No.1 for dental professionals in Scotland

November 2014

Scottish Dental magazine

Miss World hopeful is braced for success
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A fresh challenge

New RCSEd dental dean, Professor William Saunders, talks about his career **page 24**

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ISSUE 5, VOL.5

Welcome

Editor's desk

with Bruce Oxley

Leading the way

The GDC has been lurching from one crisis to another in recent months and one thing has become abundantly clear: the UK dental profession has absolutely no confidence in the regulator to do its job fairly and effectively.

The announcement of the proposed ARF increase came hard on the heels of the scathing PSA report, and was followed shortly afterwards by an advert in the Telegraph magazine effectively touting for complaints.

We now have the situation where dentists – who already pay more than any of their counterparts in medicine and the other professions – are facing a bill of nearly £1,000 a year to pay for a regulator who seems to be encouraging the general public to complain about their own registrants and, in effect, justify their own existence,

In just the last couple of weeks, we have seen a vote of no confidence from the General Dental Practice Committee and judicial review proceedings have been started by the BDA.

Scottish dentists have been leading from the front in all this, in the form of Scottish Dental Practice Committee (SDPC) chairman Robert Donald who not only proposed the no confidence vote but also put it into SDPC policy to lobby for a separate Scottish regulatory body.

This has been mooted several times in the recent past but, being lumped in with chiropodists and physiotherapists under a general healthcare regulator, seemed like a non-starter.

Not any more it seems. ■

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

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November 2014

Edinburgh Dental Specialists

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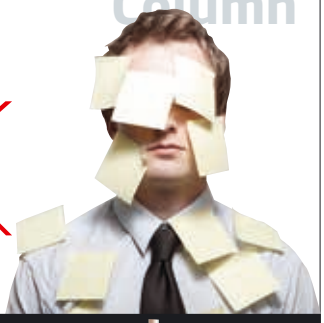

Devo-max for dentists?

The Scottish Independence Referendum has come and gone and the 45/55 result has been announced. Passions ran high on both sides of the debate with colleagues, friends and family members often taking opposing views, and even now after the result is known the arguments continue.

There have been highs and lows with both campaigns. But on the positive side more people have become involved in political discussion than ever before with a turnout of 85 per cent of those eligible to vote and voters aged 16 and 17 have proved themselves worthy of the vote and fully capable of understanding the issues.

The 'Yes' camp seemed particularly energised and, despite their obvious disappointment, are keen to continue the campaign. Membership of the Scottish National Party has jumped to well over 60,000, making it the third largest UK political party after Labour and the Tories. A sizeable number of 'Yes' supporters are terming themselves "the forty five per cent", the number 45 having added historical significance to independence supporters in view of the 1745 Jacobite rebellion led by Bonnie Prince Charlie.

Indeed, despite stating that he would accept the democratic vote, the retiring Alex Salmond has controversially suggested that independence might yet happen without the need for a further referendum.

In the meantime, the unionist parties have all promised enhanced devolution following the 'No' vote. So what impact will this, or indeed future independence, have on Scottish dentistry?

Dentistry, along with other health matters, is already devolved to the Scottish Government, however, funding is determined by Westminster. The Scottish Parliament currently has the power to vary income tax (but only income tax). Further devolved powers might enable MSPs to vary numerous taxes such as corporation tax, VAT or customs duties, possibly raising more revenue for public services such as health and social care. So the underlying funding structure of Scottish Government could change.

The mood of Scottish dentists is already changing; many have grown dissatisfied and unhappy with the British Dental Association (BDA). The Conference of Scottish Local Dental Committees has commissioned a working group to consider the establishment of a Scottish Association of LDCs. Whether this association would be a rival alternative to the BDA or would act as a pressure-group remains to be seen.

Will it be 'devo-max' or independence for Scottish dentists? ■

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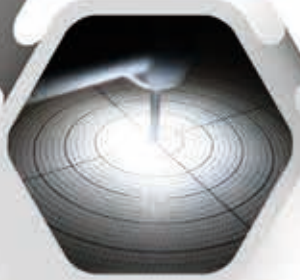

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Fury grows over 64% ARF rise

More dentists consider withholding payment in protest

Growing numbers of Scottish dentists are considering withholding their annual retention fee (ARF) as anger soars over the GDC's proposed 64 per cent rate increase.

The groundswell of opposition comes as the BDA stepped up its legal action aimed at forcing the GDC to reveal its rationale behind the huge hike in fees.

BDA lawyers have now taken the unprecedented action of initiating a judicial review against the regulator – taking relations between the bodies to a new low.

And pressure on the GDC has been further ramped up with a scathing vote of no confidence passed by the BDA's General Dental Practice Committee.

The GDC plans would see dentists' fees rise from £576 to £945, the highest fee charged by any comparable healthcare regulator. Dentists will have no choice but to pay, as they must be registered with the GDC in order to practise lawfully.

The BDA has recently revealed evidence showing that barely two in 10 of its members believe the GDC regulates effectively.

Mick Armstrong, chair of the BDA's Principal Executive Committee

Mick Armstrong, chair of the BDA's Principal Executive Committee, (above) said: "We are taking action because dentists are not prepared to subsidise failure.

"Patient safety is best served by an effective and efficient regulator. But instead, we've seen heavy-handed tactics, botched complaints handling and a total absence of accountability. That's bad for patients and bad for practitioners.

"We have given the General Dental Council every opportunity to demonstrate they have built a reasoned, evidenced and lawful case for this fee hike. They have chosen not to respond, and now we will leave it to the courts to decide."

One senior member of the profession in Glasgow, who asked not to be named, said: "The anger among colleagues is unprecedented. More and more are thinking of withholding their fees in protest."

The GDPC's resolution states: "In view of the recent findings of the Professional Standards Authority, the GDPC believes that the General Dental Council is a body no longer fit for purpose to regulate the dental team and protect patients."

Before seeking judicial review, the BDA sent another legal letter to the GDC demanding again that the regulator reveal how the ARF increase was justified. The association called on the GDC to reveal documents passed to accountant KPMG, which has been reviewing the assumptions underpinning the fee rise.

BDA lawyers argue that the GDC's commissioning of the KPMG review supports the case that a sufficient or transparent justification has not yet been given.

GDC has a fight on its hands

VIEWPOINT BY KIERAN FALLON

There is outrage that dentists are already paying the highest annual retention fee ... and now the GDC wants to ramp it up.

And there's also anger that while the GDC is struggling to balance its books, it is seeking complaints from patients to come directly to it rather than encouraging an internal complaints resolution.

People are determined to fight this. In the past, people have been reluctant to stick their heads above the parapet because it is the GDC. But now there is a strong feeling that they are quite willing to resist. The BDA has been challenging the GDC to show its proof justifying its actions but it has failed to do so to anyone's satisfaction.

The GDC's new chair Bill Moyes admitted in a recent speech that he has no previous experience of dentistry or professional regulation. But despite this, he immediately jumps in, declaring what he plans to do and that he is convinced there is a lot of bad practice going on.

He doesn't seem to have a lot of faith in the dental profession.

SDPC calls for new regulator in Scotland

CRITICISM MOUNTS

Demands have been stepped up for a new regulator in Scotland to replace the much-criticised GDC, as it struggles to cope with the storm over proposed fee increases.

In the latest attack on the GDC, the Scottish Dental Practice Committee has now enshrined in policy a motion calling on the government to set up a new governing body north of the border.

At a recent committee meeting, members unanimously passed a motion that read: "The General Dental Council as a body is no longer fit for purpose to regulate the dental team and protect patients.

The Scottish Dental Practice Committee would like a Scotland-based regulatory body which is fit for purpose to be established.

The committee has now written to William Moyes, chair of the GDC registering its dissatisfaction about the regulator's performance.

A similar letter has also gone to Alex Neil, MSP, Cabinet Secretary for Health and Wellbeing, and to Margie Taylor, the Chief Dental Officer (Scotland).

Robert Donald, chair of the SDPC, said: "The SDPC motion reflects the anger felt by the profession across Scotland, as well as the rest of the UK".

The SDPC's call for a new regulator in Scotland will now be on the agenda for their next scheduled meeting with the government.

Earnings drop for fifth year in a row

Concern for UK's oral health as study shows that dentists are working longer hours but spending less time on clinical care

Scots dentists are working harder for less money according to new statistics from the Health and Social Care Information Centre (HSCIC).

And worryingly, while the number of hours being worked has risen, time spent on clinical work is continuing to fall.

Principal dentists suffered the largest drop of 5.4 per cent, taking average earnings before tax down from £102,900 in 2011/12 to £97,400 in 2012/13.

Dentists across the profession saw average earnings drop 4 per cent to £68,800 from £71,700 in the same period with only associates escaping with a 0.6 per cent drop, down to £57,200 from £57,600.

Mick Armstrong, chair of the BDA's Principal Executive Committee, said: "NHS dentists have seen their incomes falling year-on-year for the past five years, at the same time that expenses are rising. Taking a hit like this inevitably affects dentists' ability to care for the nation's oral health. If governments continue to ignore this fact, there is a risk that dental care could fall behind the rest of Europe.

"While dentists recognise the pressures facing the public purse, governments must recognise the stress, expense and complexity involved in providing safe, effective, high-quality dental care.

"Dentists are also working hard to meet the high demand for complex restorative dental care required by our increasingly ageing population, and governments must start investing significant sums in dentistry now if they are genuinely concerned about satisfying the oral health needs of this cohort, which will be necessary for decades to come."

The HSCIC report stated that: "The general trend for self-employed primary care dentists in Scotland in 2012/13 shows a drop in taxable income due to gross earnings decreasing more than total expenses."

The statistics reveal that overall, GDS dentists (full and part-time) reported working an average of 38.3 hours per week in dentistry, of which 29.6 hours (77.3 per cent) were devoted to NHS dental services. The remainder, 22.7 per cent, was accounted for by private dentistry.

To read the HSCIC report in full, go to http://www.hscic.gov.uk and search for Dental Earnings and Expenses 2012-13

Month of action

MOUTH CANCER CAMPAIGN

November 2014 is Mouth Cancer Action Month. Over 30 days, a UK-wide campaign will raise awareness of mouth cancer and help save thousands of lives through early detection and prevention.

In the UK, more than 6,700 people were diagnosed with mouth cancer last year. It takes the lives of more than 2,000 people every year, which is more than testicular and cervical cancer combined, and more than the number of lives lost in road traffic accidents.

The disease has grown by a third in the last decade, and it remains one of few cancers which are predicted to increase in the coming years. That's why Mouth Cancer Action Month is so important.

Dental Protection is helping by offering guidance for participating practices, and it has created a useful list of top tips.

It is important to know which patients are most at risk, to spot signs and to respond appropriately. Missing one opportunity to make an early diagnosis or prompt referral can have serious consequences.

Man with MDDUS touch

CHIEF EXECUTIVE 'S SUCCESS

Professor Gordon Dickson, chief executive of the Medical and Dental Defence Union of Scotland (MDDUS), has announced his retirement at the end of the year.

He will be succeeded by Chris Kenny, currently chief executive of the Legal Services Board in London. Mr Kenny, who has extensive regulatory, legal, life insurance and health experience, will take up the role at the beginning of January 2015.

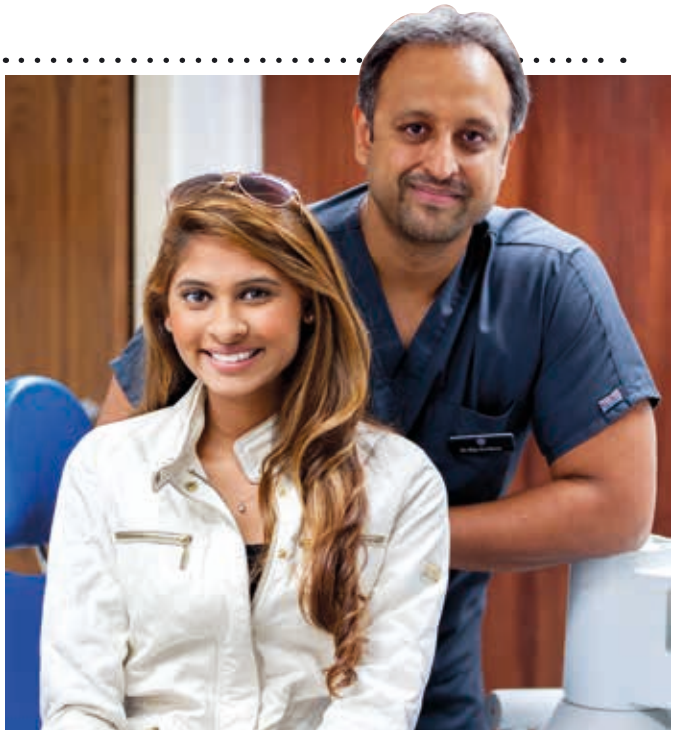
During Professor Dickson's 10 years at the helm, MDDUS has seen significant progress and growth with a fund of more than half a billion pounds now being managed for the benefit of its 40,000 members throughout the United Kingdom.

MDDUS chairman Dr Benny Sweeny said: "The 10 years that Professor Dickson has been CEO has seen a complete transformation of MDDUS into a modern, vibrant and successful company with a growing membership, sound finances and an excellent corporate governance infrastructure.

"The union wishes Gordon a long, healthy and happy retirement. The board of directors is confident that it has identified a suitable successor to Gordon, and we look forward to welcoming Chris Kenny to the company in the New Year."

Mr Kenny said: "Under Gordon's leadership, MDDUS' reputation for service and value has grown markedly and led to significant expansion for the company. I'm looking forward to building on that excellent record as the company moves to the next phase of its development."


Professor Gordon Dickson



Miss World hopeful braced for success

PIONEERING TREATMENT

A Miss World contestant has flown halfway across the world for pioneering cosmetic dental treatment in Edinburgh, ahead of taking part in the global beauty pageant in London in December.

Dalreena Poonam Gill, 20, the current Miss Singapore World title-holder, will undergo high-speed teeth straightening work from Scottish dentist Biju Krishnan, inventor of the Cfast dental brace system. She hopes the treatment will enhance her chances of being crowned Miss World.

Dr Krishnan has already seen his Cfast system adopted by thousands of dentists and it has been used by celebrities including Holly Willoughby, singer Alexandra Burke and a number of reality TV stars including those from TOWIE and Geordie Shore.

He said: "The Cfast system is taking off all over the world, but we're not yet fully up and running in South East Asia. So when Dalreena sought treatment from a colleague in Singapore, he referred her to me."

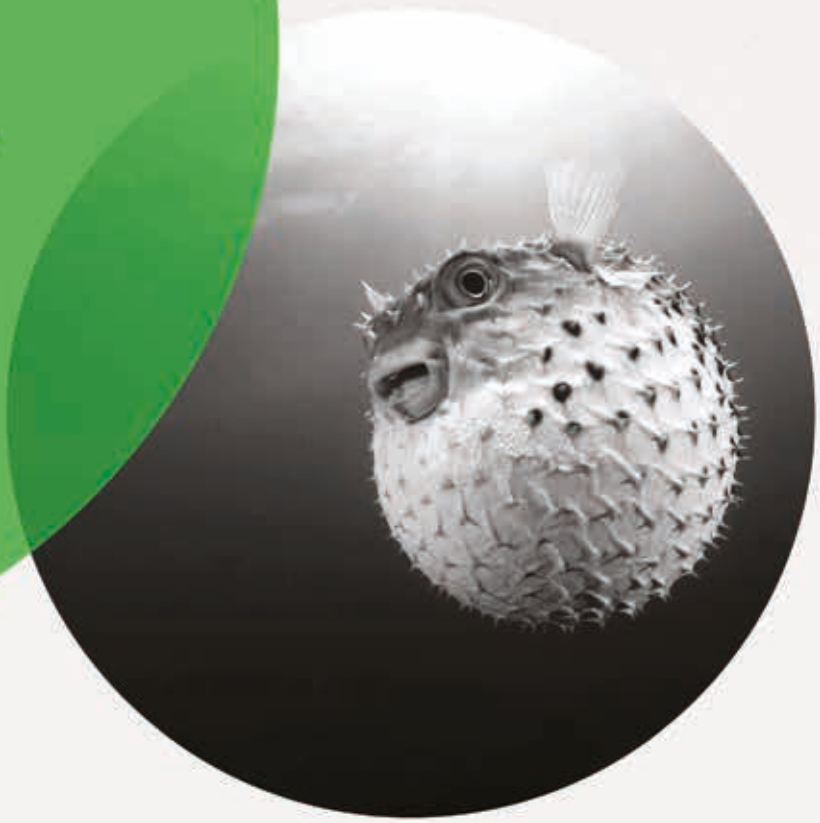
Student Dalreena will have a computerised scan taken of her teeth, before a custom-ised dental brace is created for her using state-of-the-art 3D printing technology and is then fitted to the inside of her teeth.

Dr Krishnan, who came up with the Cfast concept in 2009, said: "Cfast is purely cosmetic and focused mainly on the front teeth, so it is perfect for adults who simply want to improve their smile and want it to be quick, painless, discreet and affordable."

He added: "Dalreena's a pleasure to work with, so I hope the treatment will help her chances of winning. Whatever the result I can say with certainty that she will be happier with her smile after just a few months with the Cfast system."

Big, small.
Big, small.
Big, small.
Big, small.

When needs be, the pufferfish is capable of inflating like a balloon



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Paul Stone, Blackhills' clinical director

Peak practice

Perthshire's Blackhills Clinic has been selected to demonstrate best practice in management in a highly influential government review publication.

It is the first time that a Scottish practice has been asked to contribute to the Parliamentary Review that highlights outstanding leadership across the UK.

Paul Stone, Blackhills' clinical director, said: "I couldn't believe that we had been selected as the only UK dental practice to give a report to such a prestigious and highly-regarded publication.

"We have been asked to respond to the 2014 Review topic of raising standards in private healthcare which is an issue we really believe in and work hard to maintain within the clinic and among all the staff and specialists."

Paul will work with his team at their Auchterarder clinic on compiling their report which, when published in December, will reach 150,000 people. The aim of the review is to highlight the best practice of outstanding leaders in their field so the contributors, such as Blackhills, can act as templates for reform, development and improvement.

Parliamentary Review director Daniel Yossman said: "We don't just pluck businesses out of the air for the review. Experienced research staff work tirelessly to source the outstanding practitioners in each sector whose work and good practice set them apart as key influencers.

"This is the first year we have featured a private healthcare review because we wanted to look at how it worked differently to the NHS. Blackhills Clinic is seen as an outstanding representative and their example will help to raise standards and set agenda within their field for years to come."

The Parliamentary Review 2014 will be released in December.

Antibiotics

THE RESISTANCE FIGHTBACK

Dentists are being asked to help in the fight to tackle the growing threat of antibiotic resistance.

The Scottish Antimicrobial Prescribing Group (SAPG), which is leading Scotland in this year's European Antibiotic Awareness Day (EAAD) on 18 November, is calling on dentists to act to reduce unnecessary prescribing and also raise awareness among patients that antibiotics are not always the best treatment for dental infections.

Dentists will be asked to display specially developed posters and patient information leaflets in their surgeries to support the campaign, as well as being encouraged to sign a pledge to help reduce unnecessary prescribing.

SAPG project lead Dr Jacqueline Sneddon said: "While Scotland has made substantial progress in improving the quality of prescribing, we still have more to do to ensure we are better placed to tackle the growing threat of antibiotic resistance."

No doubts about it

SCOTS STUB IT OUT

The number of Scots who successfully gave up smoking for at least a month has exceeded targets by more than 50 per cent. Figures released by ISD Scotland show the smoking cessation target to deliver 80,000 one-month quits were exceeded by 56 per cent with 124,734 people giving up the habit between 1 April 2011 and 31 March 2014.

A target of 48,000 quits in Scotland's most deprived areas was also exceeded, with 70,162 saying they had given up. In total, across NHS Scotland there were 332,285 quit attempts over the last three years. Welcoming the figures, Michael Matheson, Minister for Public Health, said: "Giving up smoking is the single best thing anyone can do to improve their health."

Lanarkshire all smiles

NHS Lanarkshire is officially the best performing mainland health board in providing dental fluoride varnish applications to children.

The health board delivered at least two applications of fluoride varnish to 64.56 per cent of children aged three and four, in its worst performing quintile, compared to a national average of 19.64 per cent.

Albert Yeung, consultant in dental public health, said: "This project has seen dental teams work in educational establishments focusing on children living in the most deprived areas of Lanarkshire.

"This is an area that NHS Lanarkshire excels in. I would like to congratulate the dental staff working throughout Lanarkshire for their fantastic achievement."

Such has been the success of the programme in Lanarkshire that Dr Yeung was invited recently to deliver a lecture at a international conference in India that showcased the Scottish Childsmile and Smile4life programmes.

Opportunity to master the art of implantology

Edinburgh Dental Institute degree course is first of its kind in Scotland

The Edinburgh Dental Institute (EDI), is launching Scotland's first master's degree in dental implantology. Dentists will study part-time for two years to gain the degree.

Development of the course has been driven by Issam Bakri, honorary consultant/senior clinical lecturer in oral surgery and programme director for MClinDent in oral surgery at EDI, which is part of the University of Edinburgh.

He explained: "There isn't a structured dental implant course available in Scotland at the moment, so candidates have had no choice but to travel to England and Wales to obtain any further qualification. This is on their doorsteps."

Those taking part will be taught the necessary technical skills by consultants in oral surgery and restorative dentistry. They will also see how patients are assessed appropriately, managed and how their treatment plan for implant therapy is devised.

"This will give them both a clinical and academic insight and expertise into implants as opposed to pure academic or research experience alone," explained Mr Bakri.

The course will be delivered over two years on a part-time basis because it is difficult for general dental practitioners to give up their full-time work to undertake a full-time degree.

"We have split the course into various elements where attendance will be limited to two days per month. This will enable them to attend the lectures or clinics while still maintaining their practice work, which is obviously their main source of income," he added.

Mr Bakri will be one of the tutors on the course. However, he will work alongside a team of consultant colleagues from within the dental institute as well as a number of visiting clinicians.

"My colleagues will include Graeme Lillywhite and Krishnakant Bhatia who are both consultants in restorative dentistry at the institute. They will be also joined by other colleagues from the University of Edinburgh."

Black and white case

HYGIENIST ADMONISHED

A former dental hygienist has been successfully prosecuted by the GDC for unlawfully carrying out tooth whitening on patients.

Leanne Couzens pleaded guilty at Dundee Sheriff Court in September to a breach of the Dentists' Act 1984, section 38.

The offence related to an incident on 27 June 2013 at the Doll Face Beauty Salon in Dundee, when she offered to undertake dentistry while not registered with the GDC

During sentencing the Sheriff ordered that Ms Couzens be admonished and dismissed.

Only dentists, dental hygienists, dental therapists and clinical dental technicians, working to the prescription of a dentist, can carry out tooth whitening.

A High Court decision in May 2013 confirmed that tooth whitening is the practice of dentistry and should only be undertaken by registered dental professionals.

Dental nurse struck off

A dental nurse from Renfrewshire who was convicted and sentenced to eight months in prison for embezzlement has been struck off by the General Dental Council.

Jenna McKee stole £19,000 from her employer in Port Glasgow over a two-and-a-half-year period and pled guilty to the embezzlement at Greenock Sheriff Court in September last year.

McKee was initially employed as a trainee dental nurse at the practice in October 2005 and in 2010, as part of her reception duties, she was trusted with recording cash payments and depositing the funds into the bank at the end of the week.

However, over a period of nearly three years, McKee stole a total of £19,316.71. Her embezzlement was discovered by her employer in September 2012.

In its determination, the GDC's Professional Conduct Committee said: "The committee determined that Ms McKee's behaviour was unacceptable and that it would be regarded as deplorable by both members of the profession and the patients at the practice, whose payments to the practice she had embezzled."

Talent pool

LOCATING LOCUMS

Integrated Dental Holdings has launched a new online Locum Talent Pool that aims to help IDH Practice Managers find registered locums in their local area more easily, as well as making it more straightforward for locums to find IDH placements.

For locum clinicians, it offers greater control and flexibility for their work. Each clinician can update and amend their profile and availability as many times as they choose. The Locum Talent Pool means IDH Practice Managers will have greater control over their business when locum support is required.

To register on the Locum Talent Pool, please visit: http://idhcareers.co.uk/dentalcareers/ourroles/qualified/locums

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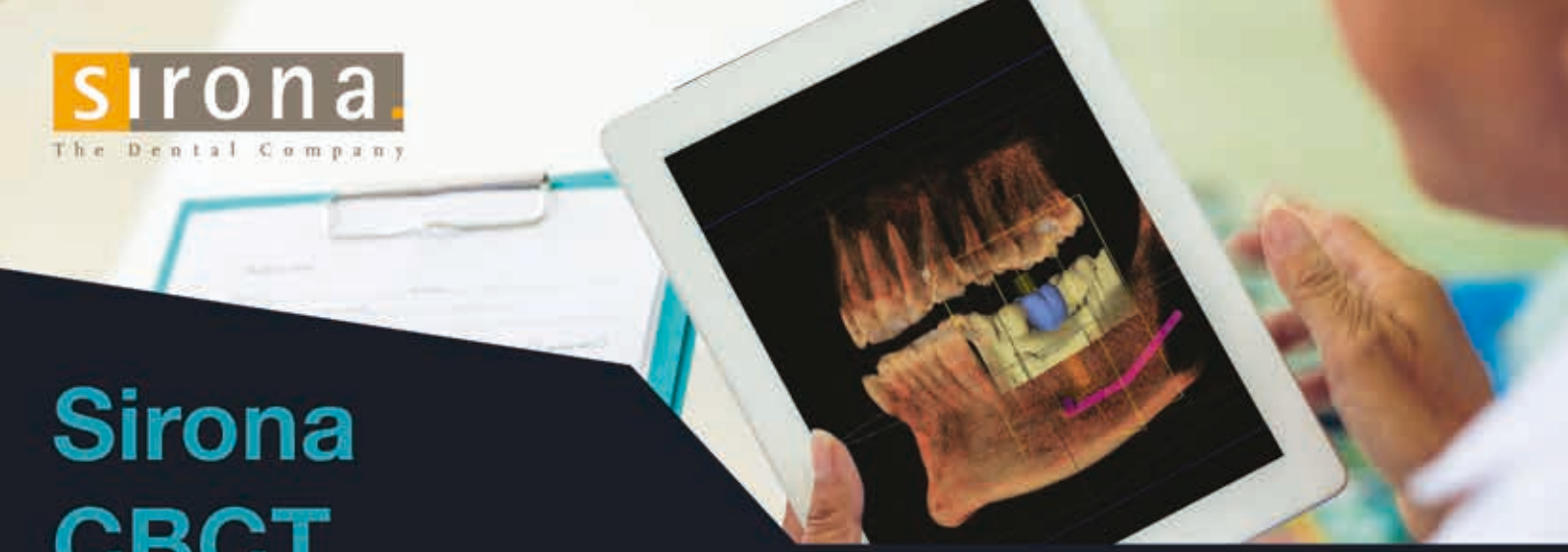

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- Learn how to carry out proficient radiological interpretation in the dento alverolar region and the surrounding regions.
- Learn when to refer for specialist interpretation.
- Learn how to drive the Sirona software and carry out basic CBCT reporting on 10 anonymised cases (necessary for complete certification)

The course will serve as a foundation to further training or simply leave the practitioner covered from a medico legal perspective.

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Dr. Neil Heath

Specialist in Dental and Maxillofacial radiology, NHS Consultant and Hon Clinical Senior lecturer at Glasgow Dental Hospital and School.

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ScotDEC
Scottish Dental Education Centre

Warning on danger of counterfeit equipment

Regulator seizes more than 12,000 pieces of hazardous equipment in six months

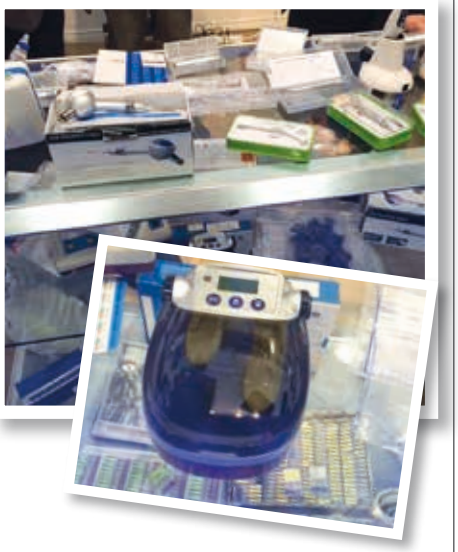
An urgent warning has gone out to Scots dentists not to buy potentially deadly fake equipment that is appearing on the internet.

More than 12,000 counterfeit items – including 24 dental X-ray machines that emit dangerous levels of radiation – have been seized by the Medicines and Healthcare products Regulatory Agency (MHRA) in the past six months. The equipment, which is imported into the UK from China and Pakistan, was being sold on websites such as eBay, Amazon and Alibaba.

The MHRA has now issued its second safety alert this year following an incident in November 2013 when a counterfeit handpiece shattered while being used on a patient. The patient was unharmed but the MHRA's head of enforcement, Alastair Jeffrey, believes that purchasing cheap equipment online is just too risky.

He said: "Dentists must source their dental equipment from reputable suppliers. Purchasing from auction websites and being unable to verify the integrity of the seller has the potential to increase risks to patients and damage to the profession's reputation."

If you have suspicions or concerns about counterfeit goods, contact the MHRA's Adverse Incident Centre at aic@mhra.gsi.gov.uk or 020 3080 7080.



Website support for dentists in difficulty

HEALTH AND WELFARE HELP

The Dentists' Health Support Programme (DHSP), which provides support for dentists in difficulty, has launched a new website to provide information and advice to the dental profession in the UK.

The DHSP provides free advice and support on alcohol, drugs, eating disorders and other health issues to dental professionals.

Initially called the Sick Dentist Scheme, the health support programme was founded in 1986 after a warning to the BDA from JJ Mee MBE, himself a recovering alcoholic, that there was a problem within the profession.

The Dental Health Support Trust was created in 1991 in an attempt to solve problems with funding. In 2008, management of the programme – that had for years fluctuated between the BDA and the trust – was taken over solely by the trust.

For more information, or if you would like to become a supporter of the Dental Health Support Trust, visit www.dentistshealthsupporttrust.org or call 020 7224 4671.

Scottish Dental magazine would like to apologise for an error in the numbering of the clinical photographs in Donald Morrison and Peter Byrne's article in the September issue of the magazine (page 58-61) Figures 3b and 4a were placed incorrectly and we would like to apologise to the authors for the error.

Keeping Up To Date

Oral-B presents a new format for its popular nation-wide Up To Date seminars

Oral-B has updated the format of their popular Up To Date seminars. Each evening session will now be comprised of three short 35-minute lectures.

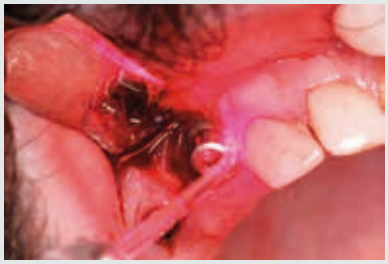
Prof Mike Lewis will be discussing the clinical presentation of mouth cancer and will be advising how to increase awareness of this devastating disease, in addition to improving the chances of its detection while the tumour is small. Prof Avi Banerjee will be presenting the third part of his 'MI' modern caries management trilogy, exploring the various restorative dental material options available to fill carious cavities with plenty of clinical illustrations and practical tips.

And, Prof Iain Chapple will be looking into early diagnosis of periodontal and peri-implant diseases, including screening in children and adolescents and will illustrate in a case-driven presentation the consequences of late diagnosis, which really could be a matter of life and death.

Clinical dental professionals are invited to attend this complimentary CPD accredited evening event at one of nine locations:

- Warrington (6 Nov 2014)
- Cardiff (20 Nov 2014)
- Birmingham (12 Feb 2015)
- Newcastle (26 Feb 2015)
- London (19 Mar 2015)
- Bristol (23 April 2015)
- Glasgow (Westwood Hotel, 30 Apr 2015)
- Exeter (21 May 2015)
- Leeds (11 Jun 2015).

As well as two and a half hours of verifiable CPD, every delegate is invited to enjoy a complimentary meal at the beginning of the evening. Registration and buffet is from 5.45pm with the first lecture starting at 6.30pm. The evening will finish at 9.15pm.



Prof Iain Chapple's lecture will look at early diagnosis of periodontal and peri-implant diseases

Spaces at these events are limited and are allocated on a first come, first served basis; so, if you would like to attend, register online at www.dentalcare.co.uk/uptodateseminars

For enquiries, please email oralbseminars@diss.net or call 0870 2421850.

These lectures are aimed at dentists, hygienists and therapists. Oral-B provides three hours of verifiable CPD for other team members via the Team Dental Summary Review, copies of which are available from your local representative.■

Dates for your diary

18 November
Blackhills Specialist Dental Clinic Annual Symposium, Perth Racecourse
To book places, email trudie@blackhillsclinic.com

18 November
Clinical Round Table – Radiography Update, Edinburgh Dental Specialists
For details, visit www.edinburghdentist.com

19 November
Excellence in Aesthetic Dentistry, Royal College of Physicians and Surgeons of Glasgow
For further information, email andreafowler@woodsidedentalpractice.com

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

24 November
Oral Cancer CPD Session Eden Court Theatre, Inverness
To book, email fionacameron@ident.co.uk

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

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

20 & 21 January 2015
Ashley Latter – Ethical Sales and Communication, Edinburgh
For more information, visit www.ashleylatter.com

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

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

29 April 2015
BDA West of Scotland Branch AGM, Royal College of Physicians and Surgeons of Glasgow
Email andreafowler@woodsidedentalpractice.com

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

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

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

3-6 June 2015
Europerio 8, ExCeL, London
To find out more, visit www.efp.org/europerio

SCOTTISH DENTAL SHOW 2015

The award-winning Scottish Dental Show returns for its fourth appearance in May 2015 and its organiser, Scottish Dental magazine publisher Connect, is promising even more improvements to the show.

Braehead Arena in Glasgow is again the venue for the show, now the premier event in the Scottish dental calendar, following its successful move there in 2014. Exhibitors and delegates were impressed with the venue as it was able to host the exhibition and speakers in one area.

On the agenda are yet more world-class speakers from across the profession, all carefully selected and categorised under the watch of the show's scientific chairman, Kevin Lochhead. The speaker sessions are also based on feedback from the previous show attendees, so there is more for DCPs with two sessions from hygienists Siobhan Kelleher and Kellie O'Shaughnessy.

Alongside the dentist, DCP and business and financial streams, a dental technology stream has been added to widen the appeal of the lecture programme even further.

Dental technician and CDT John Wibberley will top the bill and show sponsor WHW Plastics will be providing lectures on digital dentistry, new materials, flexible dentures and diagnostic wax-ups.

"Our 2015 show is building on where the 2014 one left off," said Ann Craib, *Scottish Dental magazine*'s sales manager. "There will be the usual fantastic array of exhibitors and speakers and we have increased exhibition capacity by almost 10 per cent because of demand."

This year's show attracted more than 120 exhibitors and in 2015, about 140 will showcase their products and services. As we went to press, more than 60 per cent of the exhibition space was sold.

The 2015 Scottish Dental Show takes place on Friday 29 and Saturday 30 May, and registration for the show, which is free to attend, is open now at www.sdshow.co.uk

Top 10 reasons to attend the Scottish Dental Show 2015:

- It's the only dental exhibition and event of its kind in Scotland.
- The show is FREE to attend for all dental professionals.
- 140 exhibitors representing the cream of the dental trade will be on show.
- See and hear more than 30 outstanding speakers including Paul Tipton, John Wibberley, Alun Rees and Professor John Gibson.
- Collect up to eight hours of verifiable CPD.
- Many exclusive offers and discounts.
- Exciting product launches and demonstrations.
- Take part in a number of fascinating workshops.
- Great networking opportunities with the chance to meet your peers.
- It's a brilliant day out, with discounts for you and your family to enjoy Braehead Arena's other facilities.

What you said about the 2014 show

"Congratulations to you and your team on an excellent couple of days. I found it an excellent place for networking and developing business"

"Great for FREE verifiable CPD – and didn't need to ask for annual leave because I went on Saturday"

"The venue was an inspired choice in that it was so much more 'user friendly' for both exhibitors and delegates"

"It was by far the best organised show I have ever attended"

Scottish Dental Awards 2015

The Scottish Dental Awards occupy the Friday night of the Scottish Dental Show and are being held for the third time in 2015.

After this year's awards at the Glasgow Science Centre, there was clamour from many guests to take the event to a bigger venue (for an even bigger party, they said) and offer more awards categories.

And that's what is happening in 2015!

The venue will be the Glasgow Thistle Hotel, we have a new host in TV and radio star Tam Cowan and we have three new awards categories (see right).

Nominations are also invited for the Scottish Dental Lifetime Award. The previous winners of this prestigious award are Alex Littlejohn of DTS International and Andrew Lamb, the BDA's former national director for Scotland.

There will also be a special show award to be announced on the night.

Nominations for the awards will be open soon, so please visit www.sdawards.co.uk for full details on how to enter. Nominations will close on 30 March 2015.

The early bird rate for a table of 10 is £1500 (booked by 31 December 2014) and £1800 thereafter. Call Ann Craib for more details on 0141 560 3021 or email ann@connectcommunications.co.uk

Awards categories

New for 2015

- **Young Dentist of the Year**
- **Employer of the Year**
- **Digital Strategy of the Year**

- **Scottish Dental Lifetime Achievement Award**
- **Practice of the Year**
- **Dentist of the Year**
- **Dental Team Award**
- **DCP Star**
- **Unsung Hero Award**
- **Laboratory of the Year**
- **Community Award**
- **Business Manager/ Administrator of the Year**
- **The Style Award**

2014 Awards roll of honour

SCOTTISH DENTAL AWARDS 2014

Scottish Dental Lifetime Achievement Award 2014 – Andrew Lamb, former National Director BDA Scotland

Practice of the Year – Southwest Smile Centre, Stranraer

Dentist of the Year – Bert Hay, Inspire Dental, Kingussie

Dental Team Award – Three Towns Dental Care, Saltcoats/Stevenston

DCP Star – Amy Steele, Your Perfect Smile, Aviemore

Unsung Hero Award – Illona Mclay, 3M

Laboratory of the Year – Porter Boyes Dental Laboratory, Glasgow

Community Award – Fiona Duncan, Cowal Community Hospital, Dunoon

Business Manager/Administrator of the Year – Tammy Early, Martin Dental Care, Glasgow

The Style Award – Westerwood Health, Glasgow

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BDA dispatches

with Mick Armstrong

Enough is enough

Time for courts to decide in a row that has inflamed the profession

However you feel about the outcome of the referendum vote, it has energised Scotland's engagement in the democratic process in a way that politicians in the rest of the UK can only aspire to.

Is the GDC's gross mishandling of its consultation on fee-level setting for next year the dental equivalent? In all my years as a practising dentist, I have never seen the profession galvanised and united like this – against the regulator they regard as, frankly, unfit for purpose.

Opinion that dentists across the UK have of their regulator is reflected in the motions of no-confidence that were passed unanimously by both the Scottish and the General Dental Practice Committees (as reported elsewhere in this journal). That's in addition to the unprecedented numbers – more than 4,000 responses – who took part in the GDC's consultation on the annual retention fees (ARF), with 93 per cent rejecting plans to increase dentists' fee by 64 per cent.

The deep frustration the profession feels towards the GDC is palpable at any gathering of dentists I attend, regardless of country boundaries, and raises fundamental questions about a regulator which already fails to provide value for money. Registrants are angered at having to pay outrageous sums to make up for the GDC's failure to handle its fitness-to-practise cases fairly, efficiently and effectively. The GDC has also refused to answer all of the BDA's questions about financial discrepancies in the figures it used to calculate next year's ARF: this is unjustifiable.

The BDA commissioned economic experts, FDI Consulting, to carry out a forensic examination of the regulator's business case: they found it difficult to make the sums add up. We told the regulator, and it dismissed us, although it has since engaged KPMG to reanalyse its figures. There's some mystery about this, since the regulator adamantly refuses to tell registrants the terms of reference it has given the accountancy firm for this work.

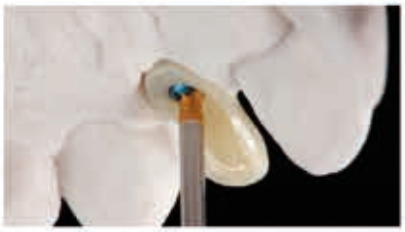
In light of this, together with inconsistencies we found in its policy statements on the ARF, we believe the regulator should have either called a halt to the consultation, or extended it by a month, so that those who wanted to take part would have had the necessary information to make an intelligent and informed response to the questions asked. After all, it is our money that pays the bills at the GDC.

"The deep frustration felt towards the GDC is palpable"

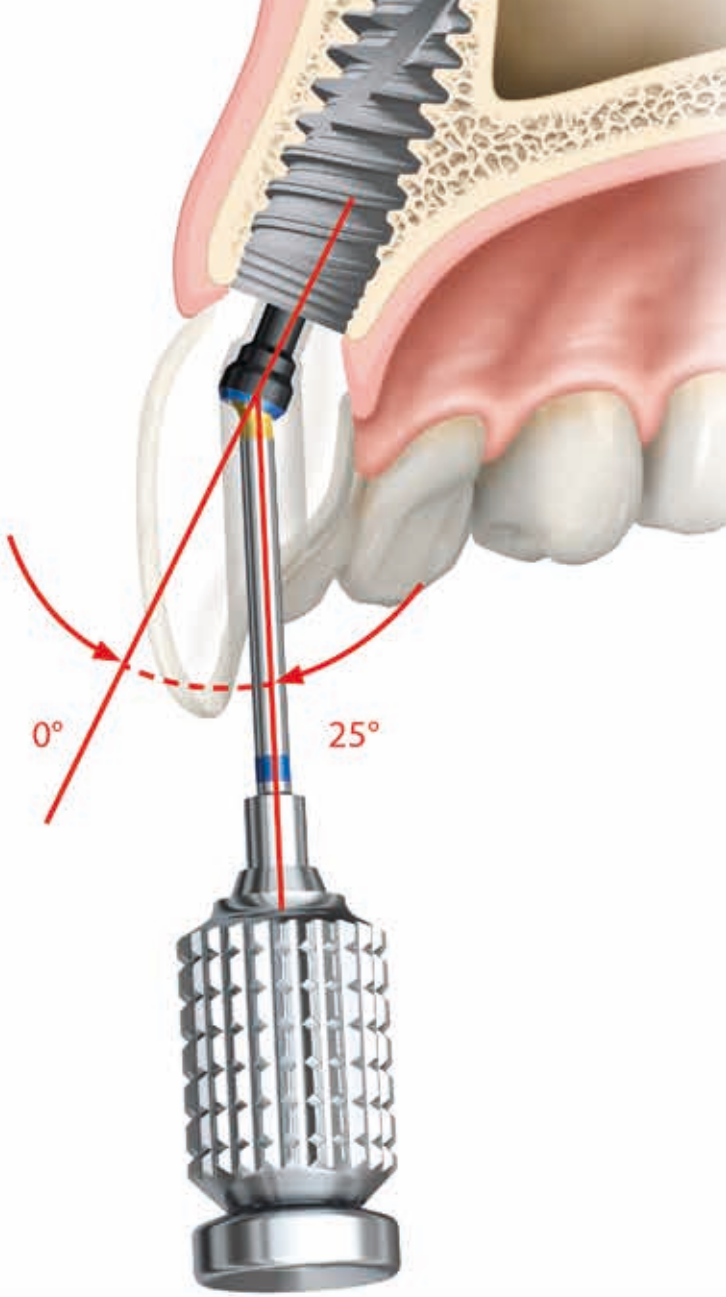
We have given the GDC every opportunity to demonstrate that it has built a reasoned, evidenced and lawful case for a super-sized fee rise. It has chosen not to respond. Enough is enough, and now the courts will decide. We have asked lawyers to expedite our judicial review, so dentists know where they stand when fees become due at the end of the year.

Just as a week is a long time in politics, events concerning the ARF may have changed by the time this column appears (the GDC was due to make its decision on the fee on 30 October, after Scottish Dental went to press). In the unlikely scenario that the GDC has had a Damascene conversion, one thing that won't change is the BDA's determination to fight for fair fees and decent regulation for our members. ■

Aesthetics from a new angle.



Case courtesy of Dr. Juan Zafia and Sr. Santiago Dalmau



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Dr. Andrew Dawood MRD RCS (Eng), MSc, BDS

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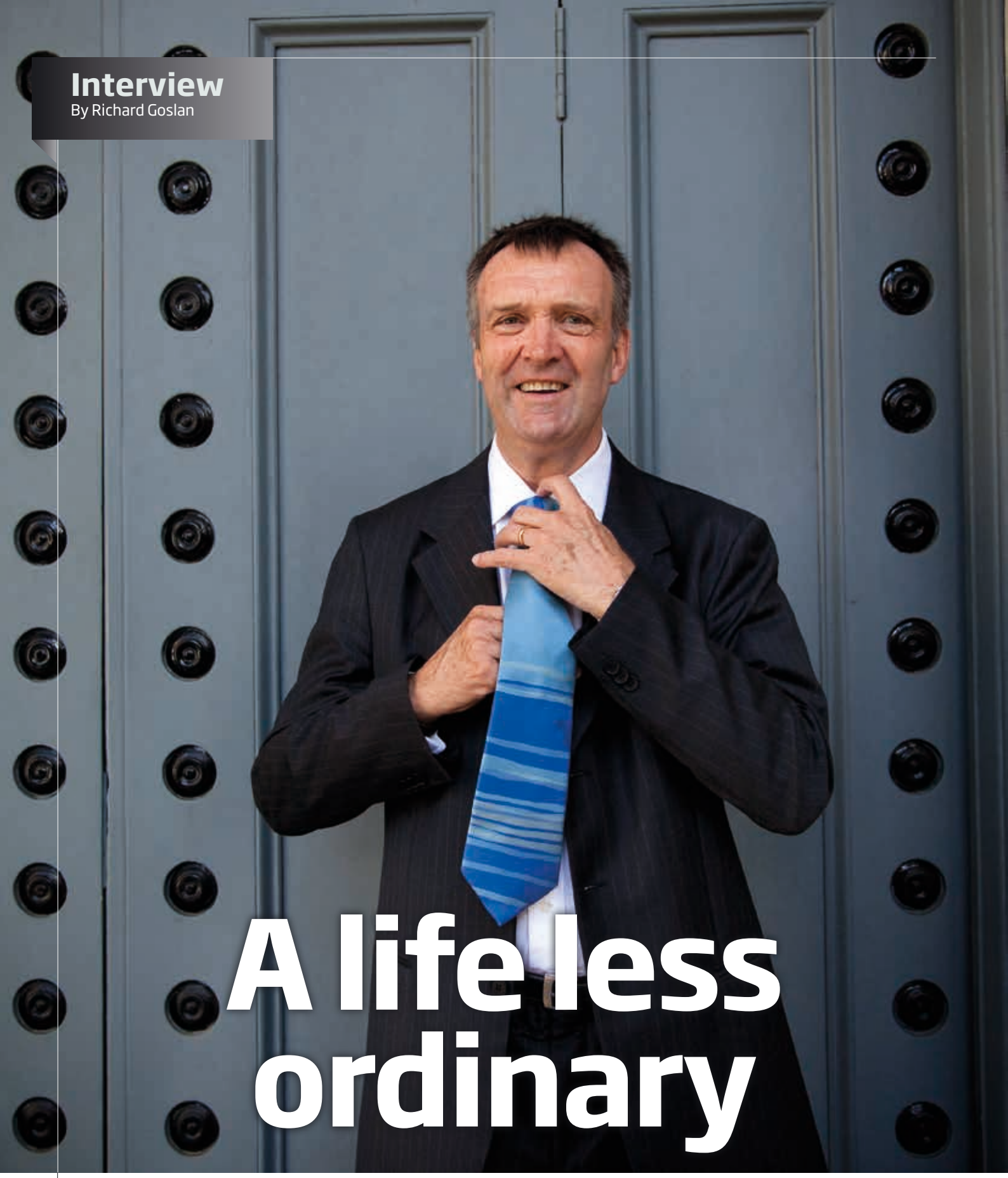
By Richard Goslan



A life less ordinary

Winner of the first Scottish Dental Lifetime Achievement Award, Professor Bill Saunders was interested in dentistry since he was 12. He's come a long way since then – from the RAF and general practice to academia. Despite time well served, he has no plans to take it easy

Asked to reflect on a lifelong career in dentistry notable for many achievements, Professor Bill Saunders immediately chooses one memory that stands out above all others.

Sitting in the dean of dental faculty's office at the Royal College of Surgeons of Edinburgh, where he takes over from Professor Richard Ibbetson this month [October], Professor Saunders recalls the journey from this very place back to Dundee when he was an aspiring dental academic.

"I sat the examination here for my Fellowship rather late, 12 years after I had graduated, because instead of doing my house jobs, I had gone straight into the Royal Air Force," said Professor Saunders.

"I still remember them reading out our numbers, and thinking: Wow, I've passed!

"I came back to Dundee on the train that day, and I must have been grinning from ear to ear because a woman opposite me told me I looked very happy and asked what had happened to me. I explained that I'd just passed the most important exam I'd ever taken in my life and how delighted I was and how important it was to my career. Then the whole carriage burst into spontaneous applause."

Professor Saunders knew that the Fellowship was essential to furthering his future in senior academia and his career as a consultant, which took him from Dundee to Glasgow and back, becoming the UK's first professor of endodontology in the process.

Early aspirations

It's a career which has its roots in some orthodontic work Professor Saunders had done in his childhood.

"I must have only been about 12 years old when I had that treatment, and ever since then I wanted to go into dentistry," said Professor Saunders. "I'm not quite sure why, because there were no other dentists in the family – in fact, my father was a serving RAF officer and there was more of an expectation that I would follow him into a career in the services."

After a peripatetic childhood moving both within the UK as well as overseas because of his father's postings, the aspiring dentist attended the Royal Dental Hospital in London in 1966. Immediately upon qualification, though, he joined the RAF on a cadetship.

"I made a decision to abandon the practice, because I wanted more out of dentistry"

"Maybe I thought I'd please my father by joining up, as he was very service orientated," said Professor Saunders. "I did a five-year short service commission, which included two years at Kinloss in the north of Scotland, and then three years in Germany – protecting us from the Soviet hordes.

"In fact, the quality of dentistry in the RAF was very high, and I managed to develop some good clinical skills. I even earned my pilot's licence, but didn't keep it up."

Big decision

Next stop for Professor Saunders was first working as an associate and then setting up his own practice near Southampton, which proved successful, but left him yearning for more from his profession.

"The fact is that after six years running my practice, I was extremely busy but unable to expand and actually feeling quite isolated. That's when I made a big decision to abandon the practice, because I wanted more out of dentistry.

"I tracked down my former senior lecturer, Ivan Curzon, who was by then a professor at King's College London, to ask for his advice. He was very helpful and told me 'We need people in academia, so if you're interested you should apply.' I did, and that's how I ended up in Dundee in 1981."

Professor Saunders was appointed to a lectureship in conservative dentistry at Dundee Dental School, where he also completed higher training in restorative dentistry and a PhD – as well as his Fellowship from the Royal College of Surgeons of Edinburgh.

Then it was on to Glasgow Dental School in 1988, as a senior lecturer, where he rose through the ranks and in 1993 he was granted a personal chair in clinical practice.

"By 1995 I was concentrating my clinical practice in endodontology, so I decided I would ask if I could change it to a personal chair in endo, and that was the first of its kind in the UK."

Continued »

Continued »

Focus on endodontology

Endodontology had become the main focus of Professor Saunders' research and clinical practice, and his work in this area is one of the aspects he's most proud about contributing to.

"One of my motivations was that I always wanted to make endo easier for the general practitioner. That was always my main aim," he said.

"I wanted to find out more about the science of endodontology and transfer that knowledge to clinical practice, to make it better first and foremost for the patients, but also to make sure that dentists are able to do the best job they could."

In 2000, Professor Saunders returned to Dundee, this time as dean of the dental school.

"I loved that role. We had a strong team and a committed staff both on the academic and NHS sides," he said. "It was a great place to work and I had a lot of support from the then principal, Sir Alan Langlands, and we had a ball. For a couple of years we were voted the number one dental school in the country, so it was very rewarding."

Fresh challenges

Another highlight during this period was the opportunity to contribute to the design of the purpose-built campus for the new Aberdeen Dental School. Professor Saunders helped to design both the curriculum and also with input into the infrastructure of the school's buildings and facilities.

After a brief fling with retirement, Professor Saunders is prepared for a fresh challenge in his role as dean of the Royal College of Surgeons of Edinburgh's dental faculty.

"I wasn't particularly ready to retire," said Professor Saunders. "I enjoyed playing a bit more golf, and I didn't miss the clinical side as much as I thought I would, but I still enjoy being at the forefront of what goes on in both Scottish and British dentistry, and this is an opportunity to continue that.

"I was still on the Dental Council here, for my third term, and I'm a great supporter of the Royal College of Surgeons of Edinburgh. I think it's a wonderful institution in terms of what it brings to the profession."

In his three-year term as dean of the dental faculty, Professor Saunders is keen to build on the College's reputation for education and assessment in dentistry specialties, and to ensure it follows contemporary assessment procedures.

International growth is also on the agenda.

"We already have conjoint exams within the UK, but we're looking for other opportunities overseas," said Professor Saunders. "We have recently negotiated being involved with training in Bahrain, in my specialty, and we have signed an agreement in Kuala Lumpur for a programme in Malaysia.

"We are working worldwide, with great strength in the Middle East, Asia, Australasia and also in North America, but I would like to see us do more in west and south Africa – these are areas where we haven't invested anything on the dental side and I would like to see something happen there."

In whatever direction he plans to take the faculty, Professor Saunders is keenly aware of the international reputation of the Royal College of Surgeons of Edinburgh.

"It's easy to say the name carries a lot of influence, and of course it does, but that comes with a caveat, that we must maintain that reputation, but also continue to modernise," he said.

"This college has never ever rested on its laurels, it has always worked very hard to ensure that we always have the most clear cut of modern assessment and training, that's our main focus and we have wonderful people here to ensure that happens."

When he's not attending college committees and boards, Professor Saunders has plenty of other plans to fill the gaps after a lifetime in dentistry.

"As well as my golf, I have a great passion for Scottish arts and go to a lot of galleries, and I'm thinking about trying my own hand as an artist," he said. "I'm also keen to get into photography, or even study a new language. But I'm not ready to give up my role in dentistry quite yet." ■

Bill Saunders
Curriculum Vitae

EMPLOYMENT HISTORY

1971 – Graduates BDS London
1970-75 – RAF
1975-81 – General practice in Southampton
1981-88 – Lecturer in conservative dentistry at Dundee
1982 – FDS RCS (Edin)
1986 – PhD (Dund)
1988-2000 – Rose through ranks at Glasgow Dental School
1993 – FDS RCPS (Glasg)
1994 – MRD
1995 – Became UK's first chair of endodontology
2000-2011 – Dean of Dundee Dental School
2001 – FDS RCS Eng
2014 – Dean of the Dental Faculty at the Royal College of Surgeons of Edinburgh

AWARD WINNER

Professor Saunders was the inaugural recipient of the Scottish Dental Lifetime Achievement Award, organised by *Scottish Dental* magazine and presented at the first Scottish Dental Show, in 2012.

"I was completely and utterly floored, but absolutely delighted by the award, because it was voted for by both the dental profession and the trade, and that made all the difference to me."

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This gel releases oxygen free radicals (which whiten the teeth) over a longer period of time, due to its sustained release. This gradual approach will still give fantastic results, due the length of time the gel stays active.

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Access points

How has Direct Access affected dentists, DCPs and patients in Scotland? Seven dental professionals joined Bruce Oxley to debate progress so far... and what the future holds

On 1 May 2013, Direct Access was introduced by the General Dental Council as a direct result of a report by the Office of Fair Trading and following support for the proposals from the Westminster Government.

The decision, which effectively removed the restriction for some DCPs to treat patients without the prescription of a dentist, was met with equal parts enthusiasm and scepticism within the profession. Proponents saw it as recognition of DCPs' ability and training, while others expressed concerns, not least the British Dental Association (BDA), which said the GDC's decision was "misguided and undermines best practice in patient care".

Nearly 18 months after the restrictions were removed, how has Direct Access affected dentists, DCPs and patients in Scotland? Scottish Dental brought seven dental professionals together to discuss their experiences of Direct Access in practice, as well as what they see as the potential stumbling blocks to wider acceptance.

As a dual-qualified hygienist/therapist, Lorraine Keith nailed her colours to the pro camp early on, pointing out that her students follow the same intended learning outcomes as BDS students. She said: "I know that, through these intended learning outcomes, we are meeting the criteria that will more than adequately provide the education and enough experience for a hygienist/therapist to undertake Direct Access within their scope of practice."

Carol Clark, who has two Direct Access clinics within dental practices in Tayside, indicated that although she has relished the challenge of setting up on her own, her years of experience have been invaluable.

"If I was newly qualified, I think I might have thought that I have bitten off more than I could chew," she said.

"I think my experience has definitely helped and it has opened up new doors for the dentists I'm working with as well. If a patient doesn't have a dentist, I can strike up that conversation with them."

Carol explained that of 130 patients currently on her books, only 10 weren't registered with a dental practice when they came to see her. She has managed to encourage eight of those to register with a practice and the two remaining are severely dental phobic, but she has hopes of convincing them in the future.

And, while many dentists have started referring to her, she is still encountering some resistance from practices. She said: "I'm not trying to take business away from the dentists with hygienists – that's not my remit. I just want to give an option, another service for the patient."

However, the lack of referrals is not the only stumbling block. "Even buying emergency drugs is an issue," said Carol.

"Because I am not a dentist, I can't buy emergency drugs. I also tried to refer a patient to Dundee Dental Hospital and I was told that they didn't think that I could do that."

Margaret Ross, senior lecturer for dental care professionals at the University of Edinburgh, replied that she certainly should be able to.

"So there are all these things that have to be ironed out," said Carol. "Because it is a bit unfair. The patient had to write a report out and then his dentist referred him to Dundee Dental Hospital.

"There just has to be a lot more clarity of what we can and cannot do and how we put the patients first."

Edinburgh dentist Stuart Lutton said that, while he can see the positives in

Direct Access, he wasn't convinced it provided the "gold standard" for patient care. He added: "I think to control things for a perfect patient journey, you could have Direct Access, but I'd prefer it all within one practice.

"So, it is all treatment planned from the dentist to a certain extent and somebody can monitor things, ultimately be in control and make sure that the quality is controlled in house."

He revealed that he has worked with fellow Round Table panellist Robert Leggett and had a very positive experience of his CDT practice: "I do feel it can work very well where patients – who might not have come to see a dentist in the first place – can see Robert, and it has opened up avenues where they have been accepting to other types of treatment."

However, he insisted that it would be preferable if Robert's position was inside a bigger practice where "he has also got the support network of the practice around him, and he doesn't feel so isolated and remote".

Lorraine took issue with Stuart's implication that dentists should always oversee the work that DCPs carry out.

She said: "I think that is undermining to us, as a profession, that you have to oversee any treatment which has been carried out by us to make sure it is of

Continued »

Around the table:

Margaret Ross
Senior lecturer for dental care professionals and programme director of the BSc Oral Health Sciences programme at the University of Edinburgh.

Martin Leca
Owner of Leca Dental Laboratory, Hillington, Glasgow. Qualified, GDC-registered dental technician.

Helen Kaney
Dually-qualified dentist and solicitor, now dento-legal adviser for Dental Protection, based in the Edinburgh office.

Robert Leggett
Clinical dental technician, studied on the first UK course in 2009. Owner of Scottish Denture Clinic, with practices in Edinburgh and Glasgow.

Stuart Lutton
Sheffield graduate, former owner of Ivy Dental Practice, now dental associate at Ivy Dental.

Carol Clark
Dental hygienist, qualified in 1981. Works in two Direct Access practices, one in Perth and one in Dundee.

Lorraine Keith
Hygienist/therapist, qualified in 1995 in hygiene and 2006 in dental therapy. Outreach tutor in a large facility in Coatbridge and also an associate lecturer for Glasgow Caledonian University.

Continued »

sufficient standard for yourself."

To which Stuart asked: "But dentists' work is monitored. If it's a private setting for Direct Access, who monitors the patients?"

Lorraine and Margaret both pointed out that the DCPs would be both GDC-registered and a member of a protection society. "And, as a registrant, you are culpable for any treatment you have carried out," said Lorraine.

Robert, who has two CDT clinics, one in Glasgow and another in Edinburgh, argued that one of the major stumbling blocks for him has been the lack of knowledge about what he actually does. He said: "The biggest problem I have as a CDT, and CDTs have in general, is that dentists and the wider dental profession know nothing about it. They have never been to a CDT practice and they don't know what we are allowed to do. They have probably pictured in their mind that we have a chair in a lab somewhere that is dusted off and there is no support network."

He explained that he has worked hard to build relationships with local practices and generate his own support network for his businesses, despite getting what he described as a "mixed response of either 'that's interesting' or a shrug of the shoulders" from some of the dentists he visited.

"There is still a huge lack of awareness of clinical ability"

Margaret then revealed that a recent study that she has been working on has shown that: "One year after Direct Access, there is still a huge lack of awareness of the clinical ability, competence and education of non-dentists who are undertaking dentistry."

She said that she has still experienced VTs saying things like: "Hygienist/therapists don't have the fundamental education to be able to treat patients as well as dentists can."

She continued: "So, I think it is a case of creating an awareness and educating not only the public about the other people that are there and can provide clinical services, but also about educating the profession."

Helen Kaney, dento-legal adviser based at Dental Protection's Edinburgh office, stated that Dental Protection's position is that as long as an individual is working within the guidance and their scope of practice – and are properly trained, competent and indemnified – it has no issue with Direct Access. However, she did admit that very few of her colleagues in Scotland knew of hygienists or hygienist/therapists who were working in a Direct Access situation. "So, we are all very curious actually as to how it is going and what the profession thinks of it," she said.

She added that she understands the frustrations of DCPs who are not getting the referrals from dentists, but explained that dentists can only be invited, not required, to refer to a DCP working under Direct Access arrangements and that there may be very valid reasons why a dentist would choose not to refer, perhaps because the treatment required is available 'in-house'.

Carol responded: "I think it is about

Continued »

Continued »

building relationships and I think that trust has to be built. You have to be seen to be doing things that are correct. I will say to every patient who comes in, 'Go back to your dentist and tell them about your experience.'"

Despite pointing out that he and his fellow dental technicians are probably the least affected by Direct Access, Leca Dental Laboratory owner Martin Leca supports it. "I think is a good thing," he said. "I think it's diversifying, it's offering another avenue.

"My own opinion on Direct Access – and I get to to do this as I don't have the same pressures that you guys have – is that we are all in this for patient care. It doesn't matter that you are a therapist, hygienist, a CDT, dentist or a dental technician, the end goal is all about the patient and I believe there is a role for absolutely everyone within that."

Robert then brought up the thorny issue of technicians working illegally. He said: "One of the difficulties we have is dental technicians working outwith their scope of practice as CDTs. The Fitness to Practise process doesn't stop them working, and there have been lots of occasions where dental technicians have been in front of the GDC for working illegally and nothing happens."

Martin agreed and described a meeting with a CDT at an event some years ago who boasted that "he had been fined eight times by the GDC, the fine was only £5,000 and he is making so much money that it was nothing".

Robert sounded a note of optimism: "You would hope that dental technicians these days would go through the right avenues. I suppose that is all you can really do and these people who have been working illegally will retire at some point. The market will take care of it as well, because, where would you rather go?"

The discussion then moved to the question that always seems to be asked around Direct Access: "What if somebody misses something like an oral cancer?"

Margaret answered: "Whether you are a dentist, hygienist, hygienist/therapist or CDT undertaking Direct Access, nobody can absolutely diagnose oral cancer without appropriate referral and investigation by a specialist. What you can do is detect something that deviates from normality and know when to refer.

"And, if you speak to very high-powered people in the oral medicine world, they will tell you that it is often hygienists who have more time to look around the mucosa and identify abnormalities that may or may not be malignant."

"There is no evidence of any detrimental effect to people out there by Direct Access"

The question was then posed as to what the major stumbling blocks might be for the future of Direct Access. Helen said: "I've have two thoughts. One is the legal situation, in that Direct Access is not currently possible under the NHS in Scotland, and we will see how that evolves in the future.

"The second thought is the level of desire on the part of DCPs to work in that situation as there may well be management issues that not every DCP would want to deal with."

Martin Leca then confirmed a concern highlighted earlier by Robert. He said: "I didn't know fully what you [DCPs] did and I have been working in this industry for a long time. I had no idea."

As well as raising awareness among dentists as to what a Direct Access hygienist clinic could do for their practices, patient awareness was a key concern for Carol. She said: "There are so many people out there who don't understand what is going on in their mouths and why it is happening."

Stuart reiterated his concerns from earlier. "I think I still have some uncertainty about who is ultimately responsible for the patient care," he said. "Also, I think, as a business model I'm not sure how it can be viable as a stand-alone clinic."

"From an education point of view, I still firmly believe that we should have teamwork as much as we possibly can. Nobody wants to break down teams with Direct Access at all – quite the contrary," added Lorraine.

"And I think it is just people that need to learn a little bit more from one another about the benefits of things like Direct Access and the team's qualities."

Margaret moved to round up proceedings by highlighting a piece of research carried out by her colleague Steve Turner.

She said: "He completed an independent review of Direct Access, commissioned by the GDC, and found that there is no evidence of any detrimental effect to people out there by Direct Access and dentists not prescribing, treatment planning and so on. There is absolutely no evidence of harm to the patient, which is what we are all interested in."

Margaret then summarised the debate by highlighting that there are still several issues that have to be addressed, particularly in relation to regulations which restrict Direct Access in an NHS environment.

"Given the fairly radical changes that have occurred in dentistry in terms of increased skill mix and changing workforce patterns, perhaps now is the time to consider the structure of services we provide," she said.

"Only then can Direct Access be fully implemented in the way it was initially envisaged." ■

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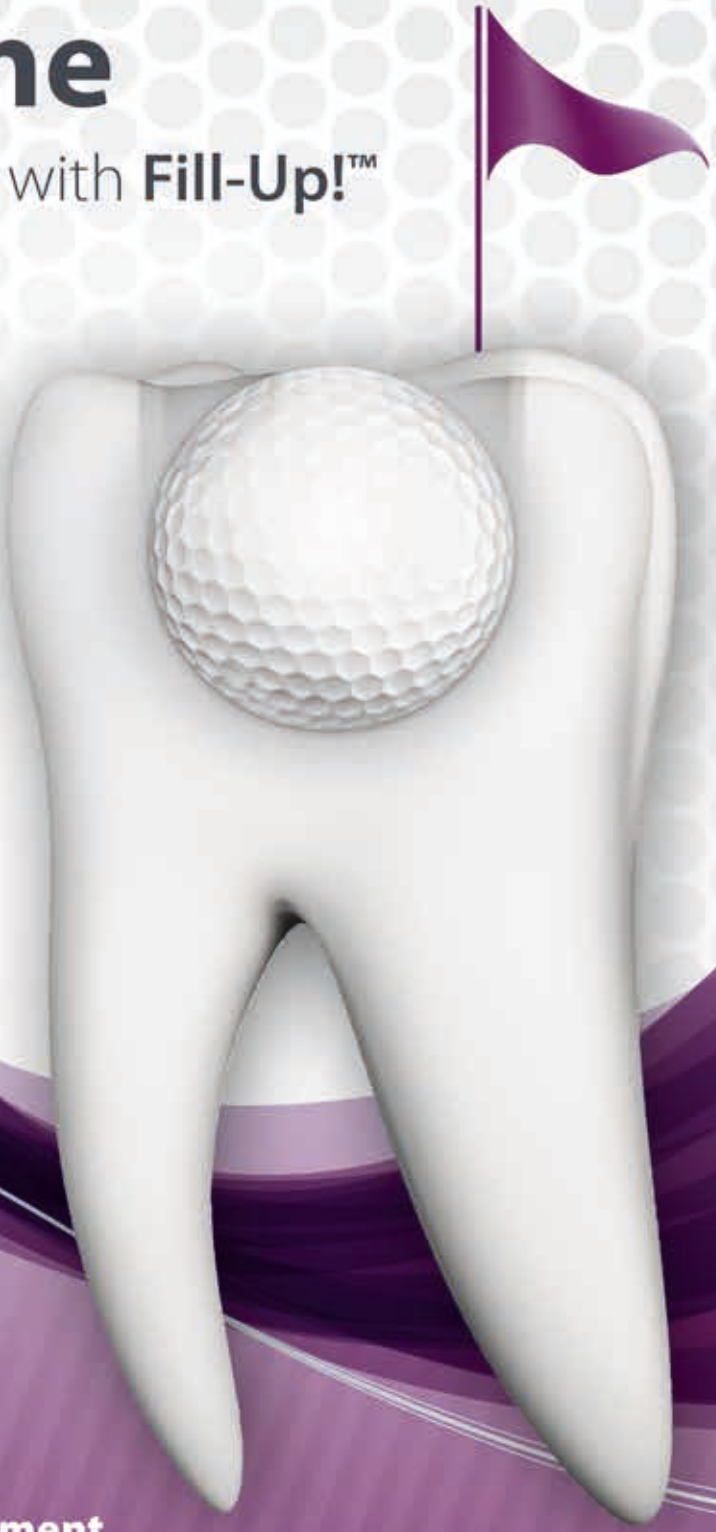

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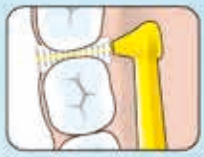

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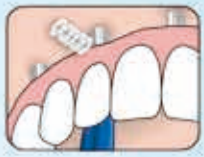

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It was one of the most discussed and debated political events in Scottish history, but though the independence referendum has come and gone it seems the talking continues

After the vote

It's now certain that the fallout of the vote on Scottish independence will have repercussions not just in Scotland but also throughout the UK. Hardly had the last ballot paper been counted than conversation had moved on to the content and meaning of 'the vow' from the three main unionist party leaders in the last week of the campaign, and the simple-sounding, but potentially complex, issue of 'English votes for English laws'.

Before the referendum, *Scottish Dental* brought four figures from different sides of the campaign together at the Scottish Dental Show to discuss the motion 'Scottish general dental practice will be better for patients and dentists in an independent Scotland'.

Now that the vote has taken place we are giving two of those participants the chance to look back at the campaign and give their perspective on its highs and lows, and, more importantly, what they think the result means for dentistry and the NHS in Scotland.

Gerard Boyle is a partner in Shawlands Dental Practice in Glasgow and is a keen advocate of independence for Scotland.

"During the referendum campaign I sometimes felt that I was something of a lone voice in the dental profession, advocating independence for Scotland. However, I was not alone, but there is no doubt that 'yes'-voting dentists were thin on the ground – by my estimation we probably represented less than 10 per cent – significantly less than the eventual 45 per cent of the population who refused to be taken in by the 'project fear' mantra of Cameron, Clegg and Brown – dubbed 'three cheeks of the same backside' by none other than fellow unionist, George Galloway. There's irony for you.

"There is no doubt that 'yes'-voting dentists were thin on the ground"

"Well, as a consequence of the decisive 'no' vote, amongst other things, we are stuck with the GDC as our regulator for the foreseeable future.

"And what of NHS dentistry, the market most of us operate within? Despite the assurances of the 'Better Together' camp that since health is a devolved matter, its state of health is purely in the hands of the Holyrood government, let me swiftly debunk that myth. The Holyrood government can only work with whatever pocket money they are given.

They are not magicians. However, their Westminster paymaster have a few tricks up their sleeves. They will make some of that money vanish.

"We had that mendaciously underhand piece of flimflam spun from the 'no' camp in the last week of campaigning, to suddenly offer us all sorts of enhanced devolved powers – the so-called 'pledge' from the Prime Minister. That 'pledge' was, in fact, so vague that the Conservatives and Labour have completely different ideas of what was implied by it.

"In reality it was a promise of nothing, and the skittish electorate were no doubt taken in by its dupery.

"If I am able to grasp any straws from the fallout of the referendum, I would like to see a continued political pressure to deliver a devo-max settlement of some substance – by devolving all tax raising powers to Holyrood. We'd soon see who the subsidy junkies are.

"It is a fact that will surprise most people that more income tax is raised per capita in Scotland than in the UK as a whole.

"I would go further still and allow the Scottish Parliament to also collect corporation tax. Then you can stick your Barnett formula where the sun don't shine, Mr Cameron."

Anas Sarwar, Scottish Labour Deputy Leader, was a dental general practitioner before he became Member of Parliament for Glasgow Central in 2010. A key figure in 'Better Together', he was the campaign co-ordinator for the Labour Party campaign during the referendum.

"I would say that among the highs of that campaign was the fact that we had such an engaged electorate in Scotland. People were fully involved in the democratic process and made their voice heard," Anas said.

"There was an indication, whether people voted yes or no, of a real desire for change. And as someone who fundamentally looks for change in the way we are as a country I think it was good to see that strong message come through. There is an opportunity to say let's come together and work together to create a better Scotland and a better United Kingdom.

"In terms of lows, one thing that came through is that although our country isn't broken, it is clear that our political, social and economic model is and needs fixing. Similarly, communities and families were divided on the issue of the referendum and we must bring people back together.

"Another low was the scaremongering and lies regarding the NHS. There was an attempt in the last few weeks of the campaign to say that if you vote no there will be privatisation of the NHS. That wasn't true – our NHS is independent in Scotland and we must recognise it is not fit for purpose for the 21st century. It needs radical reform and the way we do that is by undertaking a fundamental review to make sure we take the profession, the workers and the patients forward together.

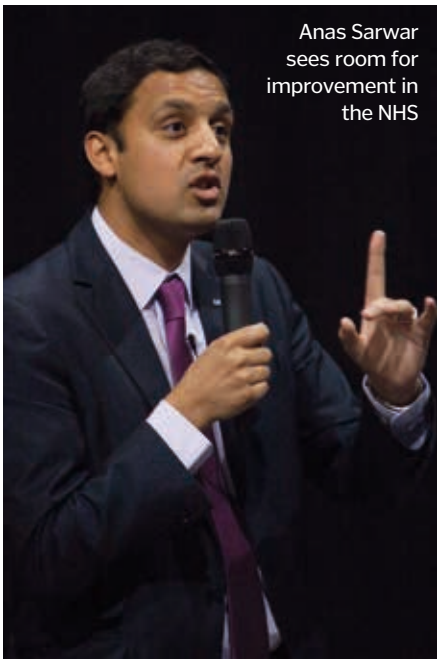
"We should recognise that what's been happening in England has not impacted negatively on Scotland in terms of budget consequentials. We should also recognise that the Barnett consequentials have actually gone up for running the NHS, but the Scottish government has chosen not to match those with added investment in our NHS. Devolution protects us from what's happening down south, it doesn't cause problems for us.

"The pretence that our NHS is fine in Scotland is not one I share. Over the last seven years we've had a failure to recognise the reality of what's happening in our NHS. A government focused on a referendum saw sticking plaster politics applied rather than the changes needed to make the NHS fit for purpose for the 21st century.

"That's why we have proposed a 'Beveridge 21' review on building the NHS and maximising and guaranteeing its resource so that it stays out of private hands, provides the service needed by the people and integrates both healthcare and social care." ■

At the Scottish Dental Show, figures on both yes and no camps discussed the motion 'Scottish general dental practice will be better for patients and dentists in an independent Scotland'

Gerard Boyle wants to see continued political pressure to deliver devo-max



Anas Sarwar sees room for improvement in the NHS

Picture courtesy of DG Life magazine

The airline industry may appear to have little in common with general dental practice, but it was an understanding of its deeper relevance that scooped one dentist and his team a national award

Flying high

Last year's Dental Practice of the Year award, sponsored by Dental Protection and schülke, was created to acknowledge the 'hard work and commitment that goes into being a great practice'.

However, at the heart of the winning practice there had to be a strong pulse flowing throughout the whole team that demonstrated a commitment to excellence in risk management and professionalism.

The attitude behind the entry from Church Court Dental Practice, in Dumfries, was exactly what the judges were looking for and the team made the trip to London to last year's Premier Symposium to pick up the award that included a prize of £1,500.

Mark Colwell, practice principal since 2009, explained: "The airline industry's approach to safety is an often-quoted example of the development of a risk management culture. Establishing a similar, blame-free, environment to manage risk in a small healthcare team may appear simple on the surface, but ensuring it can become a tangible reality has demanded resilience and professionalism throughout the practice.

"The entry illustrated the development of an approach to manage risk as an everyday fundamental of our work. It included a description of the underlying collaborative 'hard-wiring', providing evidence of the ethos and culture behind practice development over many years."

At the practice, he relies on a "core of exceptional individuals" in key roles to work towards team development, ensuring the delivery of these principles becomes "more than merely words and intention".

He believes the recipe for securing sound risk management involves recognition that a team – with all their strengths, faults and flaws – are simply trying to provide care in often "less than ideal and continuously changing circumstances".

Here, Mark shares his thoughts on just a few of those exceptional individuals.

PRACTICE MANAGER
ADELE WELSH

Adele has worked at Church Court since before any of the rest of us arrived. Grasping the relevance of social and emotional intelligence, coupled with innate ability, her skills have been key to practice development. With her accompanying understanding of patient care at the highest level, she recently led the practice to an excellence in customer service award from the Chamber of Commerce.

Despite leanings towards spending free time in literary and mathematical worlds, on balance we all feel these interests bring indirect benefits in the professional world.

Adele is well read and her skill-base has resulted in an extraordinary ability for realising the potential of individuals.

It may well rest behind anything that could have set us apart in the Practice of the Year Award.

DENTAL NURSE
HEATHER COULTHARD

From a background in general nursing, Heather arrived at the practice along with an unusually practical approach and deceptive level of insight.

She has a voracious appetite to develop an understanding of everything.

Able to hold her own with any professional vehicle service mechanic, she was instrumental in managing the introduction of PreViser risk assessments (DEPPA) throughout the practice. Heather's recent requests to attend courses on signing and forensic science came as no surprise. Coupled with organisational skill that belies her age, it is doubtless that her participation in these will be productive. We all know any relevant knowledge will be retained by Heather, then applied, maybe indirectly, but always to the advantage of the practice.

DENTAL THERAPIST
JULIE-ANNE IRVING

Julie-Anne has transformed practice operations by providing every aspect of the therapist role. 'Gentle' and 'unassuming' are synonymous with descriptions of her approach from patients and colleagues – but they are not the whole story.

Dental Protection and schülke will announce the winner of the 2014 award at the annual Premier Symposium to be held in London on 29 November.

For further information regarding the award and the Premier Symposium, visit www.dentalprotection.org or call 020 7399 1455.

On her first day at the practice, Julie arrived driving a similarly unassuming, small, white hatchback. Some weeks later, eyebrows were quietly raised in the staffroom when the source of, thunderous rumblings was noticed in the car park.

Julie's 'little runabout', as it turned out, housed an engine the size of those used by locomotives running on the east coast mainline.

In her own case, Julie's hidden power is a steely professional determination to embrace the full range of her scope of practice, collaboratively, incrementally, and without any hint of ego.

HYGIENIST
LORRAINE GIBB

Joining the practice in 2000, Lorraine shares – with our practice manager – an exceptional capacity to understand the relevance of social and emotional intelligence throughout general practice.

Skilled communication with patients and colleagues alike, accompanied by their active contribution, underlies all practice development.

While plaque and calculus deposits may regard Lorraine's uncompromising attention to detail as thoroughly destructive, the same reliable precision finds a more productive outlet outside the clinical field. An accomplished silversmith, she produces some of the finest jewellery.

Mirroring her professional approach, the detail of the pieces she designs reflects the accuracy and skills behind them. They are matched in intensity only by the depths of the darkest sense of humour and a disturbing ability to predict winners at the races with alarming frequency.

DENTAL NURSE TEAM LEADER
TRACY IRVINE

Following 16 years in practice, Tracy joined us three years ago to lead our nursing team and she still continues to protest that the practice should share her scepticism of her own leadership abilities. We simply ignore her.

We are also happy to continue accepting awards, on her behalf, for the collaborative approach she leads.

Tracy appears not to have noticed and we're not going to spoil things by telling her.

Abilities to lead by example and share new knowledge amongst her colleagues, with nothing other than self-effacing generosity, did not appear on the original job description.

With any luck, Adele will quietly make the relevant additions to the employment file so the practice can take the entire credit for these, too. ■

Ayrshire dentist Iain Storm decided to leave his established practice and set up a squat practice after a quarter of a century in business

The 25-year itch

After 25 years as a practice principal in Ayrshire, Iain Storm decided it was time to move on to a new challenge. Iain left behind his busy five-surgery practice to start from scratch in a single-handed squat. He bought a small cottage in the village of Dreghorn, Ayrshire, and converted it into a brand new dental practice.

"Twenty five years in the same place is a long time and I just decided that I'd had enough," Iain explained. "I knew it was time to leave."

At the age of 55, Iain sat down with his wife to decide what to do with the rest of his career. With the sale of the practice and various other financial policies reaching maturity, he could have comfortably retired from dentistry. He drew up a list of options ranging from different things to do in retirement, going into partnership, becoming an associate, or buying over an existing practice.

He said: "I knew straight away that I wasn't ready to retire from dentistry. I enjoy what I do and I still have the energy to do it."

Iain realised that, being the boss for 25 years, it would be difficult, but not impossible, to adapt to other arrangements. Then, after eliminating all the other possibilities, he was left with buying a property and starting a practice from scratch.

Finding the right location

"As a family we were very happy living in Ayr so the new practice had to be within reasonable travelling distance of the town," said Iain.

He was also looking for a town or village with a similar patient profile to those he was used to working with. A third consideration was that the practice had to be within commuting distance for the proposed practice manager, Laura.

Laura had worked with Iain for 14 years and was keen to join the project. He said: "I knew her contribution would be essential for the success of the new practice."

Iain identified the corridor between Irvine and Kilmarnock as a possible location. Although both Irvine and Kilmarnock are well supplied with dentists, most practices are in the town centres, with difficult car parking problems.

Advised by solicitors Holmes McKillop, who also helped in the sale of his old practice, he put in an unsuccessful offer for a cottage in the village of Crosshouse, then for a village pub, which both fell through. Just as it looked as if he might have to look again at his retirement options, a cottage came on the market in the village of Dreghorn. Studying a map and local statistics revealed that the cottage in Dreghorn would be the closest dental practice to 15,000 people. Dreghorn was also the home of Iain's dental nurse Kerrie, who also agreed to join the new practice to be called Storm Dental.

"I don't see it as brave. I am in the fortunate position of being able to afford to fail"

The building conversion

In any project of this nature, luck always plays a part. Iain's big break was being able to call on Laura's partner Willy to do all the building work.

Iain said: "Willy was committed to the project in a way that a normal tradesman wouldn't be. He thought nothing of coming in on a Sunday to lay a floor so the

plumber could install the disabled toilet the following day. His wide range of experience, skills and high standards meant there were no worries about any of the extensive building works required.

Iain was also keen to fully computerise the practice with Carestream providing and installing the R4 system.

Marketing

A few years previously, Iain had completed a business degree from the Open University. The new practice allowed him to apply business and marketing theory to the project. Four strengths of the practice were promoted – an experienced dentist and staff, easy access, evening and weekend appointments and, with sedation available, nervous patients were made welcome.

Leaving a successful and established practice to start out from scratch might seem like a brave decision. However, Iain said: "I don't see it as brave really. I am in the fortunate position of being able to afford to fail. If the new practice doesn't work out I still have a property I have upgraded that I can sell.

"If I can't recoup all the money I have invested, I will get back most of it."

According to Iain, if there is anyone being brave it is Laura and Kerrie who gave up secure jobs in Stevenston to come with him to Dreghorn.

After all the upheaval and countless hours overseeing the project, was it all worth it? "Definitely," he said.

"The change has rekindled my enthusiasm for dentistry. I feel I can face the pleasures and frustrations of general dental practice with renewed vigour.

"I would recommend this move to anyone at my stage of career." ■

Who's Who
in the Scottish dental industry

Welcome to our third Who's Who, our celebration of the great and the good in the Scottish dental industry.

From specialists in private referral clinics to GDPs working at the coalface of NHS dentistry, some of the most well-known and respected faces are included on these pages.

We also welcome a number of individuals and companies in the world of business and finance into the Who's Who for the first time. In recent times, the business of dentistry has come more to the fore and this is reflected in the number of accountants, financial advisors and tax experts who are already working successfully with the dental community in Scotland.

You will no doubt recognise many people and there is a good chance that you will have trained alongside, sat through CPD events with or worked in conjunction with many of the people on these pages, but I'm sure there will be new faces to see as well.

Dr Kevin A Lochhead

BDS (Lond), MFGDP RCS (Eng), Specialist in prosthodontics, GDC No. 62945

Dr Lochhead qualified from Kings College London in 1987. In 2002, he was recognised by the General Dental Council as a specialist in prosthodontics.

Since then, his practice has been limited to referral only, accepting referral for prosthodontics, occlusion and dental implant cases.

Dr Carol Tait

BDS Hons, MSc, MFDS RCSEd, MRD RCS (Eng), Specialist in endodontics GDC No. 62862

After qualifying from the University of Dundee in 1987 with Honours, Dr Tait spent several years in general practice developing her interest in endodontics before moving to Cape Town, South Africa, in 1998 where she worked as a lecturer in restorative dentistry teaching endodontics and gaining an MSc in endodontics.

Following her return to the UK, Dr Tait initially worked as a clinical lecturer and specialist registrar in endodontics at the University of Dundee.

She gained her postgraduate specialist qualification, MRD RCS (Eng), in 2004 and has since been accepting specialist referrals at Edinburgh Dental Specialists.

In addition, Dr Tait is presently a part-time senior clinical teacher in endodontics at the University of Dundee where she teaches at both undergraduate and postgraduate level.

Dr Pierluigi Coli

DDS, PhD, Specialist in periodontics and prosthodontics, GDC No. 104397

Dr Pierluigi Coli graduated with honours in dentistry at the University of Genoa, Italy, in 1990.

He was trained as a specialist in periodontology, dental implantology and prosthodontics in the prestigious Departments of Periodontology, of Oral Rehabilitation/ Branemark Clinic and of Prosthetic Dentistry/Oral Material Sciences (Faculty of Odontology, University of Gothenburg, Sweden) during the years 1993 to 2005.

He was awarded a PhD in prosthetic dentistry and oral material sciences from University of Gothenburg in 1999, and became associate professor in prosthetic dentistry at the University of Gothenburg.

In 2007, Pierluigi moved to the UK to join the staff at the Edinburgh Dental Specialists Clinic. He still maintains research and teaching contacts with the University of Gothenburg.

Dr Fran Veldhuizen

BDS, MFDS RCSEd, M Clin Dent, MRD RCSEd Specialist in prosthodontics, GDC No. 72100

Dr Fran Veldhuizen qualified from the University of Dundee in 1996. She spent several years in general practice, where she developed her interest in prosthodontics and gained her MFDS, prior to taking up the position of specialist registrar in Edinburgh.

In 2007, she gained her masters degree in fixed and removable prosthodontics and, in 2009, she was awarded her postgraduate specialist qualification, MRD RCS, from the Royal College of Surgeons of Edinburgh.

Dr Penny Hodge

BDS, PhD, FDS RCSEd, Specialist in periodontics, GDC No. 56503

Penny Hodge is a specialist periodontist. She is a graduate of the University of Edinburgh and was awarded her PhD by the University of Glasgow in 1999.

She was admitted to the General Dental Council's Specialist List in Periodontics in 2002. Penny has served on the council of the British Society of Periodontology and also the management committee of the British Society for Oral and Dental Research.

She was awarded a Fellowship in Dental Surgery by the Royal College of Surgeons of Edinburgh in 2010. Her research interests include risk factors for periodontitis (smoking, diabetes and genetic susceptibility) and clinical trials.

Mr Martin Paley

BDS, MB ChB, FFDRCSI, FRCS, FRCSEd (OMFS), Consultant oral and maxillofacial surgeon, GDC No. 64778

Martin is a consultant oral and maxillofacial surgeon for NHS Lothian, based in the Regional Maxillofacial Unit at St John's Hospital.

His main NHS area of interest is head and neck cancer and he performs the often-complex reconstruction and oral rehabilitation these patients require using free tissue transfer techniques and dental implantology.

Martin accepts referrals at Edinburgh Dental Specialists for oral surgery and dental implant related cases.

Dr Gillian Ainsworth

BDS (Sheff), FDS RCPSG, MSc (Edin), MSurgDent RCSEd, Specialist oral surgeon, GDC No. 71932

After graduation from the University of Sheffield in 1996, Gillian worked in general practice, a district general hospital and a busy city maxillofacial surgery unit.

In 2003, she became one of the first two surgeons to complete the new specialist training programme in surgical dentistry, also obtaining a master of science research degree.

For eight years, Gillian worked at Glasgow Dental Hospital providing oral surgery under local anaesthetic or sedation and teaching both undergraduate dental students and newly qualified NHS staff.

Gillian is a recognised oral surgery specialist, and accepts referrals for oral surgery and dental implant related cases at Edinburgh Dental Specialists.

Professor Lars Sennerby

DDS, PhD, Professor in implantology, GDC No. 72826

Prof Lars Sennerby graduated from the Faculty of Dentistry, University of Gothenburg, Sweden, in 1986.

He joined the research group led by Prof PI Branemark in 1982 and participated in studies on osseointegrated dental implants. In 1991 he gained his PhD. He was trained in oral surgery at the Branemark Clinic in Gothenburg and worked there part-time for 12 years.

In 1993 he was appointed associate professor and in 2000 professor in clinical and experimental oral implantology at the University of Gothenburg. He held a part-time position as professor at the Department of Oral & Maxillofacial Surgery at Umea University, Sweden, from 2003 to 2004. From 2011, he has worked as a part-time professor at the University of Gothenburg and currently undertakes implant surgery in private practice in Sweden, Italy and Scotland, Professor Sennerby is one of a handful of clinicians in the world who has the title professor in implantology.

Donald Thomson

BDS (Edin), FDS RCSEd, FDS RCPSG, DDR RCR, Specialist in dental and maxillofacial radiology, GDC No. 70079

Donald graduated from the University of Edinburgh in 1994.

After working in practice in Edinburgh and the Dental Hospitals in Bristol, Edinburgh and Glasgow he trained in dental and maxillofacial radiology in Glasgow and Dundee.

He has been a consultant in Dundee Dental Hospital since 2006 where his main interests are the investigation of salivary disease and cone beam CT.

Dr Neil Heath

DCR(R), BDS, MSc, MFDSRCS, DDRRCR, Specialist in dental and maxillofacial radiology, GDC No. 70569

Neil combines a broad dental background with experience in medical and dental imaging.

He qualified as a diagnostic radiographer from Sheffield in 1987, where he worked as a general radiographer at the Royal Hallamshire Hospital, gaining experience in neuro, orthopaedic and A&E radiography.

He qualified BDS Newcastle in 1995 and was awarded DDRRCR on completion of specialist registrar training in Newcastle Upon Tyne (2003-2008).

Yas Aljubouri,

BDS, MOrthRCS, MSc, LDSRCS, MFDSRCS, GDC No. 75355

Yas graduated in 1991 and has worked as an SHO in oral and maxillofacial surgery and orthodontics in England and Scotland.

He completed VT in London and worked as a GDP in Paisley. Yas became a specialist orthodontist in 2003, following his training at Glasgow Dental Hospital, where he also completed his orthodontic MSc in 2002.

He has been principal orthodontist at Giffnock Orthodontic Centre since 2008. Yas offers NHS and private treatments to adults and children and believes in having no waiting list.

He is a Platinum Invisalign Provider and treats orthodontic cases using extraction and non-extraction techniques with Invisalign and fixed appliances. Yas is committed to long-term stability and retention following active orthodontic treatment.

Adrian Stewart

BDS, PG Dip Endo (UCL), MSc, GDC No. 68252

Adrian graduated from Queen's University, Belfast in 1992. After several years in general practice, including a period working in Australia, Adrian started a squat practice in Co Down, Northern Ireland, in 2001.

This grew to a successful private practice and Adrian's special interest in endodontics saw him undertake treatment for colleagues on referral.

In 2007, as more of his clinical time was being devoted to endodontics, Adrian entered post-graduate education to further this special interest, eventually gaining his MSc in clinical dentistry (restorative dentistry) from Leeds University.

He subsequently undertook the postgraduate diploma in endodontic practice at the Eastman Institute, UCL, which he passed with distinction in 2013. Adrian now works in practice limited to endodontics, taking referrals for non-surgical and surgical endodontics at 1 Manor Place, Edinburgh.

Andrew McGregor

GDC No. 80505

Andrew McGregor is co-owner of Park Orthodontics in Glasgow's west end. His friendly, welcoming clinic has been providing orthodontic services for more than 40 years and is ideally suited for the rapidly expanding private orthodontic market.

As more adults and teens seek orthodontic treatment, the practice has recently updated its facilities to reflect the prime west end location and highest standards of clinical care.

Andrew believes that every patient should have the choice of a comprehensive range of orthodontic treatments and therefore offers a wide selection of appliances from NHS to Damon and lingual to aligners.

Whatever the patient's needs, Andrew and the team are dedicated to working closely with referring dentists to provide the highest levels of patient care and ultimately ensure that everyone leaves with a smile on their face.

Dr Abhishek Singh

GDC No. 105433

Abhishek has been voted number one on the Dentistry Scotland Top 20 in 2013. He graduated in 1999 and attained membership to the Royal College of Physicians and Surgeons, Glasgow in 2005.

Abhishek is based at Orasculpt – an advanced dentistry and facial aesthetics clinic in Glasgow city centre. He has been nominated for Best Young Dentist award in 2010 and 2011 at the Dentistry Awards. Having done postgraduate education in both endodontics and dental implantology, Abhishek has a wealth of experience in treating complex cases, thereby helping a number of anxious patients smile. He has a particular interest in digital smile design and its use in smile/cosmetic and implant dentistry.

He is also developing a mentoring pathway for dentists in doing focused implant and restorative cases by following a structured hands-on learning approach.

If you are a dentist keen to learn hands-on advanced dentistry or needing a smile transformation and nervous about it, please get in touch with Abhishek.

Darren Kelsey

GDC No. 158079

Darren is a highly skilled, patient-focused clinical dental technician. He started his career as an apprentice dental technician working in NHS dental laboratories manufacturing dental appliances for dentists throughout Scotland.

Darren graduated from Langside College in 2004, and then joined a successful private denture clinic in Glasgow making dentures directly for patients.

More recently, Darren graduated from the postgraduate CDT course at UCLAN. Straight after graduating, he set up Darren Kelsey CDT. Darren is extremely passionate about his work. His main focus is on quality, providing fixed and removable treatment solutions for edentulous patients.

He continues to progress his knowledge on various courses throughout the UK and abroad, keeping up to date with the latest developments in dentistry.

Currently, Darren works with a few practices throughout Scotland and is looking forward to working with many more.

Aubrey Craig

BDS, FDS RCPS (Glasg), MPhil,
Head of dental division and dental adviser,
GDC No. 62852

Aubrey qualified from the University of Dundee in 1987 (BDS) and has worked in hospital posts and as an associate and principal in general dental practice. He gained an FDS from the RCPS Glasgow in 1991, an MPhil in Medical Law from the University of Glasgow in 2001 and an MBA from Glasgow Caledonian University in 2009.

He worked as a partner in an NHS vocational training practice in Glasgow from 1994 until 2009 and is a former clinical teacher in restorative dentistry at Glasgow Dental School.

Aubrey joined MDDUS in 2006 and took on his role as head of dental division in 2009. MDDUS offer dentists access to occurrence-based professional indemnity as well as access to unlimited settlement of damages and uncapped legal costs. Aubrey and his team of experienced dento-legal advisers also provide assistance with patient complaints, claims of negligence and referrals to the GDC.

Chris M Ross

BDS (Edin)
GDC No. 52993

Chris runs a private general dental practice at 12 Cross Street, Scone, in Perthshire.

Chris is also one of the Denplan's practice advisors, having completed the FGDP UK certificate in appraisal in general dental practice in 2008. She has achieved Denplan Excel Accreditation continuously since 2002 as well as Denplan Excel for Children.

Winners of the Denplan Practice Team of the Year 2000 is clear evidence of the fantastic, experienced team Chris has the pleasure to work with.

Chris set up a single surgery 'squat' dental practice in Cross Street, Scone, in October 1984. Now a very modern, spacious, three-surgery private practice, the Scone practice is about to celebrate it's 'pearl' (30th) anniversary!

Away from dentistry, Chris travels widely and maintains core strength and good posture as (a previous world champion) bass drummer in top grade competing pipe bands.

Scot Muir

GDC No. 72214

Scot has just been appointed a director in the Scottish Centre for Excellence in Dentistry. Scot, a previous vocational multi-trainer, has extensive dentistry experience and has placed implants for more than nine years.

He previously owned both loveyoursmile dental care practices in partnership with his sister Heather.

Scot is proud to be a clinical supervisor on the ultimate implant year course at www.smiletube.tv where he currently mentors more than 20 dental clinicians throughout their own implant development.

Having graduated from Glasgow Dental Hospital in 1996, Scot completed a master of science degree at University of Warwick in 2007 and a diploma from the Royal College of Surgeons in England in 2008.

Scot runs section 63 annual implant seminars at the West of Scotland Centre for Postgraduate Dental Education.

If you are interested in getting involved in restoring or placing implants, then get in touch with scot at www.scottishdentistry.com

Bruce Strickland

BDS, DipImpDent RCS (Eng), GDC No. 66125

Bruce has been placing dental implants within general practice for the past 17 years.

He is a lecturer and member of the International Team for Implantology.

Also within his team is Dr Adrian Pace-Balzan, a restorative specialist in Glasgow Dental Hospital, and Dr Will McLean, senior clinical teacher in endodontics, also from Glasgow.

Over this period, Bruce has placed more than 4,000 implants and worked closely with referring dentists from all over Scotland. His aim is to partner with other clinicians as an extension of their team and to provide a referral service, which enhances the treatment portfolio offered to their patients.

This partnership ranges from the delivery of completed cases to hands-on clinical mentoring with full involvement in the restoration phase. He accepts referrals for single implant placements to full mouth reconstruction cases.

In recognition of the service provided to referring dentists, Care Dental Implant Clinic won Private Dentistry Best Implant Practice in the UK Award 2011.

Peter Byrne
GDC No. 85409

Peter Byrne is principal dentist and co-owner of Quadrant Dental Practice – a long-standing implant referral and advice practice based in Ayr.

Peter qualified from Glasgow Dental School and worked in general practice both in Glasgow and Ayrshire before focusing his interest in implant dentistry. He joined the Quadrant Dental Practice in November 2011 to build on and complement the experienced implant team.

He has trained extensively with experts worldwide and has built on his vast experience with his masters degree in aesthetic implant dentistry.

His work ranges from single tooth replacements to multidisciplinary full mouth rehabilitations, involving major soft and hard tissue replacement. Peter also works with GDPs to offer a refer and restore approach, and both lectures and mentors regarding implants in general practice. As well as implant treatment, he still maintains an NHS list and is involved in the professional committees in NHS A&A.

Attiq Rahman
GDC No. 70104

Attiq Rahman is the clinical director of Visage Lifestyle Clinic in Glasgow's Merchant City.

He established the practice in 2005 and under his stewardship it has grown to a team of 22 including an endodontist, a specialist orthodontist, consultant maxillofacial, plastic and opthalmic surgeons.

Over the years, Visage has picked up no fewer than 10 national awards including Best Practice and Smile Makeover of the Year.

In 2009, Attiq also established Visage Dental Lab with a team of six technicians headed up by master ceramist Ian Smith, widely recognised as one of the foremost ceramists in the UK.

Attiq's focus is on aesthetic and implant dentistry and his cases have been published in various dental journals in the UK.

His fastidious attention to detail, together with excellent back-up from his specialist colleagues and technical team, make for many satisfied patients and referring dentists.

Bert Hay
GDC No. 79654

Following a one-year maxillofacial hospital post, Bert has worked in Speyside since 2003. After seven years as a VT trainer, he now heads a spirited team of 10 at Inspire Dental in Kingussie.

A great believer in clear guiding principles, Bert has encouraged a collective focus within the Inspire team, centring on customer/community relationships, teamwork and the continuing progression of new ideas. This has helped to establish a brand, which promotes quality private dentistry alongside a highly personalised customer experience. Inspire has grown rapidly as a result.

Bert is a director of Highland Dental Plan, editor of its magazine and sits on its group purchasing, peer review and marketing committees.

As a forward-thinking team leader and motivator, Bert thrives on personal development both in and outwith dentistry. He won "Dentist of the Year" at the Scottish Dental Awards 2014.

Donald Morrison
GDC No. 73374

Donald Morrison is principal dentist and co-owner of Quadrant Dental Practice.

Donald graduated from Dundee University in 1997. He completed his vocational training at the John Radcliff Hospital in Oxford and then moved to London where he ran his own, successful dental practice until he sold it in 2007 to return home to Scotland.

During his time in London he developed an interest in cosmetic and implant dentistry. He trained at the Institute of Facial Aesthetics in London and also did a postgraduate diploma in hypnosis applied to clinical dentistry from the University College London. He has worked extensively with experts worldwide and has complemented his vast experience by completing a masters in aesthetic implant dentistry at UCLan. He takes great pleasure working with fellow GDPs developing implants in general practice and is working with his current team to develop the Quadrant Implant Advice and Referral Centre.

He is also involved in the professional committees of NHS A&A.

Robert Leggett,

RDT, Dip CDT RCS Ed, Clinical Dental Technician, New Life Teeth, GDC No. 116479

Robert is co-founder of New Life Teeth with Dr Stuart Lutton.

His focus is on the creation of full arch dental implants, which he constructs from zirconia using groundbreaking technology from Zirkonzahn.

After qualifying as a dental technician from Edinburgh's Telford College, Robert worked in both the private and public sector, spending 10 years in the NHS including Glasgow Dental Hospital and Edinburgh's Dental Institute.

In February 2009, Robert returned to study a diploma in Clinical Dental Technology – the first CDT course to be run in the UK – qualifying through the Royal College of Surgeons in December 2009.

After qualifying as a Clinical Dental Technician, he worked in private practice in Fife doing all aspects involved in the construction and fitting of dentures.

Ruaridh McKelvey

GDC No. 70532

Ruaridh graduated in 1995 from the University of Glasgow and gained his fellowship in dental surgery with the Royal College of Surgeons in 1998.

He then spent three years in specialist orthodontic training on the prestigious Bristol post-graduate course, completing the orthodontic exam in Edinburgh in 2002.

After completing his orthodontic specialist training he served as an army reservist in the UK Special Forces. In 2005, he and his wife, Jane, launched Beam Orthodontics in Dundee, aiming to create a pioneering practice that is team-led, with enthusiastic conscientious highly trained professionals that genuinely care for their patients.

Beam has been awarded 'Best Specialist Practice' for the past three years at the Dentistry Scotland Awards, winning Highly Commended Awards in the Best Dental Team category.

Ruaridh remains committed to staff training and development as well as sitting on the LDC and ADAC.

Jillian Clare

BDS, MFDS RCSEd, GDC No. 75914

Jillian graduated from Glasgow University in 1999, and gained the MFDS diploma from the Royal College of Surgeons in Edinburgh in 2001.

She works between two Glasgow practices: Philip Friel Advanced Dentistry in Hyndland, and Alistair McPhail and Associates in Newton Mearns. Jillian has a special interest in implant dentistry, as well as cosmetic dentistry, having completed a year-long course on this subject in London last year.

In addition, she works part time within Glasgow Dental Hospital, and is involved with the teaching of the undergraduate students in the restorative dentistry department.

Jillian is a full member of the British Academy of Cosmetic Dentistry, and a member of the Association of Dental Implantology, the British Cosmetic Dentistry Society, and the Royal college of Surgeons Edinburgh.

She is pleased to accept referrals for cosmetic dentistry, implant placement and restoration, and cosmetically focused short-term orthodontic treatment using the six-month smiles and quick straight teeth systems.

Dr Stuart Lutton,

BDS MJDF MSc Implant Dentistry Dental Implant Surgeon, New Life Teeth, GDC No.77775

Stuart holds a Masters degree in Implantology and is a co-founder of New Life Teeth with Robert Leggett.

After qualifying from Sheffield University in 2000, Stuart has practised in Edinburgh.

His particular focus is on dental implants and, in particular, the full arch dental implant procedure.

His Masters degree was under the personal tutelage of Professor Edward Lynch, head of dentistry at the University of Warwick.

Already responsible for more than 1000 dental implants, Stuart is a member of the UK ADI Association of Dental Implantology.

Dr Hugo Moreira

LMD, BDS, GDC No. 199909

Dr Hugo Moreira has been an Associate Dentist at Southwest Smile Care Centre in Stranraer since 2012.

He qualified with CESPU (Instituto Superior Ciencias Saude Norte) in Oporto, Portugal, in 2008, and carried out three years of clinical and hospital service with CESPU public and private clinics.

Hugo gained first class merit during his education with his presentation of "Radiological Evolution Applied to Forensic Dentistry".

As a general dentist, he has a keen interest in prosthodontics.

He practised in the northeast of Scotland before deciding that he preferred life in a more rural community.

His clinic was named 'Scottish Dental Practice of the Year' at the Scottish Dental Awards 2014.

Recently he underwent training with Fastbraces. Fastbraces is a relatively new orthodontic treatment, which straightens the teeth quicker than traditional fixed braces.

Hugo has been a Fastbraces practitioner since March 2014.

Dr Rita Ahmad-Poddar

BDS, MJDF RCS (Eng), GDC No. 75810

Dr Ahmad is the owner of the Peppermint Group of dental practices in Glasgow, which includes dental facial and body treatments.

The University of Glasgow graduate (1999) took over Bath Street Dental practice in 2003, a practice that has been in operation for more than 100 years.

Rita also owns two other practices in the Glasgow area, Maryhill Dental Practice and Chapelhall Dental Practice.

She is a regular spokesperson on the BBC Asian Network on dental health and diabetes issues and is also a member of the Scottish Circle for Oxfam. Rita has been a guest of the Prime Minister and raised more than £120,000 for women's rights.

Rita was named Entrepreneur of the Year at the 2010 Scottish Asian Business Awards and this year she was awarded Business of the Year at the 2014 Scottish Asian Women's Awards.

Tariq Ali

BDS (Glas), MJDF RCS (Eng), DipImpDent RCS (Eng), GDC No. 74600

Tariq is the owner of The Centre for Implant Dentistry, an implant referral practice in Bishopbriggs, Glasgow.

He has been involved in implant dentistry for a number of years and has studied extensively throughout the world. Tariq's formal training at the Royal College of Surgeons in London and obtaining the Faculty of General Dental Practice Diploma in Implant Dentistry shows his dedication to his chosen field.

He trains other dentists in implant dentistry and is a clinical mentor for Dentsply implants. He firmly believes that implant dentistry should be more widely available to patients and helps dentists in general practice introduce implants to their patients in a safe manner.

Tariq said: "It is a true team approach with my team and I work closely with our referring colleagues to provide the utmost care for our patients."

Gavin Caves

GDC No. 68917

Gavin Caves started his specialist orthodontic practice in Haddington four years ago.

It has since grown from a one-day-a-week service to being full time, with more than 2400 referrals received so far.

His new premises (due to open in early December) are currently undergoing conversion into a state-of-the-art, two surgery orthodontic practice right in the heart of the town at 2 Paterson Place, Haddington, EH41 3DU. The phone number is staying the same – 01620 822255 – as is the email address, smile gavincaves.co.uk

New referral packs will be posted closer to the opening date and there will be an open evening with all his colleagues welcome to come along and see the the new practice.

Gavin aims to continue providing meticulous, high-quality, friendly and personal orthodontic care to East Lothian and the surrounding areas but now in a specially designed brand new working environment dedicated to orthodontics.

Martyn Bradshaw PFM Dental

PFM Dental is one of the leading practice valuers and sales agents in Scotland.

Based in Edinburgh's financial district, PFM Dental provide a nationwide service to Scottish dentists. Core services are:

- Practice sales service – marketing your dental practice and handling all offers and negotiations
- Selling to a corporate – direct access to a choice of multiple corporate buyers
- Internal sales service – practice sales to existing partners and/or associates
- Independent valuations for sales, acquisitions and incorporations
- Maintained register of 'finance ready' dentists looking to buy a practice.

Martyn Bradshaw leads PFM Dental's Scottish team and is personally responsible for ensuring you achieve the highest price for the sale of your practice with terms that suit you.

To discuss the sale of your practice call Martyn on 0845 241 4480 or email martyn.bradshaw@pfmdental.co.uk

For further information on PFM Dental, visit pfmdental.co.uk

Ian Main Stark Main & Co Dental
MAAT CA

Ian Main heads up the Stark Main & Co Dental team from its Edinburgh office which is 100 per cent committed to the Scottish dental market.

Ian specialises in practice advisory and tax planning services. He has a well rounded background of experience gained from specialising in the dental market since 1998.

He has assisted numerous dentists derive maximum efficiency and return from their practice and been involved in a number of high-impact advisory roles. With a 100 per cent success rate in raising finance for practice acquisitions, Ian has particular strength in this area.

He is a founding member of the ASDP (Association of Scottish Dental Practitioners), an association of dental experts dedicated to supporting the dental profession in Scotland.

Gary Moore IndepenDent Care Plans UK Ltd

Gary has been with IndepenDent since 2009 and with an established career in sales, marketing and management outside of dentistry, has brought a different and refreshing perspective to the IndepenDent group.

As business development manager, one of Gary's primary objectives is to promote and maintain brand awareness of the largest dental plan provider based in Scotland to new customers. At the same time, he is continually reviewing and improving the services provided to existing members.

IndepenDent provides access to a customised and branded range of dental plans tailored to the individual practice, while undertaking all the administrative support, along with offering business development guidance and advice, allowing dentists to focus on their patients.

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Mark Fowler

Trevone Practice Building Solutions

Mark is founder and director of Trevone Practice Building Solutions (www.treveonepbs.com), a niche operations-based support platform for dental practices and their owners in Scotland.

Mark's background in teaching and training has positioned him perfectly to develop programmes and training in customer service, practice finance, practice marketing and practice systems.

Mark works closely with practices across Scotland, helping them deliver productivity and efficiency uplifts that benefits teams and patients alike. Mark speaks regularly at meetings and study clubs.

With a PDA in dental practice management, a University Certificate in Education and post-graduate degrees, Mark also leads business management and development for Woodside Dental Practice, an award-winning practice in the heart of Glasgow. He is also a former NHS Education Scotland PMVTS trainer.

www.trevonepbs.com trevone@zoho.com

Neil Morrison and Roy Hogg Campbell Dallas

Our dental team is led by our Healthcare partners, Roy Hogg and Neil Morrison. We are the only Scottish accountancy firm accredited as specialists to dentists with both NASDAL and ASPD. Specialist areas that we have advised our dental clients include:

- Review of existing trading status for possible incorporation
- Use of approved tax planning vehicles to mitigate tax exposure
- Advice on the acquisition or disposal of a practice
- Advice on partnership formation and dissolution
- Surgery relocation, redevelopment and refinancing of premises
- Bookkeeping, payroll and computer advice

Contact Roy (01786 460030) or Neil (01738 441888).

David Foster and Gail Cormack Braemar Finance

Founded in 1992, Braemar Finance is an established direct provider of finance to the dental profession and part of the Close Brothers Group plc, a FTSE 250 company.

Founding partner David Foster instilled the principles of delivering a knowledgeable, personal service by offering tailor-made finance solutions designed to help grow and develop your dental business.

David, now managing director, handed his old territory to area manager Gail Cormack, who has been an integral part of Braemar for more than 12 years. Gail can be contacted on 0845 154 6588 or visit www.braemarfinance.co.uk

Braemar creates bespoke finance solutions to assist with a variety of requirements, as well as client finance options.

This issue, Donald Morrison and Peter Byrne from Quadrant Dental Practice in Ayr talk about singing, Formula One and seeing what dentistry would be like in the year 2214

The joy in happy patients

What do you love most about your job ?

Donald Morrison (DM) – I enjoy solving puzzles. Solving patient's problems and finding solutions to their issues can change their lives. Helping people in this way and getting them out of pain is a very rewarding part of my job,

Another aspect that is particularly gratifying is seeing phobic patients who are nervous and anxious initially, but leave happy and smiling and, most importantly, confident to then go on and attend any dentist.

Peter Byrne (PB) – From a young age I have always enjoyed creating and building using my hands. I suppose it's a natural progression from Meccano to implants! However, it is the people factor that brings me to work everyday. We are in the fortunate position of being able to improve the quality of people's lives and the reward is seeing someone happy with a positive outcome from the work that we have done.

If you weren't a dentist, what would you be?

DM – Believe it or not, I did leave dentistry to work as a professional actor and singer in my distant past. I still have a passion for this sort of thing, occasionally working on music and theatre projects. I don't think I would give up dentistry for this now but, if I had to choose another career, I would love to sing on stage, as it was some of the best times of my life. Assuming multimillionaire playboy and train driver weren't available.

PB – I must admit that I am in the privileged position that I completely love what I do and can't imagine ever doing something else. However, if Ferrari F1 offered me a contract, I've got the height to be a Formula One driver.

Best piece of technology you own (dental or otherwise)?

DM – Our 3D CBCT scanner. It is simply the best piece of technology I've used and it has revolutionised my implant dentistry as well as my approaches to oral surgery, endodontology and periodontology. I am so much happier now that I can confidently plan predictable treatments that would otherwise have considerably more risk to the patient.

I don't think many other areas of medicine accept "exploratory" surgery any more so why wouldn't you visualise the bone properly prior to implant or bone augmentation? It's changed mine and my patients' lives enormously.

PB – CBCT – not for every case, but it has made surgical treatment planning far safer and more predictable than traditional films. It gives a more accurate assessment pre-operatively to minimise mid and post-operative surprises.

Best piece of advice you've ever been given?

DM – "See a stick, cut it." This is one of the hardest pieces of advice to follow, but the one that I do try to use whenever I can. Basically, it means just do the job that is in front of you, just get on with it. Often when I find everything overwhelming and struggle to decide which task to tackle first, I fall back to this piece of advice given to me. However, I believe that if you stick to this, things don't get too overwhelming in the first place.

PB – One of the best pieces of advice I've been given is that you will always learn something from other people – even if it is how not to do things! Always have an open mind and be prepared to change the way you do things – even if you think your way is the best.

On a day off, what would we find you doing out of the surgery?

DM – Spending time with my children: I have three daughters who take up a lot of my time – playing chauffeur and simply enjoying their company. If I do get a spare hour or so, I might go play squash or play music. I also have a great passion for good and bad films.

PB – At present, changing nappies for our three-month-old son. If I can get any free time you'll find me losing Titleists on the golf course.

Who's your hero (dentistry or otherwise)?

DM – This is very easy, my father Dr Alastair Morrison. He is a retired GMP but was one of the last true country general medical practitioners, at which he excelled. I come from a very large family and he was always a calm influence in an otherwise manically busy household. Like most children growing up, I probably didn't appreciate him as much as I should have but I now appreciate how hard he worked and the sacrifices both he and my mother made to bring up and educate all six of us, and yet he was still

one of the best in his field. He was, and still is, a very stable influence in my life and I wish I were more like him, with his enviable calm and gentle approach to almost everything. He takes his time and is genuine and kind to everyone he meets and is still the same now with me and my children. Thanks Big Al.
PB – There is no one stand-out person that has influenced my career. However, I have been lucky enough to have worked with some excellent dentists in some great practices from the time I left university in Glasgow.

If you could relocate your practice to any time or place, where would it be?
DM – I would move it 200 years into the future because I would love to know the long-term effects of the dentistry we do now. In the future, will they laugh or even cry about what we do now? Will today's techniques stand the test of time and remain in some form for many years? Alternatively, would dentistry even still exist as it does today, or would they have found some completely new method to solve the issues associated with oral health care? As the practice is in Ayr, however, I would most certainly raise my practice another four metres above sea level.
PB – Although Ayrshire is lovely, I could easily be persuaded to move to somewhere hotter and drier. Possibly in a time where the powers that govern have developed a little more common sense regarding dentistry in general practice.

Favourite film?
DM – The original Highlander. If nothing else, I watch it for the soundtrack. Unfortunately, all sequels and spin-offs have been absolutely rubbish.
PB – I thought The Dark Knight was a bit of a modern classic.

Favourite tipple of an evening?
DM – Ice cold beer in all its shapes and wondrous forms!
PB – A glass of full-bodied red wine, or bubbles if the occasion lends itself.

Favourite food?
DM – Marmite and butter on brown toast (butter and marmite must go on hot toast) with a glass of fresh orange juice. Manna from heaven.
PB – Sunday roast – nothing beats it. ■

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Advice for general dental practitioners on the planning and management of prosthodontic patients

Combination syndrome – the challenges

Aims and objectives:
- Explain what combination syndrome is
- Explain estimated prevalence and how situation develops
- Look at options to help prevent it.

Learning outcomes:
- To understand why patients present with combination syndrome
- The problems that this condition will cause them
- How to prevent it.

With the growth and interest in dental implants it is easy to think that implantology is a faction of dentistry in its own right. This is not the case; dental implants are simply a tool to aid the restoration of the debilitated dentition when conventional dentistry no longer offers an acceptable solution.

For patients with missing teeth, the key to successful treatment has always been and will remain the prosthodontic planning and management. The "surgical implantologist" is a valued member of the restorative team but should not be the first thought when replacing teeth is required. Comprehensive multidisciplinary planning is essential.

This, and the following articles in this series, will focus on some of the challenges in planning and management of patients with problems regularly encountered in general practice.

Combination syndrome (CS) is a term that was first used in prosthetic dentistry by Kelly in 1972[1] to describe the situation where only six to eight lower anterior teeth remain functioning against an upper complete denture. He listed five changes that he felt may be indicative of a "syndrome". These were:

"Implants should not be the first thought when replacing teeth is required"

1. Loss of bone from the anterior part of the maxillary ridge
2. Overgrowth of the tuberosities
3. Papillary hyperplasia in the hard palate
4. Extrusion of the lower anterior teeth
5. The loss of bone under the free end saddle denture bases.

These changes and signs were added to later include:
1. Loss of vertical dimension
2. Occlusal plane discrepancy
3. Anterior spatial repositioning of the mandible
4. Poor adaptation of the prosthesis
5. Epullis fissuratum
6. Periodontal breakdown.
(See Fig 1)

There is controversy within the profession whether these signs constitute a "syndrome" and it is more likely that we are simply describing anatomical changes that take place as a result of a specific pattern of tooth loss and the treatment choices made by the patient and the dentist. What is clear, however, is that this is a common situation which is particularly troubling for the patient and a

Continued »

Continued »

challenge for us to treat effectively.

The most significant factor is the loss of the upper anterior bone, which then dictates the other changes which occur (see Fig 2).

It is also suggested that excessive occlusal forces are a significant contributing factor. Due to the flabby ridge which develops over the premaxillae, there is no stable vertical stop for the denture. Without lower posteriors, the upper denture easily tips, losing the seal on the post-dam. One of the theories about development of the enlarged tuberosities is negative pressure from the tipping of the denture. Of course, disuse over eruption of upper molars prior to extraction could also be a likely cause.

The prevalence of CS was documented by Shen[2] in 1989. They examined 150 consecutive complete maxillary edentulous patients, a group including complete upper and lower denture wearers, upper against lower complete dentition, upper against unilateral lower tooth loss and upper against bilateral posterior tooth loss.

They found:

1. The incidence of CS in the maxillary complete denture population was 7 per cent
2. The incidence of CS in maxillary denture opposed by natural anterior mandibular teeth was 24 per cent.

The numbers were not great but the trend certainly exists.

Like Kelly before, Shen also found that the presence or absence of a removable lower partial denture (RPD) has little or no effect on preventing the problem.

This article looks to explain how the situation occurs, what can be done to prevent it in the first place and, once realised, the options for managing it.

The timeline for tooth loss for heavily restored dentitions and especially periodontal patients, seems to follow a similar pattern: loss of lower molars, upper molars, upper interiors and lastly lower anteriors. From both perspectives this makes sense: the posterior teeth have the most complicated anatomy, are the most challenging to restore and for

Fig 1

Typical appearance of CS patient

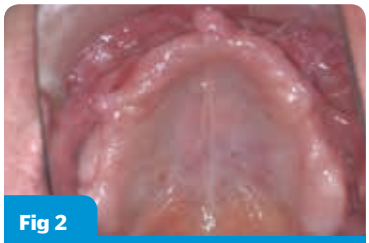

Fig 2

Upper flabby anterior ridge, enlarged tuberosities and excessive use of fixative

Fig 3

Shortened dental arch

Fig 4

Over-erupted lowers and non-visible uppers

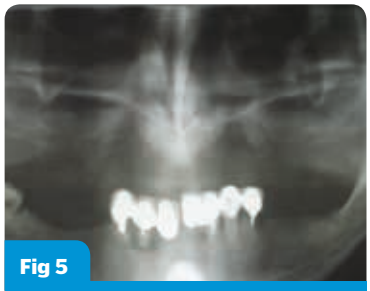

Fig 5

Extrusion of the lower anteriors and pneumatisation of the sinuses

Fig 6

Guide plane prep for hybrid Maryland

patients to look after.

They are the first affected by loss of support; upper molars having more roots are maintained longer than the lowers. The vector of force from lower anteriors against upper anteriors is favourable for the lowers and unfavourable for the uppers – whether it's periodontal bone loss or post retained crowns.

Patient choices, how they are guided during the tooth loss process and their occlusion have a combining effect on the healing of the residual alveolar ridge. When a patient first starts to lose posterior teeth they, understandably, wish to avoid a removable denture, and fixed bridgework may not be chosen either because they, or the attending clinician, feel it is not worthwhile due to compromised abutments or simply not necessary.

For one or two teeth, this is quite acceptable and indeed replacing teeth simply to maintain "posterior support" or to prevent other teeth moving is rarely necessary and can be unnecessary scaremongering. Kiliaridis[3] reported that tooth movement of more than 2mm only occurs in 25 per cent of situations and so a policy of replacing all missing teeth to prevent movement is not justified.

There comes a point when the occlusion moves from being stable to unstable, at which point the loss of posterior support is very much an issue. In terms of when this happens, there are again a number of factors: Kayser and Nijmegen[4] have shown that two occluding posterior units on either side (all premolars) in a class 1 occlusion with periodontally sound teeth, will provide predictable long-term support and acceptable function – the shortened dental arch concept (SDA) (see Fig 3).

In this case, the idea of providing restorations to increase posterior support is incorrect and largely unnecessary. Here, the indication for restoration provision would be at the "request" of the patient.

There are, of course, many patients with extreme shortened arches who do not exhibit any problems whatsoever, no concerns over function or aesthetics and no mobility of teeth or periodontal breakdown. The key is the susceptibility to periodontal disease and what the patients do with their teeth.

Fig 7

Hybrid Maryland with guide planes and rest seats

Fig 8

Lower aesthetic RPD design with saddle impression trays

Fig 9

Lower aesthetic RPD try-in

"Denture fabrication has a number of specific challenges"

Once the upper anteriors are lost, the upper ridge is tasked with taking the load from the lower anteriors through the complete denture. In susceptible individuals, the residual ridge is slowly replaced with fibrous tissue. Clinically, these patients complain that their upper denture is loose, eating is difficult and their appearance is no longer satisfactory as the teeth are disappearing under their upper lip (see Fig 4).

During the process of the loss of the upper teeth and destruction of the alveolar ridge, the lower anterior ridge exhibits compensatory alveolar growth where the remaining lower teeth erupt with the alveolar ridge. Here, patients will often complain that they "see too much" of the lower teeth.

The tuberosities will have enlarged, sometimes bringing bone with them but often with pneumatisation of the sinuses (see Fig 5).

Resolving the problems at this stage can be very demanding. Denture fabrication has a number of specific challenges and aesthetic improvement is often limited by the new anatomy. Furthermore, these are the most difficult problems to surgically resolve.

Prevention

Trying to prevent patients from reaching this stage of tooth loss is critical. Things that should be considered are:

1. Education about their situation in order to accept tooth replacement
2. Treatment and stabilisation of any periodontal disease
3. Provision of tooth replacement by conventional means – conventional bridges, Maryland hybrid bridges or cobalt chrome dentures
4. Maintaining roots in posterior mandible and anterior maxillae for 'overdenture' abutments
5. Replacement of missing upper

Continued »

Continued »

anteriors with fixed bridgework, or implant supported, before resorption and fibrous replacement takes place.

Periodontal patients are the most challenging, as investing in good restorative treatment on questionable teeth involves considerable skill, both in terms of communication and multidisciplinary restorative techniques.

Acceptance of conventional treatment options can be aided by provision of hybrid Maryland bridges or aesthetic (no visible clasping) cobalt chrome dentures and periodontal splints.

The hybrid Maryland bridge involves minor preparation of the abutment teeth to accept rests and guide planes. Crucially with this type of Maryland an adhesive cement is not required and a simple glass ionomer can be used (see Figs 6 and 7).

Arcylic dentures, while useful as interim prostheses and to allow a patient to become accustomed to managing a denture, are rarely capable of providing adequate stability and posterior support. If bone resorption is to be kept to a minimum, it is essential that lateral movement of the denture is prevented, this is most predictably achieved with a well-designed RPD using guide planes and lock-in rest seats.

Where necessary, undercuts can be created on teeth for clasps using composite resin. The RPD must extend onto the most resorption resistant areas – the retromolar pads and buccal shelves (see Fig 8).

As noted by Jameson[5], hyperfunction of the remaining anterior teeth should be avoided through correct adjustment, and maintenance of the occlusion.

In the next article we will look at how the CS patient can be managed both by conventional means and with the help of dental implants. ■

This article was submitted by Edinburgh Dental Specialists. To contact EDS for further information or advice on managing similar cases, email Tele-dentist@edinburghdentist.com

CPD questions and answers:

1. Combination Syndrome includes:
a. Loss of bone from the anterior part of the maxillary ridge
b. Overgrowth of the tuberosities
c. Papillary hyperplasia in the hard palate.
d. Extrusion of the lower anterior teeth
e. The loss of bone under the free end saddle denture bases
f. All of the above.

2. Theories for Enlargement of the tuberosities include:
a. Negative pressure under a tipping denture
b. Naturally large tuberosities
c. They don't enlarge, everything gets smaller.

3. The prevalence of CS in a 'maxillary denture opposed by natural anterior teeth' population is:
a. 10 per cent
b. 24 per cent
c. 75 per cent
d. 7 per cent.

4. The minimum number of posterior teeth for a stable shortened arch is proposed as:
a. Two premolars in occlusion on each side
b. One premolar in occlusion on each side
c. Two premolars and one molar in occlusion on each side
d. The six anterior teeth only.

5. Which of the following is a suitable preventive measure:
a. Daily fluoride mouth rinse
b. Maintaining roots in posterior mandible and anterior maxillae for "over denture" abutments
c. Removing any questionable teeth as soon as practical
d. Replace all missing teeth with dental implants.

To gain one hour of verifiable CPD, simply visit: www.surveymonkey.com/s/Combinationsyndrome

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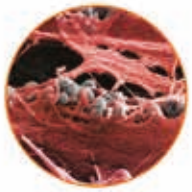

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ABOUT THE AUTHOR

Jamie is the clinical director for the multi award-winning Berkeley Clinic and Brite Dental. He has a particular interest in dental technology, specifically CAD/CAM. He is a founding member and vice president of the International Society for Dental Anxiety Management. He is also a member of the NHS 2020 vision board. With regards to dentistry, Jamie limits his practice to fixed prosthodontics, working as part of a multi-disciplinary team.

Life with CBCT

Jamie Newlands explains how he overcame his initial reluctance and now can't live without his CBCT machine

As a clinician who doesn't enjoy going below the gum, I always resisted the move to investing in a CBCT scanner.

Being quite content (I thought) with digital intra-oral sensors and a digital OPT machine, it seemed like a step too far, especially given my aversion to all things surgical.

Then, on the advice of a good friend and fellow dental technophile/Cerec user, I was persuaded to investigate further. My arguments for not investing were abundant. The cost for purchase was high, the learning curve was high and our existing implant surgeon said he did not require one.

All of this led to me putting off truly investigating the potential upsides

associated with taking the plunge. Despite my protestation, my friend was hell bent on showing me the positives so, eventually, I caved and decided to look into it.

I'm glad that I did because, if you were to ask me if we could live without our Sirona XG3D CBCT machine today, the answer would be categorically no.

Let me put this in context: I have never placed an implant and have no intention to. I have extracted the sum total of four teeth in the past two years (only through sheer necessity), and I very rarely venture below the gum line if I can help it. Root canal is also something I refer on internally, wherever possible.

So you may ask yourself why we couldn't live (well, work happily) without our Sirona XG3D CBCT.

The answer is simple. As a diagnostic tool and as a visual aide for both planning cases and demonstrating to patients the pathologies they have present, it has proved invaluable. Our diagnosis of previously undetected disease and challenging anatomical anomalies – from periapical lesions to cystic areas, to challenging anatomies not detectable on conventional radiography – has been invaluable.

To quantify this, we have found that our patient acceptance for implant treatment has increased by more than 45 per cent after we started to use our CBCT for case planning and patient discussion. I feel this is due to the increased confidence and understanding that the patient can gain from being able to visualise their own clinical situation in 3D.

From a clinical perspective, we are now able to plan all implant cases with the ideal restorative outcome in mind. This gives us the perfect position for where the implants should be placed – whether unguided, partially or fully.

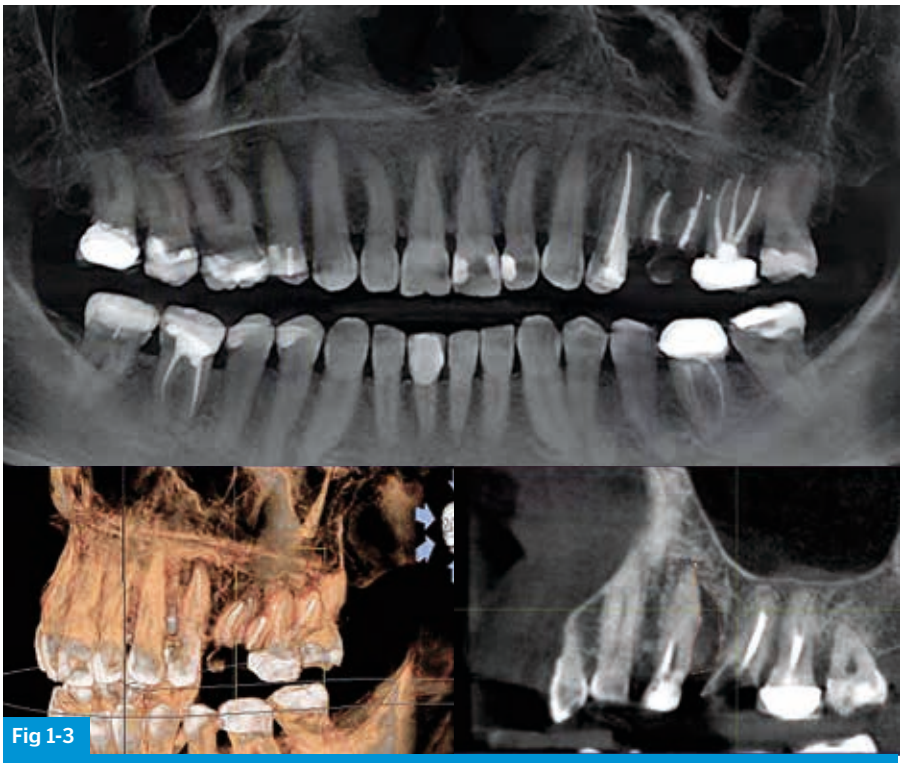

Fig 1-3

Case 1 – tangential analysis of the area shows a very large area of chronic inflammation/infection previously undetected

Finally, our visiting endodontist has found the ability to take high-resolution, small-volume 3D images tremendously helpful when assessing teeth in potentially challenging root canal cases. Case one (Figs 1-3) shows a patient that presented with a general ache relating to ULQ. Initial examination and existing periapicals showed nothing obvious. Some tenderness on the palatal mucosa over the UL5 region warranted further investigation.

As can be seen clearly on the images shown, the previously undetected pathology was only visible with a CBCT scan. This was due to the area of chronic infection being situated palatal to the affected tooth.

Without the additional information gleaned from the CBCT, this area of severe chronic infection may well have gone undetected for a considerable length of time.

From my own perspective as a dentist who restores implants, it has given me a far better insight into what is achievable with regards to implant cases where bone is in short supply. This, again, has been especially useful in tempering patients' expectations, both aesthetically and with regards to the length of treatment and supplemental procedures required (see Fig 4).

Our implant surgeon has found the superior information provided by a high-definition CBCT scan very helpful. To this end, we now scan all implant patients prior to treatment to facilitate appropriate planning and implant sizing. This has reduced the time required for surgery as well as the size of flaps required, meaning we have also seen a corresponding reduction in post-operative pain and recovery times. All in all, a huge benefit.

In summary, if you are referring for CBCT scans or are considering purchasing a scanner, my advice is to go for it. We haven't looked back. ■

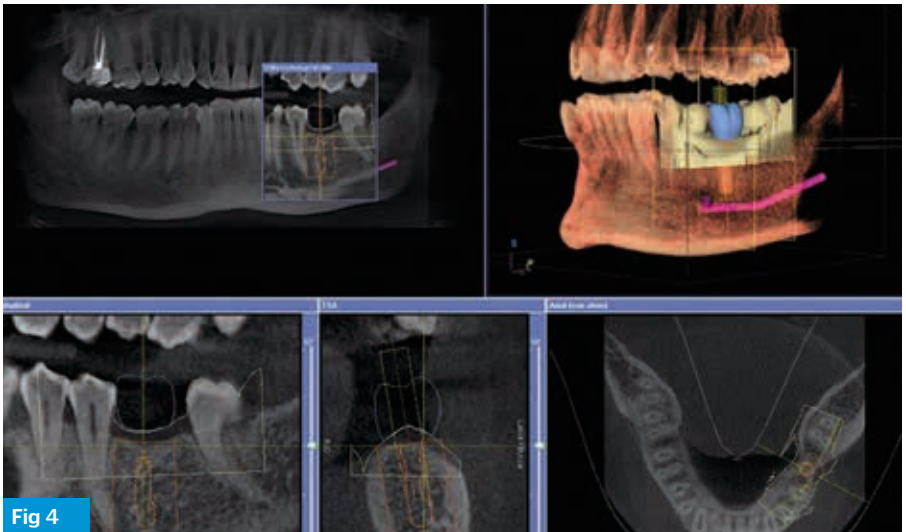

Fig 4

This case shows the Cerec meets Galileos integration, where we can plan a full case for guided surgery using the Cerec scanner and software alongside the XG3D software. This has been great for allowing patients to visualise their new tooth in situ

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Time-saving advantages

Dr Melanie Elger describes the modern method for fissure sealing and minimally invasive restorations using Constic, DMG's new self-adhesive flowable composite

In one's own practice, it is important to have and establish routine protocols – not only for quality management, which is becoming ever more important, but also with regard to treatment processes designed as economically as possible.

In the paediatric department of our practice, this plays a large role in terms of rapid treatment. Only proven and safe treatment processes allow the focus to be on behavioural guidance of children for atraumatic treatment.

Since the opening of our practice in 2004, we have consistently used new materials which have improved our processes. Even in the case of restorative materials or adhesives, there are initially some concerns such as modified handling and material properties. This is even more the case if the prior system worked well. So why should I change my system?

There can be many reasons for this, for example, the material used is no longer produced or a new material promises advantages which improve the economics, either with regard to shortened treatment times or purchasing costs.

When we learned that Ionosit-Seal would no longer be manufactured by DMG, we were forced to look around for a new fissure sealer. I appreciated Ionosit-Seal particularly because of its unique applicator and its opaque-white shade, which in my opinion allowed better control of sealant loss than tooth-coloured or even transparent materials.

In our practice, we use enamel bonding during fissure sealing in addition to the sealing material, as this increases the life-span of the sealing. Studies prove better bonding when an additional enamel bond is used. However, the disadvantages of this method are that it requires an increased amount of materials and time.

The new free-flowing composite Constic, from DMG, has the advantage of reducing the number of working steps.

I would like to demonstrate the simple application of the new self-etching and self-adhesive material on the following patient study.

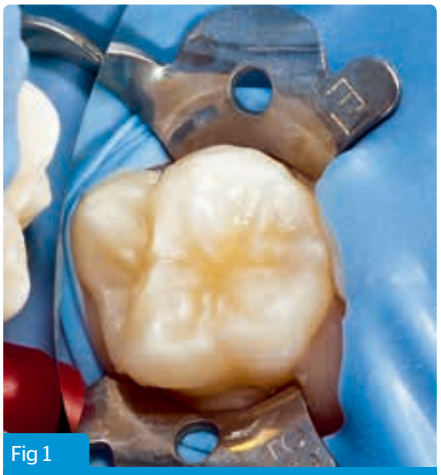

Fig 1
Baseline situation

Fig 2
Cleaning

Fig 3
Conditioning

Fig 4
Application

Fig 5
Working in using a brush

Case study

The patient has very deep fissures on all his first molars (Fig 1). Due to his lack of ability with regard to oral hygiene, we recommended sealing to the parents.

Continued »

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ABOUT THE AUTHOR

Dr Melanie Elger qualified in dentistry in Hamburg. She specialises in paediatric dentistry, and is a member of the German Society of Paediatric Dentistry and the German Society of Dental, Oral and Maxillofacial Surgery.
Images courtesy of Dr Amin Farah.

Fig 6
Light-curing

Fig 7
Finishing

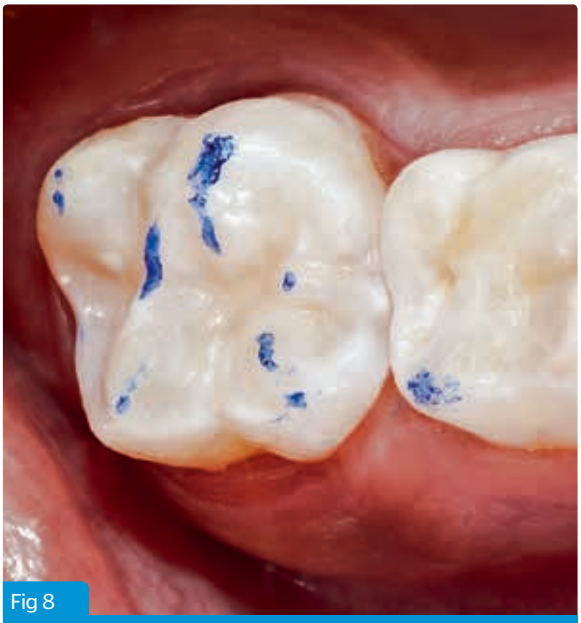

Fig 8
Checking the occlusion

Continued »

We first placed a rubber dam using the slot technique. We use this procedure as a general rule in every restorative treatment and often in the case of fissure sealing, in order to prevent interruption of the work and contamination with saliva. Children tolerate the rubber dam very well if it is meaningfully integrated into behavioural guidance.

After placing the rubber dam, we cleaned the teeth using a fluoride-free paste (Fig 2). Then they were inspected once more, both visually and using a probe.

For fissure sealing, the manufacturer recommends additional enamel etching since the enamel is intact in this case, in contrast to the enamel of a cavity that has undergone minimally invasive preparation. This agrees with the scientific view of the DGZMK regarding fissure sealing. The DGZMK recommends additional etching in the case of self-etching materials. For small, minimally invasive Class I fillings, on the other hand, additional etching can be omitted.

Etching using conventional 37 per cent phosphoric acid was performed on the permanent teeth for 60 seconds, according to the DGZMK recommendation (Fig 3). The teeth were then carefully rinsed and dried. Then Constic was applied using a Luer-Lock-Tip (Fig 4) and massaged in with a brush for 25 seconds (Fig 5).

Initially, massaging in the new flowable using a brush feels somewhat strange. However, since the viscosity is properly adjusted, one need not worry about any formation of air-bubbles while massaging the material in. One advantage of this method is that no additional instruments are needed for its application.

After the material was applied, it was cured with a conventional polymerization light (Fig 6).

Then we checked the occlusion, removed any excess and polished the teeth using a composite polishing brush (Figs 7 and 8).

Conclusion

The opacity of the shade opaque-white is not yet sufficient, but it is currently being revised by the manufacturer.

Our experience is that, particularly in the case of minimally invasive restorations in deciduous teeth, the time-saving advantage is of particular importance. The material can be applied without additional etching and without an additional adhesive system.

Conventional etching on deciduous teeth takes about twice as long as on permanent teeth, depending on the application to some extent. These time-savings even double in the case of paediatric treatment. Here, Constic is a real jackpot! ■



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Looking for a quick fix

Straight from the archives of Dental Protection, this anonymous episode carries invaluable learning points

A middle-aged female patient had badly imbricated lower incisor teeth. She was attracted by the practice website of a dentist who stated that he could create dazzling smiles. The website contained many before and after treatment photos and they looked pretty impressive.

After an initial consultation, various options were outlined to the patient, ranging from orthodontic treatment to crowns. The costs and time scales associated with each approach to treatment were also discussed.

The patient had considered orthodontics in the past and ruled that out as a possibility because she had a busy social life and she was really looking for a quick fix. She said that once she had made her mind up to do something she wanted to get on with it.

She had been particularly impressed by the photos on the website and was even more impressed when the dentist showed her more of the same. She pointed out that one of the website photos of completed treatment showed exactly the result she was looking for.

She was keen to start her treatment and chose to have her four lower incisor teeth crowned. Such was her enthusiasm that the dentist even juggled some appointments so that her treatment could be accommodated as soon as possible.

On fitting the crowns, the patient was not at all pleased. In fact, she was clearly dissatisfied. Although the buccal aspects of the teeth were now aligned, any view from above the incisal edges would reveal a strikingly excessive lingual to buccal width of the two teeth which had previously been in-standing. The patient, who was rather short in stature, was particularly upset by this increase in the width of the incisal tip. She felt that people already looked down on her and her crowns would now be the focus of their attention.

"I didn't expect that – people will look down on me"

Not only did the patient refuse to pay for the crowns, she also threatened legal action. On investigating the background to the case, it transpired that the driver for her agreeing to the treatment was the before and after photos.

However, none of those had included cases similar to hers where the treatment was only achievable by using crowns with an increased buccal to lingual width. Significantly there had been no discussion of this fact in the pre-treatment consultation between dentist and patient.

An expert opinion was sought, which stated that, given the original position of the teeth, the only possible way to create a series of crowns that the appearance of well-aligned teeth of normal dimensions would involve devitalising the teeth prior to the use of posts and cores.

This option had not been considered or discussed with the patient and as a result the consent process was flawed and the dentist was vulnerable to a successful claim. Dental Protection assisted the dentist to achieve an amicable settlement with the patient without the involvement of solicitors.

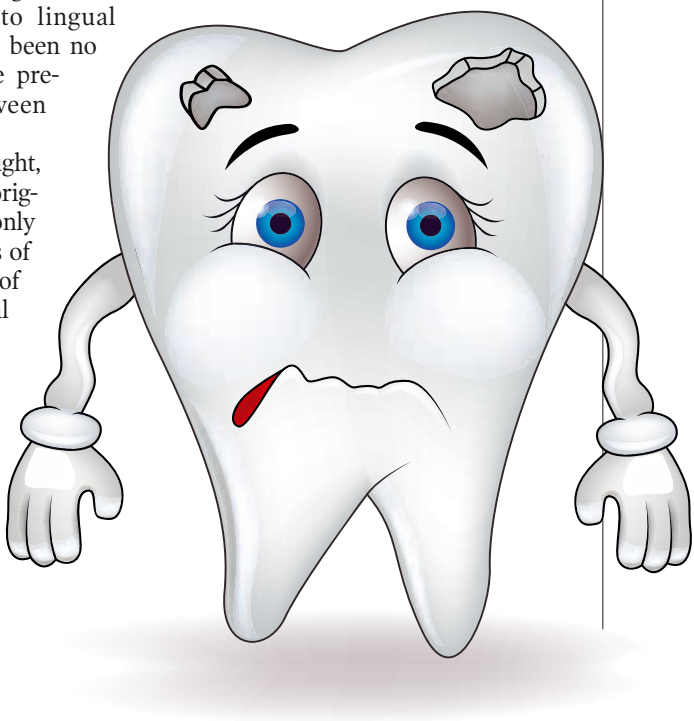
Learning points

Spend time with each patient to ensure their expectations are properly understood and managed; confirm what can and – perhaps more importantly – what cannot be achieved.

When using before and after photos, illustrate what can be achieved, be careful to explain any circumstances which might complicate the outcome for the particular patient in front of you.

The use of computer generated images is not without risk because such images can sometimes suggest outcomes which cannot be achieved in reality.

The old adage of under promise and over deliver still holds true in dentistry. ■



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GDC guidance

with Ian Jackson

Tooth whitening – who can do what?

Ian Jackson, director for Scotland at the General Dental Council, explains the situation

Over recent years, we have become aware of the increasing popularity of certain dental procedures – in particular, tooth whitening. Increasingly, these treatments are being carried out in a growing number of salons, clinics and shopping centres by non-GDC registrants. The standard of treatment being offered by non GDC registrants regularly falls far below that which is required of our registrants.

Sections 37 and 38 of the Dentists Act 1984 ("the Act") state that dentistry can only legally be undertaken by GDC registrants; specifically dentists, or hygienists or therapists working to a dentist's prescription.

However, several companies which produce tooth whitening systems maintain that, since tooth whitening products are covered by the European Council Directive on Cosmetic Products 2011/84 EU ("the regulations"), their agents are carrying out a cosmetic procedure and not practising dentistry. This is an incorrect interpretation of the law.

The regulations state that tooth whitening products containing or releasing between 0.1 per cent and 6 per cent hydrogen peroxide should not be made directly available to the consumer, other than through treatment by a registered dentist (or dental hygienist, dental therapist or clinical dental technician working to a dentist's prescription).

Breach of these regulations is a criminal offence. In addition, it is illegal under these regulations for tooth whitening products which contain more than 6 per cent hydrogen peroxide, or for any associated products which release greater than 6 per cent hydrogen peroxide, to be supplied or administered for cosmetic purposes.

In addition, the Dentists Act 1984 makes it illegal for anyone who is not a dentist to give "treatment, advice or attendance" that would usually be given by a dentist. We are aware of some individuals handing members of the public a tooth whitening tray and advising them on the application of the product, among other things, while they observe. The GDC is of the view that this would constitute the giving of "advice or attendance" pursuant to section 37 of the Act and would be illegal.

Last year, the High Court ruled that tooth whitening is the practice of dentistry and should only be undertaken by regulated dental professionals. The full details of the case can be found here: http://bit.ly/GDChighcourt

In the course of any year, the GDC might receive hundreds of complaints about tooth whitening.

However, they are often not for us to investigate. For example, a member of the public might report someone setting up in a shopping centre, but either tooth whitening has not actually been carried out, or it is being carried out by an appropriate registrant.

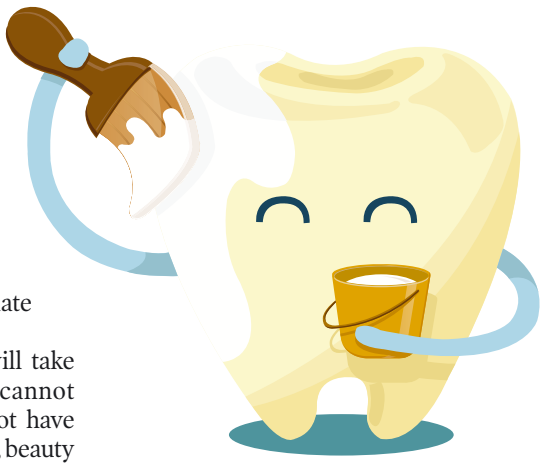
But the GDC is not idle. We will take action wherever possible, but cannot do this in every case as we do not have statutory power to walk in to salons, beauty parlours or shopping centres, across the United Kingdom, and shut illegal tooth whiteners down.

Nevertheless, this year so far we have successfully prosecuted 11 tooth whitening cases.

In addition, we are working in a number of other ways to try to tackle this issue. For example, the GDC is working with 'daily deals' companies such as Groupon and Amazon Local to guard against promotion of illegal tooth whitening. These companies, and a number of others, have given us assurances that they will not offer tooth whitening deals from individuals who are not registered with the GDC.

We are also working with some of the UK's biggest exhibition venues to try to ensure that they're also only working with exhibitors who are compliant with the law. ■

For further information about tooth whitening, please visit our website at www.gdc-uk.org/Dentalprofessionals/Standards/Pages/Tooth-whitening.aspx



Great times at SCED

As well as offering a full referral service to dentists, the Scottish Centre for Excellence in Dentistry excels in providing referring dentists with a range of added extras that can help increase their own skills. There is a full seminar update programme running throughout the year, with topics ranging from endodontics and implants through to use of magnification.

As well as these evening seminars, many of which are complimentary to referring dentists, the centre runs longer courses and, new for 2014 has been the introduction of courses at prestigious locations. On 19 September, 25 delegates attended a masterclass in implantology at Loch Lomond Golf Club. The speaker was the world-renowned Tidu Mankoo on the subject of optimum management of implants in the aesthetic zone; the surgical and prosthetic keys to success. Tidu will be back next year to present a day on restorative techniques.

There is also year-long opportunity to enjoy implant training with Scott Muir via Smiletube – this is a modular online programme that is flexible and full of information and training.

Scottish Centre for Excellence in Aesthetics

On 7 October, the centre held an open evening with Heather Muir and Taimur Shoaib presenting talks on their respective areas of expertise. Sarah from Jan Marini Skincare was also there giving help and advice. The evening was well attended with guests enjoying the offers, refreshments and presentations. Everyone left with a lovely goodie bag as a reminder of the evening.

Great news

The Scottish Centre for Excellence in Dentistry has been shortlisted for Best Implant Practice and Best Patient Care in the UK Private Dentistry awards. They are delighted with this recognition and the team are looking forward to attending the ceremony in London in November. ■

More tax complexity despite No vote

Tricia Halliday from Martin Aitken & Co Chartered Accountants, looks at the tax implications for a 'devo-max' Scotland

In the end it was not the close-run affair previously predicted by the endless procession of pre-referendum polls. For the No camp, a huge sigh of relief, while the minority Yes campaign suffered bitter disappointment.

Even before the vote, Scotland was promised enhanced control over taxation powers. Inevitably, this will lead to greater complexity and will place an increased burden on all employers including dental practitioners. This also looks likely to create confusion among Scottish tax payers.

The Scotland Act 2012 gives Holyrood the power to vary the rate of Income Tax (as legislated by Westminster) on non-savings income for Scottish taxpayers. This is done in two steps; first the rate is reduced by 10 per cent, then increased by a rate set by Holyrood. If the rate was 10 per cent, then there would be no change. However, if the rate set by Scottish Government was more or less, there would be a variation.

For example the current UK basic, higher and additional rates of income tax are respectively: 20 per cent, 40 per cent and 45 per cent. If the Scottish Government set the single rate at 11 per cent – Scottish taxpayers' liability for basic, higher and additional rates of income tax would be 21 per cent, 41 per cent and 46 per cent respectively. Conversely, if the Scottish single rate was 9 per cent – Scottish taxpayers' liability would be 19 per cent, 39 per cent and 44 per cent respectively.

The key question to address (and the first level of complexity created) is of course who (or what) is a Scottish taxpayer? The good news for supporters of simplicity is that you cannot be a Scottish taxpayer if you are non-UK resident. From then on, it only gets more intricate.

If you are a UK resident, then you are a Scottish taxpayer if your sole or main residence is in Scotland. If an individual has more than one residence, with one located elsewhere in the UK, they will need to identify which property has been their main residence for the longest period in the tax year – this determines their liability to Scottish Tax. Those individuals who are unable to identify a main place of residence will need to count their days spent in Scotland and the rest of the UK to establish whether or not they are a Scottish taxpayer.

So what does all this mean for your practice? No doubt there will be a number of unforeseen consequences, however, for starters, the PAYE Notice of Coding will need to distinguish between the staff who are Scottish and non-Scottish taxpayers. If you or your practice has cross-border issues, i.e. you own a property in England or you work in England, you may need to consider the tax impact on your income.

Private pension contributions will also be affected by the new rate. The level of an individual's pension tax relief will be driven by their individual tax position. UK pension providers will be faced with the prospect of ensuring that the correct level of reclaim is made from HM Revenue & Customs. HMRC's technical briefing published in May 2012 recognised the challenges this presented to the pensions industry and announced that it would be working with industry to overcome the difficulties. Nonetheless it represents a significant undertaking.

The changes are not set to take effect until 5 April 2016 and we will be sure to update you on any developments.

Another change which was unaffected by the referendum was the introduction of Land & Buildings Transaction Tax (L&BTT). From 1 April 2015, L&BTT replaces Stamp Duty Land Tax (SDLT) in Scotland. SDLT (a tax paid by the purchaser of a property) was never popular among Scottish Lawyers and taxation practitioners and its passing will not be mourned.

Although L&BTT looks very much like a 'tartan' SDLT, there are two significant differences. Whereas SDLT was a 'slab tax' (i.e. if the purchaser paid £150k or less for a commercial building, there was no SDLT, however if he paid £150,001 then 1 per cent was due on the whole amount) L&BTT is a progressive tax and operates like Income Tax.

The rates are also different, but these will not be known until later this year. Many tax practitioners are of the opinion that L&BTT will be more expensive for higher value purchases. We shall, of course, keep an eye out for the new rates. However, if you are considering purchasing a practice which includes the owner's freehold, it may be worth waiting until the rates are published. This then may influence the timing of your decision and lead you either to delay the purchase until after 1 April 2015 or fast-track the transaction.

Based on current political comment, the issue of devolved powers for Scotland appears far from resolved – there may be yet more changes. ■

If you have any queries about the issues raised in this article, contact Patricia Halliday at ph@maco.co.uk or on 0141 272 0000.

Unlocking improvements

Ian Main from Stark Main & Co Dental reports from his recent trip down to London for the BDIA Dental Showcase

I have just returned from the BDIA Dental Showcase at London Excel. It was another great show and it always provides a super opportunity to stay abreast of the latest trends, developments, product launches and innovations as well as meeting with dental professionals.

I was suitably impressed at the many innovations on show, but what stood out for me were the latest developments from SOE's Exact software, and in particular the enhancements they have made on the patient interface and tablet access/digital signature functionality. This is a solid addition to their practice management features that a large number of our clients currently benefit from.

We continue to work closely with a number of our clients on their practice efficiencies and have leveraged significant results together from a deep understanding and analysis of the 'key drivers' of their practices. Using the 'McKinsey Maxim' of what gets measured gets managed, we have unlocked significant improvements by regularly reporting on the performance of these drivers. For instance, we calculate that the average performing practice can typically unlock £49,766 per chair by focusing on their chair utilisation performance and matching the top 5 per cent of performing practices in Scotland. Obviously, having a strong practice management system in place like Exact will aid this process significantly.

Do you have an idea on how you benchmark in the sector? I'd be delighted to offer you free feedback should this be of interest.

On a personal note I am delighted to report that I have been nominated as UK Practitioner of the Year at this year's British Accountancy Awards to be held in London in November. As the only accountant in the shortlist working in Scotland I am very proud indeed of this recognition and look forward to continuing to deliver our services to the Scottish dental market. ■

To contact Stark Main & Co Dental, call the dedicated Edinburgh dental office on 0131 248 2570 or visit them online at www.starkmaindental.co.uk

Analysis: dentists' earnings and expenses

Jon Drysdale from PFM Dental considers what the recently released figures mean for Scottish dentists

The HSCIC* Dental Earnings and Expenses Analysis (2012/13) was published on 19 September 2014. Two key facts emerge from the 78-page report:

- The general trend for self-employed primary care dentists in Scotland in 2012/13 shows a drop in taxable income due to gross earnings decreasing more than total expenses.
- Average taxable income (average gross earnings less average total expenses) for all self-employed GDS dentists in Scotland (i.e. principals and associates) was £68,800, compared with £71,700 in 2011/12, a 4.0 per cent decrease.

Digging deeper into the detail of the report reveals that the drop in income of principal dentists (5.4 per cent) is more significant than the drop in income of associate dentists (0.6 per cent). This is the reverse of the trend in England and Wales where the income of principal dentists actually increased, whereas associates' incomes dropped. So what is happening in Scotland to cause the disparity between principal and associate dentists?

The likely situation now and in the future

First, the fall in expenses of Scottish principal dentists was less than the fall in gross income. At the same time, gross incomes of associate dentists remained largely the same (-0.7 per cent), as did expenses (+0.7 per cent). It is not in the HSCIC's remit to analyse the long-term implications of this for practice owners and their associates.

We should bear in mind that the report covers a 12-month financial period which ended more than 18 months ago. So, where are we now and what might next year's report reveal? My own opinion, based on our independent financial advice and dental practice sales with Scottish dentists, is that expenses for principal dentists are becoming harder to control. There are many reasons for this, not least increased regulatory pressure leading to necessary investment in practices. Therefore, I expect next year's report will show a further closing of the gap between principal and associate dentists' incomes.

Are associates paid too much?

A fundamental element of a practice owner's costs is associate pay and (anecdotally) downward pressure on this is only just beginning to show. There has therefore been a lag between falling principal dentist income and falling associate dentist pay. For some principal dentists this could simply mean that your associates are not operating profitably.

For a practice to operate profitably, associate dentists need to achieve a minimum level of income or their pay deal needs to be less generous. Is this happening? Certainly the 'bean counters' in the world of corporate dentistry realised this some time ago and associate dentist's pay in that sector has fallen in recent years.

This is not surprising, as the financial backers of corporate dentistry exist only to make a profit. Where a corporate buys a practice, associate dentists' pay is routinely renegotiated as part of the deal and income targets will be introduced.

A strong case for increasing profits

Dentists who are also small business owners understandably find renegotiating associate dentists' pay a huge challenge. After all, the practice owner has to maintain a close working relationship with their associates and reducing their incomes doesn't make for a harmonious practice.

However, if your practice isn't delivering the profit you would like, hard questions may need to be asked. As an aside, principal dentists should remember that practice sale values are usually based on a multiple of profits, making the case for increasing profit a very valid one. Associate dentists buying a practice often fail to make an expenses/pay analysis part of their pre-purchase investigations, when really it should be a significant part of their decision-making process.

Is the Scottish system too relaxed?

Lastly, and returning to the facts and figures of the HSCIC report, some commentators may argue that the target-driven culture of the UDA system in England and Wales is the reason that associate dentists tend to produce higher levels of gross fees than their Scottish peers (13 per cent more in 2012/13). The Scottish system certainly has its supporters, perhaps because it is a less target-driven culture, but at what cost?

**The Health and Social Care Information Centre (HSCIC) was set up as an Executive Non-Departmental Public Body (ENDPB) in April 2013 and is responsible for collecting, analysing and presenting national health and social care data.* ■

ABOUT THE AUTHOR

Jon Drysdale is an independent financial adviser and director of PFM Dental, one of the UK's largest practice sales agencies and business advisers for dentists. For more information visit www.pfmdental.co.uk

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Mark Fitzpatrick, Sandgate Dental Practice, Ayr

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

Dr Ainsley Ness, Breeze Dental Clinic, Troon

Learn more, contact one of our dental sector specialists:
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Inheritance Tax advice

Ian Finch from Martin Aitken & Co Chartered Accountants describes the new settlement Nil Rate Band

HMRC recently announced new regulations for the tax treatment of trusts, created in the lifetime of an individual, with the changes taking effect from 6 June 2014. The changes are likely to result in the generation of more tax revenues and increased compliance requirements.

Trusts are useful tax shelters to reduce the value of your Inheritance Tax (IHT) estate without making an outright gift, however, the tax rules are complex. A charge to IHT can arise on a number of occasions – assets going into and out of a trust may crystalise a liability, while there is also a 10-year charge levied on assets held in the trust.

The 'mischief' that HMRC is seeking to prevent is the practice of an individual creating more than one trust on separate dates (known as 'pilot trusts') and transferring assets into the trusts. With each new trust established, a new Nil Rate Band (NRB) is created. If the value of the assets held in the trust is below the NRB (currently £325k) IHT could be avoided.

HMRC deemed this practice as unfair and have introduced new rules. In general the new rules will apply to trusts created after 6 June 2014.

An individual will have their own 'lifetime' NRB (known as the Settlor's Nil Rate Band – SNRB) – the practice of creating new trusts every seven years will no longer lead to a tax saving. If an individual creates more than one trust, he/she will need to allocate the SNRB between each trust created, in whatever ratio they choose. This may give rise to additional IHT.

The good news is that the new rules cater for a simplified method of working out the IHT charge for trusts and this includes pre-6 June 2014 trusts. ■

For more information on the issues raised in this article, contact financial services expert Ian Finch at if@maco.co.uk

Selling your dental practice – art or science?

The dental practice sales market is experiencing its busiest time ever with demand for all types and sizes of practice. Karl Clezy and Paul Graham of Christie + Co, the UK's largest firm of specialist advisors in the dental sector, take a closer look

For markets to function well there are three key aspects: purchaser demand, finance, and buyer confidence. The dental practice sales market is currently fortunate enough to enjoy all three of these, so let's look at each in turn.

Purchaser demand

There are three main purchaser types; large corporates, multiple operators, and independents. Each type has its strengths and weaknesses from a seller's perspective, so your advisor must thoroughly understand your overall objective.

Finance

Banks see dentistry as a 'green light sector' and are lending heavily in it. Relative to other sectors, such as social care, the dental sector has been very resilient during the recession. Funding is readily available from many High Street and specialist lenders.

Confidence

As we head into a more sustained economic recovery, buyers are becoming more confident and this is driving activity. As demand continually increases, we are seeing strong interest in the practices we market for sale from a good mix of buyers including a growing number of associates looking for their first practice.

The majority of dentists are clinicians first and business people second, so ensure when the time comes to sell your practice, you take professional advice. The sale or purchase of a practice is one of the most important activities you may do for your business so it is important to secure the advice and support of experts. ■

Karl or Paul can be contacted on 0141 352 7300 to discuss any aspect of buying, selling or financing a dental practice.

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†Henry Schein prices taken from www.henryschein.co.uk. Wright Cottrell prices taken from www.wright-cottrell.co.uk. Price comparisons correct as of 17/09/2014.
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Value in disinfectors

Dolby Medical, Scotland's leading Dental LDU supply and servicing company, has launched a free training and advice service for dentists in the use of washer disinfectors.

Iain Pryde, Product Manager at Dolby Medical, said: "We were the chosen partner for the NHS in the installation of hundreds of washer disinfectors across Scotland. We have accumulated a great deal of expertise in helping with this transition and in showcasing the real value this equipment brings."

Dr Alan McClure from Partick Dental Practice said: "We find our dental nurses can now spend more time with patients and less time in the LDU – another surprise to us was the total cost per cycle, it's a lot less than we originally thought."

For more information, contact Iain Pryde (Product Manager) on 07788150900 or Gillian Wylie (Key Account Manager) on 07551 203 893

Yes, you cannula

All cannulas in the Dürr Dental range share the same quality features – they are ergonomic, free of edges, and comfortable for patients and staff. Their shape means that there are no pressure points in the patient's mouth and the design facilitates an optimum grip with 30 per cent less suction noise compared to other cannulas.

Dürr produces a surgical disposable sterile-packed cannula, but there is also the Surgical Multi-cannula as a single-use product, which is made of metal with a slim profile available in either 3mm or 5mm. The Universal Cannula Petito is for younger patients which is extremely small and comes in a range of bright colours. And there's also the Prophylaxis Cannula, which is effective at suctioning larger particles and/or spray powder.

Find out more at www.duerr dental.de

Is your suction safe?

Regularly flushing out suction units with water isn't enough to fight biofilm build-up. Nor does using cleaning agents help, because germs/germ-infested films can remain.

Dürr Dental's opinion is that regular application of disinfectants protects against biofilm formation. It's not true that aggressive disinfectants, which do long-term damage, are effective.

Operators should be absolutely certain that preparations have been formulated specifically for disinfection of suction units such as Orotol plus. This solution is suited to simultaneous disinfection, cleaning, deodorising and care of suction units and amalgam separators.

Find out more at www.duerrdental.de

Surgery showcase

A-dec welcomes you to our new Scottish showroom where we want to help you to turn your vision into reality. Whether you know what you want, or are just looking for ideas to complete your new surgery design, you should pay us a visit.

Our showroom, based near Deer Park, Livingston, showcases the complete spectrum of fully integrated dental chairs, dental lights and cabinetry solutions. Whatever your budget, there is an ambidextrous A-dec chair for you; from our newest entry level package, the Performer LR+, right up to our luxurious A-dec 500 chair. All of our dental chairs can be tailored to your ideal specification to give you everything you need.

Also you'll be introduced to our A-dec difference display which shows the various high-quality A-dec parts that go into every chair. The difference is in the details.

To arrange a visit, call us on 0800 233 285, or email info@a-dec.co.uk or visit www.a-dec.co.uk

Disney magic

Oral-B recently presented their new Disney Magic Timer app at a symposium in Poland. With this app, kids are playfully motivated to complete two minutes of brushing. When they brush, Disney and Marvel character images are revealed during the two minutes. Children are able to unlock animations and rewards, ensuring that the app maintains its novelty and transforms the act of brushing into a game.

Paediatric specialists received this interactive app for children with great enthusiasm, as it has already been shown to increase brushing time, which is identified as an area of concern. It's freely available in many countries and languages (Disney Magic Timer by Oral-B, available on iOS and Google Play). It's hoped that technology will help positively influence children's oral health and reduce the incidence of carious lesions and lower DMF levels.

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This tooth-coloured composite provides a perfect amalgam replacement. Fill-Up! has the advantages of resin-based composites with simplified and efficient handling. Fill-Up! can be administered in arbitrary filling depth without another covering layer.

With the dual curing properties of Fill-Up! there's a guarantee of thorough curing down to the bottom of any cavity.

Convenient and fast, Fill-Up! is applied in a single layer and finished with rotary instruments. The material is easy and quick to polish and so is the perfect choice for many fillings, cavity lining and core build ups for perfect and fast results!

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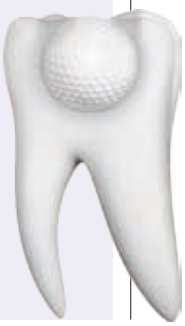

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W&H has designed the Synea Vision range to meet the day-to-day requirements in a dental practice while adhering to infection control guidelines. The ceramic bearings result in a smooth running noise, which is noticeably quiet, and their scratch-resistant coating makes them easy to clean. All Synea Vision models are thermo-washer disinfectable and sterilizable, and come with a scannable etched data matrix code as standard for traceability.

The range of Synea Vision turbines offers a choice of four turbine head sizes.

For further information, please contact W&H on 01727 874990 or marketing.uk@wh.com

Foam sets new standards in instrument pre-cleaning

New gigazyme foam from schülke is a ready-to-use spray foam which can be quickly applied to instruments immediately after use. It's designed for the immediate cleaning and disinfection of surgical instruments. It has disinfectant and cleaning properties, and keeps soiled instruments moist.

In recent tests, gigazyme removed more than 70 per cent of the protein residue on instruments before reprocessing.

Gigazyme foam maintains a moist atmosphere around the instrument which prevents blood and other organic materials from drying prior to cleaning.

New gigazyme foam offers dental practices an effective spray with proven cleaning properties .

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

Quieter, smaller, lighter

Durr Dental continues to advance technology. Their new Tyscor suction machines use radial compressors, which have an impact on energy efficiency. Users save between 35 to 50 per cent in energy costs. The new suction units are networkable and can be used with Tyscor Pulse software allowing the user to set their suction machine to one of three suction levels from a PC.

The new units are highly intuitive; an integrated rotational speed monitor detects contamination or flooding of the separation unit and, if necessary, switches off the machine before a defect can occur.

They're also very flexible. Their modular design the Tyscor V dry systems can be quickly and easily converted to Tyscor V wet systems, offering flexibility and investment protection. Their compact size makes them easy to install, and they're quieter than earlier models.

Find out more at www.duerrdental.de

Bugdrilla family on tour

Have you met W&H Assistina monsters, the Bugdrilla family? They've decided to see the world – if you help them you might win an iPad Air.

W&H is running a fun photo competition. To take part, register your contact details on www.wh.com or write to the Marketing Department, and a Bugdrilla monster will soon be with you. Take photos of a Bugdrilla in a funny or interesting situation, and then upload them to Twitter or to www.wh.com. If entering via Twitter, please use

#BugdrillaOnTour, and follow @WH_UKLtd. Then please return Bugdrilla, so they can continue their journey.

To find out more, contact W&H 0 on 01727 874990 or marketing.uk@wh.com

Christmas comes early

Takara Belmont had some great deals for delegates attending Dental Showcase and they'll be extending these to the end of the year. Customers ordering selected Belmont Treatment Centres with a unit-mounted operating light, will receive a free upgrade.

If ordering a Cleo II 'E', tbCompass 'E' or Clesta II 'E' Treatment Centre, you will be eligible for a free NSK 95LS (1.5 speed increasing) contra-angle. The tbCompass Treatment Centre will also be eligible for a free NSK Varios 170 scaler.

Finally, those who prefer the Voyager II-L 'Surgery System' will receive a free upgrade to the 720SLR operating light. You'll also receive a free NSK Varios 170 (basic) non-optic scaler.

Four heads better than one

Durr Dental has taken simple technology and refined it to its maximum potential. The intra oral camera provides a window into the realm of dental disease, conferring greater transparency and more lucid communication.

A versatile aspect of the VistaCam iX is the interchangeable head mechanism. Four heads are available, one providing high-resolution images of the oral environment; a macro head for close-ups of up to 100x zoom; a Proof head for caries diagnosis with a colour-coded scale, and an LED curing light. Data transmission is fully digital.

The ergonomic head rotates 360˚ so that oral cavity is easily accessible, and a motion sensor automatically switches the camera on and off to ensure efficient usage.

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Clinicians will appreciate the back-tapered, coronal design, which provides optimal soft tissue support and maximum alveolar bone volume for excellent aesthetic results. NobelActive also features adjustable implant orientation, a strong sealed connection and enhanced osseointegration.

Dr Alistair S Imam is an experienced implant surgeon based in London. He said: "After placing implants for 12 years, I have recently started placing NobelActive implants. It performs like no other major implant system, and its versatility in all types of bone is unparalleled."

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

Integrated technologies

Carestream Dental combines sophicated technology with ease of use. The newly refined CS R4 practice management software is fully integrated with an array of adjunctive tools to further streamline your workflows.

The eSignatures module, for example, reduces paperwork while providing a simple method for informed patient consent, using biometric technology for maximum security.

The Appointmentor Online Booking tool allows existing and new patients to reserve suitable appointments. The Text Messaging Service ensures patients receive convenient reminders for appointments or updates, while AutoPost enables paper mail to be automatically sent to patients who prefer it.

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

Alcohol-free, dye-free, allergen-free

Alkaspray-Ultra ready-to-use solution cleans and disinfects both invasive and non-invasive medical devices and equipment with no rinsing required.

It is bactericidal, yeasticidal and virucidal with active disinfection from contact to 99.9999 per cent, as well as fully compliant to HTM-01-05 standards.

Alkaspray-Ultra Advanced Formula disinfectant is available through your usual dental products supplier in a 750ml ready-to-use solution with trigger dispense or 5 litre ready-to-use solution economy-refill drum.

For more information, ask your representative and/or visit www.alkapharm.co.uk

Equip yourself!

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With fantastic promotions across its comprehensive range, The Dental Directory offers leading brands, new products and innovative systems – at affordable and competitive prices.

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The Dental Directory boasts a nationwide team of Certified Service Engineers who deliver installation, repair and maintenance services, as well as unbiased and impartial advice.

Contact 0800 585 585 or visit www.dental-directory.co.uk

Excellent solution

"It is important to keep soiled instruments moist in order to prevent organic soil (blood/tissue etc) from drying/hardening and to avoid rusting or pitting of instruments prior to final decontamination."

New System3 enzymatic wetting solution is scientifically developed to break down blood soil and protein while delaying the drying of organic soils for up to 24 hours.

The triple action formula prevents soiled instruments from drying prior to decontamination and helps prevent instruments from rusting or pitting, while the active protease enzyme pre-cleansing agents aids reprocessing.

Spray System-3 foaming solution directly onto the soiled instruments ensuring complete coverage. Prior to final decontamination simply rinse instruments under running water

System-3 Decontamination Holding Time solution is available in a 800ml trigger bottle through all good dental wholesale suppliers at the recommended price of *£6.90 + VAT.

To find out more, ask your usual representative or visit alkapharm.co.uk

Innovation on display

W&H launched a number of new products at Dental Showcase, including the Penta LED turbines – a world first, with a ring of five LED outlets giving 100 per cent shadow-free daylight-quality illumination of the treatment area.

The new Synea Vision Short edition contra-angle handpieces are lighter and shorter for perfect balance. Also on display was the new Alegra handpiece range, offering vibration-free, quiet operation and improved spray function. W&H introduced a new prophy handpiece with press-button system for swift replacement of cups and brushes.

The Assistina 3X3 sets a new standard in handpiece hygiene and maintenance, cleaning and lubricating three handpieces in three steps.

To enter the Bugdrilla on Tour competition, register on Twitter with #BugdrillaOnTour or at www.wh.com Call 01727 874990.

TOP TIPS

DEVELOPING DENTAL EXPERTISE

Top tips for GDPs

CPD APPLIED FOR

9am-5pm Friday, 6 February 2015

Every day, the general dental practitioner is called upon to make many decisions over a vast spectrum of subject matter, often whilst under significant time pressure.

This symposium has been designed by general dental practitioners to get right to the heart of evidence-based clinical practice and help GDPs to make good clinical decisions more quickly and more reliably.

- Hear from a range of expert speakers
- Gain lots of practical hints and tips
- Learn clinical techniques for daily practice
- Network with professionals in your field

Members £68 Full fee: £130
Trainees: £90 DCPs: £70
Undergraduates: £10

Top tips for VDPs

9am-5pm Friday, 13 February 2015

A fantastic opportunity to engage with leading professionals in your area of interest.

This one day symposium will deliver cutting-edge presentations with practical tips, which will make a genuine difference to patient care and practitioners' professional lives.

This promises to be an interactive day with ample opportunity for questions and answers.

- Hear top tips in essential patient care
- Receive updates on dental practice
- Improve your clinical skills
- Gain knowledge applicable to primary and secondary care
- Prepare for MFDS

Fee: £50
VPAs: FREE

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