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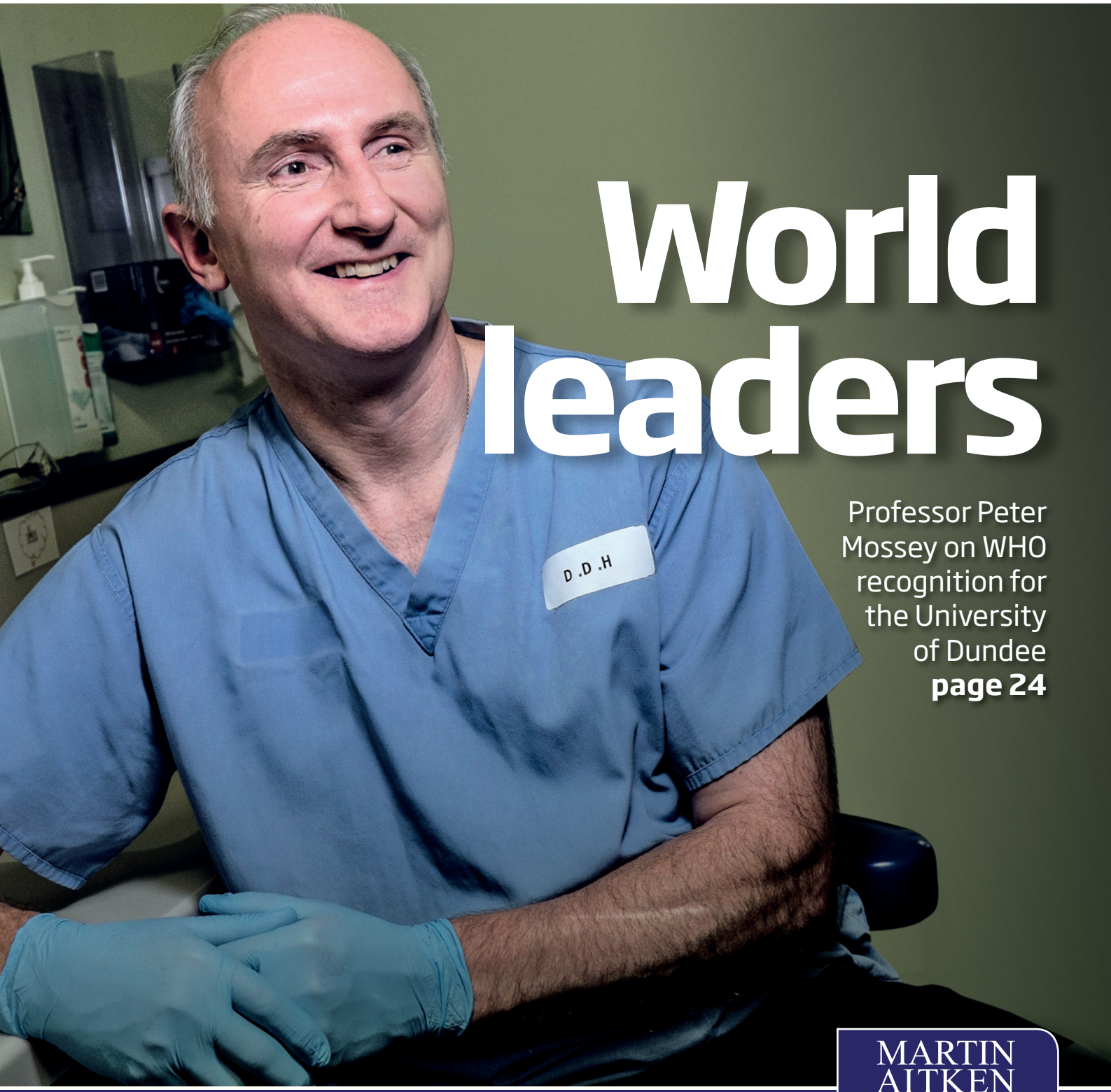
January 2015

Scottish Dental magazine

Childsmile chiefs insist there is plenty still to do *P30*



World leaders

Professor Peter Mossey on WHO recognition for the University of Dundee **page 24**

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Editor's desk

with Bruce Oxley

A serious blow

The Christmas truce in the battle between the GDC and the BDA is over, if it ever really happened at all.

Dentists' wallets will be £890 lighter this month after paying an eye-watering 55 per cent more for their registration at the turn of the year.

Welcome to 2015.

However, for many, it is not the money that is the real issue. It is the performance and perceived value for money of the GDC, which goes to the heart of this bitter dispute.

The fact is that, far from ending the war, Mr Justice Cranston's ruling that while the increase stands, the GDC acted unlawfully in its consultation process, has only deepened the anger and divisions between the regulator and the profession.

This looks like being an early skirmish in what is likely to be a long and increasingly acrimonious war. Neither side will be satisfied with the ruling – the BDA's members still had to pay the increased fee and the GDC has suffered another serious blow to its credibility.

Its procedures and processes have been criticised first by the Professionals Standards Authority, then during a parliamentary debate and now by a judge in the High Court.

A number of dentists in Scotland have told us that the only way forward for them is the creation of a separate Scottish regulator and a new Scottish-only representative body. Steps have been taken towards both of these of late and this decision will only have galvanised their resolve. ■

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

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Edinburgh Dental Specialists

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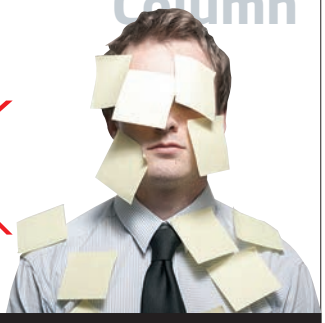

Dental déjà vu

Recently I have had a strong feeling of déjà vu. The British Society of Paediatric Dentistry (BSPD) and the British Dental Association (BDA) have, yet again, been promoting the issue of fluoridation of public water supplies. They argue that enjoying the benefits of water fluoridation is something of a postcode lottery with only 10 per cent of the UK population living in areas where the water supply contains the optimum fluoride concentration of 1mg per one litre.

Other developed countries are more enlightened and have much better levels of coverage: USA and Ireland around 70 per cent, Australia 80 per cent and Hong Kong and Singapore 100 per cent. I, along with the vast majority of healthcare professionals, agree with the principle that water fluoridation is a good, cost-effective method of preventing dental caries. This is supported by all the major healthcare organisations including the royal colleges and dental faculties, the BMA and the World Health Organisation.

So, if water fluoridation is effective and cost efficient, why has it not been much more widely implemented in Britain? What exactly is the problem? The answer is that there is a lack of political will. There is a vocal and well-organised anti-fluoridation lobby which finds it very easy to capture political, public and media attention. Dubious scare stories that fluoride can cause all manner of horrible diseases make much better news coverage than the truthful, but less dramatic, fact that fluoride helps prevent tooth decay.

Over many years, starting as a dental student, I have been involved in political lobbying, letter-writing and media briefings all to promote water fluoridation and all to no avail. Many politicians and parties are inherently against this kind of 'mass medication' in principle; others who accept the scientific facts still baulk at water fluoridation because of the risk of a media and public backlash. A decision in 2008 to fluoridate the water supplies of Southampton has never materialised because of a sustained campaign against it.

It is deeply regrettable that a vocal minority can influence and mobilise public opinion. My heart sinks at the thought of another round of pointless debate which will result, at best, in no change. I say at best because there are those in the anti-fluoride camp who argue that fluoride is a poison and should be removed from existing water supplies as well as from toothpastes, mouthwashes and other products.

"Flouride helps prevent decay"

Instead of water fluoridation, there are other ways of delivering fluoride – how about fluoridating fizzy drinks? The main reason for the improvement in oral health has been fluoride toothpaste. The success of the Childsmile programme, with the application of topical fluoride gel, has further decreased the levels of decay.

It's time to rest the water fluoridation campaign and focus on other ways of improving oral health. ■

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Outrage at decision to uphold ARF hike

Dentists attack GDC after being ordered to pay the new £890 annual fee or face having registration withdrawn

A judge's decision to allow the GDC to implement the bitterly opposed ARF increase despite ruling that the regulator had acted unlawfully in its consultation process, has been met with widespread anger and frustration across the dental profession.

In an unprecedented step, the BDA had sought judicial review of the GDC's decision to increase payments by 55 per cent to £890 per annum, claiming the huge hike in fees to be unlawful and unjustifiable.

In response, Mr Justice Cranston found that there had been a procedural error in the ARF consultation process and highlighted a number of other significant failings by the GDC. However, he declared that the fee increase should stand.

"We regret that it came to this, but there was so much more at stake than just fees"

Mick Armstrong, BDA

Within minutes of the ruling being announced, the GDC welcomed the decision and moved swiftly to remind dentists that the new fee had to be paid by 31 December, adding: "Failure to pay by this date will result in registration being withdrawn."

News of the decision and the statements issued by the GDC provoked an immediate and furious reaction from the BDA and dentists across Scotland, who launched scathing attacks on the under-pressure regulator.

Mick Armstrong, chair of the BDA's Principal Executive Committee, said: "We regret that it came to this, but there was so much more at stake than just fees. We've seen patients and practitioners left in limbo for over 18 months when complaints are raised, and hearings with an average price tag of £78,000. We had to take action because health professionals should not have to subsidise failure at their regulator.

"Today a judge singled out a 'gaping hole' in the GDC's arguments. The regulator demonstrated it wasn't clear

THE REACTION

Scottish Dental spoke to dentists across Scotland and found universal anger against the GDC and the fee increase. Agreeing to be quoted, practitioners asked not to be named

"The GDC has demonstrated the same level of arrogance it has done all the way through this process.

Having gone through a judicial review, I feel we have been justified and vindicated. But with it finding in our favour, we all feel very frustrated and let down that there is no change to the fee.

I hoped that the court would find that they had not been transparent and that they hadn't followed the appropriate processes, and that certainly seems to have been proven.

I'm not hopeful there will be an appeal, certainly not in time to prevent us having to pay the fee. I was one of those that cancelled my Direct Debit to the GDC in the hope that there would be a change to it.

However, I will pay in time. I can't afford not to. I wish there was another avenue of protest, but there isn't."

Practice owner Borders

"If the consultation was unlawful, when do we see our refund?

"If ever there was a case for the GDC to be disbanded, this is it. It's been clear from the very start, it ignored the profession all through the consultation. It's shocking.

"I think the BDA has also been weak in this – we need to see a Scottish Dental Association and a Scottish Dental Council.

"At the moment we have two countries, one system. It's not working for us in Scotland, it's like Hong Kong and China.

"Our system in Scotland is entirely different and the BDA is unable to act. We need to have a completely separate regulatory body here that is separately funded and separately staffed.

"That is the only thing that will stop something like this from happening again."

Practice owner Edinburgh

on its own powers and claimed it was facing 'administrative chaos'. And that utter confusion has allowed it to escape the full weight of the law.

"This super-sized fee rise still stands, and now serves as a monument to the failures of health regulation. This case has revealed that a regulator, unaccountable to government, can be found to have acted unlawfully but still walk away with its ill-gotten gains. We are now looking to the government to act.

"The chaos at the GDC serves as a warning to all healthcare professionals. The Prime Minister once called for action on the 'outdated and inflexible' laws applied by our regulators. It's time for the government to honour that pledge, in full."

The BDA has now written to the Department of Health to outline the worrying implications of this case.

One incensed senior Edinburgh-based practitioner, said: "If ever there was a case for the GDC to be disbanded, this is it. It's been clear from the very start, they ignored the profession all through the consultation. It's shocking."

In its full statement, the GDC said: "The GDC recognises that Mr Justice Cranston found that there was a procedural error in the ARF level consultation.

"However, we are pleased that he also recognised that the GDC has to be properly funded in order to carry out its duties to protect the public and that the error was not serious enough to require him to quash the consultation and the new fee.

"Throughout this process the GDC has tried to be as transparent as possible and this was noted by Mr Justice Cranston in his judgment when he stated, 'However, and to its credit, a constant theme of the GDC's public announcements has been a commitment to a transparent consultation.'

"We acknowledge the court's view that we could have provided more information to explain our projections for Fitness to Practise hearings. It is for this reason that the consultation was deemed unlawful.

"We welcome the fact that the judge decided to confirm the fee regulations for 2014 which means that the ARF of £890 remains valid. We would remind dentists that the deadline for payment of the 2015 ARF is 31 December."

"I don't care about the money, I care what the money is being used for, which is the increase in Fitness to Practise cases and the fact that they wouldn't reveal in their very poor consultation on why they want to have an increase in FtP cases. There is a massive hole in that.

I wasn't surprised but I was very disappointed. I didn't ever think there would be a change in the money, but I was disappointed that the judge wasn't very interested in looking at the flaws in the consultation process.

Certainly from a Scottish perspective, we need to be pursuing an independent Scottish healthcare regulator.

The GDC was forced to pay costs, but that just means we will be paying them next year. But it was totally predictable that this would happen.

Practice owner
West of Scotland"

BDA
British Dental Association

Evlynne Gilvarry
Chief Executive
General Dental Council
37 Wimpole Street
London W1G 8DQ

Dear Evlynne

We have been alerted to your press statement with regard to today's judgment by Mr Justice Cranston. You quote, highly selectively, from paragraph 36 of the judgment, which credits the GDC for its public announcements on a commitment to transparent consultation. However, that specific paragraph goes on to outline that 'a transparent consultation meant that consultees had to be put in a position to test the validity of the assumptions purporting to underlie the suggested fee increase'.

Elsewhere in the consultation, Mr Cranston is unambiguous that, whilst the GDC may have made these public announcements, it did not live up to them. For example:

- 'In my judgment…there was a gaping hole in the GDC annual retention fee consultation' (paragraph 37)
- 'The GDC's answer to the freedom of information request…was distinctly unhelpful' (paragraph 37)
- 'In my judgment this substantially increased projection of the number of Fitness to Practise hearings clearly required a transparent explanation and adequate information as to how it was calculated. […] None of the key information as regards closure rates and Fitness to Practise trend information was disclosed as part of the consultation (paragraph 38)
- 'The gap [in information] was fundamental to the whole edifice. As a result, the consultation was not transparent' (paragraph 40)

Therefore, to highlight this extract from the judgment, without recognising the context – that the GDC has been found not to have lived up to its public announcements on transparency, which is the basis for the finding of unlawfulness of the consultation – is enormously misleading.

It is also interesting to note that today's release sits just above the GDC's position statement on the duty of Candour and Honesty. In light of the fact that a High Court judge has today handed down a judgment that finds the GDC to have acted unlawfully, I would be interested in your views as to whether your reportage properly accords with the underlying principles of such duties.

Yours sincerely
Peter Ward
Chief Executive
British Dental Association

Audit fear for NHS practices

Planned sanctions could have serious implications for Scottish practitioners

NHS committed dentists are facing the prospect of heavy financial penalties against an entire practice, even if only one of its practitioners fails to complete their clinical audit requirements.

In an NHS committed practice where three out of four dentists have met the audit requirements but one practitioner has not, the NHS Board will have the right to withhold the additional three or six per cent General Dental Practice Allowance (GDPA) and reimbursement of practice rental costs – which could have serious financial implications for practices working to tight margins. (See box below)

BDA Scotland says that is unfair and potentially damaging to the profession.

"By withdrawing the GDPA and penalising the whole practice for what might be the failings of one practitioner, we believe this is an overly punitive measure to address an issue which the Scottish Government and NHS Education Scotland (NES) have been aware of for some years," said Pat Kilpatrick, national director of BDA Scotland.

"In our view, it's a disproportionate response and is likely to alienate the profession and fail to engender any enthusiasm in clinical audit and the service improvement agenda more widely."

The number of dentists who could potentially be at risk of the punitive measures and lose the right to receive their GDPA is currently unclear. Responding to a Freedom of Information request from *Scottish Dental*, NES said it does not hold the requested information, because dentists can choose whether to record their clinical audits with either NES or with their local health board.

Chief Dental Officer Margie

Taylor said that efforts have been made to make clinical audit requirements both more relevant and uncomplicated.

"Many dentists have already met the audit requirements. A substantial amount of work has been done by NES and local NHS Boards making achieving the 15 hours audit in the three year cycle as simple as possible, so it should in fact be relatively straightforward," she said.

"The nationally approved audits have been made readily available and have attracted participation by practitioners across the country and, in addition, funding is in place."

Draconian penalties

VIEWPOINT

One senior dental practitioner spoke to *Scottish Dental* on the condition of anonymity, to voice his criticism of the proposed practice sanctions.

"Clinical audit is an individual thing, so it should be the individual who is targeted, not the practice," he said.

"You could have 10 dentists in a practice and if one doesn't complete their clinical audit then the principal is stuck with the sanction of not receiving the GDPA. It's draconian.

"It's also penalising the NHS committed practices, because if you are not committed to the NHS you won't lose your GDPA, and they are the ones that can ill afford it.

"Sanctions should have been in place before the clinical audit cycle started, so everyone would have gone into it with their eyes open. It's fine if you know what the outcome is going to be, but the CDO is going about it retrospectively, bringing in sanctions for the period that ended in Aug 2013."

How failure to comply with clinical audit could hit an NHS committed practice

FOUR DENTISTS: One owner, three associates	PRACTICE A (100% NHS)
Turnover all income from all sources	£500,000
Principle owner net profit	£80,000
One quarter GDPA 6%	£7,500
One quarter rent £16,000 P.A.	£4,000
Fine for non-compliance one quarter	**£11,500**
Principle owner residual net profit	£68,500.00

Source: BDA Scotland

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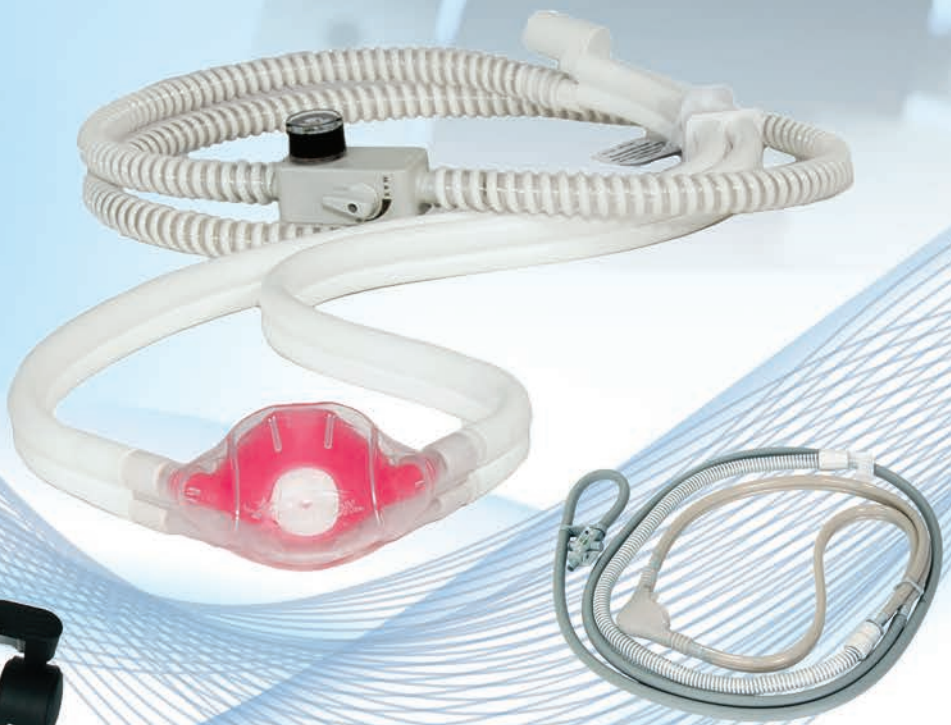

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‘Radical rethink’ for Childsmile Practice

ORAL HEALTH

A “radical rethink” of how the Childsmile programme is implemented in some Scottish practices has been called for.

Deputy chief dental officer Tom Ferris says he believes that a number of dentists are failing to implement the strategy and, as a result, children are losing out on its proven benefits.

“We need to address why there are some practices in Scotland that haven’t undertaken any Childsmile interventions.

“What is it that stops a dentist delivering Childsmile in practice? We need a radical rethink of options for the programme for nought to five-year-olds.”

At the recent sitting of the Childsmile Working Group, Ferris tasked the Practitioner Services Division with coming up with potential “quick fixes” that could help practices record and deliver the programme in the short term. He pointed to problems with the SDR including issues of time-barring as potential areas that could be ironed out.

He then promised to come back to the working group at its next sitting later this month with a range of options aimed at ensuring more dental practices implement Childsmile in their practices.

Ferris indicated that some dentists might not believe the evidence, despite strong research and evaluation being embedded within the programme from the start. He said: “So, there is a bit of a hearts and minds element to consider. The evidence has been thoroughly reviewed and it says that, no matter where the child is socio-economically, they should be having fluoride varnish applied.

“So, there is a bit of a question mark over why evidence isn’t translated into practice. However, that is a much bigger discussion, which is probably not for this group to deal with.”

Ferris indicated that as well as improving the current situation, options to ensure Childsmile is delivered to children over the age of six are also under discussion. He said: “The end point is there might be two or three options for each age range that we then say to the chief dental officer, these are the things you will want to discuss with the profession. She will then sit down with SDPC and talk about the practicalities, and how best to implement.”

New chairman of the board for DPL

APPOINTMENT

Prof John Gibson of Glasgow Dental School has been appointed as the new chair of the board at Dental Protection.

Qualified in dentistry and medicine, Prof Gibson is Professor of Medicine in Relation to Dentistry and Honorary Consultant in Oral Medicine at Glasgow University. He took over from Professor Trevor Burke who retired from the board in October after 11 years.

The announcement was made at the Premier Symposium on 29 November in London when Professor Gibson delivered a lecture entitled ‘Where Medicine meets Dentistry’.

He said: “It is a very real pleasure to have been nominated by the Board of Dental Protection as the next Chair, and to have this position ratified by the Council of Medical Protection Society (MPS). Professor Trevor Burke has filled the role of Chair with distinction over the past four years and for much longer as a board member.

“He leaves the board in a position of strength and I very much look forward to working with the other Board members and hugely talented staff over the next months and years. It will be a particular delight to work with the Dental Director, Kevin Lewis.

“This is a very challenging time for the profession but Dental Protection has a wealth of experience and abilities to offer. I look forward very much to contributing to the forward movement of Dental Protection and MPS.”

Premises values updated in 2015

First revaluation for six years likely to throw up surprises

The Scottish Government has decided to combine the Practice Premises Revaluation Exercises for 2012 and 2015, the first time the evaluation will have been carried out since 2009.

The exercise to update valuations of general dental practitioners' practice premises is for the purposes of reimbursement of practice rental costs under Determination XV of the Statement of Dental Remuneration (SDR), and is supposed to take place every three years.

In a letter to all dentists, Chief Dental Officer Margie Taylor says the costs to be reimbursed are either:

- the current market rent or actual lease rent for the premises in the case of contractors who are leaseholders, whichever is the lower; or
- the notional rent, which is the current market rental value, in the case of contractors who are owner occupiers; less any abatement.

The lengthy period between valuations means figures are out of date and could throw up some surprising results, warns Pat Kilpatrick, national director of BDA Scotland.

"We're a bit behind the eight ball with it, because no one can be entirely sure how the updated valuations are going to come out," she said.

"A lot has changed in the property market in the past four years, and the outcomes could be variable, depending on various factors such as where your practice is, what is round about it and whether you spent money upgrading it. We just don't know."

A professional valuer, the Valuation Office Agency (VOA), has been appointed to undertake the valuation of dental premises which are either NHS committed or partially committed, irrespective of whether the practice currently receives rent reimbursement.

The valuation exercise is due to be completed by 28 February and valuations will be determined as at 1 April in both 2012 and 2015.

A memorandum to the CDO's letter advises dentists that the VOA will contact practices to arrange convenient times for premise visits and to ask that contractors complete a questionnaire prior to the visit.

Urge to act

CHILD PROTECTION

Scottish dentists have been urged to act swiftly if they have any concerns regarding child protection issues.

In a recent statement, MDDUS said it is frequently being contacted by practitioners who are unsure of how to proceed when they suspect a child's welfare is at risk.

Reminding dentists of their ethical duty to protect children at risk of harm, MDDUS dental adviser Rachael Bell, said: "We are receiving many calls looking for advice and we advise all dentists to familiarise themselves with local arrangements for child protection.

"Early intervention can make all the difference in cases of suspected abuse or neglect and dentists need to act. However, you should ensure the child's dental needs are met first, particularly if they are in pain.

"Ignoring any signs of neglect can have serious implications for the child and the practitioner could face GDC sanctions. It can be helpful to discuss your initial concerns with a colleague but the decision as to whether to act is ultimately the responsibility of the treating dentist."

Amazon adventure

CHARITY WORK

Queensferry dentist Maria Papavergos swapped her surgery for a two-week 'holiday' on a medical ship in Peru recently, helping villagers living along the banks of the Amazon.

The ship, Amazon Hope, is run by the Vine Trust, a Scottish-based charity that runs two medical ships, manned by medical and dental volunteers who help the permanent Peruvian staff on board serve remote Peruvian communities.

Maria, who self funded the trip with help from generous patients at Ferryburn Dental Care, said: "I wanted to give something back to society and this opportunity allowed me to use my skills as a dentist to help communities that don't enjoy our level of care."

Maria flew to Lima, the capital of Peru, and then on to the jungle city of Iquitos, where she took a six-hour 'water taxi' up the Amazon to join the crew of the Amazon Hope. The boat is equipped with a dental surgery and several doctors' consultation rooms as well as a fully stocked pharmacy.

Maria said: "I joined four other doctors from the UK and every morning we'd travel up the Amazon to a new village to help. The villagers would come on to the boat and register and we'd all treat their ailments.

"Although people live in relativity poor conditions compared to the west in terms of housing and facilities, they were very self sufficient and resilient. They have a healthy diet of fish, rice, vegetables and fruit, but unfortunately western-style fizzy drinks have taken their toll and caused a lot of tooth decay.

"I saw up to 20 people a day and had to pull a lot of teeth. They were very good patients, very accepting of the treatment and grateful too, but in high temperatures and high humidity it was tough work sometimes.

"The wildlife was amazing on the Amazon, from wonderfully coloured birds to pink dolphins, and at night the jungle was alive with sounds.

"It was a really worthwhile experience and I'd recommend others to give it a go as you can really make a tangible difference to peoples lives."

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Island strife

Standard of facilities behind recruitment problems for new dentist on the picturesque island of Islay

Just what is stopping a dentist from taking up a full-time position on the majestic island of Islay, off Scotland's west coast, when they could live in a beautiful setting like this?

Despite some of the world's finest scenery, the answer may lie in the surgery facilities that a new recruit would have to work in.

This is either a portacabin (inset) in a Bowmore car park where, it is suggested, patients use their cars as their own personal waiting rooms. Or a mobile surgery on the back of a lorry that no-one is sure when was last on the road.

Whatever the reason, it is the patients who are suffering with waiting times to see the part-time dentist on the island, other than for children and emergencies, said to be stretching out for up to a year.

The situation has become so acute that one dentist in Paisley has even begun advertising his services on the mainland in the local paper that covers Islay and Jura. But that is only available to those who can afford the round trip by plane or boat.

For locals on these stunning islands, the problems began a year ago when their only full-time dentist retired. Now, one part-time dentist is left to provide a service to residents. And because of the workload she is having to prioritise children and people in pain.

Although 16 people expressed interest in the vacant post, and three were offered the job, the position has not been filled.

"The facilities are just not attractive and the Community Health Partnership has told us there's no funding to upgrade them," local resident and retired GP Pat McGrann explained.

For the time being at least there appears to be no resolution in sight.

Elizabeth Reilly, assistant dental director for NHS Highland, said: "We have resumed the recruitment process for this position and we will continue our efforts to secure another dentist on Islay as soon as is practically possible."

Dr Alasdair Watson of the St Mirren Brae surgery in Paisley is originally from Jura and has worked on the islands in the past. He said: "A lot of patients come from Islay to go to the RAH Hospital in Paisley, to go shopping to Glasgow and to visit friends and family. We see quite a number of patients from the islands and as we were aware there is a problem with getting access to a dentist on Islay. So, we thought it would be a good idea to put an advert in the local paper."

Dr Watson said it was too early to say what the response had been like but put the trickle of patients down to the time of year. "We have seen some, but I imagine we will see a better response in the spring time," he added.

The dentist said that during his time on the island, he had worked in the mobile van on Islay. "This was about 10 years ago. But I actually thought it was quite well-equipped. It was a mobile van that they had and I think some dentists would be quite happy with the facilities that we had then. I don't know what it's like now," he said.

Consultation over Hebridean clinic closures

CRITICISM

PATIENTS are to be consulted on the proposed closure of three dental practices in the Outer Hebrides.

The possible relocation of the dental practices at Lochmaddy on North Uist, Liniclate on Benbecula, and Lochboisdale on South Uist, are being discussed by NHS Western Isles in a bid to modernise the service.

Currently the three clinics need renovated to meet current standards, which would be a costly project. The health board believes that closing them and centralising the service would "provide high quality services from one location, with scope for future improvements".

If plans go ahead, following a public consultation, dental services for the islands would be centralised at the Uist and Barra Hospital at Balivanich on Benbecula.

However, the proposals have been criticised because the current set up means some patients would need to travel a 70-mile round trip to the dentist.

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Stephen Jacobs – 'Implant dentistry – carpenters or clinicians?' Glasgow Odontological Society
To find out more, visit www.glasgowodontologicalsociety.com

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

29 & 30 January
Vocational Dental Practitioners' Study Day Royal College of Surgeons of Edinburgh
For details, visit www.rcsed.ac.uk

6 February
Top Tips for GDPs Royal College of Physicians and Surgeons of Glasgow
To find out more, visit www.rcpsg.ac.uk/events

6 February
Business of Dentistry Practice Management Conference Edinburgh DoubleTree by Hilton Hotel
For more information, visit www.practiceplan.co.uk/events

13 February
Top Tips for VDPs Royal College of Physicians and Surgeons of Glasgow
For details, visit www.rcpsg.ac.uk/events

17 February
Mr Kia Razavandi – 'Current concepts in periodontal treatment' Glasgow Odontological Society
To find out more, visit www.glasgowodontologicalsociety.com

6-8 March
MFDS Part 1 Revision Course Royal College of Physicians and Surgeons of Glasgow
To find out more, visit www.rcpsg.ac.uk/events

7 March
19th Conference for Dental Care Professionals Royal College of Surgeons of Edinburgh
For details, visit www.rcsed.ac.uk

10-14 March
International Dental Show Cologne
To find out more, visit www.ids-cologne.de

19 March
AGM and talk by Prof Paul Tipton – 'Occlusal and preparation considerations for the treatment of the worn dentition' Glasgow Odontological Society
To find out more, visit www.glasgowodontologicalsociety.com

19 & 20 March
BDIA Tech Show The International Centre, Telford
Visit www.dentaltechshow.com for more information.

17 & 18 April
Dentistry Show/Dental Technology Showcase NEC, Birmingham
For details, visit www.thedentistryshow.co.uk

17 & 18 April
National Dental Nursing Conference NEC, Birmingham
See www.badn.org.uk/conference for details.

28 April
MFDS Part 2 Preparatory Course Royal College of Physicians and Surgeons of Glasgow
To find out more, visit www.rcpsg.ac.uk/events

29 April
BDA West of Scotland Branch AGM Royal College of Physicians and Surgeons of Glasgow
Email the branch secretary at andreafowler@woodsidedentalpractice.com

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

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

14-16 May
ConsEuro 2015 QE2 Exhibition Centre
For details, visit www.conseuro2015.com

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

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

1-4 July
IAPD Congress SECC Glasgow
Visit www.iapd2015.org for more information.

10 & 11 September
MFDS Part 2 Revision Course Royal College of Surgeons of Edinburgh
For details, visit www.rcsed.ac.uk

11-13 September
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To find out more, visit www.rcpsg.ac.uk/events

22-25 September
FDI World Dental Congress Bangkok, Thailand
Visit www.fdiworldental.org for details.

27-30 September
International Orthodontic Conference ExCeL, London
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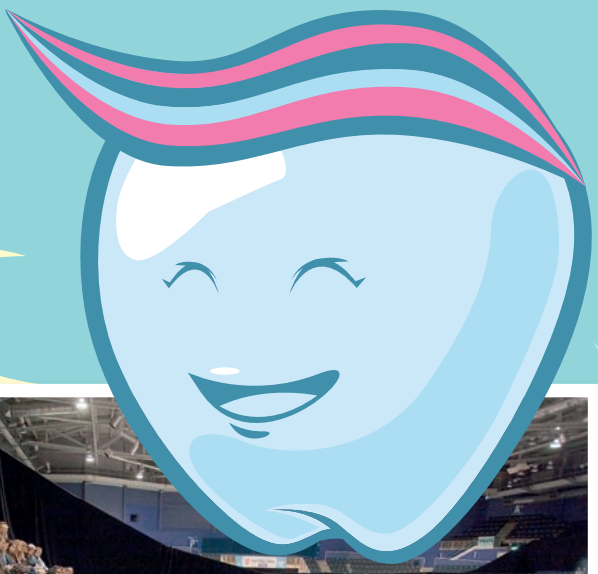

The fourth Scottish Dental Show returns to Braehead Arena on 29 and 30 May 2015 with an all-star speaker line-up and the busiest trade show so far.

Attendance at the show is FREE and you can register online now for your delegate badge by visiting www.sdshow.co.uk

More than 140 exhibitors will be in attendance, featuring some of the biggest names in the dental industry showcasing the latest technologies, new developments and special show deals.

The lecture and workshop programme will feature more than 30 speakers in four main lecture streams. While all talks will be open for all members of the dental team to attend, the streams will be focused on specific areas – dentists, dental team, technicians and business and financial.

The dentist stream will include talks from Professor Paul Tipton on bridge design, Prof John Gibson on oral cancer, Aubrey Craig on legal and ethical issues, the inimitable Ashley Latter on sales and communication, as well as dedicated sessions on periodontics and endodontics.

The dental team stream will include talks on teeth whitening, a session on oral health from Irish hygienists Siobhan Kelleher and Kellie O'Shaughnessy, core CPD talks on radiography from Neil Heath and decontamination (speaker TBC), as well as medical emergencies from StJohn Crean.

New for 2015 is the technicians section which, while aiming to encourage as many technicians to the show, will also be of interest to other members of the dental team. Talks in this stream include technician and CDT John Wibberley speaking about aesthetics in fixed and removable restorations as well as lectures on digital dentistry, new materials, diagnostic wax-ups and flexible dentures.

The business and financial stream will cover a range of subjects from goodwill and advice on selling your practice to talks from Alun Rees on 'Surviving and thriving in dentistry's new era of competition' and Adam Morgan on creating a world-class surgery.

For more details, including information on how to register for your free delegate pass and a full list of confirmed exhibitors, visit www.sdshow.co.uk

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Fiona's winning perspective

Fiona Duncan, winner of the Community Award at the 2014 Scottish Dental Awards, tells us about her experiences.

"The day after the premiere of my anti-smoking DVD The Last Cigarette on No Smoking Day, my colleague Lyndsey Dain received an email about nominations for The Scottish Dental Awards.

"The DVD was two years in the making and, in that time, I worked very closely with the local community, grammar school and various agencies.

"Lyndsey thought it was perfect timing to see if I could win some recognition for all the hard work involved.

"I couldn't believe it when I received a phone call saying that I had been short-listed in two categories [DCP Star and the Community Award].

"The award night was fun from start to finish. Champagne on arrival, great company round the table and delicious food and wine.

"When my name was called out as winner of the Community Award, all four of us at the table shrieked with delight. I don't think any of us had realised what a big event the night was until we arrived, so we were already feeling quite excited.

"I have thoroughly enjoyed my experience from nomination right through to seeing the result published in the *Scottish Dental* magazine. The win has definitely raised my profile more in the local community. So thanks must go to Lyndsey for having started the ball rolling."

Make 2015 a year to remember

The 2015 Scottish Dental Awards promise to be bigger and better than ever before. We have a new venue in the Glasgow Thistle Hotel, a new host in TV and radio star Tam Cowan and three brand new categories: Young Dentist of the Year, Employer of the Year and Digital Strategy.

So, if you know a high-flying dentist who has made a big impression early on in their career, we want to know about them. The award is open to dentists who are under the age of 30 as of 29 May 2015. We are looking for an individual whose achievements, experience and professionalism belies their young age, so get nominating if you know someone who deserves to win.

The Employer of the Year award aims to recognise those bosses who take exceptional care of their staff. We are looking for testimonials and citations from as many staff members as possible, listing why your boss deserves to be recognised as the best in Scotland.

And, the Digital Strategy award looks to highlight the person, practice, team or organisation that has really embraced digital technology. From social media campaigns to website relaunches and e-newsletter communication, we want to know why you should win.

Nominations for all the awards are FREE and you can enter as many colleagues for as many categories as you like. Closing date for entries is midnight on 31 March 2015.

For more information and to nominate today, visit www.sdawards.co.uk
To book a table at the awards dinner, email ann@sdshow.co.uk or call 0141 560 3021.

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

BDA dispatches

with Robert Kinloch

Stronger together

Robert Kinloch, deputy chair of the BDA's Principal Executive Committee, says he has never seen the profession more united

As we ponder the challenges facing dentistry in Scotland in the year ahead, I make no apologies for focusing on the issue that gripped dentists across the UK for the last six months of 2014 – culminating with the High Court ruling that the GDC had acted unlawfully on setting professionals fees.

It was the news we had all been waiting for, and I am really proud to have been on the BDA's principal executive committee that agreed to launch this judicial review. But how can it be that although the GDC was deemed to have acted unlawfully, it was able to proceed with charging an outrageous ARF?

In normal circumstances, the BDA, as the successful claimant, could expect that having won its case, the ARF regulations would be quashed and dentists' fee would revert back to £576. Only in very unusual circumstances would this not happen.

The GDC's lawyers argued that these were such circumstances and that, therefore, even though the BDA had won the legal argument, relief should not be granted, citing the risk of 'administrative chaos' if the fees were quashed. This argument was rejected by our lawyers since the GDC was put on red alert by the BDA as far back as last July. It therefore had plenty of time to prepare alternative arrangements.

While Justice Cranston declined to reverse the fee, he was clearly troubled by the prospect of denying dentists their refund. So much so that he was at pains to stress that: "This is not in any way a pyrrhic victory for the BDA. They won this case and they won it decisively." The judge went on to say, however, that: "I am troubled that the GDC acts in the public interest and must do its job." It was this public interest argument that appeared to sway his decision.

Winning the battle but losing out on the fees is disappointing – we would have preferred to see dentists have the correct fee set correctly. And the GDC might appear to have got away without having to do the right thing.

But all's not lost since a High Court judge has joined the queue of people saying that the GDC has acted improperly. He is in the company of the BDA, the Professional Standards Authority and the UK Government Under-Secretary for Health Dr Dan Poulter MP. Collectively, all these voices paint a very grim picture of the GDC's conduct.

We are now asking the Westminster Health Select Committee to look into this very seriously as well as Ministers and the Professional Standards Authority (the regulators' regulator). The SDPC has already made its concerns about the GDC known to the Scottish Government and we can look further to see how Holyrood could support us in this matter.

The conduct of the GDC with regard to the ARF has had a considerable impact on the confidence of the profession in its regulator, and the GDC will have to take major steps to rebuild.

While we may have been deprived of the entire outcome one would reasonably expect from winning the legal battle, we would never have got this far without that unequivocal strength of feeling and the willingness of the BDA to fight for justice on our behalf. As a member of the BDA's principal executive committee I strongly endorsed this action, and in my 37 years in dentistry I have never seen the profession so unified.

Together we've proved that a 'professional' regulator has acted not simply unprofessionally, but unlawfully.

We've proved that we really are stronger together. ■

By Stewart McRobert

Excellence in collaboration

The University of Dundee being named as a World Health Organisation (WHO) Collaborating Centre further endorses Professor Peter Mossey's work on cleft lip and palate

Centre of excellence

The University of Dundee's status as a world-leading centre for dental research was confirmed once again in October, when it received UK Government-endorsed redesignation as a World Health Organisation (WHO) Collaborating Centre until 2018. In particular, this provides further endorsement of the pioneering work on cleft lip and palates being carried out by Professor Peter Mossey and his colleagues at the University.

The Collaborating Centre system is an important part of the WHO approach. As Mossey explained: "WHO depends on the developed world or, as it says, 'high-income countries' to help them with research initiatives in other parts of the globe. The Centres are able to transfer technology and knowledge to areas of the world where it is less accessible."

Among other things, the system can be of use in times of crisis. For example, the current outbreak of ebola virus in West Africa is being tackled by medical personnel on the ground and by experts in infectious diseases around the world, such as CDC (Centers for Disease Prevention and Control) in Atlanta, and Collaborating Centres in the UK and Europe and other parts of the developed world where acknowledged expertise exists.

Universities and academic departments benefit from the prestige associated with WHO Collaborating Centre status. As well as providing recognition that they have a certain level of expertise, it confirms their capacity to deliver services to the developing world. Equally important, if a department or discipline within a university is seen as a world leader by virtue of it being approached to become a Collaborating Centre, there are significant advantages when it comes to international grant funding applications.

Specialised area

Mossey said: "At Dundee, we are recognised as having international expertise on

"Redesignation allowed us to expand our area of focus"

certain birth defects, in particular cleft lip and palate. Our original designation was in 2004. At that time it was purely for craniofacial abnormalities, quite a specialised area.

"In fact, the University of Dundee and the University of Manchester are the only two Collaborating Centres in the world specifically dedicated to this discipline. Redesignation became necessary when the department of genetics at WHO central headquarters in Geneva was closed down.

"I was approached by WHO HQ in Geneva and asked if I would wish to continue to work for the WHO as a Collaborating Centre, and furthermore if it would be acceptable to Dundee for this expertise to be channelled into the WHO's department of oral health. As well as moving from one WHO department to another, the redesignation allowed us to expand our area of focus."

As Mossey said, the redesignation brings in other areas of public dental health and acknowledges Dundee's expertise in dental health services provision, perhaps most obviously seen through its world-renowned Dental Health Services Research Unit (DHSRU), led by Professors Jan Clarkson and Ruth Freeman, which – adding to its existing expertise – recently became home to the UK Centre for Evidence-Based Dentistry.

The long-standing Collaborating Centre status enjoyed by the University of Dundee has helped Mossey establish research programmes in India, sub-Saharan Africa and Brazil.

He said: "In December, I am heading to India to finalise the analysis of a pilot project we have been carrying out there. At Dundee, we identified that maternal smoking, which is a significant risk factor for cleft lip and palate in the Western world, is not so prevalent in India and in other parts of the developing world. However, it could be that environmental pollution due to domestic cooking and heating contamination is the surrogate of smoking there. We are monitoring maternal exposure to smoke in the domestic environment, and the presence of carbon monoxide, nitrous oxide, sulphur dioxide and particulate matter, to determine if these are responsible for babies being born with cleft lip and palate."

Basic question

Mossey's research over the past 20 years has in large part been fuelled by the question he was asked most often by the

Continued »

DEDICATED TO ELIMINATING DENTAL HEALTH INEQUALITY

"There has been an explosion in the knowledge in the area of genetics in chronic and non-communicable diseases over the last few years," observed Peter Mossey. "I've been fortunate to have seen these developments and make a contribution to some of them.

"While working with a collaborative European group, we were the first unit in the world to publish a genome-wide association study for cleft lip and palate."

Mossey grew up on a farm in rural Ireland, near the village of Gortin in Co Tyrone. After studying at the Christian Brothers grammar school in Omagh, he applied to study dentistry at the University of Dundee Dental School.

When he qualified in 1983, he went into general dental practice and practised on both sides of the Irish border, in Enniskillen, Co Fermanagh and Ballyshannon, Co Donegal. He said: "What I witnessed then was some of the most stark examples of dental health inequalities in populations living a few miles apart, by virtue of different health administrations, and I have never forgotten that."

Recognising the need to expand his skills in surgical practice, he returned to the hospital system and carried out house officer and senior house officer

ADVANTAGE SCOTLAND

Mossey believes Scotland's unique healthcare system has provided an advantage to his research. "I use it to good effect when I am going around the world. The managed clinical networks we introduced in 2000 are regarded as the gold standard for organising multi-disciplinary care.

"Cleft lip and palate was the first registered MCN in Scotland, so we have the longest experience of running that system. It has provided an excellent example to the rest of the world on how to organise cleft lip and palate services. And it has recently been refined – instead of a multi-centre initiative, we now have one overall administrative centre with two surgical sites in Edinburgh and Glasgow, where infants with clefts of the lip and palate receive excellent care."

Alongside this is the Scottish Oral Health Research Collaboration, a unique collaborative research initiative where complementary areas of expertise at universities across Scotland are brought to the same forum to optimise the power and impact of their work.

Continued »

parents of cleft lip and palate babies during the time he was on call as a registrar in the Victoria Hospital in Kirkcaldy: "Why did this happen and is it likely to happen again?" It was that basic theme that prompted his decision to focus on genetics when he undertook his doctorate at the University of Glasgow in 1989.

"We knew that genetics was a very significant component, but did not know the specific genetic factors. I have been investigating this area since 1994. Equally important to recognise is that most chronic diseases – cancer, cardiovascular disease, diabetes, obesity and respiratory diseases and so on – have environmental elements as a contributory factor. Birth defects are no different and we have taken that into account in our work as we look at interactions between genes and environment."

According to Mossey, Dundee's redesignation is the culmination of 10-12 years of hard work. He said it has come at a very opportune time when the University is looking at inter-disciplinary collaborative initiatives, and it gives additional status to the Dental School, both in the University and the wider world.

From a personal perspective, even though the status throws up new opportunities, Mossey is content to concentrate on tasks he has in hand. "I have programmes not only in India but sub-Saharan Africa and Brazil, and although I have been asked to assist in research programmes elsewhere, each opportunity needs to be evaluated in terms of capacity, and these programmes that are running at the moment will continue to be top of my list.

"Overall, we are making a very significant contribution to cleft lip and palate in terms of improving surveillance systems in places where these do not currently exist, improving knowledge on both genetic and environmental risk factors, improving care delivery, and promoting the concept of cleft prevention, which is now becoming a realistically achievable goal." ■

posts in Dundee. After attaining registrar level, he was offered the opportunity to do specialist training in orthodontics and be first on call for patients born with cleft lip and palate. He subsequently went on to the University of Glasgow to undertake higher specialist training in orthodontics.

On completion of his PhD and higher specialty training between 1989 and 1994, he took up a lectureship at Dundee. In 2003, he attained Professorship and WHO Collaborating Centre status in his area of specialist expertise was achieved by the University the following year.

"Birth defects surveillance has revealed that many children born with clefts in the developing world do not survive and raising awareness of how to feed can save their lives," said Mossey. "We can do very satisfactory surgical repairs at the moment, but we cannot completely eradicate the disorder in everyone.

"The incremental improvement in knowledge about risk factors gives great hope that we will be able to prevent at least some cases of cleft lip and palate in the future.

"The ultimate humanitarian and scientific objective would be prevention. The knowledge we have gained in the genetic and environmental fields have put us within touching distance of that goal." ■

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Plenty to smile about

The Childsmile project has seen major improvements in children's oral health, but there's still much work to be done

It is nearly a decade since the Dental Action Plan laid the foundations of what has become the hugely successful Childsmile programme in Scotland.

Since that time, there has been a dramatic improvement in the oral health of primary school children in Scotland, with the latest figures showing 68 per cent of P1 pupils with no obvious decay experience, up from 51 per cent in 2004.

Graham Ball, Childsmile director and chair of the national dental epidemiology co-ordinating committee, which co-ordinates the National Dental Inspection Programme (NDIP), welcomed the latest results for the dental health of five-year-old children and emphasised the substantial progress seen since the programme began in 1988.

He said: "We still have more work to do – a substantial proportion of children still start school having experience of dental caries."

Speaking during the recent Childsmile Symposium at the Beardmore Hotel in Clydebank, Childsmile director Professor Lorna Macpherson insisted that those within the programme were not getting complacent.

She said: "If you look at where we have got to with regards to the NDIP stats over the last 10 years, I think the health improvement we have seen has been wonderful.

"But, as with any programme, you don't want to rest on your laurels and think you can't do anything differently. We now need to look at the fact that the improvements are maybe slightly tailing off, so we need to look back and reflect on what more we perhaps could do to continue this improvement of our children's oral health in Scotland."

Professor Macpherson explained that, while oral health is improving, inequalities still persist and the programme aims to tackle this in the future.

She said: "We are still not seeing as much of a reduction in inequalities as we had hoped. It is maybe quite early days yet, but that is very much the direction of travel required in terms of the strategic direction of the programme as a whole."

She said that this focus on inequalities was one of the reasons Professor Richard Watt was invited to give the keynote address at the symposium. "His area of expertise is in approaches to tackling inequalities and understanding the social determinants of health. We feel that the guidance and the information he has given us can help with regard to developing our strategies for Childsmile into the future."

Professor Watt graduated from Edinburgh in 1984 and is currently a professor of dental public health at University College London. His professional focus is on health inequalities in general and how oral health fits into that.

"The overall levels of disease are improving, and that is important"

He said: "For me, as an observer of the programme, the biggest challenge for Childsmile is this notion of how to really tackle health inequalities within Scotland.

"The overall levels of disease are improving, and that is important, but inequalities by deprivation are still a major problem. To achieve an improvement in that means different things need to be done, and that is really the message that needs to get across."

David Conway, senior lecturer in dental public health at the University of Glasgow Dental School, took up the theme of tackling inequalities: "The gradient is not shifting – those from the poorest backgrounds have the most decay and we need to make sure

we have our eye on that ball and are focused on targeting that.

"We are looking at all the levers that are at our disposal in terms of policy, regulation, food in schools, even fine-tuning the dental contract to make sure that has been addressed and making sure clinical prevention can be fully implemented in practices – that fluoride varnish applications in nurseries and schools are as effective, targeted and resourced as possible.

"We need to look at all the components and make sure they are delivering and tailored towards those who have the greatest need."

In terms of the future direction of Childsmile, the team is looking to move towards a more 'upstream' approach. Professor Macpherson explained: "In the past, I think there has been a tendency for us to concentrate more on the downstream, clinical preventive types of approaches, the one-to-one approaches.

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I think we need to move more upstream now, which is doing more with regards to advocacy and influencing policy development at national and local levels."

Rather than focusing solely on dental specific policy areas, Professor Macpherson said they have identified areas such as sugar policy and the work the Government has been doing on school meals as areas they could have an ongoing influence.

But, as well as the upstream elements, the community – or midstream – approach will always be fundamental to how Childsmile works and how it develops into the future.

Professor Macpherson explained that the plan is to improve engagement with local communities and involve them more in the decision-making process. "Rather than a top-down approach, with professionals saying 'this is what you should be doing', it should be more about understanding the environments in which people are living and helping to support them with regards to environmental change. It shouldn't just be education. If we can help them through community engagement and development, I think it will be more sustainable into the future," she said.

Another key element that plays into the long-term planning of the Childsmile programme is that it is now actually showing economic benefits on a national scale. A cost analysis carried out by the University of Glasgow on the national nursery toothbrushing programme has shown that it is now saving money. David Conway said: "Not only is the toothbrushing programme improving health, there is also a big economic preventive spend associated with that.

"So, yes it costs money – it costs just under £2 million a year, every year, to do the toothbrushing programme – but we have savings now of more than £4m per year. We have done a detailed analysis with health economic experts and we are due to publish that in a peer-reviewed journal."

However, Scotland's Chief Dental Officer Margie Taylor, while being very impressed with the economic benefits, insists the advantages to the children are more important.

She said: "The economic evaluation showed that we not only save money, we also save the children having to go through all the treatment that would otherwise have been required and along with that, the inconvenience, time off school and all that sort of thing, so there is a wider benefit than saving money – it is the benefit to the child." ■

View from the front line

Following the news that there has been a dramatic improvement in the oral health of children since the launch of Childsmile, we contacted two dentists to ask what they think.

Childsmile was launched almost a decade ago and the latest figures show that 68 per cent of primary 1 pupils have no obvious decay experience.

Gavin Balfour, from King Street Dental Practice in Aberdeen, said: "When it was first launched, it was quite confusing. It was over-complicated in the way it was broken down and there was a hurdle to get over in terms of training the staff and understanding it all.

"However, it has worked and made a difference and it's especially good that it's been rolled out in nurseries and primary schools. It's quick and easy to do and it has definitely raised awareness. Parents and children come in now and when I'm putting the Duraphat on, they recognise it from school.

"I still think the people who need it most are missing out – there's a lack of awareness in disadvantaged families and there's still an area of the community that it's not reaching, perhaps even the ones we're trying to target the most. It's not a magic bullet. It has helped, but there is still work to do in providing the public with more knowledge. It's a step in the right direction."

Agnes Swinfen, from D.L. Swinfen Dental Practice in Blantyre, said: "I think Childsmile has been very successful. Previously, especially in this area, people left it until age five to bring their children to the dentist and quite often their first visit was because they were in pain.

"The attitude used to be that it was only the deciduous teeth, but because of Childsmile, parents are now more aware that it's important to keep the deciduous teeth in place for the adult teeth to come in in the right position.

"Childsmile has made such a difference in the more deprived areas, too. This is down to the nurses. Before Childsmile, if families failed appointments, they wouldn't get seen again, but now I can report that to the Childsmile co-ordinator and she'll look into it. There are some people whose health visitors are still having to chase them up and if it wasn't for the Childsmile programme, I think these children would be missed.

"A lot of people think that Childsmile was a waste of money, but it's not, because without the back-up of these people, the patients wouldn't be coming into the practice with their children."

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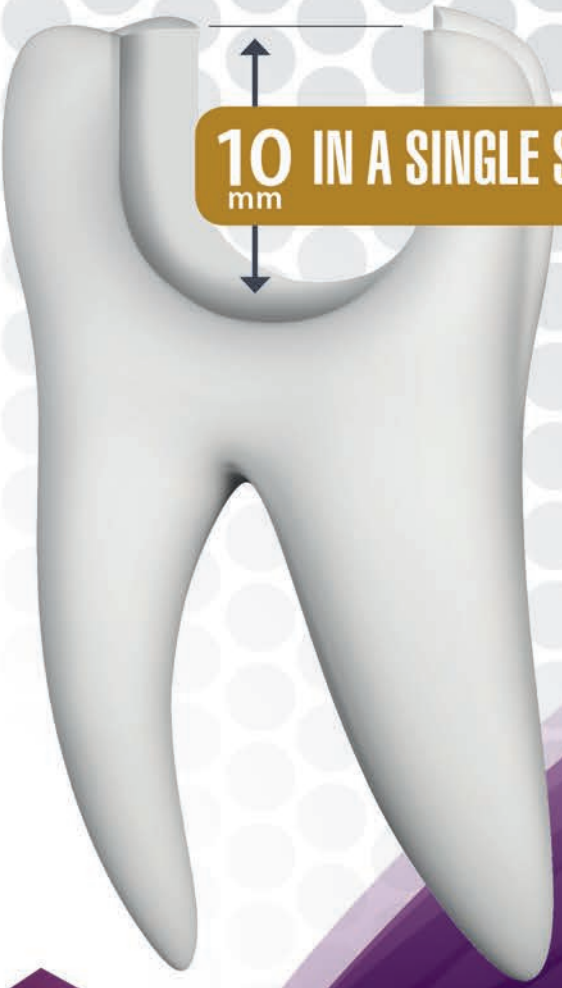

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The Littlejohns – from left, brothers Sandy, Laurie and Graham with their father Alex

A family affair

How a dad and his lads made a small lab in to a world player

When Alex Littlejohn started working as a 16-year-old apprentice in the family dental laboratory in Glasgow, the staff consisted of just him, his father and one other technician.

From those humble beginnings, Dental Technology Services (DTS) has grown into Scotland's largest full-service dental laboratory with nearly 100 members of staff in its sprawling Duke Street headquarters.

Alex's father, William R Littlejohn, served his apprenticeship as a dental technician in the 1930s, but had to put his ambition to start his own business on hold when Britain declared war on Nazi Germany. When peace finally broke out, William set up shop in a former pawn shop on Elderslie Street in Glasgow's west end.

Initially, it looked as if Alex wouldn't follow in his father's footsteps as he pursued a career in music. He explained: "I started working in the lab just helping out when I was 12 or 13. I just kind of fell into it and I quite enjoyed it. My father didn't want me to become a technician to be honest, he wanted me to become a music teacher.

"Well, I qualified and all I had to do was a year at Jordanhill and then I would be teaching kids music for the rest of my life. It was at that point that it didn't seem like a great idea after all, so I joined the family business."

At the time the NHS was the main provider of dentistry and the fledgling laboratory had its hands full providing health service dentures. However, when demand tailed off in the late 1950s, William bought a confectionery business to keep the staff working and to maintain the business for when times got better.

From Elderslie Street, the lab moved to Argyle Street close to where the Buttery restaurant now stands and then on to Annfield Place, off Duke Street, in the east end of the city in 1965. William retired in 1969 and, while the business had expanded, there were still only five members of staff.

However, Alex had big plans and he wasted no time putting them in motion. He said: "When my father retired, he wanted to go on a world cruise. So, off he went and when he came back he expected me to be bust and needing him back. But his desk was away, his office was gone and we were twice the size in the three or four months since he'd left."

Alex's expansion started with the shop downstairs and continued with the purchase of the neighbouring dental practice. In the following years, he bought over the two neighbouring buildings with the laboratory these days taking up a large section of the tenement row on Annfield Place and including the Halo dental practice. By the time Alex's sons started getting involved in the business, they had grown to include around 40 members of staff.

Alex's eldest son, Sandy, joined the business after school as a 16-year-old and he was followed by his brother Laurie, both qualifying as City & Guilds dental technicians. However, Alex was keen that the boys gain experience elsewhere before joining the family firm full-time.

He said: "Sandy worked for three months in one of my friend's laboratories in

Canada and for nine months for a German company in Antigua. When he came back, he realised I wasn't the worst person in the world to work for.

"Laurie worked in a laboratory in Arkansas in the US for six months. In fact, Graham was the only one I didn't farm out to anybody."

Alex's youngest, Graham, explained what it was like growing up in the family business. He said: "When we were boys, we started out making plaster cast garden gnomes in the model room because the lab had plenty of plaster of paris. We'd come in on the holidays with rubber moulds that we'd got from the local art store and we'd make tons and tons of plaster cast gnomes and our summer was spent painting them.

"I also made shellac bases for the dentures for about three summer holidays running, burning all my fingers on the shellac and all my skin flaking off because that was the job that nobody wanted to do. But, as the son of the owner, you get forced in to all the rubbish jobs – there was no favouritism."

At first Graham turned away from dental technology – not, he explained, because he didn't enjoy it, more because it felt like "the easy route which I felt wasn't right for me at the time". He did a degree in microbiology at Glasgow Caledonian, graduating in 1995. He spent a few years researching disinfection techniques in dentistry before a stint in the office at Annfield Place while looking for a job and, as he puts it, he "never escaped". He added: "But I still enjoy it and I don't regret it for a second."

Graham is now the director in charge of marketing, administration, customer service and finance, with Sandy running the day-to-day operations of the laboratory and Laurie in charge of the company's digital arm, Core3dcentres. Alex is gradually stepping back from daily workings of the business, although he is still involved in major decisions and providing a sounding board for Graham on the admin side of things.

And, with three brothers holding roughly equal status in the company, doesn't that cause problems, tensions or even fall-outs?

Graham said: "We can have significant bust ups but we're a family so, after half an hour it's forgotten about. We're a very close family and every one of us knows that we all have the best interests of the company at heart, no matter what.

"We're all very passionate, which can create friction at times, but it's good friction because, if one believes the right way is one way and another believes it's something else, we'll fight about it until we find middle ground."

Or as Alex says: "We have a discussion and I just keep them talking until they all agree with me."

With the three siblings involved in the business, it has grown into a multinational company with several different interests around the world. However, the company's first major expansion and the one that put the 'International' in the name, happened back in 1984 when Alex was the first person to introduce porcelain veneers to the UK market.

Having witnessed the technology in America, DTS was soon working with Glasgow, Dundee and Bristol Dental Hospitals as well as other universities around the UK. In those early days, Alex explained that they were producing as many as 600 porcelain veneers a week. This success enabled them to break into the Scandinavian market, doing work for dentists in Norway and Denmark initially, before expanding into Sweden and then Finland and Iceland.

"We all have the best interests of the company at heart"

Alex explained: "This was before the Chinese marketplace entered the world of outsourcing so, in Scandinavia, we were the cheap guys. We were a midrange laboratory in the UK, but we were inexpensive in Scandinavia because they were fully private. So we could go there and make better margins than in the UK, but we were still cheap to them."

This expansion into northern Europe provided the launchpad for the company's next big development: digital dentistry.

Graham explained that, as with many

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growing dental labs, consistency of work can become a problem. To counter this, DTS took a gamble on an emerging technology – a Lava milling machine from 3M. Graham said: "It was a huge risk at the time. The first Lava machine we bought – by the time we kitted everything out – cost us in the region of £160,000. For us as a dental lab, or for any dental lab, that was a huge risk in a marketplace that didn't know what zirconia was."

However, within a year, DTS had ordered a second machine, ending up with five milling machines over the next few years. "We were producing more Lava frameworks than anyone else in Europe and it was a very good time," Graham said. "That's what built the basis of what now is Core3dcentres that was initially called ZMC – Zirconia Milling Centre."

Core3dcentres started out as an informal agreement with laboratories around the world which they had built close relationships with, personally and professionally. Alex was friendly with the owner of Aurum Ceramics, a large 700-staff dental lab in Canada, with the boys growing up friends with the owner's children – so much so that Sandy is godfather to two of their kids. Graham also had a close relationship with Race Dental in Sydney – also a father and his three sons – and a father and son lab in Holland, Cordent, forming the initial network of digital milling centres.

Over time, the network formalised, becoming Core3dcentres in 2007. Graham said: "Within the space of seven years, Core3dcentres has become the biggest milling centre in the world. And it's the most advanced digital centre in the world. We're now in 15 countries so that is the leading edge of our business and that's what brings all the technology to DTS.

"I always say that Core3dcentres is the accuracy and the strength of the restoration and companies like DTS are the final aesthetic of it."

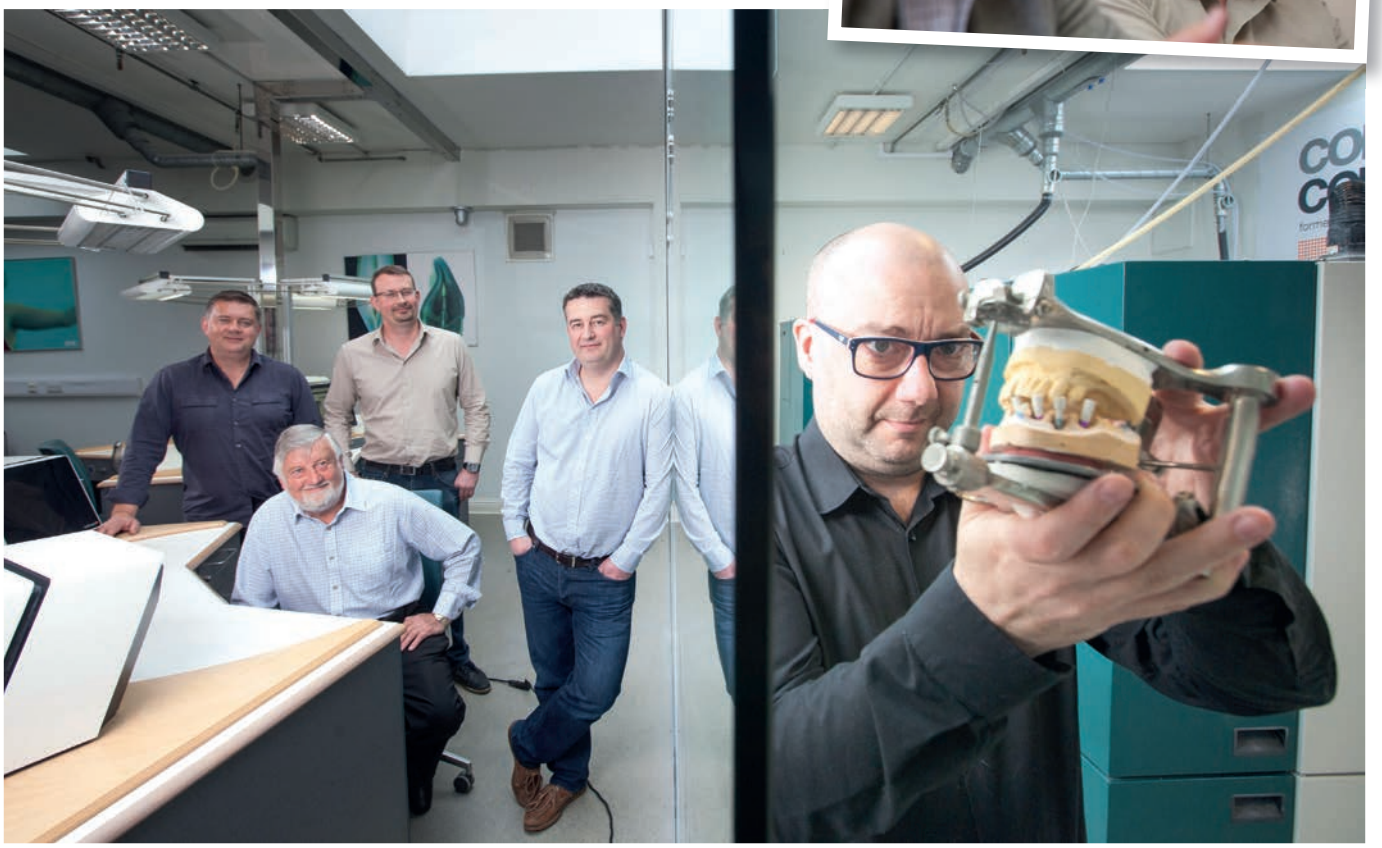
And, while the digital side of the business is clearly a key part to its future development and success, the contact with dentists remains at the heart. Alex explained that the real development of the business happens in local workshops. He said: "We'd pull in 20 or 30 dentists, give them a 15-minute talk and then sit them down at tables and explain things. It's much easier to talk to these guys across a table rather than speak for two hours because most of them have already done a day's work.

"I'd say we've done 10 a year for the last 30 years, plus small individual ones with groups of dentists. So I would think between 300 and 500 workshops and seminars."

Despite the new technologies, digital workstreams and the ever-growing empire, it is this close working relationship with dentists that is central to DTS and absolutely key to its continued success.

Graham said: "The whole premise of our business is that it maintains that personal touch. We make a point of going out to see our customers. Sales reps are all well and good, but our personal touch is the foundation of our company. As a family business we have family values, which a lot of the dentists like." ■

"The whole premise of our business is that it maintains that personal touch"



Scottish Dental magazine and our friends in the dental community would like to wish you all a happy New Year and all the best for 2015

MI DENTAL

"On behalf of MI Dental, a division of Med Imaging Limited based in Cumbernauld, I would like to thank all our customers for their support throughout the year and I look forward to continuing to work with you and growing our business in 2015.

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Dawn Stewart

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"The world of digital dentistry continues to move at a fast pace, and once again this year Carestream Dental has led the way with the launch of several exciting solutions to improve your practice workflow.

"Our commitment to service excellence through our eXceed program has made significant improvements to the service we provide, and our customers are definitely reaping the benefits of the improvements we've made.

"I'd like to take this opportunity to say thank you, and to wish all our customers a very happy and prosperous 2015."

Bruce Deane

BRAEMAR FINANCE

The team at Braemar Finance would like to say thank you to all the clients and suppliers that have dealt directly or indirectly with us in 2014.

Area Manager Gail Cormack is available to help with any practice or personal finance need you may have.

Over the festive period, many dental professionals will receive their tax demand, which is due by 31 January. The Braemar popular tax loan facility can assist in funding this expense, spreading the cost, while helping your cash flow.

We wish everyone a happy New Year and hope that you allow us to assist with your finances in 2015.

Gail Cormack can be contacted on 0845 154 6588 or visit www.braemarfinance.co.uk

SOUTHWEST SMILE CARE CENTRE

2014 will hold special memories for the team at Southwest Smile Care Centre in Stranraer. Winning the prestigious Practice of the Year award at the Scottish Dental Awards 2014 being one of our highlights and then going on to win a community endeavour award during the Queen's Baton Relay for our continued support and various sponsorships in our local area.

We would like to wish all of our suppliers, and the Scottish dental community as a whole, a very happy, healthy and prosperous New Year!

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And wish each and every one of you a happy and prosperous New Year.

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The Wrights team

DENTAL PROTECTION

"Despite what my name might suggest, I'm a born and bred Glasgow girl. I've always been interested in healthcare and business and attended Strathclyde Business School, graduating with first-class honours in Marketing in 2008.

"Since then, I've continued to work in healthcare and I started at Dental Protection in 2011. I've predominantly been involved with student membership in the UK and Ireland however, over the coming months, I will be focusing on Scottish membership and supporting the Dento-legal Advisor team in Edinburgh.

"I thoroughly enjoy working at Dental Protection and hopefully I'll have the opportunity to meet many of you at events over the coming months.

"I would like to wish you all a happy and prosperous 2015."

Ailidh Gallagher

W&H

W&H would like to wish all dental professionals a very happy, healthy and successful 2015

In order to celebrate the New Year, W&H will be offering exciting promotions making it even easier for you to choose quality equipment and handpieces that you will love to use. W&H are leading manufacturers of a full range of products, including: handpieces, sterilisers, decontamination products and surgical units.

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All the best for 2015 from everyone at BDS Laboratory.

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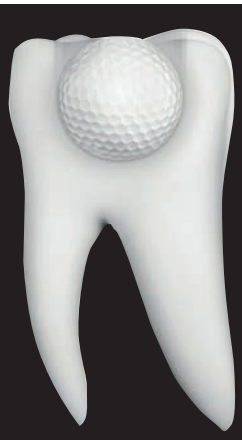

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A very happy New Year from everyone at Quick Straight Teeth.

BIO HORIZONS

"I would just like to wish everyone in the dental industry happy New Year and I hope that you all had a wonderful Christmas period.

"I am really looking forward to working with you all in 2015 again and I am excited at what BioHorizons will be able to offer you with our new Education Programme and our Practice Builder, to name but a few.

"I hope to see you at our Corporate Forum on Thursday 14 May during the ADI Team Congress 2015 at the Scottish Exhibition and Conference Centre in Glasgow.

"Here's to 2015!"

Kirsty Paton

Joanne's African adventure

A dental therapist/hygienist played her part in improving global oral health by holding clinics in a Ugandan prison, a church and even a refugee camp.

Joanne Shepherd from Kirriemuir spent two weeks abroad after signing up as a volunteer with Dentaid.

The fortnight was an eye-opener in more ways than one and the 24-year-old even witnessed people brushing their teeth using sticks.

Joanne said: "We did eight clinics in a mixture of different places. We did one in a children's prison for kids aged six months to 18 years, but most of the children were there because their parents couldn't afford them or just due to difficulties at home. About 95 per cent of them hadn't actually committed a crime, which was eye-opening. We also did a clinic at a local church and in a refugee camp. We were having to set up in a variety of places using tents, so it was just anywhere we could find shelter."

During Joanne's second week in Uganda, she was based in a more rural area and found that the oral health wasn't quite as good as in the first week.

She said: "I think it really depends on the way they've been brought up – for example, if their parents have looked after their teeth and then passed that habit on to them.

"Being a therapist, I was mainly doing children's teeth and carried out predominantly deciduous extractions and also gross hand scaling and polishing and simple fillings. The second week, we were in an area where there was more sugar cane, so there was a lot more decay in the children's teeth."

Many people in parts of Uganda don't have access to toothbrushes or toothpaste and so they use sticks to brush their teeth. They do this by peeling off the bark and then chewing on the end until the wood splays out like bristles. But Joanne warns that you obviously have to be more careful than when you're using a toothbrush!

Not only has Joanne improved the oral health of several Ugandans, she has also raised a huge amount of cash along the way.

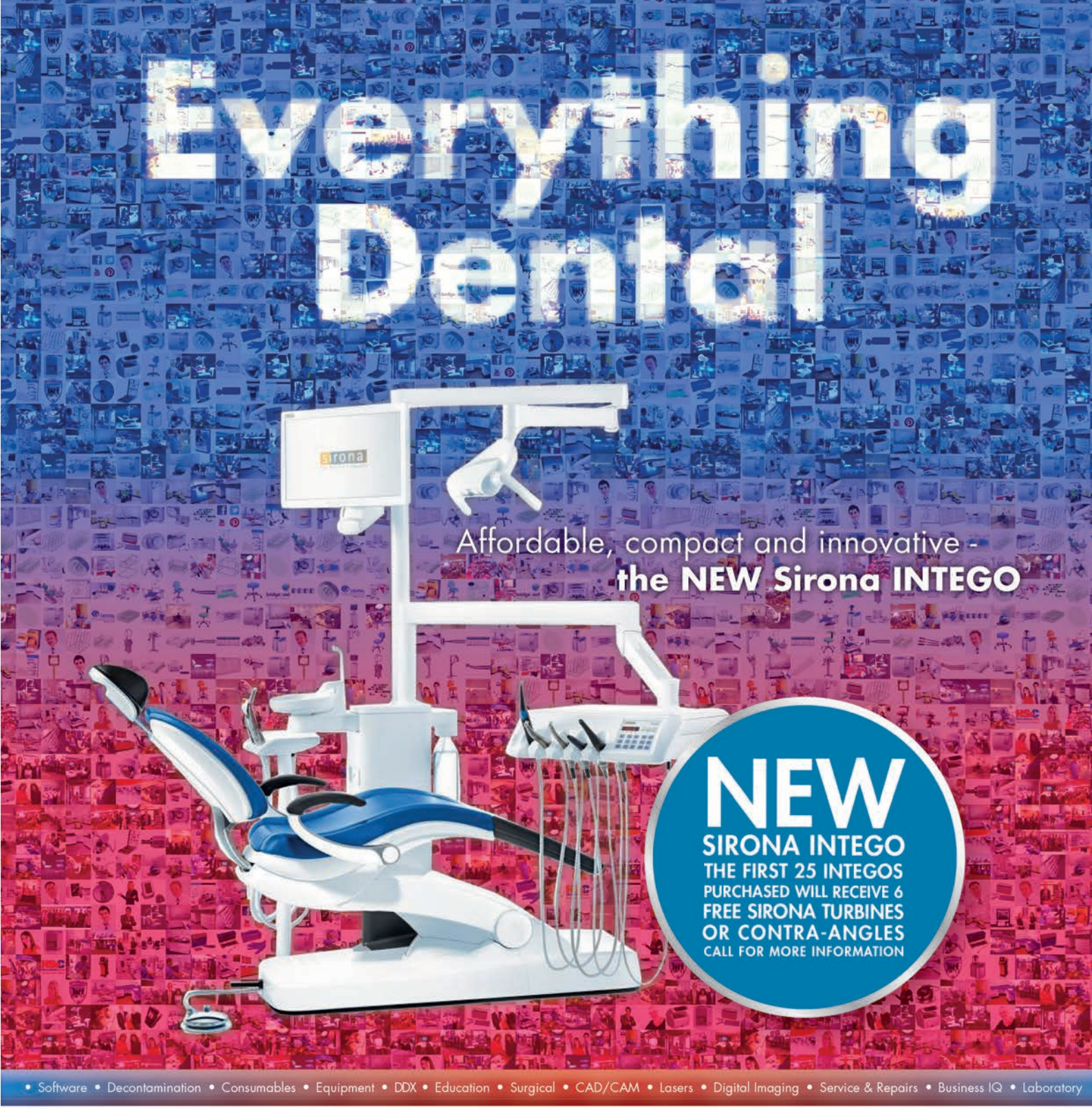
Her fundraising efforts included climbing Ben Nevis and, after removing £2,000 to cover the cost of the trip, she was able to donate a whopping £1,748.02 to Dentaid.

And she hopes she can do the same again in the future.

She added: "I would definitely go back. I wanted to stay for longer. It's a lot more basic than here, but the challenge of it was quite exciting because you didn't have any electricity or anything. It's amazing how you just get used to it, though. It was strange to come back and have everything at your fingertips in a surgery.

"It's been a worthwhile experience and I'm glad I did it. Hopefully in two or three years, I'll go back again and see some improvements."

Joanne graduated from Dundee University in 2011 and now works for both Blairgowrie Dental Care and Colin Yule and Associates in Forfar. ■



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Good move

Relocating a practice comes with many challenges – not least finding suitable premises – but for the team at Kirriemuir Dental Practice, it's resulted in a bigger and better facility for both patients and staff

The decision to relocate an established general practice is never taken lightly, but for the partners at Kirriemuir Dental Practice, their move has been heralded a great success.

Aisling Hanly became a partner at KDP in 2011 after Jim Estill retired. She had completed her VT year at KDP in 1997 and stayed on at the practice, first part-time, then full-time, before becoming partner with Alistair Geddes.

Alistair had been in partnership with Jim since 1994 and had worked at the practice since 1981. The practice had grown over the years to a busy five-surgery clinic and relocation had been discussed even before the new decontamination requirements forced the partners' hands.

"We were limited with space. We had five surgeries, but we were shoehorned into every little bit of available space," explained Alistair.

There was no scope to expand the practice to incorporate an LDU, as it was situated on the first floor of a town centre building and repurposing an existing room or surgery simply wasn't an option. So, the partners started looking at potential buildings in Kirriemuir town centre that might be suitable.

A hotel in the town was considered before it became apparent that the building's listed status would prove too restrictive if they were to attempt a conversion. After this, they looked at a former garage, but there proved to be a problem with the tanks that were previously used to store petrol.

Having seemingly exhausted their options in the small Angus town, they contacted local builder Mark Guild to see if he had any suitable buildings, or if he knew of any potential sites if they were to build from scratch. Mark's company, Guild Homes, had just started planning a new development in Kirriemuir and there was a plot set aside for community development within the planning application. Despite being reluctant to move out of the town centre – the old practice overlooked the town square – the new site was less than half a mile up the road, which allayed the partners' fears they would be too far away from the main conurbation.

As it turned out, the practice is now situated within a new housing development, and directly across the road is a primary school, meaning that they are still very much connected with the local community.

With the ideal plot identified, the next hurdle was securing funding for the project. While there was Scottish Dental Access Initiative funding available at the time, Alistair and Aisling felt they couldn't commit to the NHS tie-in. This left them no option but to approach the banks and, with the recession starting to bite, Aisling explained that it was a bit of a nervy time.

"We were shoe-horned into every little bit of space"

Aisling said: "It was a bit scary to be honest, but we really had no choice – because we have quite a big base of Highland Dental Plan patients, we just couldn't commit more to the NHS."

However, they managed to secure a bank loan for the building and with another company for the fixtures and fittings, and work began in August 2011.

Aisling explained that they were very grateful to Andy Yuill, dental practice advisor in Tayside, during the whole process as he provided expert advice and guidance on regulations and compliance for the practice. After speaking to a couple of practices that had built from

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Continued »

scratch to get their advice, the partners sat down with an architect and outlined their requirements.

Alistair explained that, despite the builders having never worked on a dental practice, the whole process went very smoothly. He said: "It was an exciting time seeing the building going up and we made a point of going to the site on a Saturday morning every so often to see the progress.

"Once the building was up, we got a lot of help from Ian Anderson at The Dental Directory, who provided all our equipment and chairs. Ian was great because he basically directed the builders for the plumbing and electrics – as they found out, it was a bit more complicated than building a residential property.

"We also got great support from Carestream who installed R4 in the practice and we sourced our sundries through Henry Schein, who have been very helpful."

The new eight-surgery practice opened for business in summer 2012 and

Continued »

COMMUNITY SPIRIT

Whether it is their own version of the Harlem Shake for Red Nose Day, the Ice Bucket Challenge for MND, or walking to Dundee during former employee Christina Chatfield's 500 Miles for Smiles challenge, the team at Kirriemuir Dental Practice is up for the task.

Aisling explained that the whole team gets on board with their charity efforts, with a little encouragement from practice manager Helen White and hygienist Sharon "Mrs Organised" Massie. She said: "It really is a total team effort, as everybody gets on board and into the spirit of these things. I think getting involved really lightens the seriousness of the work we do and gives a great boost for morale."

Continued »

Aisling couldn't be happier with how it has turned out. She said: "The difference between the two practices is unbelievable. Going from having no space at all to having a lovely staff area, a really nice waiting room and so on, is great. Everybody is just so impressed when they come and see the building. It's really good and you realise that we've done the right thing."

The plan is to continue to grow the practice – they have added 2,000 patients to their list in just two years since the move – and continue to develop the young team they have assembled. They are also keen to build on Enhance Aesthetics, the successful facial aesthetics side of the business that Aisling started four years ago.

She said: "I have undergone hundreds of hours of training over past four years to develop my skills and we are very proud to be one of the first practices in Scotland to be awarded the 'Treatments You Can Trust' accreditation."

Asked if they would ever consider doing something like this again, Aisling said: "Yeah, probably. We did wonder what we were getting ourselves into in those early days, but it has all turned out so much better than we could have expected, so we are all delighted." ■

Committed to patient care

Stuart is The Dental Directory's north-east business consultant. He joined the company in June 2014 after working with a leading dental manufacturer for five years. Stuart studied at the Dundee Dental School and has an in-depth knowledge of dental pharmaceuticals. Practices benefit from his understanding of dentistry and patient care and his commitment to building lasting relationships throughout the profession. Stuart has an appreciation for the business opportunities and constraints on a modern dental practice and is proud to help his clients develop efficient, cost-effective strategies to enhance patient care.

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Oral-B's dental test drive

Oral-B has introduced its Test Drive trial programme, which allows multiple users to experience Oral-B power and toothpaste using a shared handle in a hygienic way. Dental professionals will now be able to evaluate the product before recommending it to patients. Patients will also be able to experience the product before investing in the technology.

The Oral-B SmartSeries electric toothbrush with Bluetooth 4.0 connectivity is another recent innovation. The toothbrush connects to the Oral-B App recording brushing activity, which patients can then share with their dental professional, helping to create a smarter and more personalised brushing routine. Brushing duration, mode and problem zones can all be highlighted and the information easily retrieved.

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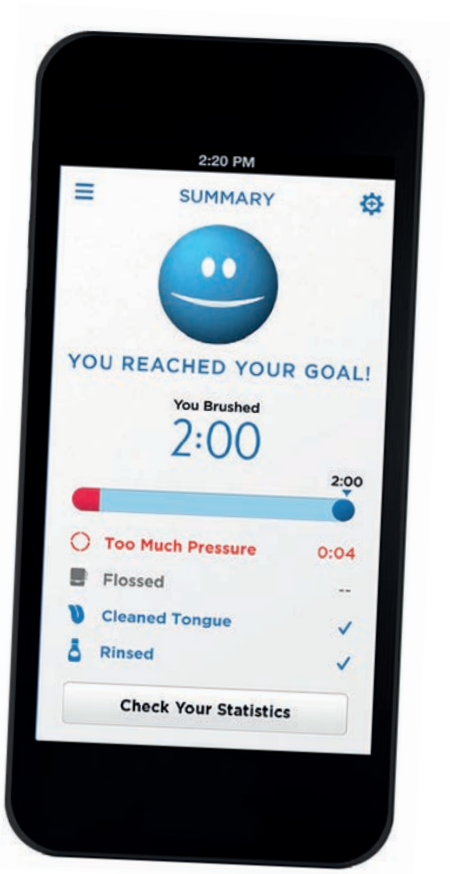

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Assessing the options

The second part of our look at patients with combination syndrome explores conventional and implant options available to practitioners

In the last article we explained what combination syndrome (CS) is, the factors leading to the creation of a CS patient, the signs associated and possible preventive strategies. In this article we will look at possible treatment/management options in both conventional and dental implant based dentistry.

The first step in any comprehensive treatment plan is to know exactly what you are dealing with.

The goals in treating the CS patient are:

AIMS/OBJECTIVES:

1. to understand the goals in treating the combination syndrome patient
2. to be aware of the facially generated treatment plan for cases involving aesthetics
3. to understand the differences in conventional and implant supported treatment options

1. To regain a healthy, stable and functional dentition
2. To achieve the patient's aesthetic goals
3. To educate the patient on the long-term management of their condition.

As mentioned before, the patient's primary complaint is usually a loose denture and loss of aesthetics (from not seeing enough of the upper teeth) together with overclosure.

Of course, it is important to gather

all information on the biological issues that may be affecting the patient (caries, restorative, periodontal, occlusal, general health etc), but no treatment should commence until the definitive end result has been visualised and agreed. In this way, treatment is not carried out on teeth that, while savable, may perhaps be better lost as part of the overall plan.

When aesthetics are involved, this type of 'facially generated treatment plan' can save considerable time and effort.

Fig 1

Upper anterior teeth on wax rim can be moved to determine incisal edge position

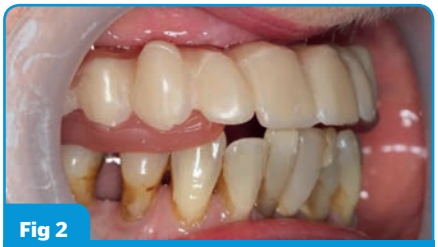


Fig 2

Bringing lower teeth up to meet the new upper aesthetic. Incisal edge position determines the OVD

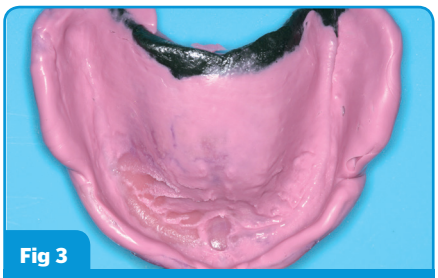


Fig 3

Close-fitting special tray impression with 'compound' post dam

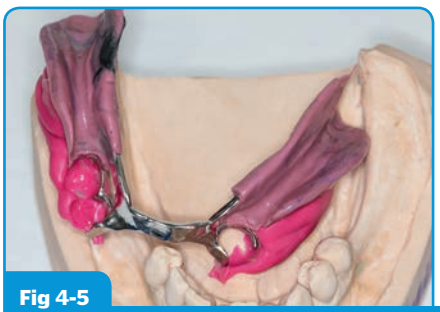


Fig 4-5

Mucocompressive, border moulded saddle impressions for split cast impression technique and split cast working model

The facially generated treatment plan

The starting point is to see what the desired aesthetic result would be. Only then can you design a plan to achieve it.

While there are many guidelines to aesthetics and smile design, it is ultimately subjective and wax-ups on models are of limited use as they don't show how the patient's lips move and it is difficult for patients to relate them to their situation. If skilled in Photoshop, imaging can be employed.

The simplest planning tool, however, is to set up the upper six to eight denture teeth directly in the patient's mouth. In this way, it is possible to work with the patient and move the teeth until the patient accepts the result.

As a general guide, (age and gender dependant), aim for approximately 1-2mm of the incisal edges to show at rest and (with normal lip mobility of 6mm) approximately 7-9mm of incisal show during a wide smile. Photographs from before the patient lost their teeth can be especially helpful. Simply bringing the lowers up to meet the new aesthetic design of the uppers (in centric relation) provides the new vertical dimension of occlusion – or shows what additional treatment may be required to realise the aesthetic goals (Figs 1 and 2).

Speech can be assessed and it is possible to see immediately if any over-eruption of the lowers has occurred and if it is acceptable or not. Often an over-erupted lower anterior segment will be accepted as a compromise once the uppers can be seen again. If the compromise is still unacceptable, then reduction of the lowers is required. (This could be through restorative, orthodontic or surgical means).

If the lowers are sufficiently compromised to require removal, and implants are being considered, it is important that the surgeon is advised to reduce the alveolar ridge to provide sufficient restorative space. Failure to do so is a common mistake and can result in an unacceptably thin overdenture or bridge, difficult oral hygiene management and frequent fractures.

Once the aesthetic goals have defined the space requirements for upper and lower, it is possible to plan the restorative phase. For the majority of cases, an upper complete denture against a lower bilateral, free-end saddle denture will be the simplest conventional solution. A number of considerations are required:

Upper complete denture

Impression technique for flabby anterior ridge. Various options are suggested by prosthodontists with the goal of any technique being to provide a good fitting, stable and retentive base. For a conventional upper denture impression, a mucocompressive technique (close-fitting special tray) is thought to provide optimal loading and, therefore, comfort during function.

The flabby ridge, however, can cause a displacing effect if it is compressed during the impressing, so a technique that allows it to remain non-compressed is recommended – a mucostatic technique. A combination technique is therefore recommended.

Possible solutions are:

1. Two-part special tray
2. Open special tray and plaster of paris
3. Spaced special tray
4. Perforated special tray over the flabby ridge.

The simplest is the spaced/perforated tray – the number of spacers depend on the material being used; for a monophase silicone or polyether – one spacer over the palate and ridges and three (with perforations) over the flabby ridge. Use of green stick compound over the post dam and to create a 'stop' together with tuberosity border moulding. Once taken, the impression should be reseated to confirm good retention (Fig 3).

Lower partial denture

If an upper complete denture is the treatment of choice, then posterior support is essential and a lower shortened arch should not be accepted.

It doesn't matter how good a fitting upper

Continued »

Continued »

denture you make if you can't achieve stable, long-term, posterior support from balanced even contacts with the lower.

To achieve this, certain considerations for the lower are also required:

1. Rigid and stable – most effectively achieved by being tooth supported anteriorly with chrome guideplanes – acrylic and flexible dentures will not achieve this
2. Retentive – anterior clasping, guideplanes and use of a good denture fixative under the edentulous bases.

A similar situation to the upper exists in that there is the potential for a tooth/tissue compression differential in the lower when making a chrome. For the best stability, it is important to compensate for this. The simplest approach is the use of a split-cast technique (Applegate split-cast technique).

When the framework is returned for fit, verify that the close-fit special trays are on the edentulous saddle areas. These are border moulded with greenstick and a monophase, or mucocompressive, impression material is used for the impression. At the same time, the bite registration in centric relation can also be taken (Figs 4 and 5).

The above techniques will allow fabrication of stable retentive bases, the final challenge is in managing the occlusion. Anticipating bruxing or clenching, it is important to have the dentures constructed with a degree of anterior open bite. Generally, about 1mm is sufficient not to impose on speech. Balanced occlusion with shallow cusps helps reduce the destabilising lateral forces. Even after this, it is essential to monitor patients to ensure that the posterior support is being maintained.

Often, after a few months, the anterior teeth are found to be occluding with the upper base and destabilisation is occurring. This should not be allowed to continue, even if the patient is happy with the situation.

Options at this point are:

1. New bite registration and resetting of posterior teeth
2. Addition of tooth-coloured acrylic or composite, chair side, to the posteriors to open the vertical (Figs 6-8).

Regular review appointments are required to ensure stability is maintained.

Fig 6-8

Acrylic or composite can be added to the occlusal surface of the denture teeth to maintain posterior support

Use of implants in the CS patient

Dental implants can be used to manage the combination syndrome patient. Any implant treatment will depend on a multitude of factors including: bone loss to date, aesthetic goals, functional goals, budget, parafunctional history, medical history, etc.

"Implants can be used to manage the CS patient"

A number of studies[1] have looked at the bone resorption in the posterior mandible for a conventional removable partial denture (RPD) versus two-implant over-denture versus a fixed implant bridge (four or more implants between the foramina). The results show that 'no denture' or a 'fixed bridge' have the least bone resorption. Next best is two implants supporting an over-denture and then the RPD. It is postulated that this is because the hyper-eruption does not occur with the implants.

This would suggest that a reasonable option is for removal of the remaining lower teeth and placement of implants before bone loss has occurred. While this is indeed an option for some patients, it should not be a 'treat all' approach. We would suggest that all factors need to be taken into consideration as part of the comprehensive planning process to arrive at a solution that best suits the individual's needs, dental goals and budget.

While implant placement in the lower arch may reduce bone loss in the posterior mandible, what effect does this have on the upper arch? The literature is unclear on whether an implant-supported restoration in the lower results in more or less CS-type bone loss in the upper. Bone loss, however, does occur and all papers agree that loss of posterior occluding contacts is particularly damaging. Patients undertaking implant treatment in the lower should be guided to understanding that continual bone loss in the upper will likely occur.

Special mention should be made for the class III mandibular relationship F/F patient. Here, it is possible to iatrogenically create a combination syndrome if the patient elects, or is led, to have a fixed implant bridge (all on four type restoration) in the mandible.

The edentulous lower jaw is the most common to receive dental implants. In the

class III mandible, there is often an abundance of bone anteriorly and provision of a fixed bridge – with implants placed between the foramina – while resolving the problem of the loose lower denture will, due to the point of force application in occlusion, being on or anterior to the upper ridge result in tipping and loosening of the upper denture. In such a situation, patients should either be guided to a lower over-denture restoration (for simple posterior support from the mandibular residual ridge and denture) or consented to the lower bridge on the understanding that implant treatment will be required in the upper (Fig 9).

Alternative option

If the patient is willing to accept the lower shortened arch, then an entirely different treatment plan may be followed. Providing there is sufficient bone remaining in the upper anterior maxillae, then splinted implants in the upper may be the only treatment necessary (Fig 10).

With a fixed (or removable) splinted implant supported restoration in the upper, posterior support is no longer necessary, as the potentially damaging force vectors from the lower anteriors can be negated and shared across the maxilla. Being osseointegrated and having no periodontal ligament, the implants will not drift and potential 'off axis' loading of the implants is not in itself likely to compromise the implant bone support[2].

It is important to place, and splint, as many implants as necessary to mechanically protect against functional and potential parafunctional forces.

When there is sufficient bone, this treatment option is often the one of choice as many of the patients criteria are addressed:

- Aesthetics improved
- No moving upper denture
- Fixed bridge that doesn't come out
- Palate exposed
- No lower denture/any denture required
- Cost effective
- Long term.

By no means comprehensive, the above discussion shows that potentially crippling bone loss can be avoided through good restorative treatment and, should the CS patient present, then treatment options both conventional and implant supported are available. ■

This article was submitted by Edinburgh Dental Specialists. Please contact us if you would like further information or advice on managing similar cases, tele-dentist@edinburghdentist.com

REFERENCES

1. The combination syndrome: a literature review. Palmquistetal J. Prosthet Dent 2003
2. Tilting of posterior mandibular and maxillary implants for improved prosthesis support. Krekmanov L et al. JOMI 2000

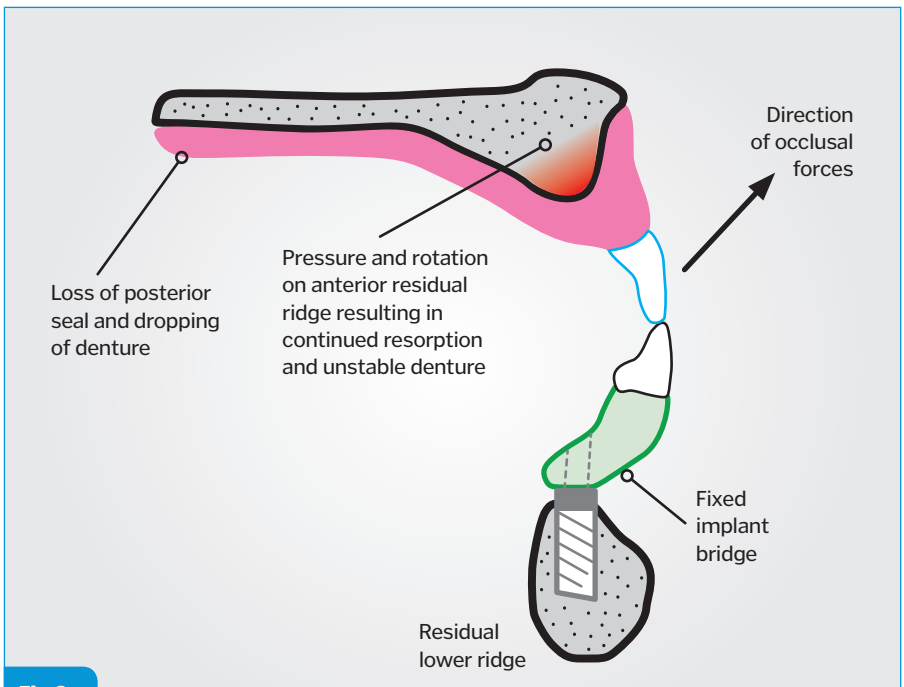


Fig 9
Destructive action of fixed lower implant bridge against upper complete denture in class III mandibular relationship

Fig 10
Upper fixed implant bridge against lower shortened arch

CPD quiz:

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

1. Which of these is not a goal in managing the CS patient?
a. To regain a healthy, stable and functional dentition
b. To achieve the patient's aesthetic goals
c. To educate the patient on the long-term management of their condition
d. To eliminate their bruxing habit.

2. What is regarded as normal lip movement from rest to a full smile?
a. 3mm
b. 6mm
c. 9mm
d. 12mm.

3. Which of these is not an appropriate method for taking an impression of a flabby ridge?
a. Stock tray with heavy body/wash silicone
b. Open special tray and plaster of paris
c. Spaced special tray
d. Perforated special tray over the flabby ridge.

4. When should a fixed implant bridge in the lower be avoided?
a. When the patient has a bruxing habit
b. When the patient has a class III mandibular relationship
c. When there is a lack of keratinised tissue
d. When the patient has a high lip line.

Antibiotic guardians

European Antibiotic Awareness Day may have been and gone, but antibiotic resistance is something dentists need to bear in mind

As part of this year's European Antibiotic Awareness Day on 19 November, dentists were asked to make a pledge to become Antibiotic Guardians – Scotland's 'superheroes' in the fight against antibiotic resistance.

While a recent report by the Scottish Antimicrobial Prescribing Group (SAPG, based within the Scottish Medicines Consortium) showed that Scotland is working hard to reduce the number of prescriptions for antibiotics, with a decrease of 6.5 per cent in 2013-14, there is still much work to be done.

"Antibiotic resistance is a major public health issue and a threat to the future of healthcare," said Dr Jacqueline Sneddon, project lead for SAPG. "The World Health Organisation has warned of a post-antibiotic era in which common infections and minor injuries can kill. Far from being an apocalyptic fantasy, this is a very real possibility in the next few decades.

"Without effective antibiotics, safe and effective healthcare will become increasingly difficult. And while Scotland has made substantial progress in improving the quality of antibiotic prescribing, we still have more to do to."

Dr Sneddon's view is shared by Dr Alexander Crighton, consultant in oral medicine at Glasgow Dental Hospital and School and the SAPG dental representative.

"Dental prescribing accounts for 8.9 per cent of all antibiotics dispensed in Scotland," explained Dr Crighton.

"That might sound like a small number, but each unnecessary antibiotic prescribed is important to the entire population. Dentists must remember that an antibiotic will only be effective if the patient has an infection and where the infection is sensitive to the drug chosen. Although it may seem obvious to say that if there is no infection present an antibiotic is not appropriate, unfortunately the 'decision to prescribe' is still the biggest prescribing error made by dentists. Examples include giving an antibiotic 'just in case it helps' or on some occasions, to postpone surgery until more clinical time is available."

While prescribing medicines is an essential part of dental care, Dr Crighton points out that the decision to prescribe is a complex one, as the dentist has to understand not only the possible benefits to the patient but also the potential risks. This is particularly the case with antibiotics.

"Inflammatory diseases of the pulp, such as pulpitis, will have no treatable infective cause and are not indications for antibiotics. The dentist should be able to tell from the patient's history and clinical examination whether an infection is likely.

"To justify issuing an antibiotic, there must be a clear diagnosis of an infection such as 'a periapical abscess' or 'acute ulcerative gingivits' where other forms of treatment cannot be used or have failed," says Dr Crighton.

"If a dental abscess is drained or the tooth extracted, there is usually no need to prescribe an antibiotic as the healthy patient's immune system can deal with most residual infection as long as the source is removed. It is only when there is a spreading or systemic infection with pyrexia or if a patient that has an immune deficiency that supplemental antibiotics should be used."

The dentist should always consider alternatives to systemic antibiotics or other antimicrobials. If there is an acute mucosal condition such as a denture stomatitis, it may resolve spontaneously if the trigger is removed by the patient being instructed in better denture hygiene. Dr Crighton advises that antiseptics such as chlorhexidene can often be as effective as giving an antiviral or antifungal for minor mucosal infections.

When dental infections do require an antibiotic, most can be adequately treated using standard doses of amoxicillin or metronidazole. Antibiotic prescribing protocols for dentistry are outlined in the Scottish Dental Clinical Effectiveness Programme (SDCEP) Drug Prescribing for Dentistry booklet and dentists in

Scotland are to be commended for increasingly following this guidance.

SDCEP recommends dentists avoiding antibiotics which have been associated with a high risk of *C difficle infection*, particularly co-amoxiclav, azithromycin, cephalosporins and clarithromycin. These should not normally be prescribed by a dentist unless instructed by a specialist – something which usually follows microbiological analysis of a pus sample. Although most dentists wouldn't do this for an abscess, oral microbiologists, such as Professor Andrew Smith of the University of Glasgow, are keen that dentists send pus samples to the microbiology laboratory in the same way that soft tissue is routinely sent to the pathology lab. Both attract a fee for the dentist.

Getting lots of samples of pus from dentists allows the oral organisms causing dental infections in the general population to be kept under surveillance. If there is a change in the common organisms present that requires a change in the antibiotic prescribing guidance for Scotland, this information can be passed to the dental profession quickly. Of course, a sample from an individual patient will also confirm the most suitable antibiotic for that patient. This information may take a few days, but is essential if the 'best guess' antibiotic started initially is not effective.

One of the key factors recommended by SAPG to help improve antimicrobial stewardship is auditing clinical practice against guidelines, something Dr Crighton feels is a vital part of prescribing.

"Auditing the prescribing patterns of each dentist in a practice, or the practice as a whole, is an important part of ensuring quality in prescribing," he said.

"This can help produce effective change in prescribing patterns by allowing dentists to compare their prescribing rate and choice with other dentists in the practice and with regional or national averages."

Within such an audit, dentist should look at the number of prescriptions issued, which drugs were prescribed, the quantity and dose of the drug and the clinical indication. After an initial data collection period, the prescribing habits of the practice can be assessed and any need for change identified.

But, perhaps the most difficult part of antibiotic prescribing can be persuading patients that antibiotics are not required. While many patients may feel they need antibiotics for toothache, most dental pain can be managed by the appropriate use of analgesics and local treatment. Avoiding prescribing and educating patients about when antibiotics are required is important to tackle antimicrobial resistance.

Patients and doctors have been through this already with the use of antibiotics for sore throats having declined markedly and patients now accepting that an antibiotic is not always the best treatment for this condition. Similar education needs to happen in some patients who might wonder why the dentist has not given an antibiotic for their toothache.

And, as for those who are prescribed antibiotics, Dr Crighton says that dentists must ensure patients follow instructions properly.

He said: "Patients are often poor at recalling instructions given in the dental chair, especially after a stressful procedure or if they are in pain. The most effective way to pass on the important information about the medicine is by giving written as well as verbal instructions."

As dentists use a relatively small range of medicines, it is possible to have patient information leaflets prepared in advance. These can also be provided in large type and in a range of languages. A contact telephone number can also be useful as patients can have questions about taking the medication once they have read the 'Patient Information Leaflet' included with the dispensed drug.

"When antibiotics are prescribed by a health professional, it is important the patient always takes them as directed. They should not be partially saved for future use or shared with others," says Dr Crighton.

"Everyone has a part to play in reducing the risk of antibiotic resistance – dentists and their patients are no exception. The longstanding relationship between most dentists and their patients means the dentist can play a key role in providing a better understanding in their patients about antibiotic resistance and the need to reduce antibiotic use as much as is practical.

"If we act now, we can preserve these medicines for use long into the future." ■

"Everyone has a part to play in reducing the risk of antibiotic resistance"

Dr Jaqueline Sneddon

Dr Alexander Crighton

Labial access to lower incisors

Dr Marcin Paradowski presents a review of the literature and examples of clinical practice with regards to labial access during endodontic procedures

Straight line access to root canals is one of the most important factors in modern endodontics (S Patel & J. *Rhodes British Dental Journal 203*). It prevents instruments from working under high stress and helps to avoid separation. It also prevents iatrogenic mistakes such as ledging, zipping perforations and separations of instruments.

For most of the teeth, straight line access is easily done, especially when working with magnification and under the rubber dam. For lower incisors, however, there are no clear guidelines on how to approach root canal treatment and lingual access is very popular.

In my clinical practice over the past 10 years, all root canal treatments are done with the use of a microscope. Initially, lower incisors were treated with lingual access, as I was taught in dental school. However, this provided poor visualisation of the root canal system and I was hardly able to find, and never able to clearly see, two canals. This was frustrating as I was not gaining much from using a microscope.

This made me think that there must be better way of doing root canal treatment in lower incisors and to visualise both canals, especially since about 40 per cent of lower incisors present two canals. Those are located in labial and lingual direction. Early articles that I found helped a great deal. First, in 1985, clinicians LaTurno SA, Zillich RM said: "A radiographic analysis of lower incisors conclude that a more labial orientation of the access opening would provide straight-line access to the canal more consistently than the 'traditional' lingual access opening. The more labial placement of the access opening on mandibular anterior teeth will make endodontic treatment more efficient and may, therefore, increase endodontic success rates in these teeth."

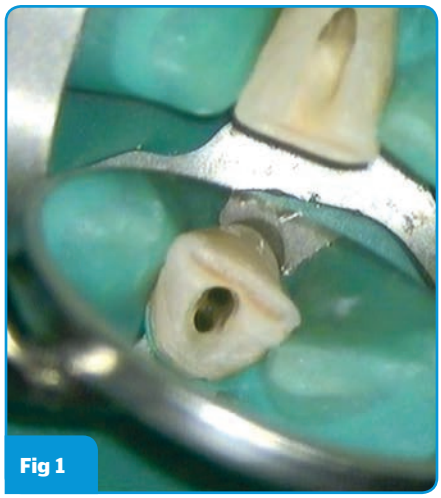
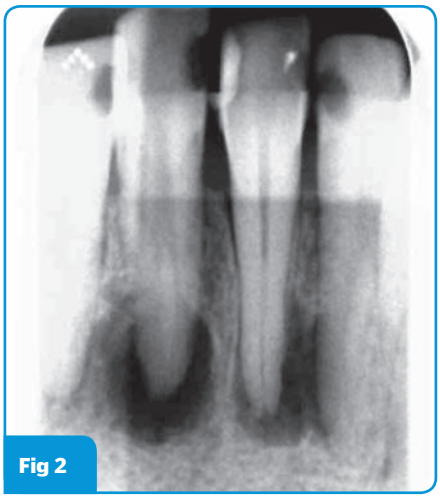


Fig 1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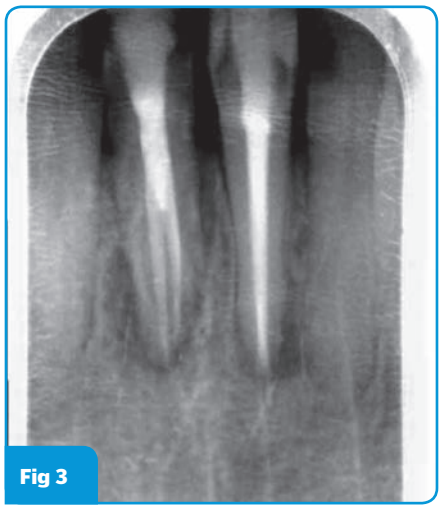
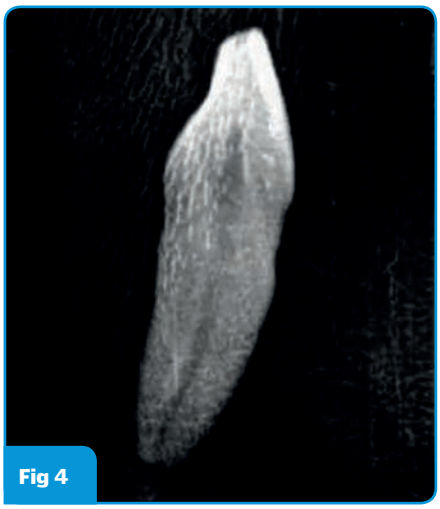


Fig 3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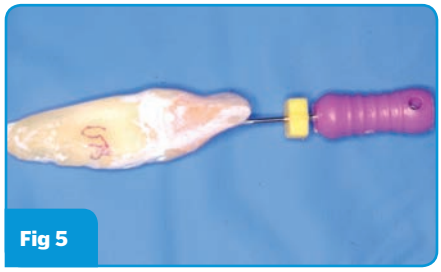
Fig 5

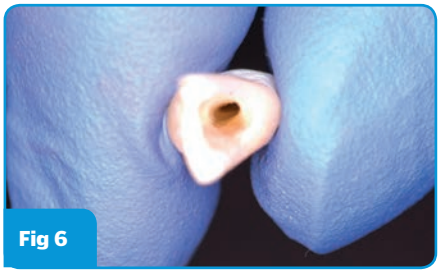
Fig 6

In 1989, Madjar D, Kusner W, Shifman A wrote that labial endodontic access is an alternative to the conventional lingual endodontic access in permanent teeth. The labial approach facilitates visibility and provides direct access to the root apex. Current restorative procedures offer improved methods to overcome the aesthetic impairment from this approach. Labial access is especially beneficial for patients with limited mandibular opening.

Other research – carried out in 1991 by Clements RE and Gilboe DB in Canada on access for root canal treatment for lower incisors – found that this approach facilitates the identification and instrumentation of two canals, if present, and makes complete obturation easier. More coronal tooth structure is preserved, enabling an optimum core design for bracing the root.

As a result of my reading about alternative access, my clinical practice has changed dramatically and now all lower incisors are treated with labial access. Surprisingly, no patient has questioned why the tooth is accessed from the visible side and none had any aesthetic complaints after treatment. I believe this is because a wide selection of composite materials and constantly developing techniques make the access cavity invisible.

I recently reviewed a case treated a few years ago. Review X-rays showed excellent healing of a large apical lesion, thanks to good access to apical area during treatment. Labial access was most helpful here and I could only get this result due to the alternative modern approach. Use of the Zeiss microscope and rotary instruments from Dentsply were also useful (Figs 1-3).

If we analyse the lower incisor anatomy radiologically, we can see that labial access provides straight line access. And if we draw a line on the X-rays from apex to coronal part, it shows that access cavity projects labially in those teeth (Figs 4-6).

Surprisingly, all new VTs that I meet on my endodontic study days at Glasgow Dental Hospital's Postgraduate Centre have never heard of labial access. However, most of them, after the study day and a short exercise on extracted teeth, are happy to give it a go. All say it is a lot simpler and they will be able to restore the access cavity with composite material.

I hope this short article provides another option to clinicians undertaking endodontic procedures. ■

ABOUT THE AUTHOR

Having undergone extensive postgraduate training in endodontics, Dr Paradowski gained an MSc in endodontology at the University of Chester in 2012. Shortly after graduation in 1999 from Medical and Dental University in Szczecin and VT training in Poland, Marcin performed his first root canal treatment, using a Leica surgical microscope. He has used a surgical microscope for this procedure ever since and tested several brands of surgical microscope for his MSc dissertation. Marcin has trained in oral surgery for more than three years, including surgical endodontics in his native Poland. Hours spent in oral surgery, maxillofacial units and general surgery wards have seen him achieve success with difficult surgical treatments. Postgraduate courses in Germany increased his knowledge in restorative dentistry and, since moving to Scotland, he has become a VT trainer and runs study days for VTs at Glasgow Dental Hospital. Contact Marcin at paradowskim@icloud.com

First Response Dental Services' owner is building a reputation for his flying visits – in more ways than one

In the service

When Vincent O'Brien tells you that servicing dental equipment is not rocket science, he's not being flippant – he's talking from experience.

The owner of First Response Dental Services spent a decade in the Royal Air Force as an avionics engineer working on missile guidance systems for Tornado fighters, before taking voluntary redundancy in 1996.

After leaving the RAF, Vincent spent a few years working as a cable engineer and a stint as a prison officer before joining Wright Cottrell in 2000. He was then asked to join The Dental Directory as its engineer in Scotland in 2002 and spent 11 years there before deciding to strike out on his own by setting up First Response Dental Services.

In 2009, Vincent had rejoined the military with the RAF Reserves. His girlfriend was in the process of applying as a dental nurse and, as he knew the recruiting sergeant, he went along with her. He is now a fully qualified Flight Medic with the Reserves based at RAF Leuchars and came back from a four-month tour in Afghanistan in March 2014.

Interestingly, Vincent was in the process of launching his new business in July 2013 when he was mobilised for his tour of Afghanistan and his business took a back seat while he was overseas. However, since he has returned, his new company has quickly built up a strong reputation for first-class service, competitive rates and flexible call-outs.

What's more, with First Response, you can get hold of Vincent directly at any time to book an appointment or for technical support – no call centres and no waiting.

Apart from LDU equipment, Vincent is qualified to service and repair the whole range of dental equipment from chairs to compressors and is trained by most of the major manufacturers. He covers the whole of Scotland, so practice location is no issue. ■

For more information, call 07549 058 475 or email frds@btinternet.com

GDC guidance

with Ian Jackson

Quality control

Director for Scotland at the GDC, Ian Jackson, gives an update on recent advice from the regulator about CPD quality

Keeping skills and knowledge up to date is at the heart of what it means to be a dental professional. Continuing professional development (CPD) is a compulsory part of registration with the General Dental Council (GDC), but it can also contribute to the delivery of good-quality care. It can support dental professionals in maintaining and updating their skills, knowledge and behaviour throughout their professional lives.

CPD can be undertaken via a wide range of activities, such as courses and lectures, training days, attending conferences, and e-learning activity. The quality of CPD undertaken is likely to have an impact on how well it supports a dental professional to meet the 'Standards for the Dental Team', as well as whether the CPD activity was a good use of time and, perhaps, money. With this in mind, we have recently published an advice sheet on quality controls for verifiable CPD.

The advice sheet provides guidance for dental professionals, and also to those who design, deliver and commission CPD in dentistry, about approaches for quality control. It provides suggestions about quality control measures for verifiable CPD activities and emphasises that they should be present at all stage of provision – before, during and after.

Quality controls are a legal requirement of verifiable CPD and should be in place no matter what form the CPD activity is delivered or received in, and irrespective of whether the CPD activity is paid for or free. You can download the advice sheet from the GDC website at www.gdc-uk.org/CPDqualitycontrols

The advice sheet expands on the advice available in the Frequently Asked Questions about CPD on the GDC website. It is advisory only and does not change the current CPD requirements for dental professionals, available in our booklet *Continuing professional development for dental professionals*.

We also continue to remind those who provide CPD for dental professionals that they should ensure that they robustly quality assure their CPD products and services and that 'quality control' is a legal requirement of verifiable CPD. ■

For further information about CPD, please visit the GDC website: www.gdc-uk.org

CPD REQUIREMENTS

Dentists

- If you are a dentist, your first five-year CPD cycle will begin on 1 January in the year after you first register.
- You must carry out at least 250 hours of CPD every five years. At least 75 of these hours need to be verifiable CPD.
- You are highly recommended to carry out verifiable CPD in recommended topic areas as part of the 75-hour minimum amount.

Dental care professionals

- If you are a dental care professional, your first five-year cycle will begin on 1 August in the year after you first register.
- You must carry out at least 150 hours of CPD every five years. At least 50 of these hours need to be verifiable CPD.
- You are highly recommended to carry out verifiable CPD in recommended topic areas as part of the 50-hour minimum amount.

Recommended topic areas ('core CPD')

a. Medical emergencies: at least 10 hours in every CPD cycle – the GDC recommends that you do at least two hours of CPD in this every year.
b. Disinfection and decontamination: the GDC recommends that you do at least five hours in every CPD cycle.
c. Radiography and radiation protection: the GDC recommends that you do at least five hours in every CPD cycle. If you are a dental technician you can do CPD in materials and equipment instead of radiography and radiation protection: at least five hours in every CPD cycle.

The GDC also recommends that you keep up to date by doing CPD (verifiable or general) in the following areas.

- Legal and ethical issues
- Complaints handling
- Oral cancer: early detection.

We make these recommendations because we believe regularly keeping up to date in these topics makes a contribution to patient safety.

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Saved by the record

If treatment doesn't go to plan, accurate record keeping can provide a valuable defence

Dental Protection serves more than 64,000 dental healthcare workers around the world and the accumulated experience is reflected in its many risk management publications. This series has been specially prepared for *Scottish Dental magazine* from the case files at Dental Protection (www.dentalprotection.org). This is a case where good record-keeping for an adverse incident 'saved the day'.

The patient had attended the dentist in this case for a few years, and had routine dental care provided without incident or complaint. Early in the period of care, the dentist had completed a root treatment at UL4 which had been troublesome, and although the root filling was a little shorter than ideal in one root, the symptoms had reduced and it was decided that the tooth should be kept under observation.

Three years later, the tooth flared up again, and at this stage a periapical lesion was noted on a new radiograph. Several options were discussed with the patient, including extraction, or re-root treatment, either by the dentist or by referral to a specialist endodontist. For financial reasons, the patient was not interested in pursuing the specialist option.

At the next appointment, the dentist opened the UL4, removed the old root filling and irrigated the tooth; at the follow-up appointment, the tooth was asymptomatic and so the dentist proceeded to complete the root filling, using a plain local anaesthetic. Unexpectedly, irrigation of the buccal canal with hypochlorite and chlorhexidine led to bleeding and pain – the procedure was stopped, the bleeding controlled and a temporary filling placed.

Within a short space of time, the patient experienced increasing pain, and also swelling in the adjacent area. The sinus area was painful to pressure, and as a precaution the dentist asked the patient to rest while an ice pack was applied to the site of the swelling. Unfortunately, there was no improvement within 15 minutes, so a second dentist was called to assist.

The temporary filling was removed and the tooth was again irrigated with chlorhexidine – at this point, the patient experienced increased pain and was shaking, so additional plain local anaesthetic was administered, and an ambulance was called. The patient was examined by paramedics, who advised simple analgesia, rest and use of cold packs, and a review within 24 hours.

On review with a colleague, the patient's pain had reduced but had not cleared, and it was noted that the patient's GP had prescribed antibiotics. The left cheek was still swollen, from the mandible to the eye, and it was decided to review the patient two days later. The swelling persisted at follow-up, and further root treatment was carried out to the UL4, with a suggestion that the problems may have been caused by the irrigating agent. The future prognosis of the UL4 was also discussed, but this turned out to be the patient's last visit to the practice.

Much to the dentist's astonishment, some months later the General Dental Council (GDC) advised her that the patient had raised concerns regarding the treatment that had been provided by the dentist and her colleague. The GDC's letter stated their intention to investigate whether her fitness to practise was impaired. The dentist was distressed by this development and complied with the request for information, with the advice from Dental Protection's adviser to 'sit tight' and await the outcome of the initial investigation.

"The dentist complied with the request for information"

The dentist was subsequently very relieved to learn that the GDC did not intend to refer the matter to their Investigating Committee, and was closing the case. The National Clinical Assessment Service (NCAS) had reviewed his clinical care via the records, and had made favourable comments in relation to the following areas:

- record keeping overall was good
- appropriate taking of radiographs was noted
- appropriate initial procedures for re-root treatment were carried out
- appropriate procedures followed following the adverse incident, including diagnosis, treatment, advice and follow-up.

NCAS were of the opinion that the incident was accidental, and had been appropriately managed. This was very reassuring for the dentist, who had been understandably shaken by the involvement of the GDC, and was very thankful that she had taken the time to record the clinical care, advice given, and had suitable radiographs to provide further information. Had the records not covered the important aspects of this case, the defence may not have been as water-tight, and may have prolonged the GDC involvement in the case.

In summary, this case highlights the need for good record keeping at all times, particularly when an adverse incident occurs. The benefits of having the best available defence organisation on your side can be invaluable too. ■

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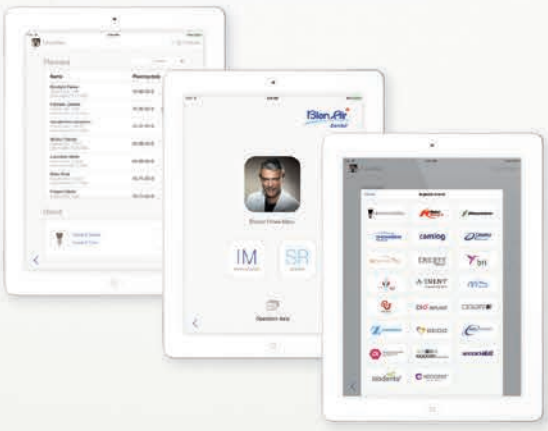

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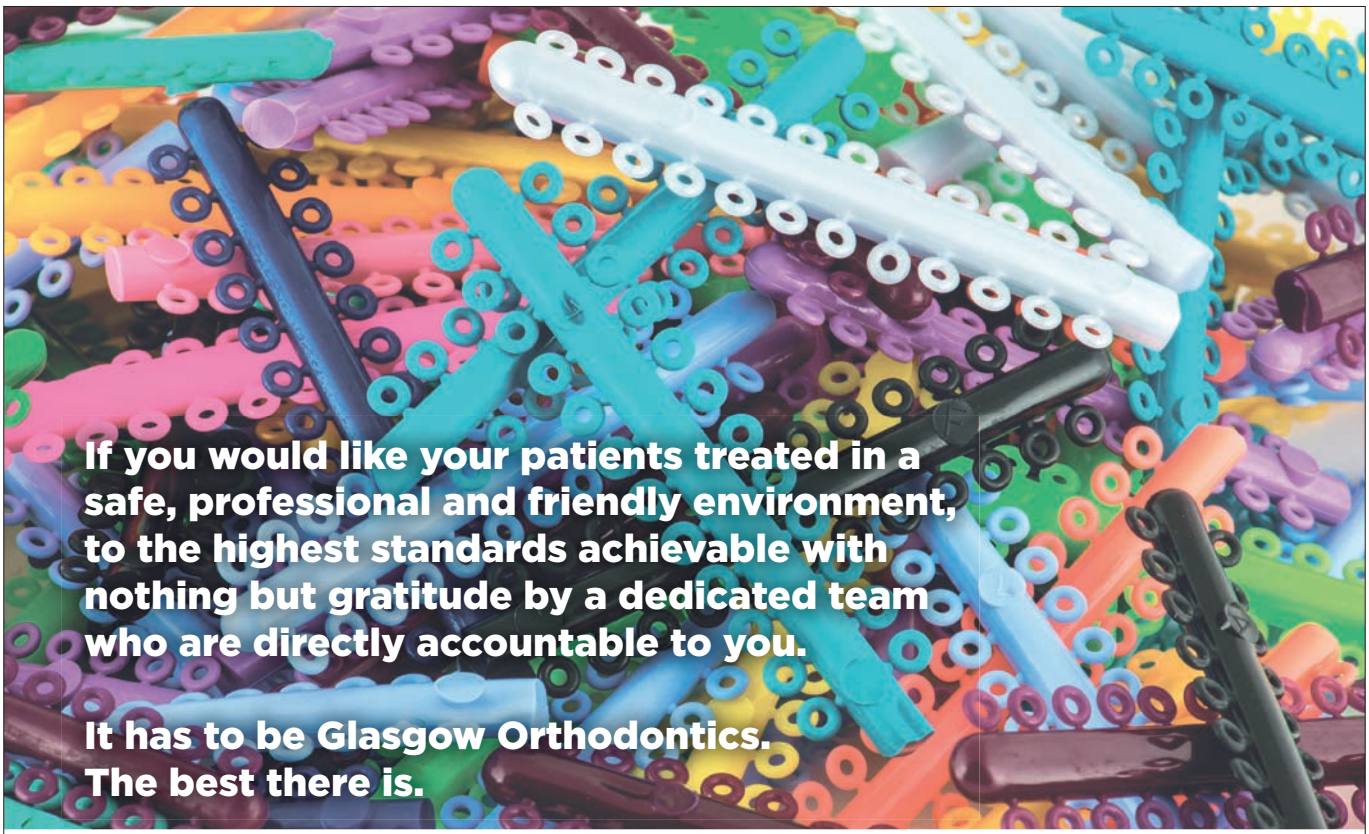


Surgical confidence with NSK

Compact power with custom settings are yours with the NSK Surgic Pro

The NSK Surgic Pro is a compact, stylish and fully integrated system incorporating the unique NSK Advanced Handpiece Calibration (AHC) and is available in three options: Surgic Pro LED optic; Surgic Pro non-optic; or Surgic Pro+ with LED, which features a USB data storage system to record operational settings for future reference.

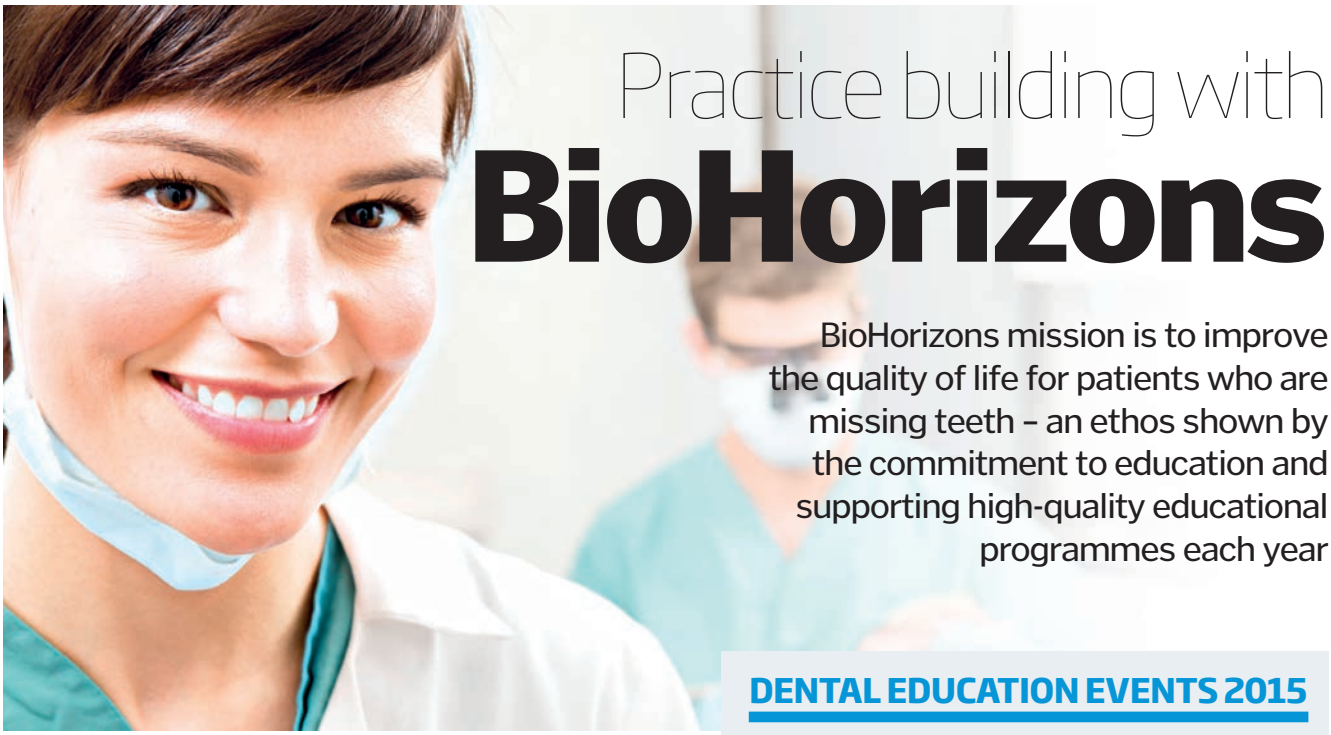
AHC guarantees accurate speed and torque control, consistent with the real-time performance exhibited on the LCD. Its wide range of speed and torque settings allows clinicians to use Surgic Pro with any brand of implant system.

The NSK VarioSurg3 maintains the lightweight and slim handpiece design of its predecessor, but has 50 per cent more power than the previous model. The feedback and auto-tuning functions are combined with a wide range of tips to ensure faster, more precise treatments.

Intuitive controls and a large, clear backlit LCD screen makes VarioSurg3 easy to operate while its Feedback Function constantly monitors the performance parameters of the ultrasonic unit during operation and simultaneously controls the power output, to optimise the level of power depending on the procedure. NSK's Link technology also enables clinicians to operate both VarioSurg3 and Surgic Pro via a single foot control.

"The customisation facility of NSK's motors is impressive and we use the presets all the time," said Philip Friel, of Philip Friel Advanced Dentistry, Glasgow. "We've got three dentists placing implants in the clinic and we have eight or nine presets loaded in to the system to cover personal preference, together with recommended implant system-specific settings."

For more information on these products or for a 10-day, no obligation 'try before you buy', contact NSK on 0800 634 1909, visit www.nsk-uk.com or your preferred dental supplier. Alternatively, contact Angela Glasgow, Territory Manager NSK Scotland, on 07525 911 006.



Practice building with BioHorizons

BioHorizons mission is to improve the quality of life for patients who are missing teeth – an ethos shown by the commitment to education and supporting high-quality educational programmes each year

Recognising that education is key to successful implant dentistry, BioHorizons provides CPD events and courses tailored to different levels of need, offering the perfect partnership for excellence in implantology.

The coming months will be no exception, for example with BioHorizons Global Symposium in Los Angeles in April 2015. Building on BioHorizons commitment to education, the symposium will address a wide range of implant dentistry challenges, including digital workflow, immediate loading, tissue regeneration, aesthetics, full-arch solutions and multidisciplinary teams. It's the perfect opportunity to stay abreast of the latest treatment options while enjoying time with colleagues in LA LIVE's one-of-a-kind entertainment district.

Then, at the ADI Team Congress in May in Glasgow, BioHorizons is proud to present its Corporate Forum comprising a series of lectures reviewing modern implant dental therapy. Featuring Mr Anthony Summerwill, Dr Anne O'Donoghue, Dr Edward P Allen and Dr Nik Pandya discussing subjects ranging from socket preservation to the impact the surface type can have on the aesthetic zone and so much more, you can be sure of a CPD opportunity that is second to none.

As for BioHorizons one-day courses, these are tailored to the needs of members of the dental team, including the dentist, technician and nurse. This means that, whatever your role and skill level, BioHorizons has a course that's right for you.

Topics include dental implants, biologics, surgical techniques, prosthetics, practice building, digital dentistry, treatment planning, risk management, current concepts and new technology, and more.

And with verifiable CPD an integral part of the package provided, BioHorizons highly valuable learning opportunities are a must for the forward-thinking dental professional looking to offer their patients the very best in dental implantology. ■

For further information on forthcoming events and BioHorizons range of products, please call 01344 752 560, email infouk@biohorizons.com or visit www.biohorizons.com

DENTAL EDUCATION EVENTS 2015

29 JANUARY
The Role of Implants in Restorative Dentistry with Dr Nik Pandya
Bracknell

19 FEBRUARY
Socket Preservation with Dr Anne O'Donoghue
London

28 FEBRUARY
Dental Implant Nurse Training with Ms Kasia Zawada
London

4 MARCH
Extraction Socket Grafting and Ridge Augmentation with Dr Eugene Marais
Birmingham

26 MARCH
A Technician's Introduction to BioHorizons Prosthetics with Mr Rick McGuinness
London

16-18 APRIL
BioHorizons Global Symposium
Los Angeles

30 APRIL
An Introduction to Contemporary Implant Prosthodontics with Mr Anthony Summerwill
London

14 MAY
Association of Dental Implantology Congress Corporate Forum with Mr Anthony Summerwill, Dr Anne O'Donoghue, Dr Edward P Allen and Dr Nik Pandya
Glasgow

13 JUNE
Dental Implant Nurse Training with Ms Kasia Zawada
Cardiff

24 JUNE
Sinus Elevation with Dr Eugene Marais
Bracknell

5 SEPTEMBER
Dental Implant Nurse Training with Ms Kasia Zawada
Leeds

7 OCTOBER
The Role of Implants in Restorative Dentistry with and Dr Nik Pandya
Birmingham

15 OCTOBER
An Introduction to Contemporary Implant Prosthodontics with Mr Anthony Summerwill
Leeds

Family values

Two brothers expand their orthodontic empire in Scotland, starting with buying and refurbishing Nusmile Orthodontics in Lanarkshire

Knowing that he has in some small way changed a patient's life is the most rewarding experience of being a dentist, according to Saranjit Nandhra.

With brother Jasbir, the dentist runs three orthodontic practices, including the newly revamped Nusmile Orthodontics in Carluke, South Lanarkshire.

The Kirkton Street practice is the brothers' latest venture – and their first in Scotland (other practices were started from scratch in Birmingham 1993 and Tamworth 2004) – but it won't be their last.

Saranjit explained: "We are currently acquiring six other practices in Scotland, it was always the plan to expand in Scotland. We looked at Glasgow and Edinburgh then we came across this practice. The dentist was about to retire, he was very passionate about his practice, and we liked the homely feel of a small town, that's why we bought it. Although there was not that many patients and not that many rooms – we are used to multiple rooms."

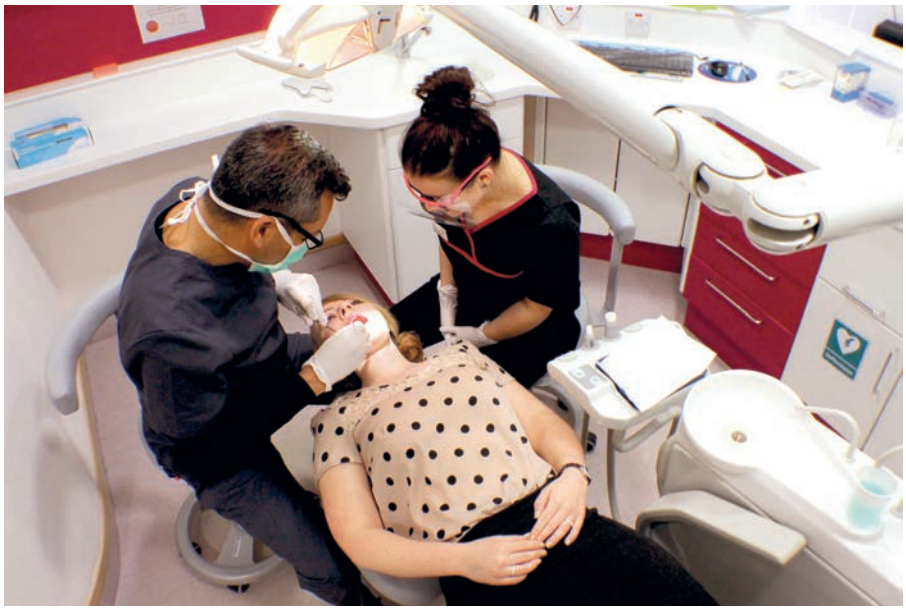
So between September 2012 and February 2013, the Nandhra brothers – who have 50 years of experience in dentistry between them – embarked on a huge refurbishment programme that saw this practice multiply in size, thanks to an agreed purchase of the flat upstairs.

With an architect who specialises in dental practice revamps overseeing the Nusmile Orthodontics refurbishment, the five-month plan saw the Tardis-like premises being transformed. It created three surgeries, one laboratory, an office, a waiting room, an X-ray room, a staff room, and a treatment co-ordinator's room. The latter was essential for Saranjit.

"The treatment co-ordinator's room is where we can explain the treatment to patients in a non-surgical environment. Because the patient is more relaxed in this room, they listen," he explained.

The square-footage was not the only thing that grew – Nusmile Orthodontics also increased its patient base from 200 in 2012 to more than 1,300 in 2014.

Because Nusmile Orthodontics is the only orthodontic practice in the area, it attracts patients and dentist referrals from far and wide. Some celebrity clients are also having their teeth straightened by the talented team, which includes practice manager and orthodontic nurse Vicki Smillie, orthodontic therapist Cerianne Gilmour and dental nurse Liz Pollock.



"When we take a patient's braces off it brings us great satisfaction"

The practice also has no waiting list (despite their heavy workload), has a late-night opening on Tuesdays until 8pm, and treats both children and adults on the NHS.

Of course, relocating to Scotland has been challenging for the Nandhra brothers, who still run the Birmingham and Tamworth practices. It has meant that they have had to split their time between the three premises, as well as overcome other barriers: "The Scottish accent was one of the biggest challenges! I still look to Vicki for assistance in understanding," laughed Saranjit.

For Vicki, who is local to the area, the arrival of Nusmile Orthodontics was a blessing and the practice manager/orthodontic nurse has worked closely with Saranjit and Jasbir in project managing the refurbishment programme and building up the client base. She has also built a rapport with referring dentists.

She said: "Because I have been here since the start, I have seen it through. There is a great sense of pride working here at Nusmile Orthodontics. Morale is high, we all enjoy working here and the guys are great to work for."

Today, the fuchsia pink of Nusmile Orthodontics' waiting room is almost as warm as the welcome from the friendly staff.

In the past two years, there have been big changes at Nusmile Orthodontics with the introduction of new technology such as Orthotrac, which makes digital X-rays immediately available onscreen in the surgery. Similarly, dentistry and orthodontics has also changed significantly.

Saranjit explained: "In the past 10 years, people have become more aware of their appearance. They are altering their appearance, and along with that, they want straight teeth."

Continued »

WHY SHOULD YOU REFER TO NUSMILE ORTHODONTICS?

Quite simply we believe we have one of the most modern well equipped orthodontic practices in the area...

A full refurbishment was completed in our practice the start of 2013, therefore enabling us to incorporate the most up to date technology. At nusmile orthodontics we offer you over 50 years of combined experience in shaping beautiful smiles for patients of all ages, using the latest orthodontic techniques. Within our practice we have two principle dentists, practice manager/ orthodontic nurse, orthodontic therapist and dental nurse.

- We offer NHS orthodontic treatment to both child and adult patients, provided they are eligible
- Referring to us is really quick and easy and can be done by either telephone, email, fax or post
- Nusmile orthodontics will see your patient quickly and, there are no waiting list
- Our friendly, experienced orthodontic team will look after your patient every step of the way
- We will ensure that your patient's experience with us is enjoyable and comfortable
- We will keep you up to date with the progress of your patient at all times
- Not only will your patient be delighted with the results they will also be delighted you referred to Nusmile
- As well as providing NHS treatment we also offer private orthodontic treatment and affordable payment plans

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nusmile ORTHODONTICS
shaping beautiful smiles

Continued »

Now, as Saranjit and Jasbir plan ahead with six more practices, they are sticking to what they know, and have made a conscious decision not to offer other supplementary treatments some orthodontists diversify in, such as botox and fillers.

Saranjit, who qualified in 1985, added: "Our passion is orthodontics. That's what we do so we are going to concentrate on orthodontics and are happy to do that and for referring dentists to continue to refer their patients to us. We will not do bleaching, botox or cosmetic dentistry – we don't want to overlap the treatments we can offer."

The desire for straight teeth has never been greater as children and adults alike strive for the perfect smile. Long gone are the days when 'train track' braces were disguised, now they're a fashion statement. Brightly coloured modules are used now, often in football colours, drawing attention to the silver braces available on the NHS.

Privately, there are other options for straight teeth including invisible braces, straighteners fitted behind the teeth, and tooth-coloured ones.

Latest research even suggests that children who have worn a brace to straighten their squint teeth are more successful. Saranjit explained: "People formulate an opinion of us in 10 seconds, so in an interview situation, people's impressions are important. If a young person has badly aligned teeth, the interviewer will make a subconscious decision about that person. The best advantage for kids is to give them straight teeth."

At Nusmile Orthodontics, patients having their old smile corrected are aged between 10 and 55. They, and everyone in between, benefit from its "first-class treatment" over an 18-24 month period.

Currently employing around 30 staff in its three practices, Nusmile Orthodontics's payroll is soon to top 100, but although the brothers have plans for expansion, their current model of "excellent customer care and relationships with other dentists" will be upheld in everything they do.

When asked why he does what he does, Saranjit replies: "As a team, when we take a patient's braces off and see that smile, it brings us a great sense of satisfaction. We have, in some small way, changed their life and whatever they do in life, we've made something a bit better." ■

Pension decisions

Alasdair MacDougall, director of Martin Aitken Financial Services, looks at the most radical changes to pensions in almost a century

From April 2015, the Government is introducing the most radical changes to pensions since the introduction of the Basic State Pension at the beginning of the 20th century.

These changes will be significant and of most interest to people with Personal Pensions and SIPPs. From April 2015, you will be able to take your entitlement to tax-free cash all in one go, or it can be spread over a series of years, enabling greater control over cash flow and tax.

In addition, while your money is in the pension, it can remain invested. So, if your investments perform well, you could end up with more money available to withdraw. Conversely, if your investments perform poorly, you could end up with less.

Anybody with a Defined Contribution Pension; for example, individual Stakeholder, Personal Pension, some AVC schemes and SIPP could benefit. Investors aged 55 or over in April 2015, should be able to take advantage of the increased flexibility straight away.

Investors aged at least 55 will have total freedom over how they take withdrawals from their pension, over and above any tax-free cash. Any withdrawals in excess of the tax-free amount will be taxed as income at your marginal rate.

If you elect to take your whole fund as cash in one go, you could potentially pay a top rate tax of 45 per cent if this withdrawal, when added to other income, exceeds £150,000.

On top of the above pension freedoms introduced in the 2014 Budget, on 29 September the Chancellor announced further radical changes to the tax treatment of pensions on death. Once these changes are confirmed, it should be possible for money purchase pension funds, including those already in drawdown, to pass these funds on to nominated beneficiaries free of tax, in some circumstances.

It is normally only possible to pass a pension on as a lump sum, tax-free if you die before age 75 and you have not taken any tax-free cash or income. From April 2015, irrespective of your age, you can pass on your pension tax-free, provided your beneficiaries retain the money within a pension. Should they decide to make any withdrawals they will only have to pay tax if you died after age 75.

You will also be able to pass on an income, tax-free via income drawdown, to any nominated beneficiary that can include children, grandchildren and remoter issue. If you die after age 75, your pension fund can be passed on to any nominated beneficiary, subject to a 45 per cent tax charge, unless it is paid as an income from the pension fund. If you elect to pass on your pension fund, in the form of an income after age 75, the income is taxed at the beneficiary's marginal rate.

"These radical and positive changes make planning your future more attractive"

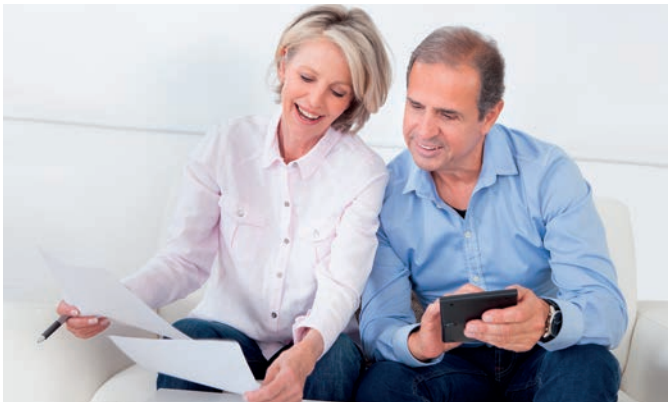
These radical and very positive changes to pension rules and regulations make planning your and your family's future even more attractive. Martin Aitken Financial Services Limited has decades of experience in the pension's field and would welcome the opportunity to review any existing money purchase arrangements.

We can also review other factors; such as charges, flexibility, risk profile, portfolio design and performance, to ensure that your arrangements are in keeping with your investment objectives. ■

The purpose of this article is to provide technical and generic guidance, and should not be interpreted as a personal recommendation. This article represents our interpretation of current and proposed legislation as at the date of publication. These may change in the future. Martin Aitken Financial Services Limited is authorised and regulated by The Financial Conduct Authority.

Karl Clezy and Paul Graham of Christie + Co, specialist advisors in the dental sector, take a closer look at what you need to consider before you give up work

Thinking of **retiring?**



At this time of year we start to think of future plans and perhaps even make New Year Resolutions. It might also be that retirement is starting to enter into your forward planning.

As a practice principal, considering retirement involves much more than giving up work. You will have built a patient list and will have worked hard to build and nurture goodwill that you will wish to ensure is maintained and will continue to flourish.

Dentistry is about caring for others and your practice will no doubt have been developed over many years. You will have invested time building relationships with patients, suppliers and staff and it is likely that you will want to see those foundations remain secure.

From your own personal point of view, you will want to ensure that you can adequately fund your retirement and are able to live comfortably. Making sure that both aspects are taken care of can be a juggling act so it is important to begin planning early.

Putting together an exit strategy that suits you and your practice is crucial for a successful transition.

As you begin to consider retirement, you may be uncertain on how to proceed. Whatever your reasons or motivation, this will always be a big decision and worth planning some years ahead. It is important to engage the advice and support of experts to guide you through the process. ■

To discuss how Christie + Co might help you achieve your future plans, please contact Karl or Paul on 0141 352 7300.

Sustained excellence

The team at Stark Main & Co Dental have just returned from London having picked up the UK Independent Firm of the Year at the 2014 British Accountancy Awards.

This is a huge accolade for the firm and their Edinburgh office focuses entirely on advising the Scottish Dental Sector. The award of Independent Firm of the Year demonstrates a sustained period of excellence having been awarded the Scottish Firm of the Year at these awards in 2013 and 2012.

Director, Ian Main, said: "We are incredibly proud of this national recognition for our dedicated team. At Stark Main & Co Dental we are proud of the difference we make together with our Scottish dental clients and we look forward to continuing to build on this success to assist dentists to maximise their potential and achieve their practice and personal goals."

The firm works on a 'deeper' basis than you would traditionally expect from an accountant and uses their analytical approach to drive forward the results of the dentists they work with.

The judges were particularly impressed with their innovative and focussed approach which demonstrably evidenced results such as a 100 per cent success record in raising finance, an average of £25k per annum tax saved per dental client (£86k for practice acquisitions) and higher than UK average profitability achieved consistently through the application of their Performance Measurement & Improvement service offering.

To celebrate their success, the firm is offering the first 10 respondents a free practice review worth £2,000. To take advantage of this offer and to access a no obligation review, readers are encouraged to contact Ian Main on ian@starkmaindental.co.uk

Pension planning

Alasdair MacDougall, director of Martin Aitken Financial Services asks whether auto-enrolment is working for your business?

Over the next three years, millions of workers will be automatically enrolled into a workplace pension by their employer. Auto-Enrolment (AE), the Government's flagship pension initiative started in 2012, is a move to ensure compulsory pension provision with contributions shared across employee, employer and the Government, by way of tax relief. However, there are a number of issues which employers need to consider.

1. Quality of pensions
Financial Advisor Ratings website 'Vouched For' predicted a "pensions crunch" as 92 per cent of IFAs canvassed said that large pension providers did not have the manpower to cope with the AE roll out.

2. Administration
According to Standard Life, around 10,000 medium sized enterprises reached Auto-Enrolment Staging on 1 July 2014, with many needing last minute advice, incurring higher fees as they were behind in their preparations. There have also been significant implementation costs with fines for getting it wrong.

3. Pension contributions
Under AE, contributions commence with a 2 per cent gross contribution (1 per cent EE and 1 per cent ER). The employer contributions rise to 2 per cent on 1 October 2017 (3 per cent EE) and then 3 per cent employer contributions (5 percent EE) from 1 October 2018. Tax relief is available for the employee and, at a 5 per cent gross contribution, this amounts to 1 per cent. So a significant increase in staff costs.

4. Systems
Employers need to understand all their contractual arrangements and, if appropriate, take advice from specialist employment lawyers. Given the potential fines it should be time and money well spent.

Three things to consider:
1. When will you stage?
2. Is your payroll package AE compliant?
3. Is your current employee pension option AE compliant? ■

Contact Jayne Clifford or Alasdair MacDougall at Martin Aitken Financial Services for further information on 0141 272 0000.

Long-lasting relief

Everyone doesn't welcome crisp cold mornings. Those suffering from dental hypersensitivity can find this time of year challenging to say the least.

Experienced by a wide cross-section of the population, most notably when eating or drinking cold or sweet food, or taking a gasp of cold air, hypersensitivity is caused by nerves which are stimulated in the dentine layer of teeth exposed by tooth wear or periodontal disease.

A range of products are available to help, such as numbing products containing ingredients such as potassium nitrate to provide instant but temporary relief.

Other popular ingredients include strontium chloride, arginine and novamin, known to provide a temporary surface film over the exposed tubules until the next acid attack or vigorous brush.

Oral-B's Pro-Expert All Around Protection toothpaste brings long-lasting relief to thousands of dentine hypersensitivity sufferers thanks to the inclusion of stabilised stannous fluoride.

This acts by partially or completely blocking the tiny dentinal tubules of which dentine is composed, thereby also blocking the stimuli causing the painful nerve impulses. Repeated use helps to build a strong barrier by occluding the tubules more and more, leading to a decrease in sensitivity.

The corrosion of erosion

The consumption of soft drinks, fruit juices and sports drinks continues to rise. The erosive nature of these drinks is well documented, which raises the question: what can be done to provide protection against their damaging effect? One study found that toothpaste containing stabilised stannous fluoride provided significant acid protection over that provided by conventional fluoride products. This is strongly attributable to the high bioavailability of stannous fluoride in the formula.

It is believed that toothpastes containing this ingredient produce a protective barrier layer that remains on the tooth for hours after the products use. It is this, the authors conclude, which helps protect enamel against the initiation and progression of dietary acid attack.

Oral-B Pro-Expert toothpaste contains a combination of stabilised stannous fluoride and sodium hexametaphosphate. Preventing enamel loss is just one benefit of Pro-Expert. It also helps protect against plaque, gum problems, caries, calculus formation, dental hypersensitivity, staining and oral malodour.

Life-changing solutions

"I've been using the All-on-4 treatment concept for about seven years, and you can offer an immediate solution in most cases," according to Dr Riz Syed from Leading Dental Implants.

"Patients' biggest worry is having to wear a denture and the All-on-4 treatment is life-changing for them."

Offering an innovative alternative to dentures, the All-on-4 treatment from Nobel Biocare gives edentulous patients back their smile and their confidence. It uses just four implants to support an immediately loaded full-arch prosthesis, restoring a fully functional and natural-looking smile in a single appointment.

The ground-breaking concept is supported by years of clinical research, finding an impressive 94.8-98 per cent survival rate between five and 10 years after surgery.

Contact Nobel Biocare on 0208 756 3300, or visit www.nobelbiocare.com

Bright white smiles

Professional Tooth Whitening kits from Sparkle Dental Labs have everything you need to offer a successful whitening treatment.

Formulated in the UK and packaged with patients in mind, the kits provide clinically proven, effective and predictable results.

Offer your patients a choice of customised tooth whitening to match the required dentist recommendation, available in 6 per cent HP, 16 per cent CP or 10 per cent CP.

The fantastic service from Sparkle Dental Labs includes free custom bleaching trays included in the kit. What's more, you no longer need to hold reserves of whitening stock as this is all taken care of for you.

Order today and receive 15 per cent off when you buy five kits or more.

For more details about Sparkle Dental Labs, please call 0800 138 6255, email customerservice@sparkledentallabs.com or visit www.sparkledentallabs.com

Visually perfect results

Bifix Temp combines highest aesthetics and simplest applicability and thus makes visually perfect results possible for temporary restorations. The translucent and tooth-like shade universal ideally adapts to highly aesthetic temporaries, does not shine through and promotes the natural appearance of the temporary treatment. Thanks to film layers of below 5µm in thickness, temporaries can be luted to fit perfectly and without time-consuming finishing work.

Dual-curing is facilitated by the composite-based material, which can be worked for approximately 90 seconds and self-cures within four minutes. Use of a polymerisation light can shorten the setting time.

For more information, visit www.voco.com or email info@voco.com Special offer: buy two get one free. Contact your VOCO dental consultant

Now take your pick

New from *The Dental Directory*, Doctor's BrushPicks are toothpicks for a healthy smile.

Using Doctor's BrushPicks every day will produce a notable improvement in your patient's oral health in only two weeks.

Each BrushPick offers seven discrete ways to clean teeth better:

1. Improved Plyalene for longer lasting bristles
2. Extends between teeth gently and easily
3. Brushes away debris
4. Stimulates the gums
5. Will not harm dental and bridgework
6. Manoeuvres and is easy to hold
7. Safely scrapes away plaque.

BrushPicks promote periodontal health, help in the fight against gingivitis and are available in four convenient varieties. Available now in *The Dental Directory*'s BigBite flyer – your patients will quickly see the benefits.

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

Clarity to impress

The more visible the details in a dental radiograph, the quicker and more precise the diagnosis. Dürr Dental's new VistaPano uses S-Pan technology to provide unrivalled clarity.

Until now, modern digital devices have generated panoramic images along a prescribed contour, which follows the jaw line of an 'average' person on the axial plane.

S-Pan technology works completely differently.

A huge number of parallel layers are segmented and the system selects the images which best match the actual anatomy of the patient. The result is an image with impressive clarity.

For more information, visit www.duerrdental.de

Pre and post-nuptial agreements in Scotland

Charles Brown from Miller Samuel brings up the thorny issue of legal agreements around marriage

With each passing year, more people in Scotland are considering pre-nuptial and post-nuptial agreements. However, even more people should consider them.

For example, practice owners should strongly consider entering such an agreement, particularly where their spouse is a shareholder or partner or is likely to become a shareholder or partner for tax or other purposes. Pre-nuptial agreements have been recognised in Scotland for a considerable time. Parties who have previously been married and are marrying again regularly enter into pre-nuptial agreements without difficulty. However, many first-time spouses find the issue difficult to raise with their spouse to be. The fact is, the cost involved in obtaining a pre-nuptial agreement is relatively limited, certainly compared to its importance and effect. Such an agreement also allows parties to record almost anything, both in relation to past wealth and future outcomes. The agreement will be enforceable, provided it is fair and reasonable when it is entered into. It can protect assets, such as houses, land, business interests and use of inheritances. Pre-nuptial agreements are not the preserve of the rich. It is regularly in the interests of parties with modest wealth to enter into such agreements. They can help to ensure, for example, that a parents' estate on death is passed to their own children, rather than to the spouse and ultimately their children. A basic pre-nuptial agreement costs considerably less than a divorce and, if drafted properly, helps minimise dispute upon separation. ■

For more information about pre-nuptial agreements and any other aspect of family law in Scotland, please contact Charles Brown, head of our Family Law Department, on crb@millersamuel.co.uk on 0141 227 6046.

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Adding the wow factor

For that extra wow factor in your practice, discover the innovative CS 3500 intra-oral scanner from Carestream Dental.

State-of-the-art technology facilitates easy image acquisition in high-resolution, true-colour 3D and 3D formats. Significantly enhancing the diagnostic and treatment planning process, while providing a comfortable experience for the patient, everyone wins.

What's more, the lightweight and portable handpiece is easy to use and the innovative light guidance system ensures optimum positioning within the mouth.

Practitioners who have described it as "a great piece of equipment" that achieves "excellent results" and "adds the wow factor to your practice".

Contact Carestream Dental on 0800 169 9692 or visit www.carestreamdental.co.uk

The perfect partnership

The BDIA Dental Showcase in October was the ideal place to launch the perfect partnership.

The Dental Directory officially announced that it will be working alongside A-dec, further demonstrating its commitment to bringing the very best products and choice for its customers.

To celebrate, *The Dental Directory* is offering over £2,000 worth of pre-planned preventative maintenance with the first 20 dental units sold from the 300, 400 or 500 ranges.

Visit an A-dec showroom or contact The Dental Directory on 0800 585 585, or visit www.dental-directory.co.uk

Stand out from the crowd

More than 150 dentists across the world compared 3M ESPE's Filtek Bulk Fill Posterior Restorative against their preferred restorative materials.

More than twice the number of dentists preferred the placement technique of Filtek bulk fill posterior compared to that of incrementally placed composites, finding it 24 per cent faster to place.

More than 90 per cent of dentists in an *in vivo* evaluation would also recommend the restorative to a colleague. Contact 3M ESPE today to find out why.

For more information, call 0845 602 5094 or visit www.3Mespe.co.uk
3M, ESPE and Filtek are trademarks of the 3M Company

3M ESPE

Triple action solution

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.

Its triple action properties prevent soiled instruments from drying prior to decontamination, the active protease enzyme pre-cleansing agents aids reprocessing and it helps prevent instruments from rusting or pitting.

The ready-to-use foaming solution is simple and effective.

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

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

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

Vision into reality

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

Our showroom, 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.

At the showroom, you'll be introduced to our A-dec difference display which shows the 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, email info@a-dec.co.uk or visit www.a-dec.co.uk

Clearfil's one-bottle universal adhesive

New Clearfil Universal Bond is a single-component, light-cure bonding agent indicated for all direct and indirect restorations in combination with all etching techniques, as well as for the surface treatment of glass ceramics.

Clearfil Universal Bond has higher bond strength than other one-bottle universal adhesives. It works on both wet and dry dentin using total-etch.

Clearfil Universal Bond can be mixed with Clearfil DC Activator to become a dual-cure adhesive.

For further information or to order, please call J&S Davis on 01438 747 344 or email jsdsales@js-davis.co.uk

Special offer: buy Universal Bond and get a free DC Activator trial. (Subject to availability.)

New year, new resolutions

A new year invariably heralds good intentions, so why not encourage better oral hygiene?

The epidemiology of gingivitis and periodontal disease clearly indicates that many people do not brush well.

Oral-B's new SmartSeries electric toothbrush allows dental professionals to programme patients' brushing routines on their mobile to ensure they follow guidance between appointments. Control is passed to the patient, under the guidance of dental professionals.

Brushing duration, mode and problem zones can be highlighted.

With patients' consent, professionals can access brushing data to identify areas for improvement. Users need not worry about their battery life, as the brush works via Bluetooth 4.0, which uses significantly less energy than the traditional version.

ProTaper Next course

ProTaper Next will tackle nearly all of your treatable root canals, even the complex ones. With a patented, off-centred, rectangular cross section and strengthened NiTi, M-Wire, the unique snake-like swaggering movement creates an enlarged space for debris removal, optimises the canal tracking and reduces binding.

Plandent and DENTSPLY have teamed up to host exciting hands-on-courses in Scotland. The first event, with Dr Carol Tait (pictured) in Edinburgh, was a huge success and the next is planned for early February 2015 in Glasgow, presented by Dr Bob Philpott.

To book your place, get in touch with Marlene McKenzie (Plandent) on 07778 142 081 or Wendy Sands (DENTSPLY) on 07770 684 169.

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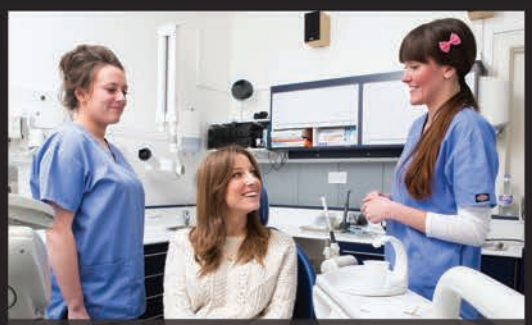

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