No.1 for dental professionals in Scotland
February/March 2012

Scottish Dental magazine

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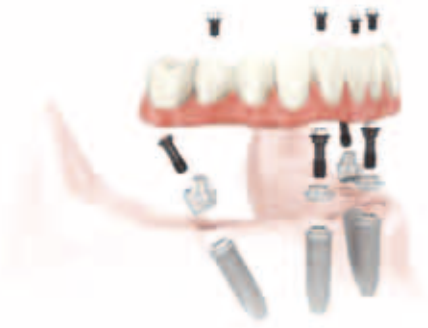

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Welcome

Editor's desk

with Bruce Oxley

Countdown

By the time you read this, there will be less than 100 days left until the Scottish Dental Show kicks off at Hampden Park on 24 and 25 May.

If you haven't registered for your free place yet, then head on over to the new Scottish Dental Show website (www.scottishdentalshow.co.uk) and have a look around. We are delighted with the strength and range of speakers that we have managed to secure, covering diverse topics from anaethesia to implants and from dental practice design to legal and ethical issues.

The website has full details of the finalised speaker line up, biographies and talk titles, CPD information and a link to our online booking system. All the talks are free entry as well, so this is a great opportunity to top up your CPD.

The exhibition features nearly 100 companies and provides a great chance to check out the latest developments and deals on a massive range of products, services and technology.

And, at the Thursday evening drinks reception, we will be presenting the first ever Scottish Dental Lifetime Achievement Award. The winner will be chosen through the website so voting is open to anyone with an interest in dentistry. The four nominees and their details are available online, so get voting! ■

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

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Biting back

with Arthur Dent

It's time to CARE

Many years ago, when Arthur was a fresh-faced, newly-qualified young dentist, he didn't give much thought to such things as superannuation and pensions. In common with most young dentists, he considered that retirement was a long time away and he was reassured by older, wiser colleagues that the NHS pension scheme was "one of the best" and could not be equalled in the private sector.

Now the years have rolled by and in more recent times Arthur has become pensive about pensions; retirement might not exactly be imminent, but it's surprising how much more interesting such things as 'exit strategy' can become with age. This interest has also coincided with the UK government's proposed changes to the NHS pension scheme and other public sector pensions.

An update has recently been released on discussions (HM Government is quite clear that these are NOT negotiations) between the public sector unions including the BDA and the government. This is being termed the 'Heads of Agreement', although the BDA and other unions are quite clear that this is NOT an agreement, simply proposals to be put to their members. By now you should be realising that the tone of these discussions is not exactly cordial.

The government's proposals are something of a 'triple whammy' to dentists. Firstly, they intend to increase dentists' contributions by 6 per cent over the next three years, starting with a probable 2.4 per cent increase from 1 April this year. Secondly, they wish to change final salary schemes to career average revalued earnings (CARE); this will affect salaried dentists detrimentally but will not impact on GDPs who have always had a CARE scheme.

Thirdly, and probably worst of all, they propose to change the normal retirement age of 60 and align it with the state pension age: that is currently 65, but will eventually rise to 68! Dentistry is an intense, difficult and stressful profession that is physically, mentally and emotionally demanding. Most retired dentists consider themselves to have been fortunate if they reach age 60 with their health reasonably intact.

The prospect of being FORCED to continue to age 68 is worse than daunting, and which of us would choose to receive our dental care from a reluctant and disillusioned 67-year-old dentist with chronic back pain, failing eyesight and a series of nervous tics?

"Most retired dentists consider themselves to have been fortunate if they reach age 60 with their health reasonably intact"

So, is there any hope for dentists in all of this? Well, dentists aged 50 or over on 1 April 2012 will have their current pension age and terms protected, but they will still have to pay the increased contributions; dentists in their very late 40s will have some limited abatements to the changes. Younger dentists will bear the full brunt of these draconian changes.

For dentists in Scotland there is one slight glimmer of hope: the NHS pension scheme in Scotland has always been separate from England and Wales, although in practice it has always followed the E&W scheme. The Scottish Government does have the power to make its own decisions on public pensions here.

Dentists in Scotland, particularly younger dentists who might never have given much thought to their future pensions, must now get interested, get active, get angry and GET MILITANT! ■

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www.scottishdentalshow.co.uk

We're online!

Scottish Dental Show. Get the low-down on the most exciting dental event of the year

The new Scottish Dental website is now online featuring all the information you need on the most exciting dental event of the year.

From details on the speaker line-up to information on the exhibitors at the bustling trade show, you'll find it all at www.scottishdentalshow.co.uk

Speakers

We have an impressive line up of lectures and workshops providing the entire dental team with the opportunity to amass up to 12 hours of CPD for FREE in just two days.

The new show website features in-depth speaker biographies, CPD information plus the full speaker schedule.

Former GDC president Hew Mathewson will be on hand to present the welcoming address and he will be joined on the programme by a fantastic range of speakers, including the likes of: endodontist Alastair MacDonald, whose talk is entitled 'The latest, greatest drill'; Kevin Lochhead of Edinburgh Dental Specialists, who will be presenting 'Wear's the problem?'; Stephen Jacobs of Dental fx in Bearsden, who will be asking 'Are implants easier than teeth?'; Madeleine Murray, specialist in restorative dentistry with a focus on periodontics at Vermilion in Edinburgh, who will present on 'How can I help? Easy ways to make a difference'; John Barry and Andy Toy from The Dental Business Academy on 'Profit with integrity: seven steps to prosperity"; and John Meechan, senior lecturer and honorary consultant at Newcastle University, who will be giving 'An update on dental local anaesthesia'.

Other speakers include Aubrey Craig from the MDDUS, Hugh Harvie from Dental Protection and Leo Briggs from the DDU as well as 'The Selling Coach' Ashley Latter who will be giving two presentations; '12 recession-busting strategies to succeed and prosper in dentistry today' and 'Discover the secrets to perfect communication in your dental practice – help more of your patients to say YES ethically'.

Registration and session booking

If you have already registered through the Scottish Dental magazine website then you don't need to do so again. However, you will need to visit the new website to sign up for the individual speaker sessions. All talks are free of charge and will be allocated on a first come, first served basis, so don't delay and book your place today.

Registration is quick and easy, all you need to do is fill in the online form and click 'register', then wait for the confirmation email to come through. (Please note: you have to click on the confirmation email to confirm your registration so check your junk mail folder if you don't receive an email straight away.)

Exhibition

Due to overwhelming demand, the trade show has expanded into

a third hall at Hampden so we are now occupying the Lomond, Nevis and Millennium Suites. Nearly 100 exhibitors are confirmed for the show with some of the biggest names in the dental industry in attendance.

A comprehensive list of the companies, their stand numbers and a full floorplan is available on the website along with details of their special offers, show discounts and new product launches that they will be showcasing at the event.

Show info

The website also includes information on the special rates for delegates and exhibitors that we have secured at Glasgow hotels, directions to the venue and useful information about the fair city of Glasgow.

Keep an eye on our Twitter account – @ScottishDental – for updates on the show and don't forget to use the hashtag #ScottishDentalShow when mentioning the show to your friends and colleagues.

We are also on Facebook (www.facebook.com/ScottishDental), so log on for more information, exclusive pictures from the magazine and much more.

We have managed to narrow down the shortlist for the inaugural Scottish Dental Lifetime Achievement Award to four men who have all had a major impact on dentistry during their careers. All of the candidates would be worthy winners, but it is down to you to decide who will be named the 2012 recipient of the award at the Scottish Dental Show on 24 and 25 May.

Visit www.scottishdentalshow.co.uk and vote for your choice today.

Celebrating a lifetime of achievement

Hew Mathewson

Hew is a general dental practitioner from Edinburgh who has held a number of roles within the British Dental Association (BDA) and the General Dental Council (GDC).

He served as GDC president from 2003 until 2009 and was the council's first-ever chairman from 2009 until he handed over the reigns to Alison Lockyer in 2010.

His BDA roles have included branch president, chair of the Scottish Dental Practice Committee and the Sick Dentist Scheme Management Group and vice chair of the (UK) General Dental Practice Committee.

Other roles have included being president of the European Organization for Dental Regulators and vice-chairman of the Council for Healthcare Regulatory Excellence.

Hew continues to be active both in the wider healthcare world and elsewhere in the not-for-profit and charity sector. He currently owns and manages a practice in Edinburgh, where he has been since qualifying in 1977, and works part-time clinically.

He was awarded a CBE in the 2010 New Year Honours List for services to healthcare.

Continued »

Scottish Dental Lifetime Achievement Award

Continued »

Dr Jim Rennie

Dr Rennie is the former dean of postgraduate dental education for Scotland. Before retiring in March 2011, he was responsible to the chief executive of NES for the management and delivery of postgraduate dental education in the NHS in Scotland. Working closely with SGHD through the office of the Chief Dental Officer, Jim played a key role in the development and implementation of national strategy and resource allocation for dentistry and the professions complementary to dentistry in Scotland.

He was responsible for managing the workforce development aspects of the 'Action Plan for improving Oral Health and Modernising NHS Dental Services'. Jim also undertook a three-year term as deputy chief executive of NES.

Jim spent many years in undergraduate and postgraduate education within hospital and university settings before moving to SCPMDE and then NES. Other posts he has held include secretary to the dental faculty of the Royal College of Physicians and Surgeons of Glasgow, member of the General Dental Council and trustee of the Yorkhill Children's Trust. He has worked both at the University of Melbourne and the University of Cork.

Jim was awarded the CBE in the 2011 Birthday Honours for services to dentistry.

Graham McKirdy

Graham qualified BDS from the University of Glasgow in 1979 and was awarded DGDP 1993. He has worked since qualification in general practice and the last 29 years as a partner in practices in Glasgow and Hamilton. He is 98 per cent NHS income based.

He has been a member of the BDA's Scottish Dental Practice Committee (previously SGDSC) since 1991, the SDPC Executive since 2003 and was chairman from 1997 to 2003.

He has also served on the BDA Scottish council from 1997 until 2006 and the General Dental Practice Committee since 1997, it's executive between 1997 and 2003, the GDPC Remuneration sub-committee since 1991, the BDA Pensions committee since 2003, the Glasgow & Clyde LDC since 1994, the Lanarkshire LDC since 1981 and the Lanarkshire ADC 1984-2010 representing these committees at all levels. Since 2005, Graham has also served on the BDA's Representative Body and as vice chair of the BDA's Audit Committee.

He is currently chairing the NHS pensions negotiations for the BDA on a UK-wide basis. For 20 years, until 2001, he also held a part-time teaching post at Glasgow Dental Hospital.

Professor William Saunders

Prof Saunders has made a very substantial contribution to dentistry in Scotland over many years having been closely involved in undergraduate and postgraduate dental teaching in both restorative dentistry and endodontics. His research has had a significant impact looking at, among other topics, the periodontal and cellular responses to endodontic materials, and has sat on two RAE (Dentistry) panels, being vice chair of the 2008 panel.

He has edited specialist journals and acts as consultant to specialist dental manufacturers of endodontic instruments. He is an accomplished clinician who has maintained his clinical practice throughout the periods where he was deeply involved in dental politics and specifically as dean of Dundee Dental School, chair of the Dental Schools Council, and council member of the Royal College of Surgeons of Edinburgh.

He was also the prime influence in the design of the Aberdeen Dental School once the decision had been taken to build it. These activities have meant that hundreds if not thousands of dental surgeons practicing in Scotland and further afield have Bill to thank for shaping parts of their careers.

Visit **www.scottishdentalshow.co.uk** to vote for who you think should receive the first ever Scottish Dental Lifetime Achievement Award.

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Website aims to stop illegal denturists

CAMPAIGN

The British Association of Clinical Dental Technology (BACDT) has launched a campaign to stamp out what they call "the growing scourge of illegal dentistry across the UK".

The association has created a website – www.dentureprofessionals.org – where patients and dental professionals can find a CDT who is registered with the General Dental Council.

Barrie Semp, a member of the BACDT board, said: "The BACDT has become increasingly concerned about the rise in illegal dentistry and the website we have launched is aimed at helping to stamp out the problem.

"Our profession has very clear rules which state that only properly registered clinical dental technicians are able to consult patients and provide members of the public with dentures."

Ministerial visit. Knightswood Dental Practice in the spotlight

Childsmile in practice

Public Health Minister Michael Matheson MSP visited a dental practice in the West End recently to see the Childsmile Practice programme in action.

The minister met dentist Andrew Leitch and his team at Knightswood Dental Practice as well as two-year-old patient Marcus McCready and his mother Tracy.

Childsmile Practice is the last element of the £15 million programme to be rolled out across Scotland following the successful integration of Childsmile into nursery schools and primary schools.

Since late last year, all families with newborn babies across Scotland are now offered information on Childsmile from their health visitor. If the family is not registered with a dentist, Childsmile staff will contact families at the three-month stage to offer oral health advice and help them find a dentist for their child.

Speaking at the practice, Mr Matheson said: "We've made really good progress over a number of years now to make sure that we have the whole Childsmile initiative embedded in practices across Scotland.

"This is the latest stage in that whole process to make sure we have a comprehensive package around Childsmile which I think will allow us to continue to build on the very significant progress we have already made in improving Scotland's oral health record.

"We've made really good progress over a number of years now"

Public Health Minister Michael Matheson MSP

"In that sense it is an important step forward to make sure that we are working with parents and children as young as possible, to get them in to good habits in how they manage their own oral health."

Ray McAndrew, associate medical director, oral health, NHS Greater Glasgow and Clyde, added: "This exciting programme encourages dentists and their staff to give advice to parents on the care of their children's teeth. It places a strong emphasis on preventing dental decay through daily tooth brushing using fluoride toothpaste and advice on diet.

"Childsmile Practice also encourages dentists to apply fluoride varnish to young children's teeth which has been shown to reduce tooth decay. It is hoped that Childsmile Practice will build on the good work of the last 10 years and we hope to see further improvements."

Scot to lead BDA's young dentists

COMMITTEE ROLE

Dundee Dental School graduate Martin Nimmo has been elected as chair of the British Dental Association's (BDA) Young Dentists' Committee (YDC).

Martin, who is currently working as an associate in general dental practice in London, has vowed to strengthen the committee as a political force and to make its voice heard within the association.

He said: "Now, more than ever, young dentists need their own voice. Careers in dentistry are changing and younger practitioners must contend not only with the big issues that the profession as a whole faces, but also with their own set of distinct challenges.

"Young dentists graduate with increasingly-significant amounts of debt into a world where their talents are to be utilised in very different ways compared to their predecessors of just a generation ago. We need a strong voice that champions young dentists regardless of which country or area of dentistry they work in. The executive of YDC will be working hard to ensure it is that voice."

He will be assisted by newly-elected vice chair Dr Maria Papavergos, a GDP from Edinburgh and executive committee members Dr Tom Bysouth, an associate in general practice in Aberdare; and Dr Michael Lessani, an associate working in a variety of mixed NHS and private practices in Greater London.

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Specialist in Periodontics, Prosthodontics and Restorative Dentistry

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Nobel Biocare

Election. Glasgow Dental School graduate is appointed as the new deputy leader of the Labour party in Scotland

Labour pick Sarwar for depute role

Former dentist turned politician Anas Sarwar has been elected as the new deputy leader of the Labour party in Scotland.

Sarwar, who graduated from Glasgow Dental School in 2005, was elected MP for Glasgow Central in 2010, taking over the seat vacated by his father Mohammad Sarwar.

The 29-year-old former Hutcheson's Grammar pupil, comfortably won the majority of support from MSPs, MPs and MEPs within his party, as well as the backing of the rank and file members. He didn't manage to secure the support of the trade unions, who rallied around his rival Ian Davidson, but his impressive performance at the party hustings proved decisive.

Speaking after his successful election, he said: "The level of support that I received from all parts of our movement was very humbling, and I have taken confidence from the fact that the mood for change in the party was so strong.

"We must renew the Labour Party by actively listening and engaging with the people of Scotland to help reconnect with their hopes, aspirations and to build a more inclusive, equal and prosperous country.

"I have taken confidence from the fact that the mood for change was so strong"

Anas Sarwar

"An ambitious Scotland within a successful United Kingdom will not just talk about change, but lead it. I am delighted that Labour Party members have agreed and I will do my very best to make sure that the new Scottish Labour Party is once again the Party of people of Scotland."

Sarwar worked as an associate at Bidwell and Associates in Paisley until 2009 when he left to pursue his political ambitions. His wife Furheen, a fellow 2005 Glasgow graduate, is also a dentist and works at another practice in Paisley.

Denplan sold in multi-million pound deal

TAKEOVER

The country's largest dental payment plan business has been sold in a multi-million pound deal.

Axa has sold Denplan to the Simply Health Group for £115 million on a debt free cash free basis. After a pre-disposal exceptional dividend of £30m and a capital release of £6m, Axa pocketed £151m.

Simplyhealth is the UK's largest provider of health cash plans having been formed in 2009 following the merger of HSA, BCWA, LHF, HealthSure and Totally Active. The group has 1.2 million customers providing cover for two million people.

Denplan has more than 6,500 member dentists throughout the UK, treating in the region of 1.8 million Denplan registered patients.

Denplan's managing director Steve Gates said: "We are confident that we will benefit from the fact that Simplyhealth is solely focused on health, as well as being a UK-based organisation based on mutual principles, which shares the same values and ethos as Denplan."

Des Benjamin, CEO of Simplyhealth, said: "Denplan will find a strong and natural, strategic home within Simplyhealth. Both companies share a strong focus on customer service based on a fundamental belief in helping people access high quality healthcare and a culture and ethos which promotes staff engagement."

Axa bought Denplan in 1999 as part of the Guardian Royal Exchange acquisition and the company now says that it will focus its attention on private medical insurance and associated medical services to individuals and businesses.

Paul Evans, group CEO of Axa UK and Ireland, said: "The sale of Denplan allows us to focus our resources on the ongoing development of our extremely successful private healthcare business.

"We anticipate Axa PPP healthcare will be significantly strengthened by the expected acquisition of Health-on-Line in Q1 2012."

Denplan
At the heart of dental care

New advertising standards for dental professionals

GUIDANCE

The General Dental Council (GDC) has published new guidance to ensure that advertising placed by dental professionals is clear and does not mislead either the public or fellow professionals.

The guidance covers all forms of promotion of services, across print and on the internet.

It also guides dental professionals on appropriate use of specialist titles. Specifically, dental care professionals (DCPs) must not imply they have specialist status by giving themselves a title with 'specialist' in it.

Chair of the GDC Kevin O'Brien said: "The duty of all dental professionals is to put their patients' interests first. This new guidance will help to ensure that patients' basic right to clear, accurate information is protected and that dental professionals have helpful guidance to assist them."

BDA seeks views on strike action

SURVEY

For the first time in its history, the British Dental Association has asked its members for their views on industrial action in light of the government's proposed changes to NHS pensions.

Views were sought ahead of the February meeting of the BDA's Representative Body which will determine whether or not members should be formally balloted on strike action.

BDA members in all four UK countries received a copy of the survey in January along with a letter from BDA chief executive Peter Ward. It asks whether the recipient considers the proposed changes to NHS pensions acceptable, whether they might cause the dentist to bring forward their retirement date, and whether they believe it is safe for most dentists to treat patients up to the age of 68 years (the proposed new retirement date).

The survey also asks for views both on whether industrial action by dentists could ever be acceptable, and whether various forms of action should be considered in response to the proposed pension reforms.

BDA chief executive Peter Ward said: "The government is proposing fundamental changes to the NHS pension scheme. The proposal that arrived before Christmas was the best achievable by negotiations, and the BDA, in common with other unions, promised to consult members on its acceptability. This survey does exactly that and it is important that all members who would be affected by the changes make their views known to ensure that their voices are heard when the BDA's Representative Body meets to discuss this further."

For more details on the NHS pension reforms, visit www.bda.org/nhspensions

Apologies

In Colin Burns' Who's who entry in the last issue (Dec/Jan, p43 – Who's who in Scottish dentistry) it was incorrectly stated that Colin had a specialist interest in surgical and implant dentistry rather than a special interest as should have been the case.

The original text that was sent in to the magazine was incorrectly amended and we apologise for the error and any inconvenience or misunderstanding that may have arisen from this mistake. We would also like to thank Colin for his understanding and patience in this matter.

We would also like to apologise to Clive Schmulian for inaccuracies in his qualifications and for incorrectly stating that he lectures on CBCT at Glasgow Dental School. This is not the case and the text should have read that he lectures on CBCT in general dental practice.

Scaling the charity heights

Dental health charity Bridge2Aid are looking for teams of three to six people to prove their teamwork and stamina in the Yorkshire Three Peaks challenge.

The challenge is to scale the summits of Pen-y-ghent (694 metres), Whernside (736 metres) and Ingleborough (723 metres) in just 12 hours.

The event takes place on Saturday 31 March and is being run for B2A by Eight Point Two, a specialised organiser of challenging events, and who will provide qualified instructors, marshals for the mountains, communication systems and full support.

The cost of registration is £20 per person and teams must commit to raise at least £200 per person before the event. Practice Plan and IDH have already entered two teams each and there have been verbal commitments from several other companies in the dental industry.

To find out more about the B2A challenge, go to www.bridge2aid.org or contact Kerry at fundraising@bridge2aid.org

Volunteering. A former community cop from North Berwick is looking to help improve dental health in east Africa

Help needed to rebuild Rwandans' oral health

A retired community police officer from East Lothian is looking for dental volunteers to help provide oral health advice and treatment in rural Rwanda.

Allan Walker, who spent the last 10 years of his 32-year police career on the community beat in North Berwick, has set up a charitable concern called Build Rwanda which is dedicated to improving the lives of the local population.

So far he has been involved setting up worker cooperatives and micro finance in the country as well as taking a group of East Lothian youngsters out to volunteer in the small east African nation last year.

On his last visit he stayed with a Rwandan family outside Kigali and noticed that their oral health was quite poor. On returning he decided to look into the possibility of enlisting dental volunteers to go out with the aim of treating local people and providing advice on their general oral health.

Allan believes that the changing diet of the population – which is becoming more westernised – allied to a lack of oral health education is to blame.

He said: "I think it is partly diet but also lack of knowledge and education as well. I mean, when you look at an orphanage with 600 kids, what chance have you got?"

Allan is looking for help and advice at this stage with the aim of sending volunteers out to Rwanda in 2013 to start treating patients and provide oral health education.

To contact Allan, email build.rwanda@hotmail.co.uk

Grampian dentist joins Maverick charity

MOROCCAN AID

An Aberdeenshire dentist is heading out to north Africa later this year to provide much-needed dental care to children in a small Moroccan village.

Verena Tunn-Salihoglu of Oldmacher Dental Care in Bridge of Don, will be travelling to El Jabah in the north east of the country in September with oral health charity Dental Mavericks.

Verena met Tony and Cally Gedge, the husband and wife team behind the charity, at a dental conference in Spain last year and donated 200 toothbrushes to help the charity promote oral health in the region. Verena said: "It is very important for us to support Dental Mavericks because, without our help, these children would never have access to a dentist, even if they could afford it, as there are not enough dentists in Morocco to treat the whole population.

"I've always wanted to give something back to children in need but I was bit anxious and unsure as to how to go about it. This has given me the opportunity and I plan on grabbing it with both hands."

For more information on Dental Mavericks, visit www.dentalmavericks.org

BBC highlights GDC's problems

COMPLAINTS

A recent BBC Radio 4 documentary into the state of the General Dental Council (GDC) has reported that the regulator has been "battling a backlog of serious complaints".

The programme highlighted the fact that in 2010, the latest year for which figures were available, 72 serious complaints out of 224 referred for investigation that year had not been dealt with after nine months. The GDC have since appointed a new chief executive, increased the number of hearings and hired more staff to cope with the backlog.

However, the government wrote to the GDC's own regulator the Council for Healthcare Regulatory Excellence (CHRE) in September to investigate "whether the GDC may be failing in any way to fulfil its statutory functions".

The investigation followed the resignation of the GDC chair Alison Lockyer in May with the CHRE briefed with looking into: "The fairness and proportionality of the processes adopted by the GDC in handling complaints about the former chair."

CHRE chief executive Harry Clayton said: "The General Dental Council needs to refocus all its energy and attention on patient safety and the quality of dentistry.

"That is its job and that is what it needs to do and it needs to put the resources, the time and the attention necessary to do that."

Cancer survivors face poor quality of life

STUDY

Researchers looking at the survivors of head and neck cancers have found that up to half face a diminished quality of life, even after five years of survival.

The study, by the University of Iowa, concluded that a large percentage of long-term survivors of head and neck cancers have poor oral function, resulting in persistent eating problems and long-term depression.

More than half of respondents (51.6 per cent) reported problems with eating, while on average one in four survivors still experienced speech problems who lived for five or more years. It was a similar story when it came to a patient's physical and mental health, with more than a third recording low functionality after the five year analysis.

BDA backs government smoking campaign

Cessation support. Association puts its weight behind new quit campaign spearheaded by the Scottish Government

The British Dental Association in Scotland has given its backing to the new government campaign to encourage smokers to quit by using the national helpline Smokefree.

Dr Robert Kinloch, chairman of the BDA's Scottish council, said: "It is well known that tobacco use has a profound, damaging effect on oral health, contributing to conditions ranging from gum disease to potentially fatal or disfiguring oral cancers. Dentists across Scotland are fighting the effects of tobacco use every day.

"The BDA is pleased to endorse this campaign. Smoking is as detrimental to oral health as it is to general health and we strongly encourage smokers to consider seeking the support they might need to help them quit."

A recent Scottish Government-commissioned survey suggested that four in 10 smokers are smoking at least 15 cigarettes a day but only a quarter of these think that they are spending more than £1,750 a year on cigarettes – less than the average cost for a 15-a-day smoker of £1,916.

The survey also revealed that more than half (55 per cent) of smokers questioned are making an attempt to stop smoking as a New Year resolution and for the vast majority of these, health (81 per cent) and money (70 per cent) are cited as the top two reasons for quitting.

Speaking at the launch of the 2012 campaign, Public Health Minister Mr Matheson said: "We know that the majority of people in Scotland who smoke want to stop, which is the single biggest step someone can take to improve their health.

"Quitting can reduce a person's risk of having a heart attack or coronary heart disease and also enable people to make big savings when household budgets are under pressure. A new survey suggests many people underestimate the financial cost of smoking.

"Quitting is a common New Year resolution. We know people are less likely to succeed if they go it alone. Our new campaign tells smokers that they are more likely to succeed in making 2012 the year they quit for good by calling Smokeline for free on 0800 848484."

Orthodontic attention

APPOINTMENT

Former army dental officer Dr Jamie Deans has become the latest dentist to join specialist referral clinic Vermilion in Edinburgh.

A specialist orthodontist, Dr Deans will provide treatment for adults and children on a fully private basis, and is particularly interested in a multi-disciplinary approach to treating adult cases.

Following graduation from Glasgow in 1995, he joined the army and served as a dental officer in Germany, Cyprus, Northern Ireland, Gibraltar and the Former Republic of Yugoslavia. He then worked as an SHO in oral and max-facial surgery at Queen Alexandra Hospital in Portsmouth and Royal Navy Hospital, Haslar.

A member of the Faculty of Dental Surgery at both the Royal College of Surgeons of Edinburgh and England, Dr Deans was accepted onto the GDC's specialist list in 2007 after gaining his membership examination in orthodontics at the Royal College of Surgeons and a masters from Cardiff University.

Upon qualifying as a specialist he worked in the Defence Dental Services for Restorative Dentistry in Hampshire, providing orthodontic treatment for adult servicemen and women, as well as military families in Germany and Gibraltar.

He retired from the army in 2010 and worked within the hospital orthodontic services at the Leeds Dental Institute, York Hospital and, currently, at Glasgow Dental Hospital.

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Celebrating 25 years in business

ANNIVERSARY

Dental equipment company DP Medical is celebrating 25 years since founder Douglas Pitman started the business on the ethos that "quality and service was paramount in the niche markets in which it operates".

The company specialises in providing a wide range of equipment to dentistry and many other surgical specialities including ENT, gynaecology, neurosurgery, plastic surgery, oral/maxillofacial, veterinary, and forensic.

DP Medical equipment is now used throughout the UK and Ireland, in most hospitals and in thousands of clinics and surgeries. Products from leading manufacturers worldwide are supplied on an exclusive basis, with the company also producing some of its own products. Founder and managing director Douglas Pitman said: "We are continually seeking to provide quality products to the customers we serve in order to increase treatment possibilities and advance user techniques. We are proud to be associated with many leading UK and Irish clinicians."

Awards. Retired Bellshill practitioner David Collington was among the recipients in the Queen's New Year Honours List

Glasgow dentist gets new year royal recognition

Recently-retired Glasgow GDP David Collington was among five dental professionals to receive awards in the Queen's New Year Honours List.

A former partner at North Road Dental Practice in Bellshill, David is to receive an MBE for services to dentistry.

David, who retired in June last year, qualified in 1974 from Glasgow and spent his entire career in general practice in the NHS. He explained that the honour came as a great surprise when the letter came through the door late last year: "I was totally stunned to be honest. They sent a letter out about six weeks before New Year and I have to say I was just totally stunned when I read that I was to get this award for services to a profession that I have loved and felt privileged to be part of.

"I'm delighted to accept this award but if it wasn't for the support, help and advice from my family, my dedicated staff, all of my colleagues and not least my loyal patients, this could never have happened."

David worked as a visiting GDP at Glasgow Dental Hospital for 25 years and served on several dental committees over the years, in particular the Lanarkshire Dental Audit Committee.

"I am stunned to get this award for services to a profession I have loved to be part of"

David Collington, MBE

Other Scottish recipients of honours included a CBE for Professor Jimmy Steele, Dundee graduate, dean of Newcastle Dental School and author of the Steele Review of NHS Dentistry in 2009. Former president of the British Association of Dental Nurses Angie McBain, originally from Ayrshire but now working as a dental nurse tutor in Luton, also received an MBE.

Student debt could deter students from dentistry

A new report from the British Dental Association (BDA) has warned dental students face a "cocktail of spiralling levels of debt".

The *Student Futures* report also highlights that many students are unsure about the financial support available to them as well as harbouring concerns about changing career pathways. The report warns that these uncertainties could deter potential students, unwilling or unable to take on the potential financial burden, from applying for dental courses.

Dr Martin Nimmo, the Chair of the BDA's Young Dentists and Student committees, said: "Many dental students already incur significant debts completing their studies. The size of these debts alone may be prohibitive to some potential candidates, whose concerns about their personal finances may be deterring them from applying for dental courses. Uncertainty about funding arrangements and career prospects make decisions about whether to apply for dental courses even harder.

"If the government is serious about its very laudable Fair Access to the Professions agenda, then it must think seriously about these issues and seek to provide certainty by finalising arrangements for NHS bursaries to ease concerns about how studies can be funded."

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From the chairside

with Alison McKenzie

Why a new diploma?

In 1936, general practitioner Philip Grundy visualised a qualifying examination for dental surgery assistants. From 1943-1951, the exam consisted of a three-hour written paper and additional oral exam; a practical test was included in 1952.

Developed over the years, the NEBDN National Certificate is one of the qualifications approved by the General Dental Council for statutory registration. Today's format consists of a record of experience made up of five units requiring the support and validation of workplace tasks by the dentist. It also includes a case study of 1,000 to 1,500 words, the written portion including multiple choice, diagrams, short answer questions, charting, conventional questions, a spotter test and concludes with a practical/oral examination.

I passed the National Certificate in 2007 and can vouch that it requires a good amount of study and the full support of a dentist. So I read with interest the details of its replacement, the NEBDN Diploma in Dental Nursing.

This new modern examination also includes a record of experience and is based on a competency based curriculum. Part one is designed to test the candidate's ability to apply their knowledge and is divided into 75 multiple choice questions (MCQs) and 50 extended matching questions.

Part two, the OSCEs (Objective Structured Clinical Examinations) are designed to assess the skills, competencies, and practical application of knowledge of various clinical situations. There are 16 OSCE stations, which include two rest stations and last approximately five minutes each. They consist of either a practical or theoretical task. A candidate has two minutes to read instructions before entering the OSCE station, and as they perform the OSCE, an examiner assesses the candidate while completing a set mark sheet.

The National Certificate "details those areas of knowledge and understanding which a dental nurse needs to develop in order to be able to practise competently. Therefore much of the examination is based on the candidate being able to apply the knowledge in a practical setting" (www.nebdn.org).

If this is the case, does it need to be replaced by the new diploma?

It is right that the National Certificate should be modernised. The length of the examination lasts a full day, a fail in one area results in a resit of the entire exam, the negative marking is an unfair system and the practical and oral tests are far too short, with too few scenarios to assess the candidate.

"I passed the National certificate in 2007 and can vouch it requires a good amount of study and the full support of a dentist"

So, what are the advantages of the diploma? Candidates must pass part one before sitting part two, the negative marking system has been removed and there's an introduction for single best answer type questions for the MCQs. The OSCEs will take place on a separate date and its format is an improvement to the practical/oral of the National Certificate, plus the incorporated rest stations will be a welcome distraction for the candidates.

The update of any examination is important, but so too is the support required from employers and one hopes that this new Diploma encourages dentists to take a more active part in the education of their trainees. ■

By Bruce Oxley

Leading by example

The new dean for postgraduate dental education aims to emulate the success of his much-admired predecessor at NHS Education for Scotland

By succeeding "probably the most successful postgraduate dental dean in the whole of the UK," Dr David Felix acknowledges he has a pretty difficult act to follow.

However, the newly-appointed dean for postgraduate dental education at NHS Education for Scotland (NES) will be able to draw on nearly a decade's worth of experience as associate dean alongside his predecessor, Dr Jim Rennie. "He was a good role model and I enjoyed a very good relationship with him. And I'm not just saying that because he was my boss!" he said.

In fact, Dr Felix's connection with Dr Rennie actually goes back even further to his student days at Glasgow Dental School. He said: "I've known him for a long time – he taught me as a dental student when he was a lecturer in oral pathology – so I have known him from the time I was an undergraduate.

"In my postgraduate roles, I picked up quite a lot from him in terms of how to manage difficult situations, so it has put me in good stead."

Dr Felix graduated from Glasgow Dental School in 1978 and, after completing a number of training grade posts in Glasgow, Salford and Ipswich, he decided to go back to medical school from 1983 to 1988. After carrying out his pre-registration house officer posts at the Royal Infirmary in Edinburgh, he received an MRC (Medical Research Council) training fellowship and then undertook higher training in oral medicine in Edinburgh.

He became a consultant at Glasgow Dental Hospital in 1992, and in 1995, he was appointed as

the hospital dental services tutor for the west of Scotland, with responsibility for all the dental trainees within the hospital system in the region.

During this time, he also became a council member of the British Society of Oral Medicine, moving on to the position of secretary between 1994 and 2002 and then president from 2003 until 2005.

In 1996, Dr Felix was awarded the Fellowship in Dental Surgery (FDS) of the Royal College of Physicians and Surgeons of Glasgow without examination and in 1997, the FDS from the Royal College of Surgeons of Edinburgh (RCSEd), again without examination.

Dr Felix has also played a prominent role in the dental faculty at the RCSEd, serving as secretary from 1999 to 2005 and then dean of the faculty from 2008 until September 2011. He was a member of the Specialist Advisory Committee (SAC) for the Additional Dental Specialties from 1999 until 2010, serving as chairman (2007-2010) at a time when the GDC had tasked the SACs with the development of specialty curricula.

When NES established an associate dean post with a national role in 2001, Dr Felix applied and was appointed following interview, holding the post until February last year when he was appointed acting dean after Dr Rennie's retirement. He officially took up the post in April 2011 and late last year the post was made substantive.

Dr Felix acknowledges that his predecessor played a big part in the development of dentistry in Scotland in recent years. He said: "Jim was probably the most successful postgraduate dental dean in the whole of the UK. So, from that point of view, he is an incredibly difficult, almost impossible, act to follow.

"Through Jim's efforts and his interactions with a number of chief dental officers in Scotland, dentistry acquired a substantial uplift in funding, particularly as a result of the Dental Action Plan."

As a result of this funding, there have been a number of innovative projects within dentistry in Scotland such as the development of the dental outreach centres across the country – 17 at the last count.

"Dental students now get exposure to working in an environment that more closely resembles primary dental care, where the majority of dental students will end up spending their careers," said Dr Felix.

Dr Felix also highlights the fact that Scotland is the only country in the UK to have introduced formal satisfactory completion of vocational training. He said: "Previously, to complete vocational training, someone had to work for one year in a recognised general dental practice under the supervision of a recognised trainer and attend 30 study days.

"Now we have formal satisfactory completion, which is underpinned by robust workplace-based assessments and is peer reviewed. This should inevitably give greater confidence to the public that anybody coming out of vocational training is appropriately trained."

"Dental students now get exposure to working in an environment that more closely resembles primary dental care"

Dr David Felix

As for his own style, Dr Felix insists it will be a case of carrying on all the good work initiated by Dr Rennie, albeit in more trying economic times. He said: "The current financial climate will be a challenge, but from that point of view, we are, in comparison with other postgraduate deaneries south of the border, still well funded. So that does make things a lot easier.

"Postgraduate deaneries south of the border still have aspirations of achieving some of the things that are happening in Scotland. But I think they are looking at a very challenging funding envelope and that is not so much the case in Scotland."

As a member of COPDEND (Committee of Postgraduate Dental Deans and Directors), Dr Felix meets up with colleagues from across the UK four times a year to share good practice and develop common policies. However, he does acknowledge that the differing health systems can present certain challenges.

He said: "In some areas, it is quite difficult to have common policies simply because of the different health systems. But I think it is important to maintain contact with the deans south of the border.

"Sometimes you will pick up some areas of good practice that are worthwhile bringing up to Scotland, but in other areas, particularly with vocational training, we are so far ahead of England."

Continued »




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"Mine will primarily be a leadership role and, with the knowledge that I have an excellent team working under me, I am very optimistic for the future"

Dr David Felix

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When asked if the deaneries south of the border are quite envious of their colleagues in Scotland, he said: "Not just quite envious – very envious at times, I would say. They probably look at the amount of funding we have had and wonder 'How on earth did you manage to get that?'."

In a previous interview with *Scottish Dental magazine* (Aug/Sept 2011, p30), Dr Felix's predecessor as dean of the Dental Faculty at the Royal College of Surgeons of Edinburgh, Professor Richard Ibbetson, praised his work on setting up the tri-collegiate membership examinations and acknowledged the limitations a three-year term can present.

Dr Felix responded by saying: "It is very difficult, and in that role, which is for three years, it is virtually impossible to come up with a novel idea and see it through. Unless you come up with a novel idea on day one.

"But I never saw the dean's role at the Edinburgh college as being solely my mission, I saw what was achieved as a dental council achievement. It wasn't just me. I would never have been able to move certain things forward without the support of dental council. It certainly isn't a one-man band."

And he believes that the Edinburgh college is in good hands with Prof Ibbetson, saying: "The tri-collegiate membership exams took a long time to get going and to finally get agreement. They are not up and running yet, but Richard is continuing to run with that ball.

"It would be unfortunate if you were dean for three years and then a new dean comes in and decides to change direction – that would mean that dentistry would get nowhere. It is gratifying that Richard is adopting similar stances that I did in terms of the tri-collegiate memberships, which I think will be of benefit to postgraduate dental education and training."

In terms of his aims and ambitions for the dental directorate, Dr Felix insists that it is still early days and he is realistic about the challenges that lie ahead. He said: "My plan is to develop, but, because of the current financial situation, we will increasingly be expected to do more with less resource. However, I don't anticipate that the budgets will be cut significantly.

"I am also keen that the dental directorate plays a full part within NES. One of the strategic aims within NES is to have greater integration between different directorates and I think there are lessons that can be learned from other directorates.

"In the past, dentistry has been held up as an exemplar within NES and it has always been seen as leading a variety of initiatives and we continue to do that. But there are other directorates within NES that are equally taking things forward and it is always helpful to learn from what they are doing, have greater integration and share best practice."

And it is that spirit of teamwork and collaboration that Dr Felix hopes to tap into in order to drive the directorate forward. He said: "I don't think any one person can be expected to know everything about postgraduate dental education. There are workstreams that people within the team will have far greater knowledge of than I will, so I will take the appropriate advice from the team. Mine will primarily be a leadership role and, with the knowledge that I have an excellent team working under me, I am very optimistic for the future." ■

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Full of Eastern promise

A five-year spell in China gave dentist Madeleine Murray a fascinating insight into living and working in another culture. Bruce Oxley reports...

With her CV listing previous jobs in Bristol, Newcastle, Dumfries, London, Manchester and Glasgow, Madeleine Murray is no stranger to moving from place to place in order to further her career. However, after establishing herself as a specialist in restorative dentistry following years of training and experience around the UK, her latest relocation was a little further a field, to say the least.

The Glasgow Dental School graduate upped sticks in 2006 with her husband and two primary school-age children to head off to the Far East to spend five years in one of the largest cities in the world – Shanghai.

Madeleine's husband Craig worked for an American consulting firm and had long since proposed to his bosses that they should expand into the Far East. She explained: "Eventually they said, go do it. He really wanted to do it and I was happy to have an adventure. The kids were young enough to take them away – Sally was seven and Anna was five. So we went."

However, despite the lure of the adventure, Madeleine did have some reservations: "I was at a time in my life where everything had fallen into place for me with work. I had a great specialist practice job that I really enjoyed, I had just finished the law and ethics (masters degree) and had some teaching opportunities for that on the distant radar, the kids were getting bigger and starting school, and we upped sticks and moved."

Madeleine graduated from Glasgow in 1984 and undertook her first general duties house job in Bristol. She then moved to Newcastle and after that Dumfries, where she combined oral surgery, orthodontics and one evening a week in general practice. After sitting her Fellowship at the Royal College of Physicians and Surgeons of Glasgow, she moved down to London to work at the Royal London Hospital, where she discovered her interest in periodontology.

At that time, however, you couldn't become a mono specialist periodontist if you wanted to work in a clinical hospital setting, so Madeleine moved back up to Glasgow to embark on her restorative training. She completed her specialist training in Manchester and was accepted on to the General Dental Council's specialist register as a specialist in restorative dentistry in 1998.

After completing her specialist training, Madeleine explained that she and her husband Craig decided that it was time to consolidate and move back up to one home in Scotland. They were expecting

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their first child and, due to the nature of their jobs, they had never really lived together. She joined Trevor Burke and Crawford Bain at Glasgow as senior lecturer in dental primary care, setting up the masters course at the dental school. While she was doing that, Arshad Ali approached her to work as a specialist at his new Niddrie Square Clinic, which she accepted.

Madeleine increased her working week at Niddrie Square as the primary care course commitments reduced, and, as well as giving birth to her second daughter, she started a masters degree in medical law and ethics. So it was at this point, with everything falling into place, that her life was turned upside down following the news that Craig had been given the opportunity to expand the company into China. The family headed out to the Far East for an initial period of two years – which eventually turned into five fascinating years in Shanghai.

Madeleine knew that she wanted to work while out in China, if at all possible, and she managed to get in touch, and find work, with a US-Chinese joint venture clinic in Shanghai. The clinic owner was a Chinese dentist who taught at Jiaotong University in the city and who had completed his masters degree in fixed prosthodontics in the US. The dentists at the clinic were either ex-pats or locals who had gone overseas to do masters degrees. Madeleine said: "I worked there part time as a periodontist, a day or two a week depending on what was happening. But it meant that I could continue to work, which was unusual among trailing spouses, because most of the time you can't.

"I was determined that I didn't want to stop, because I knew that if I stopped I'd probably never get back as it would have been too long since I had used my hands."

"I missed having my own identity. The first question anyone asks is 'who does your husband work for?'

Madeleine Murray

With ex-pat colleagues and bilingual dental nurses, her work at the clinic wasn't affected by the language barrier too much, unlike her route to work: "The place I was working was in Pudian Lu, and just about half a mile away was a street called Pudian Lu, spelled the same but pronounced with a different accent on the second half of the word. If I got in a taxi on my way to work I would often find myself driving past where I wanted to go to because I had pronounced it incorrectly!"

Madeleine explained that, despite a very friendly and open ex-pat community, she missed having familiar faces around in the early days. She said: "I think I missed people more than anything. I really missed the ability to communicate properly. Meeting somebody in the street or at work and having no ability to pass the time of day because you can't speak the language properly, I found that really hard."

Even though she was working at the joint venture clinic, she missed being known as a working professional in her own right. "I missed having my own identity," she said, "As a trailing spouse, the first question anyone asks is: who does you husband work for? Nobody had ever asked that – a lot of people I worked with never even knew I had a husband!"

However, with work no longer taking up the majority of her time, Madeleine was determined to keep busy. She became involved with several local charities and even set up a small business with a product designer friend making bags and selling them on.

In the fourth and fifth years of their stay, Madeleine started working at Jiaotong University teaching dental English in the dental school. She said: "There was myself and an American woman – she taught them the American pronunciation and I would teach them the English. I would also teach them the Scottish pronunciation occasionally as well!"

With the student accommodation at the university on top of the teaching block, it made for an interesting contrast to UK dental schools. She said: "You'd go upstairs to the phantom head room and besides the phantom head room all the students' washing would be hanging along lines in the corridor.

"The teaching block was not at all like teaching blocks in the UK – it was very different."

The teaching environment was also quite different to what Madeleine was used to, with the students being taught by rote for the most part. "They often had specific texts that they had to learn," Madeleine said. "And they would chant it like the children here chant their times tables. They would get on a roll, I would try and stop them every now and again, to ask them about a specific word and ask them to put it in a sentence, etc. But that was very difficult for them.

"Also, students here would always ask why, why, why? Which is absolutely right. In China they would never, ever challenge a teacher like that.

"Even if they disagreed with

Madeleine, husband Craig and children Sally and Anna spent five year in China, enjoying a different culture and working experience

you, it would be very disrespectful, and especially in my case as an ex-pat, for them to ever challenge me."

And, while she managed to get them to open up a bit, it was clear that they were uncomfortable with a less structured teaching method. " I found that on the whole, they are great at straight thinking and doing the tasks, but ask them to think outside the box and it is hard for them."

While Madeleine admits it did take them a few months – and in the case of one daughter, a couple of years – to really settle in to life in Shanghai, there are plenty of things that she now misses. She said: "There was a huge buzz living in such a big city (24 million people) and a city on the edge of change. It was like living through a huge revolution when we were there.

"You would get in the car one day to go somewhere and then drive that same road two weeks later and it had changed because a building had been pulled down, or a new one had gone up."

She reveals that the experience of living in a country that is so far removed from the UK and our culture here has had a positive effect on her personally.

"I think the whole experience changes you," she said. "You learn a lot about yourself and people around you just by going into a situation where you are completely at sea. I think there is an element, when you go somewhere that is so different, you feel like you just don't know how to do anything anymore. I learned a huge amount from that."

Madeleine returned in late summer last year with the children, as her eldest was just about to start secondary school. They were keen to minimise disruption at this key time as she was about to start on an exam curriculum. "We also wanted them both to feel Scottish," she said.

And, in terms of her own work, Madeleine reckons she has landed on her feet after being taken on by specialist referral clinic Vermilion, so soon after returning to the UK. After chatting to principal dentist David Offord at a meeting in Scotland while she was still in China, they kept in touch and met up again on her return. Madeleine said: "It was just great timing. For me, I like the adventure of being somewhere new. I like working with David and Grant and it is a great practice."

Madeleine revealed that, while they did consider staying out in China for longer, it wasn't just their children's education that was the key factor. She said: "I did seriously think about what else I could do if we had stayed and if I didn't want to be a dentist.

"But it turned out that actually, I really like being a dentist and this is exactly what I want to do." ■

Hero or villain?

When faced with a patient complaint, go above and beyond to make amends and you'll reap the benefits in the longer term, advises Ashley Latter

You can either become a hero or a villain – it all depends on how you deal with patient complaints. I would like to share an experience that happened to me last year with a hotel in Dublin which illustrates what happens if you don't address the issue properly.

I was running one of my two-day courses at a well-known brand hotel. Because I was travelling by plane, I shipped all my manuals and books and they left England in two boxes. I contacted the hotel a few days later and, to my surprise, they informed me that they had only received one of the boxes. I waited a few days and rang the hotel again, only to receive the same response.

I could not believe it. As the programme was only a few days away, and because I had run out of my own books, I could not give the delegates a copy of my book. As this was my first programme in Ireland, this was not the impression I wanted to make.

After the programme, I came back to England and sent a book to each delegate with an apology. I decided to make a claim for the loss of my books, which totalled £350. I also asked the Post Office to investigate and could not believe their report.

They confirmed that, in fact, both boxes had arrived. I was furious.

I contacted the hotel to inform them and I also shared with them the name of the person who signed for my boxes. After they conducted their own investigation, they found the other box and, as I expected, the hotel representative apologised and said she would send the boxes back.

She then went on to say that she would give me a 15 per cent discount on further bookings at the hotel. I could not believe what she said. Here is a hotel who lost one of my boxes, denied they had in fact received it with the result that, on my first programme in Ireland, I could not give the delegates all the appropriate supplies.

All the hotel was offering me was a small discount on future bookings. I told the hotel representative the problems she had caused me and the expense and time of having to send the books individually to each delegate after the course. I asked her if she were me, would she hold another course at the hotel?

To be honest, I was surprised by her lack of empathy. It was obvious she did not see things from my point of view. I felt she was trying to fob me off. After a few heated words and discussions, she finally knocked a considerable amount off the bill and a 50 per cent discount off any future booking with the hotel.

Are complaints good for your practice? I personally don't mind the odd complaint in my business, as long as we don't get many. The reason why I like complaints is that it gives you the opportunity to become a hero. If you go above the call of duty in dealing with a complaint, you can actually recruit raving fans for your business/practice. They also give you an opportunity to learn from it and change things within your practice.

When you deal with a customer

issue well, you can become a hero and the customer respects and values you.

When you deal with it badly, then you can lose a patient and they can and will tell hundreds. It is so important to your practice that you deal with complaints immediately and also that you go the extra mile. With social media and the role of the internet, if you have a bad experience, you can inform the whole world within seconds.

I honestly believe that, however good you may be at the patient journey and communicating, you are going to get the odd mistake in your practice. Here are a few steps you can take to address the issue and ensure that you recruit raving fans for your practice:

1. Put yourself in your patient's shoes. You have to see things from their point of view. If you have made a mistake, let's see what impact the mistake has had on them. You cannot do anything unless you walk in your patient's shoes.
2. Say you are sorry, and say it quickly. Don't forget, your patient is upset and not happy and a sincere apology will go a long way to reducing their anger and frustration.
3. Tell the patient that if you were them, you would feel the same way. Show real empathy here, understanding what impact your mistake would have on you personally.
4. Address the issue and put your wrong right, but go above the call of duty. I often call this as ABCD. In other words, do more than the patient expects. If you do this then you can become a hero and your patients will love it.
5. Ensure that you follow up with your patient to ensure that everything is okay and that they are happy now.

Once you have done all the above steps, make sure that you learn from the mistakes and change the protocol in your practice.

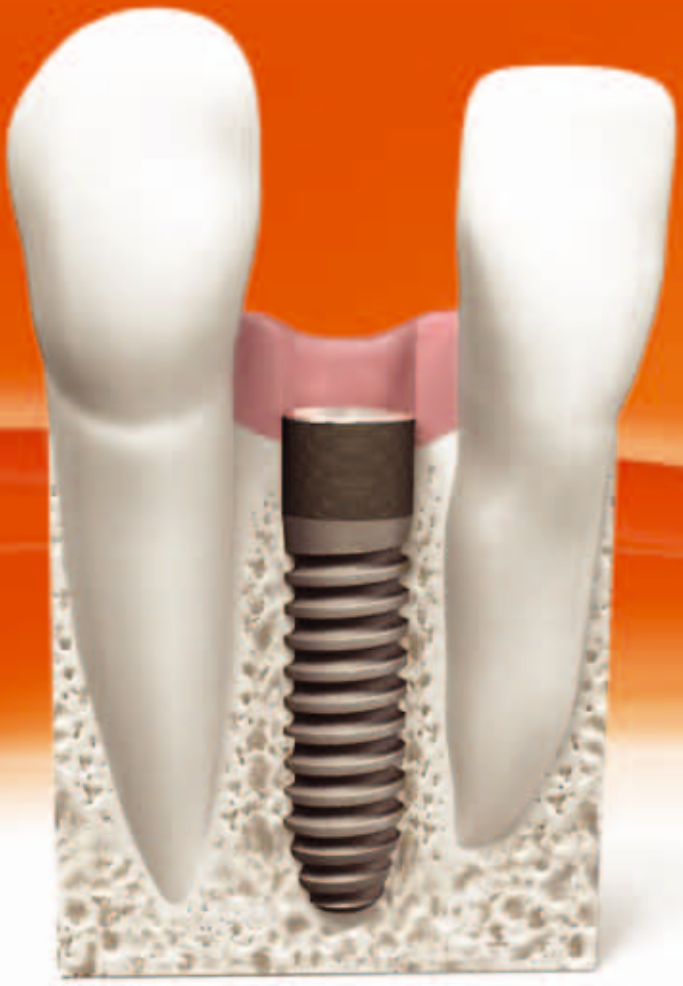
The last thing you want to do is to make the same mistakes again and again. Learn from them and put right the wrong you have done – then you will recruit ravings. ■

"I like complaints... it gives you the opportunity to become a hero"

Ashley Latter

ABOUT THE AUTHOR

Ashley Latter is one of the leading business coaches in the UK. Over the last 12 years, he has delivered his Two-Day Ethical Sales & Communication Programme to more than 4,500 delegates, helping them improve their communication skills and uptake of treatment plans. He is also the author of a book called Helping Patients to say YES and Don't wait for the Tooth Fairy. Visit www.ashleylatter.com for more information and to sign up for his newsletter.



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

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SPMP10109 REV D SEP 2010

The recent issues with PIP breast implants should be a salutary lesson for all dentists, warns Crawford Bain, BDS, DDS, MSc MBA

Should dentists be using cheap implants?

The recent publicity about high complication rates with PIP silicone breast implants has led to both public and political scrutiny of the EU standard of assessment before these implants were made freely available for use in Europe.

The CE mark used for "quality assurance" in breast implants is the same one used in dental implants (and children's toys). Because both types of implants are classified as devices, they do not have to meet the same stringent assessment that is the case with prescription drugs.

Several dental implant manufacturers have sponsored extensive prospective multi-centred research of their products over a prolonged period, followed by the scrutiny of internationally renowned refereed journals before launching their products on the market.

Others, however, seem to rely on an approach not far removed from the TV advert "it sounds just like a Golf" and "it looks just like a Golf".

In the past 18 months, I have been approached by representatives of three relatively new implant companies, each boasting CE marks and offering significantly lower prices than the more established companies with a published strong evidence base. While sales approaches have varied, they are usually made up of a second-hand testimonial: "So and so are using more of these implants than any other with great success," and a thick bundle of glossy brochures.

When read in detail, the "scientific documentation", while displaying impressive graphs and tables and boasting success rates close to 100 per cent, is sadly lacking in references to credible refereed journals for the specific implants being offered.

Recently, another newish company, presenting at a sponsored forum in an international implant meeting, presented very high success rates, basing failure figures on the percentage of failed implants returned to them as a ratio of the number sold. Using this basis, the 70 or so implants I have placed but not yet exposed, as well as the 120 or so implants in my cupboard, are all successes! Oh, that it were so.

All implant surgeons will have integration failures, regardless of the system they are using. On top of this, we have aesthetic failures, phonetic failures and oral hygiene failures. Those who boast 100 per cent success

Continued »

Fig 1

Massive bone loss around implants placed less than three years ago in South Africa

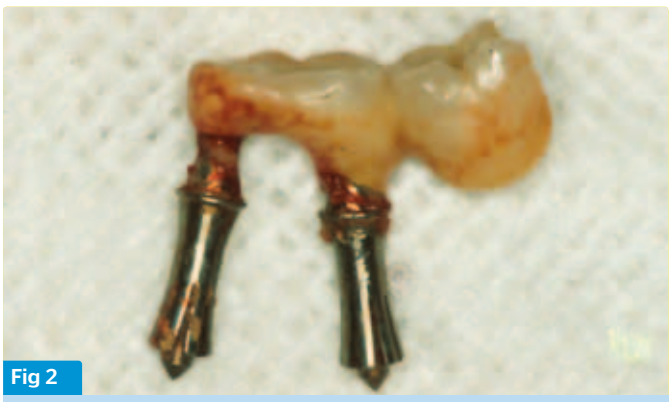

Fig 2

The implant bridge was very mobile and everything was removed by hand. Treatment costing less than $1,000 was not such a bargain.

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Continued »

still have all of the implants in their cupboard, or perhaps are being economical with the truth. We should not be tempted in hard economic times to switch to unproven implants without a valid evidence base, just because of the lower price and the sales pitch. They may be fine, but they may also eventually prove to end up like the PIP breast implants.

Those of us who are familiar with the implant literature will be aware of Implamed implants showing a failure rate of up to 63 per cent in smokers (Jones et al 1999); Calcitek HA Coated implants having an overall 61 per cent failure rate after six years and even higher failure rates in the maxilla (Watson et al 1998). Malmqvist and Senerby (1990) at University of Oregon reported success rates of between 9.3 per cent and 37.2 per cent for 47 consecutively placed Core-Vent implants depending on the success criteria used.

All of these were systems that met acceptable criteria as devices to be used in the human jaws. Many other examples could be cited. Even credible premier companies such as Nobel have had significant problems when new implants were introduced with less than their usual pre-launch research (Albrektsson et al 2007).

We have all been exposed to lectures on how to assess the evidence base of various dental materials and devices. We should be influenced by evidence, not price and testimonial, when deciding what implant to use. A decision on which implant system to use should also be based on what you would have placed in your own or a family member's mouth (not the mother-in-law!). Only if two systems are equally well proven over time should cost become a factor.

It is interesting to also see the media turn its focus on to dermal fillers and Botox. For those of us who are not only dental professionals but also plastic and dermatology amateurs, it might be wise to proceed with caution, or perhaps retreat? Are we really trained to differentiate the 160 injectable fillers available in the UK (only six are approved for use in the US according to *The Times* – Would you like some filler with your filling?). But that's another story.

"I am reminded of the advice of Harold Gelb, a 'guru' of TMJ treatment: 'Never buy a cheap parachute, or shop around for a neurosurgeon'"

Crawford Bain

Decisions in healthcare should not only be aimed at restoring or maintaining health, but also at showing that we truly care for our patient. The PIP situation should remind us of two things; that Harley Street is an address, not a qualification, and that some of our medical colleagues are more focused on treatment than care. The dental profession has an opportunity to learn from the problems with breast implants and show that we are not prepared to use minimally tested devices on our patients because of price.

I am reminded of the advice of Harold Gelb, a 'guru'of TMJ treatment: "Never buy a cheap parachute, or shop around for a neurosurgeon." ■

Dr Crawford Bain accepts referrals for periodontics and all aspects of implant dentistry at 14 Somerset Place, Glasgow G3 7JT (0141 353 3991) and at Edinburgh Dental Specialists (0131 225 2666).

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The secrets of implant success

How the implant-abutment connection holds the key to prosthetic success, by Dr Gerald A. Niznick

In 1991, *Compendium* published an article by Dr Gerald Niznick entitled 'The implant-abutment connection: Key to prosthetic success'. The principles Dr Niznick expounded 20 years ago are even more valid today with Implant Direct's broad line of application-specific and industry-compatible implants shown by the company's one- and two-piece implants below.

Dr Gerald Niznick, a prosthodontist, revolutionised the implant industry with the introduction of the Screw-Vent implant in 1986 (now sold by Zimmer Dental) with its patented internal connection platform that featured a lead-in bevel for lateral stability and an internal hex for insertion and accurate transfer capabilities (Niznick – US Patent #4,960,381). This implant-abutment connection has become the cornerstone of modern implant design, licensed to eight implant companies and copied by many others following the expiration of the patent in 2007.

One such replication is the lead-in bevel/internal hex of Nobel Biocare's NobelActive implant. Whether the lead-in bevel is 45 degrees, as in the original Screw-Vent implant, or 82 degrees (Straumann), 79 degrees (Astra) or 78 degrees (NobelActive), a 'conical' interface provides lateral stability reducing the occurrence of screw loosening in comparison to butt joint connections (tri-lobe and external hex implants). The original 45-degree bevel, present in Implant Direct's Legacy system, has the added advantages of increased strength and improved tactile sense for seating an abutment without the need to take an X-ray as recommended by Nobel Biocare for NobelActive.

Dating back to the early 1980's, Dr Niznick's focus has been to provide high quality products at value-added prices with simplified surgical procedures and versatile prosthetic options.

Following this strategy and with a strong focus on use of the internet for education, sales and marketing, Implant Direct has been credited with bringing about a price-point shift in the implant industry in just four years. The industry changes and recent economic factors have prompted many dentists to have a reality check on the best options for their practices and patients.

Implant Direct today offers the broadest line of implants and abutments in the industry, many incorporating Dr Niznick's patented innovations including double-lead body threads for faster insertion with coronal quadruple-lead microthreads for reduced stress and increased stability (Niznick - US Patent #7,677,891).

The company philosophy has been to combine clinically proven implant design concepts with All-in-1 Packaging for maximum value and convenience. While the items included vary by product, All-in-1 Packaging reduces or even eliminates the need to purchase additional items at the restorative phase of treatment (Niznick – US Patents #7,396,231 and #7,785,107).

The application-specific Spectra-System includes ScrewPlant bone-level and ScrewPlus tissue-level implants with the same internal hex – external bevel connection as well as several unique one-

Fig 1 Implant Direct's expansive product offering. Clockwise from top right: ScrewIndirect, RePlant, ScrewPlant, InterActive, SwishPlus, GoDirect, (centre) Legacy3

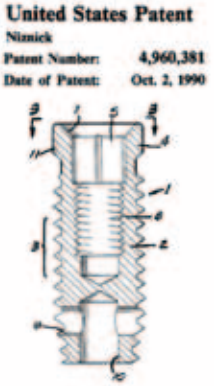
United States Patent
Niznick
Patent Number: 4,960,381
Date of Patent: Oct. 2, 1990

Fig 2 Dr Niznick's patent for the internal hex connection that became the foundation for modern implant design

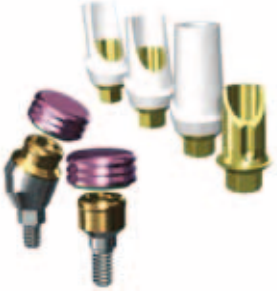

Fig 3 GPS and Zirconia abutments, the latest in a line of simply smarter prosthetic solutions

piece implants. The one-piece implants provide increased strength, allow use of smaller (3mm) diameters while shortening chair time and reducing both cost and inventory requirements.

The GoDirect one-piece implant features a platform that is compatible with Zest Anchor's LOCATOR abutments for overdenture attachments. GoDirect's innovative design also allows for conversion to screw-receiving, multiunit abutments should the treatment plan change over the years. Implant Direct has recently launched a complete line of GPS abutments that are compatible with the LOCATOR system.

Another Spectra-System one-piece implant, ScrewIndirect, provides a multi-unit abutment platform for bar overdentures and fixed-detachable, hybrid prostheses – making Teeth-in-1Day a practical and cost-effective procedure.

In addition, Implant Direct offers implant solutions with industry-compatible internal hex, tri-lobe and octagon connections. The Legacy System offers surgical and prosthetic compatibility with Zimmer Dental's Tapered Screw-Vent developed by Dr. Niznick in 1999. Legacy abutments are compatible with several other internal-hex implant systems, such as BioHorizons, BlueSky and MIS.

Implant Direct's RePlant, RePlus and ReActive Tri-lobe system provide prosthetic compatibility with Nobel Biocare's Replace implants and Implant Direct's SwishPlus and SwishPlant internal octagon tissue-level implants provide prosthetic and surgical compatibility for Straumann customers.

Implant Direct does not make clones. It designs updated versions of these popular competitors' products by adding features to improve self-tapping insertion as well as increase strength and surface area. Implant Direct is in the process of increasing its manufacturing capacity from 40 CNC machines to 68 to keep up with the demand for its products. The additional manufacturing space will allow Implant Direct to offer CAD-milled titanium bars, custom abutments and surgical guides.

In addition to an already broad product line, Implant Direct will be launching the InterActive implant system (Q12012) with prosthetic compatibility to Nobel Biocare's NobelActive implant plus surgical compatibility with Nobel Biocare's Replace, Zimmer Dental's Screw-Vent and Implant Direct's Legacy implants. Implant Direct will also launch a full line of 3i Certain-compatible abutments.

With 60 outside sales representatives and 40 inside customer support representatives in the United States plus the industry's most intuitive online support and shopping cart, it's no wonder that Implant Direct received the highest customer satisfaction rating among seven implant companies in an independent study by Millennium Research Group.

Implant Direct is truly transforming the implant industry and allowing implant treatment to become an affordable part of conventional dentistry. ■

Dr Gerald A. Niznick is president and CEO of Implant Direct. LOCATOR is a registered trademark of Zest Anchors Company. The GoDirect and GPS Systems are neither authorised, endorsed, nor sponsored by Zest Anchors Company.

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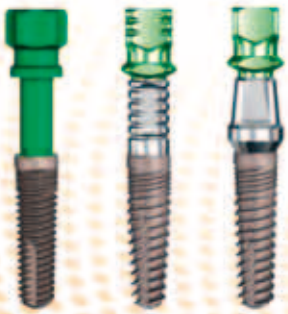

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Implant Direct

Patients – and dentists – are realising that investing in implants has long-term benefits

A growing case for implants

Did you know that out of the 30 million or so Americans who have missing teeth, only about three million of them have implants? That's right: one of the most aesthetically-driven nations in the world has just 1 per cent[1] of the entire population (c300 million) who have taken up implant surgery.

Regardless of why there are not that many taking up this treatment, we should be focusing on the potential for growth. There is 99 per cent of the American population without implants. So what does that mean for the UK? And, more importantly, what does it mean for you?

Often, American trends are followed very closely by the British – just look at veneers. So what this tells us is that there is a huge potential for growth and, believe it or not, even more so in these cash-strapped times. While most patients are rightly being very cautious about how they spend their money, they are now looking more closely at what is right for today and what will still be right in the next five years. So they are now more likely to invest in costly treatments if it is going to pay off in the long run.

Glasgow dentist Duncan Black said: "We used to get around one or two complex restoration cases a year, now we've got at least one to two new large cases every month."

While there is no exact data of implants placed in the UK, we do know that tooth extraction increased by 2.4 per cent[2] last year in Scotland alone, and with private dentistry now worth over £1 billion in the UK annually[3], we can see that implants will inevitably play an increasingly key role in the permanent replacement of lost teeth.

Implants are an intimidating and complex area, but the potential for growth here is so large and so imminent it cannot be ignored. Of course, you require proper training, qualification and practice, but implants are now an item which can be added to the offering of any practice, general or otherwise. DTS International is a Dental Laboratory which has specialised in implants for more than 25 years and they can testify that this area has gone from strength to strength.

But, while the quality has improved, the range of systems, materials and abutments has continued to grow and grow as well, making it a busy market place and often deterring those who are new to implants from exploring this field.

Technical director of DTS, Sandy Littlejohn, said: "It's an area of keen interest for us at DTS, but with all the systems and items on offer, I can imagine anyone stepping in to this world for the first time would be daunted by the material and system offering alone – well before they've even sat down with a patient.

"While the choice and adaptability is necessary, I can see how it would turn off a dentist who is just starting to offer implants. It's actually the total opposite. It has never been easier or more straightforward

Continued »

Continued »

to place and restore implants."

He continued: "The best way for a dentist to achieve great results is for him to have a great team, and the most important member of that team is their dental laboratory. The laboratory will know and understand the systems, so they can advise you on the everyday stuff as well as the highly complex and tricky placements."

As well as understanding the systems and choice, it is also important to consider cost. Depending on the system you choose, the restoration and complexity of placement, it is almost impossible to get an exact cost to present to the patient, so the cost doesn't come in to it until the very end. Of course, implants provide each patient with a great lifelong solution to their tooth loss, but it doesn't provide much financial stability for the dentist or for the patient.


Custom zirconia abutment

"We've used DTS for years and it has always provided us with excellent work and support throughout cases"

Duncan Black

Every time a dentist fills in an order form for an implant, they know how quickly the cost can mount up. Until now, dental laboratories have never really been able to help or simplify this issue without completely restricting the systems that are on offer.

Today, DTS International are now offering you choice and financial control of your costs with their innovative fixed-priced implant solutions. These are the first of their kind in dentistry and provide every dental surgeon with the cost stability they need to run an effective business in these cash-strapped times.

You can choose from nearly every implant system, including Nobel Biocare, Biomet 3i, Straumann and more. And there is a solution to suit nearly every case type, as these solutions are available for implant retained bars as well as single implant units.

Sandy said: "We looked at

things from our customers' point of view. What would make it easier to run their dental business? We felt an offering like this was well overdue. Implants are becoming more and more popular within general practice, and to help them bridge that gap and make the transition to placing implants, we felt a pricing system like this was essential for clarifying what the dental laboratory offers.

"We can only now offer these options due to recent developments in digital dentistry where we can design and manufacture individual abutments in-house, removing the system specific aspects of component costs."

Duncan Black is already a big fan of the offering. He said: "It's a simple and clear idea, no more searching the fee guide to price separate items. We've used DTS for years and it has always provided us with excellent work and technical support with complex cases.

"Its new fixed-price lab deal is ideal. We can use the systems we've always used and we get to stay in control of the price."

The new implant offering has only been available through DTS for two months, but it is already proving to be highly successful throughout the UK.

Duncan added: "DTS has always been very conscious of new developments – keeping up and usually ahead of the game – and it consistently provides us with new innovative solutions to help us in the practice.

"Last year it launched Opalite – the first Full Zirconia Crown – which is offered at a very competitive price and it made a positive difference to our lab bills while offering the patient a durable and cost-effective option." ■

DTS is a full-service dental lab which has specialised in implants for more than 25 years. To find out more about DTS International and their fixed price implant solutions, visit www.dts-international.com or call 0141 556 5619.

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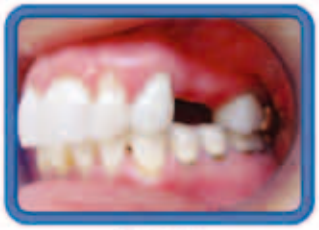
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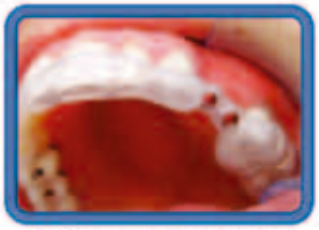
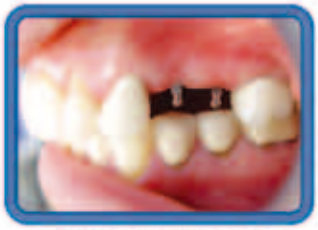
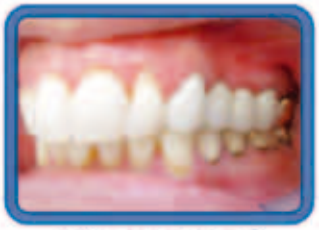

Stent & Pilot Hole


Implant Placed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The audit trail

Focal areas for national audit to help GDPs meet their requirements, by Alan Walker and Linda Young

Under their NHS terms of service, general dental practitioners (GDPs) are required to undertake 15 hours of clinical audit in each three-year cycle. Traditionally, audit has not been a particularly favoured activity of many dentists in the GDS and this has often been reflected in poor levels of compliance.

To help GDPs meet their audit requirements, several topics were considered as focal areas for a national audit, which could be implemented before the deadline set by the Scottish Government Health Department. In June 2011, with the aim of helping GDPs meet the revised audit deadline of 31 August 2011, a national, pre-approved, online audit on Oral Health Assessment (OHA) was made available via the NHS Portal.

The Scottish Dental Clinical Effectiveness Programme (SDCEP), in collaboration with other interested parties within NHS Education for Scotland, was asked to develop the audit tool. The timely development and provision of the audit was only possible due to the recent publication of SDCEP's *Oral Health Assessment and Review* (OHAR) guidance (www.sdcep.org.uk), and the availability of data collection tools and information from the Translational Research in a Dental Setting (TRiaDS) programme's earlier

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in-practice feasibility study on the OHA component of OHAR.

The aims of the OHA audit were to enable practice teams to evaluate how their current practice, when assessing and recording patient information, differed from recommended practice as described in the SDCEP OHAR guidance; to identify the barriers that prevented them from following the guidance recommendations; and to reflect on how it might be possible to implement the guidance recommendation in their own practice.

A total of 935 GDPs, from 525 practices across Scotland, completed the audit before the deadline. This represents approximately one third of GDPs and half of general dental practices in Scotland. The audit was available for completion until 31 December 2011 and another 116 OHA audits were subsequently submitted. The views and experiences of all GDPs who have submitted an OHA audit will be included in the data analyses and the information provided will help inform the development of optimal ways to help support GDPs to implement the SDCEP OHAR guidance.

"The reports suggest the audit has provoked thought among the profession"

The data analyses are ongoing and a national report will be published in 2012. Preliminary analyses suggest that several elements of an OHA are already part of routine check-ups which are carried out by many dentists. The vast majority of GDPs fully completed all aspects of the audit and data collection sheets.

They considered and identified possible barriers to implementing OHA into general practice and developed action plans to help address these barriers.

Many GDPs submitted detailed reflective reports on both the audit process and on OHAs. The reports suggest the audit has provoked thought among the profession and many have indicated that, as a result of participating in this audit, they intend to introduce some aspects of an OHA into their practice.

The national, pre-approved design of this audit with online submission via the Portal enabled the NES audit administrators to process over 900 submissions in an extremely short timescale. This demonstrated the potential for developing this concept further. The portal developers are already talking to Practitioner Services Division to progress the automation of audit payments, which in turn might ultimately lead to automation of CPDA payments.

While it is accepted that OHA may not have been the ideal topic in the eyes of many GDPs, the wealth of data now available will be an important factor in any future developments and help education providers identify areas for future CPD while keeping hundreds of GDPs compliant with their terms of service. ■

Alan Walker is the director of postgraduate general dental practice education at NHS Education for Scotland and Dr Linda Young is research and development manager at SDCEP

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Bringing home the message

An in-depth survey of homeless people has flagged up where improvements can be made in dental care programmes. By Albert Yeung, Emma Coles, Anne Moore, Celia Watt and Ruth Freeman

In 2007, a successful proposal to improve the oral health of homeless people was put to the Chief Dental Officer in Scotland. The proposal was called 'Smile4life', and was submitted by a consortium of seven NHS boards in Scotland (Ayrshire and Arran, Forth Valley, Greater Glasgow and Clyde, Highland, Lanarkshire, Lothian and Tayside). The aim of the Smile4life proposal was to facilitate the development of evidence-based oral health preventive programmes for homeless people in Scotland.

The Smile4life programme is part of the Oral Health and Health Research Programme at the Dental Health Services Research Unit at the University of Dundee. This ongoing work is being coordinated by the University of Dundee and NHS Highland. The project team has also included input from the Scottish Council for Single Homeless, Glasgow Homeless Network and NHS Health Scotland.

This article only describes the initial phase of the programme carried out in the Lanarkshire area. The objective of the programme was to conduct a needs assessment to inform the current oral health and preventive oral health needs from the homeless clients' perspective. A report on the national survey is available from www.dundee.ac.uk/dhsru/news/smile4life.htm

The Smile4life survey for Lanarkshire consisted of two components. A questionnaire was used to assess the general health, oral health and behaviour of the Lanarkshire sample of homeless people, and an oral examination was carried out to find out the oral health conditions of each participant.

These data were collected on Wednesday evenings on a weekly basis during the survey period, with visits to two establishments for the homeless per evening. These venues included hostels and soup kitchens.

A total of 102 homeless people in the Lanarkshire area took part in the Smile4life survey, representing 12 per cent of the total sample of 853 participants across seven NHS Boards in Scotland. All 102 participants consented to the oral examination.

Demographic profile

Age and gender

The mean age of the Lanarkshire sample was 31 years. The age ranged from 16 to 63 years, with a median age of 27 years. The mean age of the men was 33 years, and for women was 24 years. There were 76 male and 26 female participants.

Ethnicity

Nine-two per cent of the sample were Caucasian. The remaining eight per cent did not give information on their ethnicity.

ORIGINAL PHOTO © ALAN RUNCIE

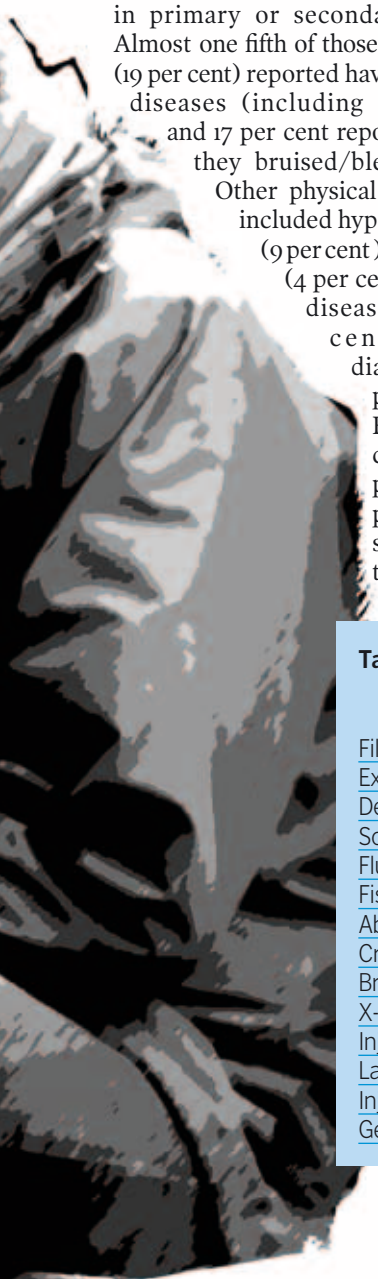
Living arrangements

A total of 86 participants gave information on their current living arrangements. Of the remaining group, seven participants did not give a response, and nine participants ticked more than one box. From the answers given: three participants were classified as 'roofless', either living rough or living at a night shelter; 83 were classified as 'houseless', living in a hostel (33), short-stay temporary accommodation (31), long-stay transitional accommodation (six), sofa surfer (one), residential care (one) and supported accommodation (11).

Health and health behaviours

Physical health

Of the Lanarkshire sample, 42 per cent (43) reported that they were receiving medical treatment from their general medical practitioner and/or from specialists either in primary or secondary care. Almost one fifth of those surveyed (19 per cent) reported having chest diseases (including asthma), and 17 per cent reported that they bruised/bled easily. Other physical illnesses included hypertension (9 per cent), epilepsy (4 per cent), heart disease (3 per cent) and diabetes (3 per cent). Five per cent of participants stated that they were HIV-positive or Hepatitis C-positive.



Prescribed medication

Fifty per cent of the sample (51 participants) stated that they were taking prescribed medication. A total of 49 participants stated the type of medicine(s) they were currently taking. The largest proportions of prescribed medication were anti-depressants, analgesics, chest/asthma medication and anxiolytics/hypnotics.

Tobacco use

The majority of the Lanarkshire sample (79 per cent) reported being smokers. Seventy-nine per cent of men and 77 per cent of women smoked. The number of cigarettes smoked daily ranged from two to 60, and the median number of cigarettes smoked daily was 20. Smoking remained fairly consistent across the age groups, with the greatest proportion of smokers aged 25-34 years old (94 per cent). Percentages for other age groups: 16-24 years (70), 35-44 years (82), 45-54 years (85) and over 55 years (83).

Alcohol use

Thirty-nine per cent (40) of the Lanarkshire participants stated that they drank alcohol on most days. Forty-six per cent of men compared with 19 per cent of women stated that they drank alcohol on most days. The distribution of alcohol drinkers according to age groups included: 16-24 years (41 per cent), 25-34 years (29 per cent), 35-44 years (41 per cent), 45- 54 years (46 per cent) and over 55 years (33 per cent).

Table 1: Reported dental treatment ever received

	Lanarkshire n = 102	Total sample n = 853
Fillings	81%	85%
Extractions	70%	76%
Dentures	16%	30%
Scale and polish	46%	55%
Fluoride treatments	17%	14%
Fissure sealants	18%	13%
Abscess	52%	58%
Crowns	19%	22%
Bridge work	12%	11%
X-rays	78%	76%
Injection in gum	84%	88%
Laughing gas (RA)	24%	27%
Injection in arm (IV sedation)	29%	30%
General anaesthetic (gas)	41%	40%

Drug use

A total of 60 participants (59 per cent) stated that they had used drugs, with 26 participants (25 per cent of the Lanarkshire sample) stating that they were current drug users at the time of the survey. Seventeen participants who currently took drugs stated that they were injecting drug users.

Oral health status and oral health behaviours

Obvious decay experience

For the Lanarkshire participants, 31 per cent of obvious decay experience was composed of decayed teeth (decay into dentine), 48 per cent by missing teeth and 21 per cent by filled teeth. This suggested that these participants had their decayed teeth extracted rather than filled.

Plaque

The total mean plaque score for the Lanarkshire sample was 1.09. The mean plaque score for the upper teeth was 0.99 and for the lower teeth 1.11. Mean plaque scores were higher for men (1.18) compared to women (0.82).

Edentulousness

Four participants (three male, one female) had no natural teeth. This represented 4 per cent of the Lanarkshire participants. Edentulousness was evenly represented across the age groups with one edentulous person aged 25-34 years, one aged 35-44, one aged 45-54, and the fourth aged 55+.

Denture

A total of 12 participants (10 male, two female) in the sample wore dentures at the time of the survey. Six wore complete upper dentures and two wore complete lower dentures. Six participants wore upper partial dentures and four wore partial lower dentures.

Two participants had both upper and lower full dentures and seven had upper and lower partial dentures. One lower denture was lost. Seventy-five per cent of upper and 34 per cent of lower complete and partial dentures were judged

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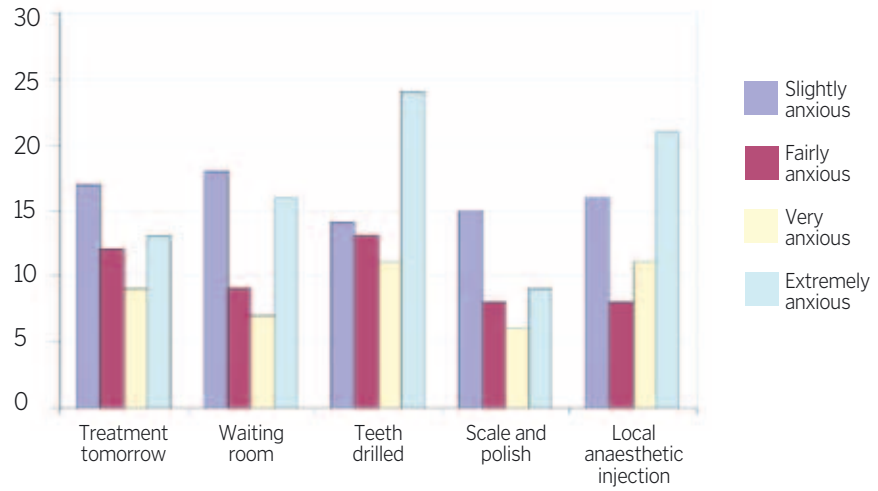
Figure 1: Percentage of participants reporting dental anxiety



AWARD

A written submission of this survey won the Keith Woods Memorial Prize in 2011. The prize, organised by the British Association for the Study of Community Dentistry (BASCD), is awarded to BASCD members who produce a written submission of original research work or good practice in oral health needs assessment or dental epidemiology. It is only bestowed on those who manage to compile a piece of work which is regarded as of appropriate high quality.

Continued »

to be clinically satisfactory. Of the 12 participants who wore dentures at the time of the survey, one third (four) was aged between 35-44 years of age.

Dental attendance, experiences and attitudes

Dental registration and attendance

Twenty-three per cent of the Lanarkshire sample reported that they were registered with a dentist, 58 per cent reported that they were not registered, and 19 per cent did not provide a response. Thirty-eight per cent of participants stated that they had visited the dentist within the last 12 months, and a further 16 per cent had last attended one to two years ago.

Of the 88 participants who reported the reason for their last visit, the majority (61 per cent) stated that they had attended the dentist because of trouble with their teeth. Only 37 per cent had attended for a routine dental examination or check-up.

Dental treatment experiences

The most commonly reported treatment experiences were injection in the gum (84 per cent) and fillings (81 per cent). Seventy per cent of the sample had experienced extractions. Table 1 shows the reported treatment experiences of the Lanarkshire sample compared to the Scotland-wide sample (see table 1 on p47).

Opinions about dental visits and treatment

Attitudes to dental visits and treatment are outlined in table 2 (below).

Psychosocial health

Dental anxiety and phobia

Dental anxiety was measured by the Modified Dental Anxiety Scale (MDAS)[1]. Possible scores range from five to 25; a score of 19 or over indicates dental phobia.

Figure 1 shows the proportions of the Lanarkshire sample who stated that they experienced dental anxiety. Larger proportions of participants reported that they were extremely anxious about having their teeth drilled (24 per cent) and having a local anaesthetic (21 per cent). The least feared item was a scale and polish, with only 9 per cent stating they were extremely anxious.

Twenty per cent of the 98 participants who completed the MDAS scored 19 or over, suggesting that one-fifth of the Lanarkshire sample could be categorised as dentally phobic.

The mean score for dental anxiety was 11.54. The mean dental anxiety score for women (13.60) was higher than for men (10.83).

Oral health-related quality of life

This was assessed using the Oral Health Impact Scale (OHIP-14)[2], which measures the frequency of commonly experienced impacts of oral ill health. Scores for individual items range from zero (never) to four (very often). The overall mean total impact score across all 14 items was 1.24. Table 3 shows that the oral health of the Lanarkshire sample impacted on their psychological functioning with regard to psychological

Continued »

Table 2: Opinions about dental visits and accessing treatment

	All	Male	Female
Would like to drop in without an appointment	70%	70%	69%
Would rather take painkillers than go to the dentist	60%	55%	73%
Would like to know more about what the dentist is going to do and why	53%	51%	58%
Worst part is waiting for treatment	40%	46%	61%
Don't want intricate treatment	50%	53%	42%
NHS dental treatment hard to find	48%	50%	38%
Going to the dentist is like being on a conveyer belt	35%	30%	50%
Don't like lying flat in the dental chair	33%	30%	42%
Dental receptionists not very helpful or welcoming	27%	24%	38%

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discomfort and disability.

In comparison with the UK Adult Dental Health Survey 1998 (ADHS)[3], larger proportions of participants in the Lanarkshire homeless sample experienced greater numbers of impacts (see table 3 opposite).

Depression

Depression was measured by the Centre for Epidemiological Studies Depression scale (CES-D)[4]. Possible total scores range from zero to 60, with a score of 16 or over indicating depressed mood. In the Lanarkshire homeless sample, 68 per cent of the 91 respondents who completed the CES-D scored 16 or above, which suggested that they were suffering from depression.

Equivalent proportions of men (69 per cent) and women (67 per cent) who completed the CES-D scored 16 or over. The mean CES-D score for the Lanarkshire sample

Table 3: Frequency of oral health impact in the preceding 12 months

Type of problem	Frequency of problem					
	Occasionally		Fairly often		Very often	
	Lanarkshire	ADHS	Lanarkshire	ADHS	Lanarkshire	ADHS
Functional limitation						
Pronouncing words	13%	3%	2%	1%	8%	0%
Sense of taste worsened	18%	6%	10%	1%	9%	1%
Physical pain						
Painful aching mouth	29%	22%	11%	4%	16%	2%
Uncomfortable to eat	24%	23%	11%	4%	21%	2%
Psychological discomfort						
Felt self-conscious	18%	15%	9%	4%	29%	4%
Felt tense	14%	10%	12%	1%	19%	1%
Physical disability						
Unsatisfactory diet	8%	3%	6%	0%	16%	0%
Had to interrupt meals	20%	6%	4%	0%	16%	0%
Psychological disability						
Difficult to relax	21%	8%	6%	1%	13%	1%
Felt embarrassed	15%	10%	9%	2%	24%	2%
Social disability						
Irritable with others	12%	6%	5%	1%	15%	0%
Difficulty doing usual jobs	8%	2%	4%	0%	9%	0%
Handicap						
Life less satisfying	8%	5%	10%	1%	17%	1%
Unable to function	8%	1%	7%	0%	9%	0%

was 26.64. Female participants had equivalent mean scores (26.79) to male participants (26.58).

Conclusions and recommendations

- The findings of the survey showed that the oral health conditions of the Lanarkshire sample were poor, pointing to a clear need for NHS Lanarkshire to provide a comprehensive dental service for homeless people, comprising emergency dental service, ad hoc treatments and routine dental care.
- Emergency dental services: many homeless people find it difficult to access and afford dental care, necessitating the need to provide emergency services for those unable to take advantage of routine dental care.
- Ad hoc or one-off 'occasional' single-item treatments that can be accessed without the need to attend for a full course of treatment: those who occasionally long-term prioritise may be more likely to attend a one-off appointment for single item treatment, suggesting the need for 'occasional treatments' for homeless people, where a course of treatment or further attendance requirements are not imposed on the patient.
- Routine dental care/full course of treatment: homeless people who are able to maintain a phase of long-term prioritising have a much greater likelihood of successfully completing a full course of dental treatment and/or adopting a preventive oral hygiene routine.
- There is a need to identify those homeless people wishing to access emergency dental services, those who require one-off treatments, and those wishing access to routine care.
- It is also recommended that NHS Lanarkshire should take a multi-agency approach to enhance oral health promotion for homeless people. ■

COVER PHOTOGRAPH © GAVIN EVANS

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Achieve a superior practice and save money

How NVDC's architect-led design and build approach is leading the way

A prerequisite of any dental practice is that it is a clean, safe and efficient environment. Functionality is of utmost importance, but your patients and staff will be equally affected by its layout, look and feel. Getting the design of a new, or refurbished, practice right can make a real impact on your business. If your staff like their working environment and your patients enjoy visiting it, your practice will thrive.

So what's the best way to achieve a well-designed, functionally effective and aesthetically pleasing practice? And how can you ensure it's affordable?

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NVDC is an architect-led design and build company which means they handle every aspect of a project from concept planning and design, all aspects of the build and complete co-ordination of the process, through to sourcing and supplying cabinetry, fittings and finishings.

With design and build you get fixed prices, clear timings and a simple, straightforward process that delivers high-quality results. It can save time and money and minimises risks, so it's becoming an approach that is gaining popularity across the sector.

With NVDC, you also get an architect-led project and this can make a significant difference to the quality of the finished practice. The knowledge and skills of an expert professional are fed into the project at every stage which results in a higher-quality design and consistent attention to detail across every aspect of the practice.

You get a more imaginative approach than if you were working with a contractor, and an architect has the ability to rationalise aesthetics with functionality, so you will achieve a stunning practice that will be a joy to work in.

At Vermilion – The Smile Experts, in Corstorphine, West Edinburgh, the results of NVDC's approach can be seen to great effect. Oral surgeon David Offord had a clear idea of what he wanted for his new practice and felt NVDC could make his vision a reality.

In choosing NVDC, David knew right from the start that he would only be liaising with one person: Farahbod Nakhaei – a professional architect with expertise and knowledge of

the dental sector – through the whole process, making communicating his aspirations and achieving them much more straightforward.

Farahbod and the team at NVDC would handle every aspect of the project and co-ordinate the sub-contractors and suppliers who needed to be involved. For David, that meant once things got started he could still keep focused on what really mattered – his patients.

NVDC has an established reputation for delivering exceptional design solutions and it became clear to David that they achieved this through a real partnership approach. Creating the layout and overall design for Vermilion was a deeply thought-through process, where NVDC worked hard to balance David's vision with what he could afford to do.

Once the plans were refined and the design specifics settled, NVDC's approach meant David could rest assured that the costs were fixed and the specification he wanted would be delivered exactly as he had envisaged.

"They produced a gorgeous design for our clinic, taking what was a very regular space and bringing it to life"

David Offord

The finished practice clearly demonstrates the stunning results that NVDC can deliver through their architect-led design and build approach.

Marrying design brilliance with inventive construction, Vermilion is both welcoming and relaxing for patients and functionally excellent for staff. Not only did NVDC deliver a quite exceptional practice, the project also came in on time and on budget.

It's not hard to see why more and more dentists are turning to them for a superior practice at an affordable price.

"I would not hesitate in recommending NVDC," said David Offord at Vermilion. "They produced a gorgeous design for our clinic, taking what was a very regular space and bringing it to life. It really is a pleasure to work in.

"They are highly professional in their approach, excellent communicators, and clearly take a lot of pride in their work. And they deliver on their promise – our practice was finished on budget and 10 days early!" ■

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Stuart Campbell and Paul Tipton present the first in a series of articles by the members of the British Academy of Restorative Dentistry (BARD)

Introduction

Numerous types of fixed appliances are available for the replacement of missing teeth; however, some clinicians have reported that general practitioners could make better decisions when planning fixed bridgework [1].

Poor bridge design carries a high risk of failure and several authors have reported loss of cementation as being a major cause [2-4].

Data from studies by Parfitt[5] suggest that teeth may be depressed in their sockets by up to 28µm, and when connected rigidly, as in bridgework, this differential movement may put considerable stress on the cement lute, leading to appliances becoming uncemented.

The fixed/movable bridge is effective in reducing cement failure. These appliances are supplied in two parts, and are cemented independently but interlock to create a non-rigid and hence movable joint. This two-part design provides a 'stress-breaking' action between the two parts of the bridge, reducing harmful inter-abutment stresses and increasing clinical retention. (*Figure 1 – reproduced with permission from Quintessence Publishing – and Fig 2*)

Indications and contraindications

The fixed/movable bridge has a wide application, particularly where potential abutment teeth have been weakened by previous restorations or are mal-aligned.

It is not appropriate in all situations and is generally contraindicated where abutment teeth are too small for the extent of preparation needed, and in aesthetically demanding patients, as metal may show occlusally. (*Figure 3*)

Consideration should be given to the presence of mobility in the abutment teeth, as this will act as a physiological stressbreaker, eliminating the need for this design in the bridge. One further contraindication is in the maxilla, where the abutments are unopposed. Subsequent over-eruption of one or both abutments may lead to loss of connection between both parts.

The advantages and disadvantages are summarised in table 1 (see page 57).

Fig 1
Fixed/movable bridgework

Bridge design

The glossary of prosthodontic terms[6] describes the components of fixed/movable bridgework as follows:

Retainers

Major retainer: The retainer

Continued »

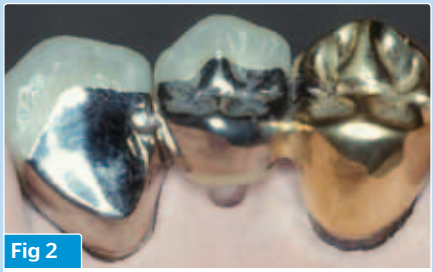

Fig 2
Major retainer second premolar, minor retainer canine

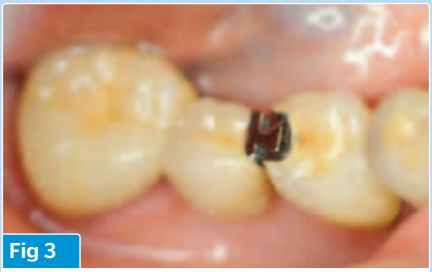

Fig 3
Major retainer first molar, minor retainer first premolar

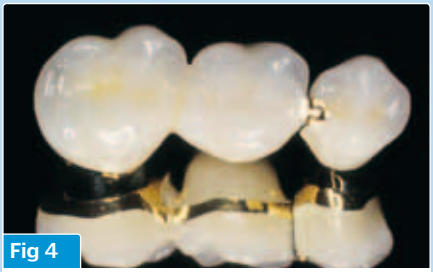

Fig 4
Three-unit movable bridge. Note the use of metal margins to reduce distortion

Continued »

to which the pontic is rigidly attached.

Minor retainer: The retainer to which the pontic is non-rigidly attached.

In the clinical situation, a single cantilever has one major retainer; a fixed/fixed bridge has two major retainers and the fixed/movable has one major retainer and one minor retainer.

The retentional demands of a major retainer are greater in a fixed/fixed bridge than in a fixed/movable design.

In the fixed/fixed bridge, occlusal loading of the pontic causes the bridge to bend or flex, putting stress on the cement lutes. The non-rigid connector in the fixed/movable bridge breaks the stress on the cement lutes by dissipating the occlusal forces applied to the pontic. This lowers the retentional demands on fixed movable retainers, and preparation designs can be more conservative.

In an analysis of 2,000 bridge retainers, Roberts[2] provided some recommendations for the design of major and minor retainers in fixed bridgework. These are summarised in tables 2 and 3 (see page 59).

Non-rigid connector

The non-rigid connector in fixed-movable bridgework may be referred to as having 'male' and 'female' components.

This may be considered using the example of a three-unit posterior fixed/movable bridge.

The bridge comes in two parts: usually the anterior abutment, or minor retainer, is a single crown with a rest seat or 'female' machined into its distal surface.

The distal part of the bridge,

or major retainer, looks like a two-unit fixed cantilever bridge with a 'male component' on the mesial part that fits into the 'female' on the anterior abutment *(Figs 4, 5, 6)*.

Non-rigid connectors may be simple or custom made.

Simple: A rest seat housed within a filling. This is only possible when the rest is totally encompassed by amalgam or composite. Placing a rest in sound tooth tissue will predispose the patient to plaque accumulation and caries.

Custom made: Precision attachments are manufactured by companies such as Cendres & Métaux (www.cmsa.ch/en), and can be purchased by the laboratory technician as preformed plastic patterns, which are placed in the wax pattern and burnt out prior to casting. *(Fig 7)*

Several custom-made attachments have been described:

- Ney attachment (Mini Rest)
- Triangular
- T-shaped

Preparation

According to Wise[7], one of the basic principles of correct occlusal management is to ensure that occlusal forces are directed down the long axes of teeth. To achieve this in fixed movable bridgework, it is important that components are housed intracoronally. This means that additional tooth preparation is required.

Hemmings and Harrington reported in 2004[8] that, in order to reduce stress on the cement lute, the height, width and depth of the connector should be maximised to provide sufficient rigidity to the framework.

Preparation techniques for fixed/movable bridges have been described[9].

The usual sequence is:

Continued »

TABLE 1

Advantages of fixed/movable bridgework	Disadvantages of fixed/movable bridgework
Preparations do not need to be parallel to each other, so divergent abutment teeth can be used	More space is required within the preparation to accommodate the movable component
More conservative. Preparations for minor retainers are less destructive than preparations for major retainers	Wear of the movable joint may result in abutments becoming cantilevered
Parts can be cemented separately, so cementation is easy	More complicated to construct in the laboratory than fixed/fixed
May permit future modification	Higher lab costs
Allows movement of sections during function	Metal may show occlusally
Load on the weakest retainers and abutments may be reduced	Length of span is limited
Prevents posterior teeth tilting, as is sometimes the case with a cantilever bridge	Not suitable for anterior bridges
Allows for flexure of the mandible	

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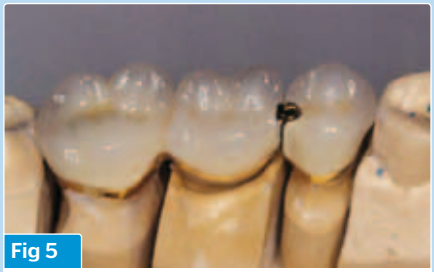

Fig 5
Fixed/movable bridge on model. Note the movable component

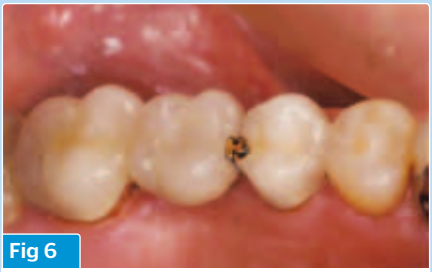

Fig 6
Fixed/movable fitted. Note adjustment to movable component

Fig 7
Movable component incorporated in wax-up

Continued »

• Prepare both major retainer and minor retainers. Preparations should be down the long axes of teeth giving consideration to retention, resistance, margins, occlusal reduction and functional cusp bevel.
• Prepare a box in the distal surface of the minor retainer. Typically, this is 2mm in depth going towards the centre of the tooth, 2mm in buccolingual width and should end just above the marginal finishing line on the minor retainer. The box should be located in the mid-distal area of the minor retainer, directly opposite the mesial surface of the major retainer *(Fig 8)*.

Try-in, adjustment and cementation

Smith[10] describes one of the main advantages of fixed/movable bridgework as being ease of cementation. The appliance is supplied in two parts, which are tried in the mouth for marginal fit. Once verified, and prior to cementation, the clinician must make an adjustment to the male portion of the movable component.

It should be realised that during occlusal loading, the fixed/movable bridge functions initially as a fixed cantilever, until the base of the male contacts the base of the female, when the bridge acts as a fixed/fixed appliance. The clinician must decide how much of the movement should be taken up by cantilever forces and how much should be taken up by fixed/fixed forces, in other words, how much material should be removed from the base of the male.

An arbitrary amount of 0.5mm has been suggested, but the decision should be based on the condition of the abutment teeth[9]. A common clinical example is that the major retainer is a robust molar and the minor is a root-filled premolar. In this situation, it is prudent to allow the appliance to function more as a cantilever, implying that a greater adjustment will be required from the base of the male.

Continued »

TABLE 2

Acceptable Major Retainer	Unacceptable major retainer
Full coverage crown	Post crown
3/4 crown	MOD inlay
Maryland wing	

TABLE 3

Acceptable minor retainer	Unacceptable minor retainer
Full coverage crown	Post crown
7/8 Crown	MOD gold inlay
3/4 Crown	
MOD Onlay	
Maryland Wing	

Silver dies are the ideal for making bridge retainers on, here shown with extra retention in the form of an interproximal groove

Lab work by A-Plus Dental Lab, Dundee

Fig 8

RAISING STANDARDS

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*Paul Tipton will be lecturing at the first BARD Edinburgh Study Club on **28 May**. Places will be limited. To register your interest in this event and to find out more about the BARD Edinburgh Study Club, please contact Stuart Campbell on campbell986@btinternet.com*

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Continued »

Adjustments to the base of the male are readily accomplished with a rubber wheel. The minor retainer is cemented first, and the major immediately after. No cement is placed in the non-rigid connector.

Conclusions

The use of a fixed/movable bridge design has many advantages, in that loads on compromised minor abutments may be reduced, abutments with differing paths of insertion may be prepared conservatively along their long axis and also, minor retainers may be used with reduced occlusal coverage. However, fixed/movable designs would be expected to place greater loading on the major retainer, are technique sensitive, and have increased costs[11]. ■

ABOUT THE AUTHORS

Stuart Campbell is the principal of Loanhead Dental Practice in Midlothian and chairman of the Edinburgh branch of BARD. His clinical interests are in prosthodontics and he has spent three years training with Dr Paul Tipton in Manchester. He is the author of several published clinical articles and is currently undertaking an MSc in implant dentistry.

Dr Paul Tipton is an internationally acclaimed prosthodontist who has worked in private practice for more than 30 years. He is the founder of Tipton Training Ltd, one of the UK's leading private dental training academies and the author of more than 100 scientific articles for the dental press.
He was voted in the Top 10 'most influential dentists in the UK' by his peers in Dentistry magazine in April 2011, the leading prosthodontist in the poll and was voted in the top five dentists in Private Dentistry's Elite 20 poll, January 2012. He is a lecturer on the MSc programme in aesthetic and restorative dentistry at Manchester and also lectures at Kings College London (LonDEC). Paul is currently the president of the British Academy of Restorative Dentistry and practices at his clinics in Manchester, Leeds, Chester and London. All details can be found at www.drpaultipton.co.uk

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Biting the business bullet

By Paul Thompson of Scott-Moncrieff

Dental practices face a range of challenges, some due to the particular location of the individual business. But, working with several practices across different regions of Scotland, it is clear that there are common issues facing many of the dentists I meet.

When asked the question: "What are your main concerns?", the most common response by far is "meeting client expectations" and, as a patient, this is reassuring! However, this is often followed by a series of issues that are directly related to running the business side of the practice, and the top three issues encountered are:

1. Cost control

At a time when the economy is depressed, patients will cut back on what they regard as 'non-essential' dentistry and a recent survey (conducted via WhatClinic.com) revealed that 84 per cent of respondents had put off dental treatment because of the costs involved.

Businesses also need to practice cost control and should do so at all times, not just during a recession. Cost reduction exercises should be led from the very top of the business, where strategic responsibility lies, rather than being regarded as an operational detail. And led capably and convincingly.

Remember: strong leadership won't guarantee success or support from the team – but its absence will almost certainly guarantee failure.

Use reporting and management tools to make sure that target cost reductions actually happen. These days, there can't be a financial software package out there that doesn't have an 'actual vs budget' reporting capability, but it's a fact of life that alarming numbers of smaller business either don't know that they have access to these facilities or, if they do know, fail to use them.

2. Cash flow

Unfortunately, some businesses fail to grasp the critical difference between profits and cash – your profit and loss projection will demonstrate your profitability, but only your cash flow can reflect your working capital requirements and accurately establish your cash requirement. And don't forget the balance sheet either.

3. Succession planning – bridging the funding gap

An increasing number of practices that I work with are facing the issue of succession, when the senior partner/partners look to retire and, naturally, wish to maximise the return they get from selling the business. Unfortunately, the prevailing economic climate makes it possible they will get less than they might hope for.

The associate(s) who may be considering purchasing the practice are finding that funding is much harder to obtain than it used to be, so both ends of the "succession equation" are being squeezed.

Before the recession, it was common for banks to lend a purchaser 100 per cent of the funding required to buy a practice. Indeed, it was sometimes over 100 per cent as they looked at the longer term financing of the practice and its potential to grow.

Now, however, any purchasers will be doing very well to get 80 per cent of the proposed figure as a bank loan and they are then faced with trying to bridge the gap from personal resources. It may mean that sellers have to reduce their expectations, but this is common in all business sectors and looks set to be the case for some years.

Sitting down well in advance of planned retirement to establish levels of interest with associates is important – common ground can be established. Having identified that a deal can be achieved, clear goals and targets should be set. This should not only cover the maximum consideration the purchasers will be expected to pay but should focus on the structure of the payment(s) and whether the business is to be bought out completely or whether the owner is to retain an interest in the business for a pre-determined period.

One option is for the vendor to negotiate a deferred purchase price, whereby a proportion of the total consideration is paid over a pre-agreed timescale, often linked to the future success of the practice. This eases the pressure on cash flow and helps ensure the business is able to meet its debt servicing obligations. It is possible that, subject to conditions, this deferred consideration may prove to be tax advantageous to the vendor. ■

ABOUT THE AUTHOR

Paul Thompson is a partner with accountants and business advisers, Scott-Moncrieff. Contact him by email at paul.thompson@scott-moncrieff.com or by telephone on 0141 567 4500.

Putting patients first

At first glance you could be forgiven for mistaking Clyde Dental Practice (CDP) for a regular high street NHS surgery.

However, behind its attractive and unobtrusive shop front-style exterior lies a cutting-edge practice that manages to combine routine NHS work with a busy referral database.

Partners Clive Schmulian (BDS, DGDP[UK], MGDS, FFGDP[UK], DipConSed, DipImpDent RCS, FDS RCSEd) and Stuart Davidson (BDS, MFDS, RCPS[Glasg]), along with their team of dentists, therapists and nurses, provide the whole range of modern dentistry from regular NHS check-ups to high-end cosmetic dentistry.

Clive started up the clinic in 2004 as a one-surgery practice at 32 Kilbowie Road in Clydebank. The following year, he purchased another property a few doors further up the road at number 44, adding two more surgeries to the practice. In 2007, the opportunity arose to take over the neighbouring property at number 42, enabling them to continue as a three-chair practice and close the practice's original premises at number 32.

Early last year, the practice underwent a significant remodelling and refurbishment, finding space for a fourth surgery and renewing fixtures and fittings around the building. Overseen by practice manager Caroline Campbell, two new chairs were installed along with new cabinetry, flooring and internal doors.

The flooring in the reception areas and corridors was replaced, and in the surgeries and clinical areas, they installed poly flooring – a type of vinyl flooring that can be moulded around corners and up the skirting boards to allow easier cleaning and greater infection control.

One of the main reasons for

the remodelling was the need for another surgery as they wanted to keep on their current VT and continue to be a VT practice. The work began on 22 January 2011 and was finished by the end of February, with the practice continuing to stay open throughout to minimise the disruption to patients and staff.

Alongside Clive and Stuart, the practice includes associates Kellie Boles and Ian Cumming, as well as VT Kirstyn Donaldson and therapists Michael Brown and Marc Sherwood. They are supported by a team of eight nurses and one receptionist, headed up by Caroline, who is herself a registered dental nurse.

As well as CDP, Clive is also a partner in two other dental practices – Ivy Cottage Dental Practice in Inverkip, and Commonwealth Dental Practice on Duke Street in Glasgow.

"From the first phone call we aim to make the patients feel as comfortable as possible"

Clive Schmulian

Alongside their NHS commitments, the dentists at CDP offer an extensive referral service to their fellow dentists, offering the full range of advanced cosmetic dentistry from implants and minor oral surgery to veneers, crown and bridgework and conscious sedation.

Clive undertakes the implant referrals at the practice, including surgical and restorative stages of treatment as well as bone and sinus grafting. He also co-hosts the Scottish Implant Year Course with Stephen Jacobs – an introduction for general dental practitioners who want to learn the skills necessary to successfully place and restore implants.

On top of this, Clive also hosts RELAX evenings, a DENTSPLY programme that teaches GDPs how to restore implants. This means that Clive can take on an implant referral and, after carrying out the surgical stage, send the patient back to the referring dentist to do the final restoration themselves.

Stuart takes on the majority of the practice's restorative referrals, but he also has a keen interest in treating phobic patients, as well as cosmetic dentistry and orthodontics. Associates Ian and Kellie also take referrals for a range of cases, including conscious sedation and cosmetic treatments. And, since becoming the first practice in Scotland to purchase an i-CAT CBCT scanner in 2006, Clyde Dental Practice has taken referrals from all over the country to use its state-of-the-art machine.

The practice is also taking sedation referrals through the Oral Health Directorate for phobic patients and their referral database includes patients from the RAH in Paisley and the central belt.

But according to Clive, the referral base and the high-end cosmetic treatments are not the key to their business. It is, and always has been, the patients – the practice's and those referred by colleagues.

He said: "From the first phone call, we aim to make patients feel as comfortable as possible, whether they are having a check-up or undergoing oral surgery.

"If we can put them at the heart of everything that we do, we will continue to be successful. It's as simple as that." ■

Financial as well as physical wellbeing

Government advisers from the NHS Future Forum called for NHS staff to "make every contact count" to maintain or improve patients' mental and physical health and wellbeing.

As well as doctors and nurses, this should include pharmacists, midwives, optometrists, dentists, physiotherapists and health visitors.

The Forum added: "There are millions of opportunities every day for the NHS to help to improve people's health and wellbeing and reduce health inequalities, but to take this opportunity, it needs a different view of how to use its contacts with the public. A routine dental check-up, for example, is a chance to offer advice to help someone stop smoking."

The paper on public health states that everyone has a responsibility for their own health, but it also contends that the NHS is responsible for helping people to improve their health and wellbeing. It goes on to argue that health care professionals should use every contact to do this, whatever their area of expertise, or the initial purpose of the discussion.

The report points out that each day in England, GPs and practice nurses see more than 800,000 people, dentists see more than 250,000 NHS patients and 1.6 million people visit a pharmacy. In particular, the report emphasises the importance of the four main lifestyle risk factors – diet, physical activity, alcohol and tobacco.

In light of what has just been said, it is a fact that many more of us are living much longer, with life expectancy in the UK having increased by more than 50 per cent over the last 100 years. The main reasons for this are the eradication of previously fatal diseases, technological advances and medical breakthroughs. Life expectancy in retirement can now be measured in decades rather than years.

Healthier diet, nutrition, magazines obsessed with body image and weight loss and saturation media coverage on the adverse health effects of lack of exercise, obesity, smoking and binge drinking have left us with little excuse for living an unhealthy lifestyle.

After the teenage years of assumed infallibility and immortality come more serious and sober considerations – what happens if I die? What happens if I don't die? What happens if I become unable to work?

Financial services professionals take a holistic approach to their clients. There are many reasons to take out life insurance – covering a loan or a mortgage, protecting your family, protecting a business and the surviving partners.

Life insurance ensures that a capital sum is made available to repay debts, provide families with financial security, or provide business partners with funds to pay a bereaved spouse their share in a business.

If appropriate, policies can be written in trust, ensuring speedy pay out, and the avoidance legitimately, of any Inheritance Tax liabilities, or loss of Business Property Relief on the proceeds. Critical illness and income protection are also both very valuable protection considerations for dentists.

Critical illness is an easy one for dentists, as you have to simply make sure that you are fully covered for a payout in the event you cannot work as a dentist. This element of a critical illness policy is called Permanent Total Disability.

Of all recorded deaths in the UK, more than 80 per cent are as a result of a stroke, heart or cancer-related condition. However, as we all know, because of technological advances and medical breakthroughs, many more people are surviving years, sometimes decades, after a critical illness has been diagnosed.

Income protection is a form of health insurance designed to pay an income in the event of being unable to work, due to sickness, injury or accident.

Income protection cover is seen as particularly important for dentists and one they cannot afford not to have, as it ensures, where eligible, that there is steady, long-term cash flow. The main benefit is that in the event of illness, you can still afford to pay your bills, mortgages and maintain your standard of living.

Benefits are paid tax-free and continue until you return to work, retire or die, whichever is the earlier. The maximum benefits are approximately 65 per cent of gross salary or net profit for the self-employed.

Independent Financial Advisers, IFAs, after a thorough assessment of circumstances, needs, priorities and budget, offer impartial advice on all aspects of business and personal planning matters, providing a truly holistic approach, to ensure advice and recommendations for protection are individually tailored. ■

ABOUT THE AUTHOR

Alasdair MacDougall Dip PFS is an IFA and Financial Services Manager with Martin Aitken Financial Services Limited.
The purpose of this article is to provide technical and generic guidance and should not be interpreted as a personal recommendation. The article represents our interpretation of current and proposed legislation as at the date of publication. This may change in the future. Martin Aitken Financial Services Limited is authorised and regulated by the Financial Services Authority.
Figures obtained from the BBC and the Office of National Statistics.

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Ian Buckle BDS

Senior Faculty Member, Director,
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Ian is the first International member of the teaching faculty at the Dawson Academy for Advanced Dental Education in St. Petersburg, Florida.

Ian is Director Of Dawson Academy based in England UK and is directly involved in hands-on courses within the curriculum. Ian qualified from Liverpool University in 1985. He has over 20 years experience in general practice both in the Private sector and with the National Health Service. He has achieved Masters level in Aesthetic dentistry with the Rosenthal Institute based at New York, completes over 100 hours of postgraduate education every year and lectures nationally and internationally on functional and aesthetic dentistry.

Dr. Buckle runs a Private Practice in the picturesque village of Thornton Hough on the Wirral concentrating on comprehensive reconstructive, aesthetic and implant dentistry. The Practice has a dedicated seminar room where seminars and study groups are held on a regular basis.

John C. Cranham DDS

Clinical Director,
The Dawson Academy

Dr. Cranham is the Clinical Director of The Dawson Academy where he is involved with many of the lecture and hands-on courses within the curriculum As an active educator, he has provided over 650 days of continuing education for dental professionals throughout the world.

An honors graduate of the Medical College of Virginia in 1988, John maintains a strong relationship with his alma mater as an Associate Clinical Professor.

He has an aesthetic oriented practice in Chesapeake, Virginia, USA and is an internationally recognized speaker on the Aesthetic Principles of Dentistry, Contemporary Occlusal Concepts, Treatment Planning, Restoration Selection, Digital Photography, Laboratory Communication, and Happiness and Fulfillment in dentistry.

As a published author, Dr. Cranham has a strong commitment to developing sound educational programs that exceed the needs of today's dental professional.

The Dawson Academy

The Dawson Academy UK provides Advanced Dental Education dedicated to teaching the principles and skills necessary for the successful practice of Comprehensive Dentistry led by Dr. Ian Buckle. All our instructors are practicing dental professionals who have implemented the Dawson teachings into their own practices and bring that real-world experience back into the classroom.

The recommended path of learning through the basic Core Curriculum will provide the principles and skills necessary for the successful practice of complete, quality, predictable dentistry with primary concentrations in occlusion, the temporomandibular joints and comprehensive aesthetic restorative dentistry.

Core Curriculum

The Core Curriculum at The Dawson Academy UK has been developed as a complete plan for general dentists, specialists and dental practice team members striving to develop a highly effective practice. The continuing education courses have been designed to clarify the concepts and provide hands-on training in the skills that are needed to practice master quality, complete dentistry.

Our dental continuing education hands-on classes are held at The Dawson Centre UK and are limited in enrollment to afford participants the maximum opportunity to practice the skills in a hands-on format. We utilise state of the art learning techniques to ensure that students go beyond just understanding principles to actually being able to implement the concepts and skills in their practices.

CORE CURRICULUM Hands On → Comprehensive Examination & Records → Treatment Planning Functional Aesthetic Excellence → The Art & Science of Equilibration → Restoring Anterior Teeth

SPECIAL OFFER
10% discount
Module 1 May 24th-26th 2012

Lecture & Hands On

Wirral Core Curriculum Series 2012 UK

3 Day Lecture & Hands On. (23hrs CPD)

Fees: £1695+VAT for each module

Location: Wirral		Winter 2012	Summer 2012
Module 1:	Comprehensive Examination & Records	~~Jan 19th-21st~~ Fully Booked	May 24th-26th SPECIAL OFFER 10% discount
Module 2:	Treatment Planning Functional Aesthetic Excellence	~~Mar 8th-10th~~ Fully Booked	Jul 12th-14th
Module 3:	The Art & Science of Equilibration	May 3rd-5th	Sep 13th-15th
Module 4:	Restoring Anterior Teeth	Jul 5th-7th	Nov 15th-17th



Hands On 3 Day Course

SPECIAL OFFER 10% discount

Module 1: Comprehensive Examination & Records

This is the foundational hands-on program providing the participant with the technical and managerial skills to institute a comprehensive examination process into his/her practice. This is the absolute cornerstone of the Dawson philosophy and proven path of clinical and professional excellence.

LEARNING OBJECTIVES

- Acquire an efficient record gathering process
- Aquire skills to shoot a full series of diagnostic clinical photographs
- Record a correct Facebow
- Locate, verify and precisely record centric relation and mount casts onto an appropriate articulator
- Establish fees and acquire skills to educate patient during the Examination
- Evaluate the system for signs of instability and wear

Course Size	20
Target Audience	General Dentists, Specialists, Technicians

Testimonials

"Ian Buckle is incredibly knowledgeable, approachable and realistic."
Jacqueline Fergus, Aberdeen

"My clinical confidence has grown immensely and my case assessment feels stress free now. The uptake for work, and therefore my income, has increased massively. I had easily recouped my investment in the course fees plus a lot more in just six weeks."
Tim Earl, East Sussex

"I have been left hungry for more knowledge!"
Leslie Campbell, Musselborough

"Fantastic, loved it!"
Callum Graham & Jim Forrest (Technician), Carluke

"Attention to detail and quality in EVERY step. Finally discovering the proper way to do dentistry is a rebirth! I am really putting the concept and the knowledge to work."
Claus Dønvang, Denmark

For more information on our Core Curriculum, team events and guest lectures or to book a place please contact us:

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A new extension has made a big difference at the Ardmillan Orthodontics practice

Adding a 'wow' factor

As they make up the vast majority of their patients, it is only natural for orthodontic practices to tailor their practices towards children and young people.

However, for one practice in Edinburgh, it was the principal orthodontist's children who have – inadvertently – had a major impact on the very existence and, more recently, the extension of the practice building itself.

Eman El-Bahnassawy qualified from Glasgow Dental Hospital in 1999, gaining her MFDS at the Royal College of Surgeons of Edinburgh (RCSEd) in 2001. She completed her MOrth at the RCSEd in 2006 and was subsequently accepted onto the General Dental Council's specialist list.

In 2008 she was working as an associate at an orthodontic practice in East Lothian, but had plans to set up in practice herself, should the right property become available. In April that year, an opportunity presented itself from a rather unexpected source. She was told that her daughter's nursery in the Gorgie/Dalry area of Edinburgh was closing and, after the disappointment and inconvenience were put to one side, she came up with an idea.

Eman contacted the nursery's owners and made an offer on the building, fortuitously working with the architect retained by the childcare company to turn the nursery into an orthodontic practice within a year. The new practice – named Ardmillan Orthodontics after the road on which it is situated, Ardmillan Terrace – featured a single surgery, LDU, X-ray room, reception area and staff room.

Since opening, Eman has built the patient base up and now has more than 1,000 patients on the books. She now works four days a week and employs a full-time dental nurse and a part-time receptionist.

And, with her daughter's nursery school closure leading to the purchase of the building, it was her third child's birth – along with a harsh winter – that dictated the timing of the latest development at the practice.

Eman had always planned to alter the reception and waiting room facilities at the practice and had highlighted a lean-to structure to the side of the building as a possible area to extend into. However, after a seriously heavy snowfall in December 2010, the roof of the lean-to collapsed after 30cm of snow accumulated on top.

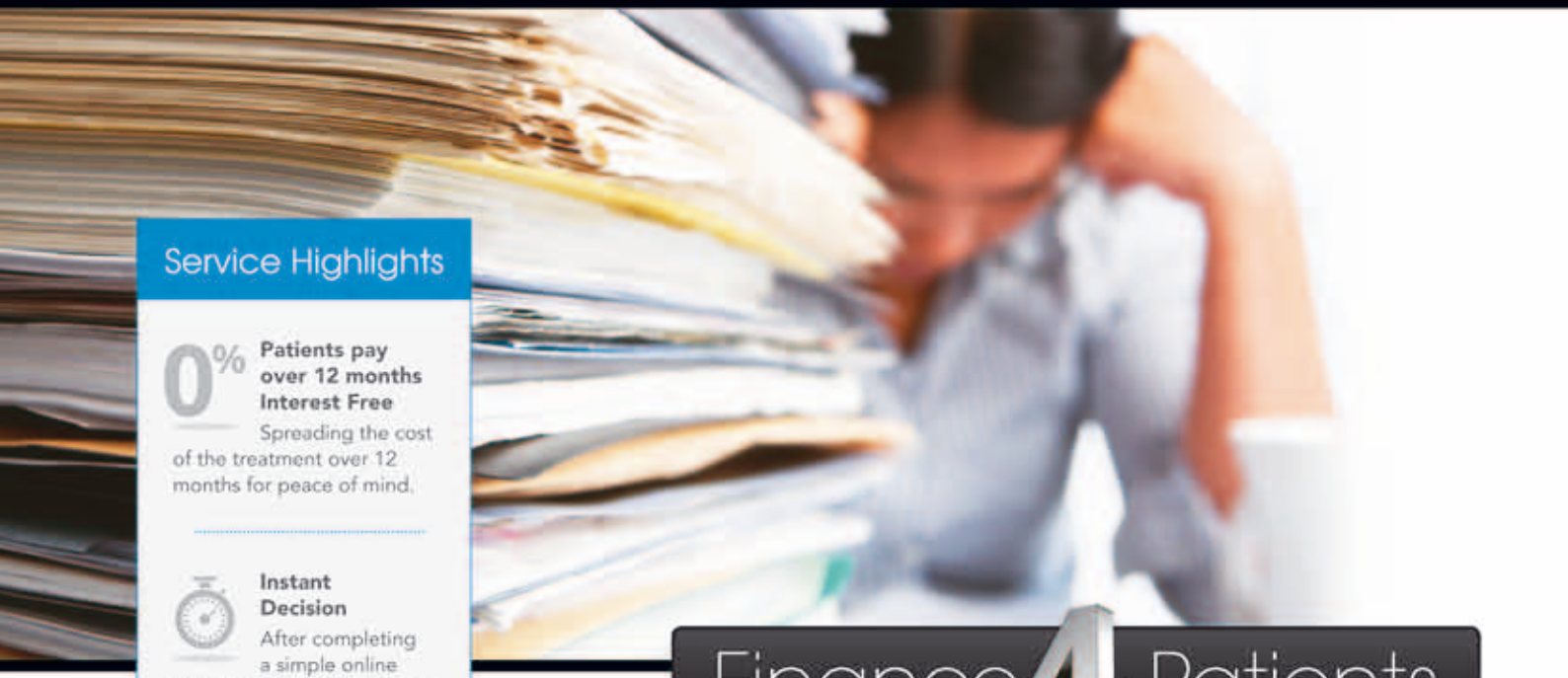
This unfortunate incident forced Eman's hand and she contacted a number of companies to get a conservatory-style extension, with a glass roof and a brick exterior wall built. However, in order to avoid disruption to her practice, Eman managed to time the construction to be completed while she was on maternity leave with her third child. With a very young baby and two other children to look after, she was able to oversee the build and, as her locum only worked one-and-a-half days a week, there was little, if any, disruption for her patients.

The room was ready for use on 5 January and was opened by one of the practice's adult lingual patients, Annie Porter. Eman explained that, although a relatively small space, it has made big difference for her patients. She said: "It has been fantastic to hear the patients' response. I think the most frequently heard comment has simply been "wow"!

"It's great to be able to have this space available and I'm delighted with the results." ■

"It's been great to have this space available and I'm delighted with the results"

A revolution in patient finance...



Service Highlights

0% Patients pay over 12 months Interest Free
Spreading the cost of the treatment over 12 months for peace of mind.

Instant Decision
After completing a simple online form patients get an instant decision. -No waiting!

eSignature paperless application
No paper forms. No sending forms in the post. No PDFs. Completely online process.

12 Months
Interest Free
Finance
0%
APR Representative

Finance 4 Patients

Paperwork Piling Up?

...Switch to Finance 4 Patients and free up your staff for more important tasks.

Finance 4 Patients provides a simple and affordable way for the total costs of dental treatment whether it be medical or cosmetic, to be paid for with a 12 months interest-free loan, (other terms available), with repayments starting 1 month after the treatment has started. Meanwhile, you the dentist, will be guaranteed to receive payment the day after the treatment has started.

Finance 4 Patients is different to other finance companies. There is no waiting for a decision and no paper forms to fill out then sign and post. Everything is completed online by the patient, in their own home at a time that is convenient to them. And they get an instant decision and have no additional paperwork to post.

NO WAITING and NO PAPER FORMS to fill in and post.

Benefits for Dentists...

- ✔ The ability to provide an enhanced offering to your clients
- ✔ Free up your staff for more important tasks
- ✔ Unlock your cashflow by getting paid immediately

Benefits for patients...

- ✔ Afford the treatment they really need or the teeth they have always desired
- ✔ Apply online in the comfort of their own home with an instant decision
- ✔ Spread the cost of the treatment over 12 months for peace of mind

www.finance4patients.com . Email: info@finance4patients.com . Tel: 01294 318718

*Subject to Status. Representative example (based on 12 months Interest Free Credit). Cost of treatment: £2,000.00, less deposit (minimum 10%) of £200.00. Total amount of credit: £1,800.00, payable by 12 fixed monthly instalments of £150.00. Total amount payable: £2,000.00. 0% APR Representative.

Finance made easy

Finance 4 Patients provides a revolutionary interest-free finance product for the dentistry market, which assists in making the cost of treatments more affordable.

Traditionally, when a dental practice offers finance, it's the practice staff who do all the work. Filling out the credit application forms, printing copies for the customer and the bank. If the patient isn't physically present, or does not have all their data to hand, forms have to be posted out and, in turn, reminder phone calls have to be made. It's no wonder that dental practices can spend a small fortune on finance administration. Enter Finance 4 Patients.

Finance 4 Patient provides a simple and affordable way for the total costs of dental treatment, whether it be medical or cosmetic, to be paid for with a 12-month interest-free loan (other terms available) – with not a paper form in sight.

Designed from the ground up around a paperless e-signature process, Finance 4 Patients redefines finance for the digital age. Now dentists can offer credit simply and efficiently without the processing costs usually associated.

Finance 4 Patients is different to other finance companies as the credit application is completed online by the patient when it is convenient for them.

The dentist, after discussing with the patient the exact treatment required and the price, gives the patient a unique five-digit code. Then, within the privacy of their own home, the patient visits the Finance 4 Patients website and enters the code which, in turn, displays details of the agreed dental treatment. The patient can then complete the credit application form, ticking the e-signature box to sign their credit agreement and submit their application. A decision is returned in around 10 seconds. No paper forms and nothing to post.

Brian Thomson from Finance 4 Patients states: "As it's a paperless system with the patient completing the forms, staff costs are reduced. Patients also benefit by being able to afford the treatment they really need. It truly is a 'win-win' situation." ■

Call 01294 318718 or email info@finance4patients.com www.finance4patients.com

Martyn Bradshaw of PFM considers the sale and purchase of dental practices from both sides of the fence

Demand is on the increase

We have witnessed, over the last couple of years in Scotland, an increase in the number of associates seeking to buy their own dental practice. This is mirrored by an uplift in corporate activity, although the main corporate players focus on Edinburgh, Glasgow and surrounding areas.

This has led to heightened goodwill values, inevitably with demand often outstripping supply.

I am thinking of selling – what should I do?

If you are looking to sell your dental practice in the next 12 to 24 months, you should focus on making your practice as presentable to prospective purchasers as possible. A key part of this is the financial profile of your practice, which needs to 'stack up' from the buyer's perspective, not least to impress their bank. The most important thing that a buyer (and banks) will examine is the profitability of the business pre-sale (your accounting and financial history) and how this might change under their ownership.

When presenting the practice 'financials', adjustments to your accounts are advisable to take account of items personal to you. A spouse's salary, for example, can be 'added back' to show a more realistic picture of expenditure. We would often expect a new purchaser to work full time at the practice and therefore if you currently work less, with the help of an associate or locum, this should be demonstrated through projected accounts.

Marketing your practice to the widest audience offers the greatest chance of maximising the sale proceeds and getting the contractual terms you want. In many cases, the highest offer isn't always the best offer. This is especially so where your prospective buyer is a corporate body as they are likely to impose more rigid terms than a private buyer.

A good dental practice sales agency will have a list of pre-registered dentists who are looking for dental practices by geographic area. The agent should prepare a professional prospectus including a valuation. Setting the right sale price is key and a professional valuer will offer guidance on this, drawing on their local experience and knowledge of previously achieved sale prices. With the prospectus issued, viewings are made, offers and terms are negotiated.

Going it alone will restrict the audience to which your practice is marketed and be problematic especially at the negotiation stage. Keeping negotiations with prospective buyers at arms length allows you to continue to practice without distraction. 'Best and final' offers are often required, a process which is fraught with problems unless handled professionally.

A practice sales agent should research prospective buyers on your behalf, especially where bank finance is required. This prevents time and effort on negotiations which might ultimately fail because a buyer does not have the means to follow the purchase through.

ABOUT THE AUTHOR

Martyn Bradshaw is a director of PFM, one of the leading UK dental practice sales agents. For a listing of practices for sale in Scotland, to register as a buyer or for practice finance, please visit www.pfmdental.co.uk
If you would like to contact Martyn, please email martyn.bradshaw@pfmdental.co.uk or phone on 01904 670 820.

I am a buyer – what should I do?

Buyers are required to be more proactive and quicker off the mark than ever before. We often take calls from interested parties enquiring about practices that have been sold before they have the chance to view.

If you are interested in buying a dental practice then register with a sales agency. Good independent agencies should not make any charge for this and will ensure that you receive the details of practices as they come on the market in your area. Due to the speed at which some practices sell, it is advisable to make a viewing appointment as quickly as possible and make an offer with out delay.

To move swiftly you will need to ensure that finance can be arranged. This can be approved relatively quickly through specialist healthcare lenders, although do take care to present your case thoroughly as unsecured lending can be very challenging to arrange. Again, using a broker to support your application will reap rewards. Access to European Investment Bank (EIB) funding and the Government's Enterprise Fund Guarantee scheme (EFG) should be considered by a good broker. Using a broker should cost the buyer no more than a direct application and is far more likely to secure you the best interest rate and terms. ■

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BioHorizons – dedicated to dental implants

BioHorizons is proud to be exhibiting its dental implant products on stand N20 at the first ever Scottish Dental Show, to be held on 24 and 25 May at Hampden Park in Glasgow.

On show will be BioHorizons' four comprehensive implant lines, including Laser-Lok, and three small diameter systems, covering virtually every surgical and prosthetic indication or clinician preference.

Also available to view will be biologic products scientifically proven for a wide range of soft and hard tissue applications, prosthetics not only covering a wide range of indications and patient conditions, but also manufactured to some of the tightest machine tolerances in the dental industry, as well as a broad range of instruments and motors to meet your needs.

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

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Cost-effective infection control solutions

The Classic brand is designed to give practices good quality, great value products that provide substantial savings when compared to equivalent brands on the market.

As part of its comprehensive range of infection control products are a range of sterile drape kits: the Complete Kit (COP 405), the Standard Kit (COP 406) and the smaller Surgical Gown Kit (COP 410).

All sterilised with ethylene oxide for added peace of mind, the contents of each kit are the result of comprehensive analysis of data received from clinicians over a six-month period, to offer cost effectiveness with minimal wastage.

To learn more about the Classic range of infection control products, contact The Dental Directory today.

For more information, contact The Dental Directory on 0800 585 586, or visit www.dental-directory.co.uk

NobelActive 3.0 implant: smaller and stronger

Experience the new NobelActive 3.0 from Nobel Biocare: an implant like no other. Smaller, stronger and with exceptionally high initial stability, it offers safe implant placement in areas with limited space that were previously untreatable with conventional implants.

The NobelActive 3.0 is an extension of the popular NobelActive implant system and one of the narrowest implants currently available. The compact size, strong sealed connection and maximum material strength are a winning combination for narrow spaces in the anterior region. With adjustable implant position for optimal restorative orientation, NobelActive 3.0 also maximises soft tissue volume and bone preservation for excellent aesthetics.

0208 756 3300 or www.nobelbiocare.com

"I use it for almost everything"

Dr Paul Hanna is the principal dentist of The White House Dental Surgery in Eastbourne and he has been using Practice Management Software (PMS) from Carestream Dental for the last seven years.

"We upgraded to R4 Clinical+ a year ago," says Dr Hanna, "and I use it for clinical charting, ordering, finance and patient communication. I use it for almost everything, from sending claims to showing patients 'before' and 'after' pictures to X-rays.

"Having tried other PMS, which were quite complicated, I find R4 much easier to use and that's why we made the switch.

"The customer service team are also very helpful and prompt."

For more information, call 0800 169 9692 or visit www.carestream dental.co.uk

Megalloy EZ no leaks, no mess

DENTSPLY offers a complete solution to meet the restorative needs of all dental practitioners. Among the many innovative, evidence-based products available through DENTSPLY is Megalloy EZ – a premium spherical alloy with the performance to meet and exceed the demands of modern dentistry.

By taking advantage of DENTSPLY's unique SureCap system, Megalloy EZ can be placed effectively and precisely with no activation, no leaks, and importantly, no mess.

Among its chief benefits, Megalloy EZ produces predictable results while demonstrating excellent physical properties. After only 24 hours, Megalloy EZ exhibits a compressive strength of 86,000 psi, virtually eliminating the risk of bulk and marginal fracture.

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The Dental Company

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Comfortable to hold

Ivoclar Vivadent presents the smaller and handier version of the tried-and-tested bluephase curing light: bluephase style. Given the light's ergonomic shape and its low weight, bluephase style suits the hands of men and women.

The bluephase style light, an ergonomic battery-operated LED polymerisation light with an intensity of 1,100 mW/cm2 developed by Ivoclar Vivadent, can be held either like a pen or like a pistol. Given the light's low weight and the balanced weight distribution, the strain exerted on the hand and arm is reduced, regardless of the size of the hand.

A particularly handy feature is the shortened light probe tip, which allows for comfortable curing also in hard-to-reach posterior areas. Patients are thus no longer required to keep their mouths wide open. Thanks to the large diameter of 10 mm, the bluephase style is capable of completely covering large cavities, which renders time-consuming multiple curing cycles for MOD restorations unnecessary.

Call 0116 284 7880 now, or speak to your local Ivoclar Vivadent product specialist for more information.

Efficient restoration of posterior teeth

Tetric EvoCeram Bulk Fill is the new composite for the direct restoration of posterior teeth. This material enables cavities to be filled with increments of up to 4mm.

Tetric EvoCeram Bulk Fill from Ivoclar Vivadent is a mouldable posterior composite suitable for the bulk-filling technique. Due to its special consistency, it readily adapts to the cavity walls. The composite is based on the same chemistry as the clinically proven, universal nano-hybrid composite Tetric EvoCeram. Complicated incremental layering is not required with Tetric EvoCeram Bulk Fill. Instead, an efficient and easy placement technique can be employed, as the composite enables bulk-filling of up to 4mm.

Call 0116 284 7880 or speak to your local Ivoclar Vivadent product specialist for details.

BioHorizons – dedicated to dental implants

BioHorizons is proud to be exhibiting its dental implant products on stand 25 at the Irish Dental Association's annual conference, to be held between 17 and 20 May at the Malton Hotel in Killarney.

On show will be BioHorizons' four comprehensive implant lines, including Laser-Lok, and three small diameter systems, covering virtually every surgical and prosthetic indication or clinician preference.

Also available to view will be biologic products scientifically proven for a wide range of soft and hard tissue applications as well as a broad range of instruments and motors to meet your needs.

Call 01344 752560, email infouk@biohorizons.com or visit www.biohorizons.com

Enhance your infection control procedures

The Dental Directory stocks a wide range of infection control products from some of the industry's leading manufacturers, including CLEAN from Techno-Gaz (DQX 100).

CLEAN is a simple system for cleaning excess cement and alginate from hand instruments prior to starting the sterilisation cycle. It also effectively reduces clinicians' exposure to potentially infectious materials.

The device consists of an ergonomic container with both an inner and outer chamber, and integrated brush. To use the device simply fill the inner chamber with a recommended instrument cleaner and push the hand instrument through the brush with a 'to and fro' movement; repeat as necessary to clean off excess material. Instruments can be left in the outer ring to drain.

Contact The Dental Directory on 0800 585 586, or visit www.dental-directory.co.uk

XP Bond from DENTSPLY – especially user-friendly

Etch and rinse adhesives are an indispensable part of restorative dentistry. A large variety of products with different chemical compositions are available.

The components of these adhesives, e.g. the solvents, have a great influence on their application protocol and on their bonding performance. Most etch and rinse adhesives contain acetone or ethanol as a solvent – XP Bond by DENTSPLY is based on tertiary butanol.

XP Bond is not especially technique sensitive due to this solvent and was the only product providing an excellent marginal seal on both enamel and dentine compared to the other etch and rinse adhesives tested.

Contact DENTSPLY.co.uk or 0800 072 3313. Earn rewards against purchases at DENTSPLYrewards.co.uk, access webinars and product demonstrations and earn CPD at dentsplyacademy.co.uk

£500 in DENTSPLY Rewards up for grabs

£500 in DENTSPLY Rewards is available to clinicians providing a ChemFil Rock clinical case.

If you have been using ChemFil Rock since its launch in September 2011, or would like to try it and prepare a clinical case, DENTSPLY would like to hear from you.

The clinical case would need to contain before and after images and a description of each stage of the treatment process. The Rewards would be added to your DENTSPLY Rewards account once the case is approved and published in the dental media.

The offer is open until 5 April. For further information, contact your DENTSPLY sales specialist, e-mail Rebecca.evans@dentsply.com or visit www.dentsply.co.uk

Personalised oral hygiene products

Available from The Dental Directory, MyOralHealth offers a selection of innovative, high-quality oral hygiene products that can be fully customised with a dental practice's logo or artwork. All products are manufactured to match the best quality of the well-known brands while incorporating stylish packaging that can help set your practice apart from the competition.

The range includes MyOralHealth Toothbrushes (110210), a central part of any patient's oral hygiene regime; MyOralHealth slim line Executive Floss Cards (110205), perfect for patients on the move; and MyOralHealth Pre-Brush Peroxide Whitening Mouthwash (110200) – the perfect product to help maintain the whiteness of teeth that have been whitened by other procedures.

For more information on the MyOralHealth range, contact The Dental Directory on 0800 585 586, or visit www.dental-directory.co.uk

Satisfaction guaranteed

Oral-B power brushes purchased in dental surgeries have the same limited warranty as those from retail outlets. Providing they have a receipt for their purchase, customers can return the brush within two years in the unlikely event of malfunction. P&G will either rectify the problem free or provide a replacement product at no extra cost.

The company is so confident in its products that if the customer is dissatisfied with the performance of their Professional Care or Triumph brushes, they will refund the cost of the unit within 30 days even if they've simply changed their mind. Dissatisfaction based on performance is highly unlikely.

Oral-B power brushes use the independently acclaimed oscillating-rotation action, to help prevent both caries and periodontal disease.

Get smart with Dr's Light Clever Cordless Curing Light

For a smarter, more controlled curing light, practices should look no further than the Dr's Light Clever Cordless Curing Light, available exclusively from The Dental Directory.

The Dr's Light Clever Cordless Curing Light allows users to focus the curing light through a special lens in the guide-cap for enhanced light quality. This focused light has high permeability and makes for deep polymerisation and optimum curing.

As well as offering superb curing performance, the Dr's Light Clever Cordless Curing Light also features an ergonomic design and the ability to choose from one of four curing programmes including High, Low, Soft Start and Pulse Mode.

Each Dr's Light Clever Curing Light set comes with handpiece, charger, three autoclavable guide caps, adaptor, power cable and an interchangeable battery pack. For added peace of mind, the product also comes with a one-year warranty.

For more information, contact The Dental Directory on 0800 585 586 or visit www.dental-directory.co.uk

GC introduce the next generation of flowables

GC Europe, the leader in dental materials technology, announces the launch of two superior flowable materials; G-ænial Universal Flo and G-ænial Flo, to give patients the best aesthetic, functional and durable restorations.

Both benefit from a composition that features a unique filler technology. Unlike other flowable composites, the GC materials have a higher filler load and a homogeneous dispersion of fillers. The resulting improved strength and wear resistance are two key features, opening up the potential for a broader use than standard flowables. G-ænial Universal Flo is radiopaque and features a high viscosity, making it ideal for placement in class I-V restorations. Essentially, it looks like a flowable but behaves like a restorative. Its indications are for direct restorations, minimum intervention cavities and fissure sealing.

For further information, please contact GC UK on 01908 218 999.

Strengthening relationships

We are pleased to announce that Molar has become part of TePe Munhygienprodukter AB family of companies. You may be aware of the very close relationship between Molar and TePe and this move further strengthens this link.

TePe is a family-owned company established in 1965 and all design, development and production takes place at TePe HQ in Malmo, Sweden. It has grown to be a global brand, with their products used daily in more than 50 countries.

Going forward, we believe this will present further opportunities for both companies within the UK, by allowing Molar to invest more heavily in already successful brands and seek further opportunities available in the global marketplace. It also enables TePe to increase its presence within the UK marketplace – a growing and vibrant area ripe for further expansion.

For information, email info@molarltd.co.uk, or telephone 01934 710022.

One-stop site for CPD needs

UCL Eastman CPD, together with Smile-on and KSS Deanery, has created a comprehensive one-stop online resource to help busy dental professionals fulfil all of their core CPD needs at a time and place that suits them.

Available to practitioners, specialists and DCPs, Core CPD provides access to accredited CPD learning materials on a range of topics including disinfection and decontamination, dental radiography, medical emergencies, legal and ethical issues and complaints handling. An annual subscription provides access to webinars, e-learning courses and other resources.

Every dental professional has a responsibility to maintain the highest professional standards for their patients and for the purposes of revalidation. Core CPD can save dentists and their teams time and money, as well as afford the peace of mind that comes with being at the very top of your profession.

Visit www.corecpd.com

Dental Protection

Fair subscriptions

Scottish members of Dental Protection do not subsidise members in other parts of the UK, nor other parts of the world. Scottish members have a much better claims experience, and it is only right that Scottish dentists should see the benefit of this.

Also, in a big, financially strong organisation like Dental Protection there are more members to share central overheads – allowing each member to pay a smaller contribution and leaving more money with which to provide additional membership benefits.

So a full-time general dental practitioner in Scotland pays 37% (almost £900) less to be a member of Dental Protection than colleagues in the rest of the UK while enjoying loads of additional services like free CPD in a variety of forms for the whole dental team.

You can't say fairer than that.

For more information:

W: www.dentalprotection.org
T: 0845 718 7287
E: member.help@mps.org.uk

the **complete** package

Team TB

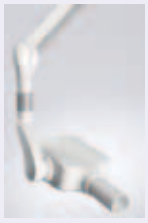
Like the iconic interlocking rings, a strong alliance has been forged by Takara Belmont and SPS Dental to provide equipment to 10 dental surgeries within the Olympic villages for the 2012 games.

Whether competitors are swimming in London, sailing in Weymouth or rowing in Tenby, their dental needs will be addressed with the utmost professionalism and haste in all of these venues. They can rest assured that any treatment at these venues will take place in the comfort of Takara Belmont's Voyager II-L treatment centre.

The Voyager is aptly named. Relaxing in one, any patient's journey toward better dental health is smoother and more pleasant, allowing them the freedom of mind to focus on their competition.

This treatment centre sets the benchmark for quality and reliability, while simultaneously being of great value. Its ambidextrous design provides equal right and left compatibility for dentists and outstanding ergonomics allow for a space-saving and efficient working environment.

The X-ray factor



Takara Belmont has developed an X-ray unit that delivers an improved user interface, keeping faith with their tradition of simple operation.

The Belray II system is engineered for accurate positioning, with excellent stability and reach. The control panel is compact and smooth with a single-piece membrane for easy cleaning. It boasts innovative design parameters, including a recessed focal spot allowing for a longer source-to-skin distance.

The Belray II unit offers great functionality and compatibility. Switching from film to digital is as easy as the press of a button on its intuitive control panel, enabling flexibility and adaptation all in the same unit.

The zero drift scissor arm can be neatly stowed away against the wall when not in use, and the control panel can be mounted outside the room, operated by remote control or a hand exposure switch.

Website specials

Now is the ideal time to try Diamond Glass Ionomer Cements, manufactured by Kemdent.

For example, Diamond Rapid Set Capsules are available until the end of March at less than £1.01 per capsule. Diamond Rapid Set Capsules are suitable for Class 1 and 2 restorations, together with build-up fillings and linings, core build-up and retrograde root fillings. They are available in three matching tooth colour shades.

The long-term alliance between Kemdent, Exeter University and Bristol University Dental School has brought about up-to-date research and development projects into the latest Diamond Glass Ionomer Cements (GICs) for use within dental practices throughout the UK.

For information, call Helen or Jackie on 01793 770090 or visit www.kemdent.co.uk

Quality products

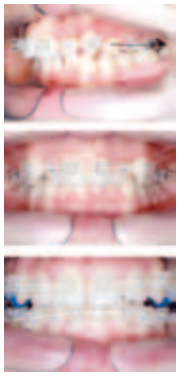
Nobel Biocare offers a wide range of restorative and aesthetic solutions for every indication. Dr Graham Smith is a consultant oral and maxillofacial surgeon at St George's Hospital, London and Kingston Hospital NHS Trust. "In our practice we use Nobel Biocare Branemark Implants, NobelActive implants, Nobel Biocare Zygoma Implants, and also NobelReplace," he said. "The quality is second to none. The items are extremely versatile and offer a suitable solution for every situation. The implants integrate very well and boast high success rates. This gives a great end result and high patient satisfaction."

"Our technicians also enjoy using Nobel Biocare products, as do our nurses.

"The implants are straightforward to place with surgical sets that are easy to follow. This is particularly important in hospital theatres, where some of the nurses may not be familiar with all of the systems."

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

Woowa high-performance, aesthetic archwires



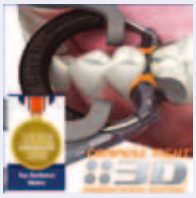
Ortho-Care Ltd, one of the UKs largest independent distributors of orthodontic products, has introduced Woowa, a high-performance archwire that is incredibly durable.

Woowa archwires are tooth-coloured and, when combined with aesthetic brackets, create a brace-free look. Developed in Korea, this new technology allows orthodontists to give patients the very best aesthetic orthodontic treatments.

The product doesn't compromise clinical performance, as Woowa wires perform like a non-coated archwire, with outstanding low levels of friction, due to the negligible .00005 coating that does not change the dimensions of the wire. This coating can be applied to stainless steel or nickel titanium wire. Woowa archwires are now available in all popular sizes in nickel titanium and stainless steel.

To order Woowa archwires, contact Ortho-Care on 01274 392017, email info@orthocare.co.uk or visit www.orthocare.co.uk

Composi-Tight 3D best for class II's



The Composi-Tight 3D Sectional Matrix System from Garrison Dental Solutions has been named the 2012 Top Sectional Matrix and Preferred Sectional Matrix by The Dental Advisor.

Composi-Tight 3D produces tight anatomically accurate contacts at the height of contour with virtually zero flash. This is accomplished with three-dimensionally contoured Soft Face tips that conform to the surface of the tooth sealing the edges of the matrix band. Composi-Tight is the only system to employ this technology. Separation of the teeth by compression of the periodontal ligaments is produced by usage of stainless spring steel reinforced by advanced polymers. This produces a ring that is fully steam autoclavable and retains both its tension and shape for hundreds of uses.

This system is available from Garrison Dental Solutions by calling Lee Haywood on 07772 788 893 or lhaywood@garrisondental.co.uk

Dates for your diary

MFDS Part 1 Revision Course

6 February, 18:00 - 21:00

Royal College of Physicians and Surgeons of Glasgow (and videolinked to Dundee Dental School)

From Monday 6 February to Monday 19 March (10 evenings), this is a revision course suitable for those intending to sit Part 1 MFDS Exam or Part 1 MJDF and is based on the new MFDS Curriculum. The course will be taught over 10 Monday evenings to allow candidates to work together in study groups between teaching dates. The course will also be videolinked to Dundee Dental School.

Further details and registration: www.rcpsg.ac.uk/education/events Contact: helen.macdonald@rcpsg.ac.uk or shona.mcglynn@rcpsg.ac.uk or telephone: 0141 227 3236

Liver Teaching in the West of Scotland

2 March 2012

Royal College of Physicians and Surgeons of Glasgow

This multi-disciplinary meeting highlights that the liver is relevant to most areas of practice, if not all, and is suited to physicians, surgeons, dentists and allied health professionals. The symposium will raise awareness of liver diseases frequently seen in the West of Scotland, improve recognition and understanding of liver disease and its complications, as well as enabling delegates to feel more confident in referring liver patients to specialist services.

Book online now at https://wam.rcpsg.ac.uk

British Medical Dental Careers Fair

3 March, 14:00 - 18:00

Hunter Halls, University of Glasgow, G12 8QQ

Around 2,000 delegates are expected to attend the 2012 British Medical Dental Careers Fair at the University of Glasgow. After two successful events in 2008 and 2010, this year's careers fair will include CPD lectures from a selection of world-renowned speakers.

For more information on the British Medical Dental Careers Fair or to register for the event, visit www.mdcareersfair.com/register Please note, early registration is highly recommended as delegate places are limited.

West of Scotland BDA Branch Meeting

7 March, 18:30 - 22:00

RCPS, 242 St Vincent Street, Glasgow

Dr John Drummond will present a talk on prosthetics.

There will be sponsors and a buffet from 6.30pm, lectures will start at 7.30pm. The meeting is free to all BDA members.

MFDS Part 2 Revision Course

24 - 25 Apr 2012

Royal College of Physicians and Surgeons of Glasgow

This is a revision course suitable for those intending to sit Part 2 MFDS Exam or Part 2 MJDF and is based on the new MFDS Curriculum. Places on this course are limited and early registration is, therefore, recommended.

Further details and registration: www.rcpsg.ac.uk/education/events Contact: helen.macdonald@rcpsg.ac.uk / shona.mcglynn@rcpsg.ac.uk or telephone: 0141 227 3236

West of Scotland BDA Branch Meeting

Wed, 25 April, 18:30 - 22:00

RCPS, 242 St Vincent Street, Glasgow

AGM followed by a talk from Trevor Burke. Details to be announced in due course. There will be sponsors and a buffet from 6.30pm, lectures will start at 7.30pm. The meeting is free to all BDA members

British Dental Conference and Exhibition 2012

26 - 28 Apr 2012

Manchester Central Convention Complex

The British Dental Conference and Exhibition is the UK's largest combined dental conference and exhibition. It runs for three days during the spring and provides the UK dental profession the opportunity to gain all of their verifiable Continuing Professional Development (CPD) hours for the year in one go by attending a wide variety of lectures, seminars and demonstrations.

For further details and registration, visit www.bda.org/conference or telephone 0870 166 6625

Scottish Dental Show

24 - 25 May 2012

Hampden Park Glasgow

We have arranged an exciting line-up of speakers and workshops offering 12 hours of verifiable CPD for the entire dental team over the course of the two days. Edinburgh GDP and former president of the General Dental Council Hew Mathewson will give the opening address and he will be joined on the podium by: Brian Millar, Ashley Latter, Aubrey Craig, David Offord, Hugh Harvie, Stephen Jacobs, John Barry, John Meechan, Abid Faqir, and Bob McLelland among many others.

To register for your FREE place online today, and to be automatically entered into a prize draw to win an iPad 2, visit www.scottishdentalshow.co.uk

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