co.uk

A little bit easier...

The European Association for Osseointegration Congress in Glasgow saw the launch of Astra Tech's new colour-coded products, extra components for OsseoSpeed TX, and an extended range of single patient drills. These products were well received by all delegates who visited the Astra Tech booths.

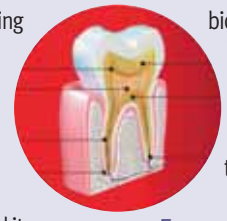
Yellow, aqua and lilac – it is easy to select the right implant pick-ups, transfers, guide pins, replicas and drivers. With the colour-coding system, each component is marked with the same colour as the chosen implant connection.

The OsseoSpeed TX 3.0 S implant is designed for cases with limited horizontal space. With the addition of a temporary abutment and a taller healing abutment you can achieve even greater results in your work.

Optimal sharpness, easy handling and no cleaning or sterilisation. The benefits of single patient drills are now available for all drilling protocols.

For more information, contact Astra Tech on 0845 450 0586, info@atlantisabutments.com or visit www.astratechdentaluk.com

Key opinion leaders support Biodentine



Some of the UK's leading dental experts have put their names behind a new product described as "the ultimate dentine substitute".

Septodont launched its new product, Biodentine, to rave reviews from some of the leading lights in dentistry. What makes Biodentine so unique is the fact that it is the first all-in-one, biocompatible and bioactive material that can be used wherever dentine is damaged, both in the crown and the root.

For more information, contact your dental dealer, or contact Septodont on 01622 695 520, information@septodont.co.uk or visit www.septodont.co.uk

Keep your patients happy and satisfied with NobelProcera

Due to developments in material options, the days when restorations were seen by patients as a financial ball and chain are now long gone. Offering a range of material options including titanium, zirconia and alumina, Nobel Biocare enables practitioners to provide increased flexibility in pricing, which in turn helps them to attract new patients.

NobelProcera from Nobel Biocare offers an integrated set of technologies, along with a seamless, automated industrialised manufacturing process; from conoscopic holography and the latest 3D prosthetic software, to highly advanced production facilities. The NobelProcera system uses cutting-edge CAD software, enabling clinicians to deliver aesthetically pleasing yet robust restorations.

Providing bespoke restorations by using NobelProcera, clinicians can enjoy increased patient numbers with greater financial rewards.

For further information, call Nobel Biocare on 020 875 633 00 or visit www.nobelbiocare.com

Unique Atlantis abutment warranty

Astra Tech introduces a unique warranty for Atlantis patient-specific abutments. With this comprehensive abutment warranty Astra Tech will cover both the abutment and the implant if another implant supplier does not honour their warranty due to the use of an Atlantis abutment.

Find out more about Atlantis patient-specific abutments and the unique warranty terms and conditions at www.atlantisabutment.co.uk

Dentsply Friadent is the latest manufacturer to be added to the expanding Atlantis patient-specific abutment assortment. Atlantis abutments are available for major implant systems such as Astra Tech, Straumann, Nobel Biocare, Biomet 3i, Zimmer Dental and BioHorizons.

For more information, contact Astra Tech on 0845 450 0586, email info@atlantisabutments.com or www.astratechdental.co.uk

Predictable treatment results and affordability

Rehabilitating the mandible or edentulous maxilla inevitably presents a challenge for dental professionals, but with the All-on-4 system from Nobel Biocare, you can enjoy predictable results for even the most challenging clinical cases.

The All-on-4 is a revolutionary procedure based on placing two straight anterior implants and two angulated posterior implants to avoid the sinus nerve, while reducing cantilever. Unlike traditional procedures that may necessitate the complete rehabilitation of the upper and lower jaw, the All-on-4 system enables practitioners to provide their patients with faster, less traumatic procedures; as well as a rapid recovery.

Ideally suited to be a practice's second system, it provides a wider range of patients an excellent solution to traditional implant treatment at a highly affordable price.

For further information, call Nobel Biocare on 020 875 633 00, or isit www.nobelbiocare.com

BioHorizons announces dates for the 2011 calendar

BioHorizons is pleased to announce the 2011 dates for the Global Symposium and Ultimate Implant Year Course.

Held in Phoenix, Arizona on 28 April – 1 May, 2011 BioHorizons Global Symposium will be held at the prestigious Arizona Biltmore Hotel with topics that include immediate loading, aesthetics, tissue regeneration and implant complications.

Following a highly acclaimed and sell out first edition of the Ultimate Implant Year Course (NIDIC), the second edition will run from February 2011.

For more information or to arrange a meeting with your local product support specialist ,contact 01344 752560, email: infouk@biohorizons.com or visit www.biohorizons.com

CAD/CAM SYSTEMS | INSTRUMENTS | HYGIENE SYSTEMS | TREATMENT CENTRES | IMAGING SYSTEMS

INNOVATIONS THAT PAVE THE WAY TO SUCCESSFUL TREATMENT

We think about tomorrow – today.

Sirona always have the right solutions when it comes to meeting the challenge of todays demands needed for a successful dental practice. When choosing from a product portfolio which provides an extensive range, you will be ideally equipped to provide for your everyday challenges. Reap the benefits of world-leading technologies and products – insist on the best for you and your patients. Experience tomorrow's standards – today. **Enjoy every day. With Sirona.**

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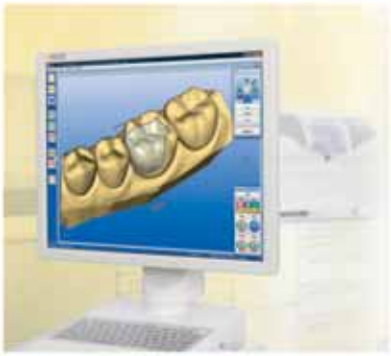
Instruments



CAD/CAM Systems

Imaging Systems

To find out more: Telephone: 0845 0715040 e-mail: info@sironadental.co.uk www.sironadental.co.uk

The Dental Company

sirona.

Healthy discounts at the BACD's meeting

Munroe Sutton HEALTHY DISCOUNTS

Provider of the Healthy Discounts Dental Plan, Munroe Sutton was on hand at the British Academy of Cosmetic Dentistry's Conference and Exhibition this September to tell delegates about its innovative new scheme.

Attendees at the event learned how they could improve the affordability and accessibility of the quality dental treatment they provide, while remaining in control of their business.

Dentists of all specialities are invited to sign up to the Healthy Discounts Dental Plan, providing their services at a reduced cost and, in return, gain access to a large database of potential patients.

The plan reduces out-of-pocket costs making it easier for patients to afford necessary treatments and for dentists to increase their treatment plan acceptance rates. What's more, there are no long-term contracts and no joining fees.

For more information, please call 0808 234 3558 or visit www.munroesutton.co.uk

Clean up and beat the VAT increase

Wash, bag and sterilize for just £9,995 + VAT, with a great offer from W&H (UK). The 'Beat the VAT increase' package is available until the end of December, and contains a DS50 DRS Washer Disinfector Dryer plus a DS50 DRS LOG data logger, a Lisa 517 Fully Automatic Vacuum B Sterilizer, and a Seal2 bag sealer for pouching items prior to sterilization and storage.

The washer disinfector dryer has a compact exterior yet a spacious interior, for cost effective cleaning in the minimum time – a full load cycle wash including thermal disinfection & drying cycle takes less than 60 minutes.

To order, call 01727 874990 or e-mail office.uk@wh.com, quoting reference SD2010, before 31st December 2010.

The Perfect Dental Dam Solution

Using dental dam within endodontic treatments help protect the patient from inhaling or swallowing instruments, isolates the treatment area, protects soft tissue and the risk of cross infection is greatly reduced.

Fiesta colour coded clamps provide easy identification and selection during the dental dam procedure, and feature a non-reflective matt finish for better visibility during clinical use. Nine popular clamps are available supplied on a stainless steel organiser, which provides easy storage and cleaning.

Allied to this Flexi Dam non latex is easier to apply, saving chair time. The excellent retraction properties ensure close contact around the tooth for effective isolation and best possible moisture control. It is more tear resistant than latex dental dam with no latex reaction, powder free and a pleasant smell.

Call free phone 0500 295454 exts 223/224 or visit our website www.coltenewhaledent.com

Backed by science

The British Dental Health Foundation only accredits consumer products once it has checked the manufacturers claims are clinically sound and are not exaggerated in any way. A panel of independent, international experts undertakes the accreditation. Oral-B are delighted that all its oscillating-rotating power toothbrush packaging carries the Foundation's seal of approval.

Oral-B power toothbrushes are the most used and recommended brand by dental professionals. It's not surprising then that they are the only adult power brushes accredited by the British Dental Health Foundation.

Dr Nigel Carter, Chief Executive of the British Dental Health Foundation commented: "The range of powerbrushes from Oral B have been shown to effectively and efficiently reduce plaque. Their claims are 100 per cent accurate and that is why we have added them to our elite list of accredited dental products."

Full benefits of Chlorhexidine without the disadvantages

Clinically proven to effectively control the bacterial pathogens responsible for gingivitis and periodontal disease, the Curasept ADS system from Curaprox offers the full benefits of a chlorhexidine-based oral treatment while keeping side effects to a minimum.

Thanks to its anti-discolouration system and low alcohol content, patients can enjoy an effective oral hygiene regime without experiencing irritation of the oral mucosa, brown discolouration of the teeth or impairment of taste sensation.

For free samples or more information call 01480 862084, email info@curaprox.co.uk or visit www.curaprox.co.uk

Protecting against acid erosion and bacteria

Listerine Total Care Enamel Guard is uniquely formulated to defend tooth enamel against acid erosion and the plaque bacteria, which cause caries. It does this in three ways; its high fluoride content remineralises and hardens enamel, its essential oils are highly active against pathogens that attack enamel, and as a mouthwash it can reach all enamel surfaces more easily than a toothpaste.

Several studies have shown that an optimum short-term salivary pH level, which can be achieved by use of Listerine Total Care Enamel Guard, maximises fluoride uptake and mineral exchange. The mouthwash contains 225 ppm fluoride which has been proven to increase fluoride levels above those for brushing with a fluoridated toothpaste alone.

For more information and a free sample of Listerine Total Care Enamel Guard, contact Johnson & Johnson on 0800 328 0750.

Real patients, real practitioners, real research

The P&G Healthy Smile Trial Programme has been running for three months in the UK. Participating professionals were asked to select six patients to receive a free Oral-B oscillating-rotating toothbrush.

There were 947 professionals participating in the scheme, involving 1,296 patients.

To date, results have shown that having once tried the technology, the overwhelming majority of patients don't want to give it up, with 83 per cent believing that the oscillating-rotating toothbrush helped them improve their brushing technique.

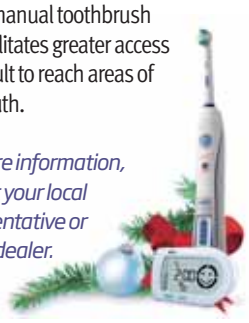
Dental professionals saw an improvement in the gingival health of 89 per cent of their patients. Unsurprisingly, 92 per cent of participating dental professionals claimed that they would recommend the oscillating rotating toothbrush to their patients.

Get smart this Christmas

With Christmas coming, patients may be looking for inspiration on gift ideas, or maybe they just want to use the start of a new year as an opportunity to review their oral health as part of a general resolution to be healthier. Whatever the reason, now's a great time to get your patients motivated by investing in the Oral-B Triumph with SmartGuide.

Oral-B power toothbrushes are universally acclaimed. Upheld as the leading power toothbrush, they're used by more UK dentists themselves than any other brand. The flagship product, the Oral-B Triumph with SmartGuide, is an ingenious brush that contains a microchip in the handle that communicates usage information to the user.

The clever freestanding SmartGuide provides continuous feedback to the patient to ensure their brushing effort is maximised. And the oscillating-rotating toothbrush head means that it removes more plaque than a manual toothbrush and facilitates greater access to difficult to reach areas of the mouth.



For more information, contact your local representative or dental dealer.

Philips unveils new Sonicare branding to BDTA delegates

Philips has reported a record-breaking BDTA Showcase. For the first time the company sold Sonicare brushes from its stand, achieving more than 2,000 sales.

The uptake was partly as a result of an new brand direction which was unveiled at the show.

The new campaign has been designed to encourage those who haven't already done so to make the 'switch' from a manual or low-end power toothbrush to a Sonicare toothbrush, and to recommend that their patients do so as well. To encourage the switch, Philips welcomed 1,105 delegates to brush their teeth in one of the stand's brushing booths.

If you would like more details about switching to Sonicare, visit www.sonicare.co.uk/dp or call 0800 0567 222.

Advancing Implant Knowledge Through High Quality Courses



“ An excellent thorough grounding for any budding implantologists or experienced operators, with evidence-based references. The course is provided by two experienced and enthusiastic implantologists, in a first class facility.” KC Chan, Dental Practitioner, Glasgow

The **GIFT Continuum** teaching programme is an on-going series of specific dental implant based topics that can be attended in any order, delivering units of information that combine to form the building blocks of a course that may be expanded to a postgraduate degree.

Regional and International Training
Training is delivered via a network of regional and international teaching centres. Facilities are appropriate to the practice of implant dentistry, providing the highest quality teaching environment and standard of clinical training.

Theoretical and Clinical
This course is ideal for those practitioners who wish to incorporate implant treatment into their practice, to advance their implant knowledge or consolidate existing expertise, but who are unable to commit to a degree programme. This does not preclude the delegate from following the degree programme at a later date and credit will be given towards the University of Warwick MSc and diploma courses in Implant Dentistry. Both MSc and diploma are registerable with the GDC as additional professional qualifications.

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

GENERAL IMPLANT FORUM & TRAINING GIFT

For further information on Gift Continuum, visit www.gift.org.gg

Tel: 0207 5801373 **Email: admin@gift.org.gg**

Subscriptions skyrocket at BDTA

The Dental Nursing Journal and Dental Nursing Online were delighted with the number of delegates renewing and taking up new subscriptions at the British Dental Trade Association Showcase in October.

Attendees were impressed by the journal's focus on professional advancement and core CPD subjects. Both the website and the magazine are full of informative clinical case studies and multiple choice questionnaires to make learning relevant and easy to digest.

Both Dental Nursing Online and the Dental Nursing Journal also feature articles on professional issues, the latest news from the profession and advice on career development to ensure dental nurses are making the most of their abilities.

For more informaton, call 0800 137 201 or visit www.dental-nursing.co.uk

Hogies eyewear success

Blackwell Supplies was pleased with the response from delegates to its showcase of Hogies specialist dental eyewear range during this year's BDTA Dental Showcase at London's ExCel in October.

Delegates visiting Blackwell at the KentExpress stand were impressed with the ergonomic design and superb quality of Hogies MaximEyes loupes, not only because of their excellent magnification capability but also because of their ergonomic, lightweight design.

Created with precision and comfort in mind, Hogies MaximEyes eyewear not only reduces the weight of loupes on the nose by 70 per cent, resulting in less neck strain and fatigue

For more information, call John Jesshop of Blackwell Supplies on 020 7224 1457 or email john.jesshop @blackwellsupplies.co.uk

Innovative technology from Carestream Dental

Carestream Dental (formerly PracticeWorks) enjoyed an excellent response from delegates attending this year's BDTA Dental Showcase, the UK's premier dental exhibition, held at ExCel in London during October.

Showcasing the latest advances in dental software and technology, including the cutting edge 3D OralInsights system, currently revolutionising youth oral hygiene education, Carestream Dental truly epitomised this year's showcase theme of 'Innovation, Integration and Education'.

Call 0800 169 9692 or visit www.carestreamdental.co.uk

schülke entertains

schülke's stand at the British Dental Trade Association Showcase 2010 was a hive of activity with delegates flocking to join in the fun and show off their moves alongside a professional dance troupe to the sounds of MC Hammer.

To celebrate the success of the company's popular line of touch-free decontamination systems with the strap line, 'You can't touch this', dancers entertained visitors with the famous dance routine, as well as giving the lucky few a chance to learn the flamboyant dance techniques with prizes for the best performer.

The team at schülke also used the opportunity to raise awareness of their recently launched comparison website comparethemikrozid.com where their mascot Mike explained to delegates whether or not their practice's surface cleaner and disinfectant was suitable.

For more info, call 0114 254 3500 or visit www.s4dental.com

IndepenDent value

With over fifteen years experience, IndepenDent understands the value that dentists place on maintaining their own independence.

Delegates at this year's event learnt that every IndepenDent client retains complete control over their own plan, and after paying a once-only joining fee, staff receive comprehensive training. Additionally, practices are supplied with the promotional materials and software required to support their plan.

Clients are designated an IndepenDent consultant who manages things like patient registration, payment schedules/ insurance, and payment collection via direct debit and payments to the practice via electronic transfer.

Delegates also heard about their Group Purchasing Scheme, subsidised training and marketing support that is available.

For more information, call 01463 222999 or visit www.ident.co.uk

DENTSPLY tailors its stand to reflect delegates' needs

Visitors to DENTSPLY's stand at the British Dental Trade Association Showcase 2010 explored the company's innovative new endodontic and restorative products, including the revolutionary SDR (Smart Dentine Replacement).

They also took advantage of an area dedicated to product promotions, where products such as ProTaper, Cavitron units and inserts, and Ash instruments could be found at discounted rates. The new DENTSPLY Academy also proved to be a talking point.

Call 0800 072 331, or visit www.dentsply.co.uk

BackOffice simplifies time-consuming tasks

CareStream Dental (formerly known as PracticeWorks) believes that sound practice management depends on the instant availability and efficient manipulation of administrative data, as well as simplifying time-consuming tasks.

Now, thanks to Kodak BackOffice, the business management software from CareStream Dental, stock control is more efficient. BackOffice now comes scanned with Dental Directory product codes and allows every drug and stock item to be electronically recorded with a list of preferred suppliers. It will then notify you when a base level has been reached and then automatically enter that item onto the next supply order.

For more information, contact CareStream Dental (formally known as PracticeWorks) on 0800 169 9692 or visit www.practiceworks.co.uk

NOMAD Pro: 'Significantly lowers staff doses'

The leading technology of NOMAD Pro has recently joined the family of award-winning Aribex NOMAD handheld dental X-ray systems.

In a recent study, the hand-held, battery-powered dental intraoral x-ray system (NOMAD), was compared in terms of image quality, and patient/staff radiation doses, to a wall-mounted intraoral x-ray system (Gendex GX-770).

The study said: "The resolution and contrast for the NOMAD are superior", and based on the results, use of the NOMAD "results in significantly lower staff doses compared to wall-mounted systems."

For more information, contact Clark Dental Nantwich on 01270 613 750 or email sales@clarkdentalsales.co.uk

Steritrak: easy auditing

New safety regulations mean that dental practices need to do more to demonstrate that they keep dental instruments free of contaminants.

Creating auditable protocols for re-usable instrument sterilisation can be a minefield. However, with R4's new module, Steritrak, the innovative new software add-on from Carestream Dental, rigourous safety procedures and simplicity need not be opposed. R4 Steritrak is a barcode-based auditing system that tracks the surgical instrument cycle.

Steritrak allows staff to keep tabs on criteria such as where trays are located and when they were last autoclaved.

In-depth reports can be generated quickly and easily, cutting keyboard entry down to a minimum.

For more information, contact Carestream Dental (formally known as PracticeWorks) on 0800 169 9692 or visit www.practiceworks.co.uk

Innovative practice design brings the sky inside

At the forefront of innovation for dental practice design, Clark Dental can now bring the vastness of the sky into the surgery.

Give patients a soothing focal point while receiving treatment. From a single pane to an entire ceiling, Skyinside will provide an instant 'wow' factor.

It transforms interiors with luminous, high-resolution images creating the impression of blue skies, clouds, even stars.

When short on space, Skyinside can give the illusion of windows. The effects can give spaces a sense of openness, adding to the patient experience.

For details, contact Clark Dental on 01270 613 750 or email sales@clarkdentalsales.co.uk

Increase your handpiece life

To ensure longevity of your handpiece it is imperative to look after it properly, maintaining its high performance.

Aquacare from Bien-Air is a special pre-cleaner used to remove physiological fluids such as saline. Saline is often used as an irrigant and unless your handpiece is cleaned thoroughly after use, this physiological salt water can sit in the handpiece ducts wreaking havoc.

Saline will crystallise if left unchecked in as little as two hours and will attack all metals, even high-grade stainless steels such as those found inside Bien-Air handpieces.

Aquacare is easy to use. Attach your handpiece to the Aquacare spray nozzle and spray through the handpiece and any external irrigation tube for a period of 2 seconds. This effectively removes any residue and any remaining physiological liquid that may be sitting in your handpiece.

For further information, contact Bien-Air on 01306 711 303 or visit www.bienair.com

Dentalk walks the talk at BDTA Showcase

Dentalk, the new telecoms provider for the dental world, officially launched its services at the BDTA exhibition at Excel in October with a guarantee that it will save any dental practice or business at least 20 per cent on their telecoms costs.

Among the visitors to the Dentalk stand was Simon Roland (pictured left with Dentalk founder Barry Sanders), a dentist from St John's Wood, whose practice is set to save 50 per cent in the coming year on its telecoms costs, thanks to Dentalk.

Dr Roland said the switchover to Dentalk had been smooth, with the Dentalk team ensuring that all the arrangements were straightforward and transparent.

Stuart's a winner

At the 2010 EAO Congress, the hands-on workshops in the Astra Tech Inspirational Center was once again a success, and most sessions were sold out. More than 55 delegates from 16 countries had the opportunity to place the new OsseoSpeed TX implant in a model. The lecturer in the workshops was Stuart Conway, Astra Tech's Training and Education manager in the UK.

New for this year was a lottery that all participants were automatically part of. The prize was an all-inclusive international course of choice.

We are happy to announce the winner was Dr Colin Gardner from Botanics Dental Care in Glasgow. Dr Gardner was presented his certificate by Jenny Williams, Sales Specialist, Scotland.

For more information on Astra Tech products and services, please call 0845 450 0586 or e-mail implants.uk@astratech.com

BioHorizons dates for 2011

Following a busy and exciting 2010 for BioHorizons and on the back of their highly successful congresses in Colombia and Turkey, BioHorizons is pleased to announce the 2011 dates for the Global Symposium and Ultimate Implant Year Course.

The BioHorizons Global Symposium will be held at the prestigious Arizona Biltmore Hotel in Phoenix, Arizona on 28 April to 1 May with topics that include immediate loading, aesthetics and implant complications.

And the second edition of the Ultimate Implant Year Course (NIDIC) hosted by Dr Ken Nicholson will run from February.

Calll 01344 752560 or visit www.biohorizons.com

BACD/AACD Conference an all-out success

The British Academy of Cosmetic Dentistry enjoyed a high turnout to its Esthetics Meets Aesthetics conference, the first of its kind, held in London this September.

The conference brought together some of the world's most pre-eminent and progressive experts in the field of cosmetic dentistry, enabling delegates to rub shoulders with some of the best, as well as gain invaluable knowledge and skills from the world-class professionals.

The week-long meeting featured talks on cutting edge subjects such as dental branding, together with the latest clinical trends in the field.

For more information about membership entitlements, including access to next year's conference, please contact Suzy Rowlands on 0208 241 8526, or email suzy@bacd.com

Set rates for implant work set PDS Labs apart

Dental practitioners keen to enhance the quality of life of their patients through reasonably priced, natural-looking implants and high-quality cosmetic restorations should consider PDS Dental Laboratory.

With two full-service laboratories in Leeds and Newcastle, and more than 20 years of experience, PDS is able to offer clinicians the very latest in implantology and restoration CAD-CAM technology.

PDS takes pride in getting your lab work just right.

For more information, call Newcastle on 0191 232 4844 or Leeds 0113 239 3675. Or visit www.pdsdental.co.uk or www.futureveneers.com

Join the Admor Buying Club and save time and money

Thanks to the new Admor Buying Club, dental office supply management just got easier and more cost effective.

Dentists who join the club not only gain admission to the best deals around, including an array of special offers and exclusive discounts, but also benefit from the convenience of online access to a one-stop resource for all their practice essentials.

It has a comprehensive range of office, janitorial and furniture products available to order online for next-day delivery, together with credit facilities and friendly, helpful service.

Admor offers dentists a practical

solution that makes complete business sense.

For more information or to register for your account, call 01903 858910 or visit www.admor.co.uk

A reason to smile at the BDTA Dental Showcase

Attendees with an interest in preventative dentistry and good oral health made sure they visited TANDEX's stand at the BDTA Dental Showcase and Exhibition 2010.

TANDEX GEL proved to be a particular talking point among dental professionals at the exhibition, with its effective combination of sodium fluoride and chlorhexidine digluconate. Making it ideal for use by patients with a predisposition towards plaque and caries.

TANDEX GEL can simply be applied using an interdental brush, helps to halt demineralisation and strengthens tooth enamel as well as effectively fighting bacteria.

Clinical trials available from TANDEX show the effectiveness of TANDEX GEL.

For more information on TANDEX GEL or any other of TANDEX's products visit www.tandex.dk

GC announces G-aenial composite courses

GC is launching a new series of courses for 2011 that will take place at the company's European headquarters in Leuven, Belgium.

GC has recently launched an improved composite system with G-aenial. The hands-on training courses have been designed for dentists to learn how to place the very best composite using a combination of materials. After analysing the structure of the surrounding teeth, simple steps are used to create the perfect restoration using G-aenial.

For more advanced users there is an additional course that adopts a theoretical and practical approach.

Spaces on these two-day courses are limited for maximum personalisation. To register your interest please contact GC UK Ltd on 01908 218999. Places limited!

PDS Dental Laboratory: trusted by clinicians

With more than 20 years of experience and several awards to its name, PDS Dental Laboratories prides itself on providing high-quality restorations at set rates in a friendly, efficient manner.

Mr Daryl Castanha of Guys and St Thomas' NHS Foundation Trust (pictured), said: "We appointed PDS Dental laboratory three years ago to carry out laboratory support services. Its appointment was to carry out removable prosthodontics and as time proceeded the quality of cases received was high. A decision was

then taken for PDS to support the Hospital with some of our fixed prosthodontic work."

For more information, call Newcastle on 0191 232 4844 or Leeds 0113 239 3675, or visit www.pdsdental.co.uk and www.futureveneers.com

Dentists cluster to try The Wand

During Dental Showcase dozens of dentists accepted an invitation from Dental Practice Systems (DPS) to undergo a local anaesthetic injection using The Wand computer controlled local anaesthesia system.

The single tooth anaesthesia procedures were carried out throughout the three-day event on the DPS stand.

The typical reactions were: "Amazing", "I didn't feel a thing", "The Wand really is magic", "I

need one in each of my surgeries" and "Can I take one with me".

For more information on The Wand, please visit www.d-p-s.uk.com or call DPS on 01438 820550.

schülke has number one disinfectant

In a world of MRSA and C.Diff scares, disinfection must be paramount in the minds of all dental professionals, and industry leader schülke can provide the most effective solutions available on the market.

mikrozid sensitive is an alcohol-free surface cleaner and disinfectant that is kind on surfaces made of delicate materials but no less effective in the control of infection. It is ideal for sensitive materials, alcohol-free, a disinfectant, bactericidal, fungicidal, virucidal and it prevents cracking and smearing.

Available in liquid form and wipes, mikrozid sensitive cleaner and disinfectant can be used on artificial and natural leather, perspex/plexiglas and soft PVC. Thousands of dental professionals already trust the mikrozid brand, making it the UK's number one surface disinfectant.

For more details, call 0114 254 3500 or visit www.schulke.co.uk/dental or www.comparethemikrozid.com

SDR praised by panel

A group of researchers from the Product Research and Evaluation by Practitioners panel has responded with words of praise for DENTSPLY's SDR (Smart Dentine Replacement). SDR was the second highest evaluated product ever by the panel.

SDR is a bulk-fill, flowable composite base for posterior Class I and II restorations. After evaluation in clinical practice, the panel found that all evaluators who used a bulk-fill posterior composite technique and a flowable as a bulk-fill base would consider replacing their current material with SDR.

It also found that 86 per cent who used a flowable as a liner would consider switching to SDR and 83 per cent were satisfied with SDR and 75 per cent said they would buy the product and recommend it to their colleagues.

For more details, call 0800 072 3313 or visit www.dentsply.co.uk

A third of parents let their children skip brushing

Worrying new research shows that many parents are ignoring the warnings of dental professionals, as it finds that millions of British parents are letting their children off brushing their teeth simply because they're too rushed or stressed.

The study found that nearly a third of parents let their children skip brushing if they're in too much of a rush, while one in five says they let their kids off part of their morning brushing routine, simply to avoid the hassle. In addition, a quarter of those polled in the survey by Philips Sonicare claim their youngsters' constant arguing about having to brush their teeth causes anxiety. A further six per cent let their children off because they don't want to cause an argument.

For more information about Sonicare For Kids and the ways in which it encourages compliance by children aged 4 -10 years can be obtained on www.sonicare.co.uk/dp or by calling 0800 0567 222.

Everything your practice needs under one roof

Don't miss the brand new Admor catalogue, available now, containing information on how your practice can join the new Admor Buying Club, providing massive savings on more than 20,000 office essentials.

Admor supplies a wide range of office products at the best prices.

Admor is also able to produce even small quantities of customised colour print work, even in small quantities. The Admor catalogue also features an interiors section, which boasts a collection of stylish furniture, including reception desks and practice signage.

Order from www.admor.co.uk or call 01903 858910.

New studies show benefits for oral health

A set of new clinical studies has reinforced the efficacy of using a Philips Sonicare power toothbrush to clean teeth and reduce gingivitis.

The first study from the University of North Carolina, USA, showed that Sonicare FlexCare+ improved gum tissue condition and maintained the longevity of teeth and gums in patients with periodontitis.

A study from the University of Zurich evaluated the cleaning efficacy of brush heads on orthodontic attachments, showing that Sonicare power toothbrushes with a compact of standard ProResults brush head provided superior results.

The third study, conducted among dental professionals in the UK, Netherlands and Denmark showed that more than 75 per cent of dental professionals are highly satisfied with the cleaning performance and manoeuvrability of the compact ProResults brush head.

For more information about these and other clinical studies, please visit www.sonicare.co.uk/dp

PDS dental laboratory

PDS Dental Laboratories is the ideal technical partner for dental practitioners striving to provide high-quality smile design and restoration treatment to patients.

PDS has grown to become a laboratory that is highly respected for its quality workmanship and innovative approach to dental technology. PDS performs all its laboratory work in-house within its purpose-built, state-of-the-art facilities in Pudsey, Leeds.

Due to its ongoing success, and as part of its 20th anniversary celebrations, PDS Dental Laboratory recently opened its second full service dental laboratory in Newcastle.

For more information, call 0191 232 4844 or visit www.pdsdental.co.uk and www.futureveneers.com

Become a high flier

As part of its continuing commitment to investing in better dentistry, DENTSPLY is proud to once again sponsor the 2011 BDA/DENTSPLY Student Clinician Research Awards.

Held annually, this prestigious awards programme serves as a way to identify new talent from within undergraduate dental students as well as supporting any promising research with the potential to improve the way that future dentistry is practised.

DENTSPLY will fly the winner to Las Vegas for the American Dental Association's annual conference in October as part of an all-expenses paid trip, during which he or she will be introduced to a wide range of leading figures, peers and potential employers from within the dental profession – a truly unique career opportunity.

The runner-up will receive a cash prize of £500.

For more information, and entrance requirements, contact your local BDA/DENTSPLY Student Clinician Research Awards representative or visit www.bda.org/students/awards-competitions

New generation in composite placement

Kerr has launched a new product: Compothixo!

Compothixo is a composite placement and modelling instrument, suitable for all classes of restorations.

New Compothixo technology enhances the thixotropic properties of composites.

Compothixo's unique benefits include better wettability, superior adaptation of composite to cavity walls, reduction of air bubbles, layer thickness control, improved sculptability and reduced stickiness. It is indicated for the modelling of composite, occlusal modelling, fissures and removal of excess, layer application technique, bulk technique in small cavities and direct veneering.

To see how to benefit from Kerr's products call 01733 892292 or visit www.kerrdental.co.uk

Simple system for everyday endodontics

The latest addition to the Dental Sky endodontic range is the new CMA nickel-titanium rotary file system. The CMA System was designed to simplify endodontic treatments by minimising the number of instruments necessary and providing one uncomplicated sequence for both treatment and re-treatment.

CMA stands for Coronal, Median and Apical and provides a simple sequence with only four instruments in the range.

CMA provides safe, secure and reliable rotary instruments with several unique design features including a shorter handle to improve ease of access to molars and a helical shape to aid removal of debris from the canal.

For further information, please contact Dental Sky on 0800 294 4700.

Christmas is coming

It's fast approaching that time again, and Kemdent is delighted to announce their popular Christmas hamper promotion.

To qualify for a free Christmas hamper, Kemdent's customers need to spend £225 or more during November; a task which should present few problems given the wide range of offers on surgery products currently available.

Three sizes of Christmas hamper are available, and the more you spend on Kemdent products in November, the larger your hamper will be.

For further details on the Christmas hamper and special offers, contact Helen or Jackie on 01793 770256, or visit www.kemdent.co.uk Follow us on twitter: twitter.com/kemdent

An efficient service

With more than 20 years of experience in the dental profession, PDS Dental Laboratories prides itself on providing a high quality of service, retaining the personal touch in all their dealings with clients.

In addition to providing high quality workmanship, PDS also strives to build close working relationships with all its clients. Its two-tier delivery service also helps to ensure that all lab work is delivered on time and to specification.

Dr Muhammed Iqbal Kathrada of My Dental Health Club in Hull said: "After using PDS for some time now I am finding the service they provide to be of a very high standard.

PDS Dental Laboratory

For more information, call Newcastle on 0191 232 4844 or Leeds 0113 239 3675 or visit www.pdsdental.co.uk and www.futureveneers.com

Precise scaling with Dental Sky's Tri-Scaler

The new high quality R&S Tri-Scaler Compact from Dental Sky is economically priced.

With a detachable, autoclaveable handpiece, the Tri-Scaler Compact features three options – scaling, periodontal and endodontic functions. It is very simple to operate and includes five tips.

The larger Tri-Scaler Aqua benefits from the same features as the Compact with the added benefit of a built-in water reservoir allowing you to add other clinical solutions. With eight scaler tips included, the Tri-Scaler Aqua represents excellent value.

For further details or to place your order, contact Dental Sky on 0800 294 4700.

Scottish Centre for Excellence in Dentistry

Totally Committed to Quality Care and Excellence...

STOP PRESS...

On Friday 5th November at the Private Dentistry Awards in London we were delighted to be awarded Best Specialist Referral Practice 2010

We are happy to accept referrals for all aspects of dentistry including implants, oral and facial surgery, periodontics, orthodontics, prosthodontics, endodontics, restorative dentistry, facial rejuvenation, hypnotherapy and sedation.

We can offer advice only, carry out part of the treatment or all of the treatment; the choice is yours. We can place implants for your patients and you can restore them; call or email us for further details.

Why not come and take a look around our centre and see for yourself where your patient would come to be treated.

- **New referrals seen within 2 weeks**
- **Emergency patients seen on the same day**
- **Complimentary update seminars for referring GDP's**

We run a series of courses throughout the year for GDP's - see our website for details

RESERVATIONS NOW BEING TAKEN FOR OUR 2011 IMPLANTOLOGY AND RESTORATIVE DENTISTRY YEAR COURSE

Arshad Ali

Arshad Ali BDS, FDSRCS (Eng & Edin), FDSRCPS (Glasg), DRD, MRD,RCS (Edin)
Consultant, Specialist and Honorary Clinical Senior Lecturer in Restorative Dentistry
Clinical Director and Managing Director, Scottish Centre for Excellence in Dentistry

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Runner up, Best Specialist Referral Practice, UK Private Dentistry Awards 2009
Runner up, Best New Practice, UK Private Dentistry Awards 2009
Arshad Ali, Businessman of the Year, Scottish Asian Business Awards 2009
Claire Sweeney, Scottish Dental Nurse Achievement Award 2009
Finalists for Team of The Year, The Dental Awards 2010
Arshad Ali, Regional Finalist, Ernst & Young UK Entrepreneur of the Year 2010

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* Data taken from THRIVE trial 2009/10