The magazine for dental professionals working in Scotland
June/July 2010

Scottish Dental magazine

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Howard Moody on the forensics frontline **Page 34**

EXCLUSIVE: 150 SAY THEY CAN'T COMPLY
CDO's office releases responses to survey on decontamination **Page 7**

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ANSWERS
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WILL YOU SWALLOW THEM?

CDO Margie Taylor takes your questions. See page 20

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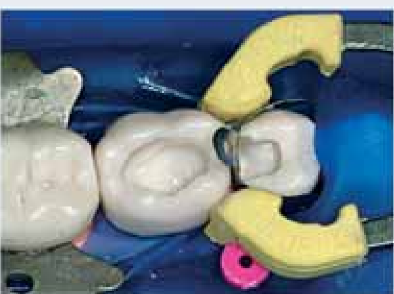

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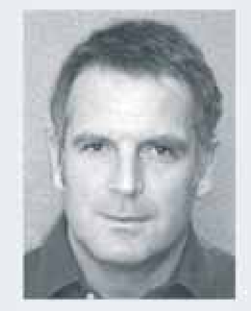
Dr. Eric Van Dooren runs a private practice in Antwerp, Belgium, which is limited to periodontics, fixed prosthodontics, and implants.

He is currently a Visiting Professor at Université de Liège in Belgium.

Dr Van Dooren lectures nationally and internationally, mainly on aesthetics,implants and aesthetic periodontal surgery. He has published several articles in International Journals.



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Welcome

Editor's desk

with Bruce Oxley

Coming clean

It's nearly ten years since the Glennie Group was established to review the sterile service provision across NHS Scotland and the repercussions are still being felt by everyone in the dental industry to this day.

With the recent news that up to 150 dental surgeries in Scotland are unable to comply with the latest decontamination guidelines, it is clear that this situation is far from being resolved for many dentists.

Not all practices have the space to accommodate an LDU and many have had to sacrifice a working surgery, and income, to comply. Many practices have moved to new premises and while this has been a breath of fresh air for some, for many it has been a costly headache that they would rather have avoided.

And, the initial costs of installing new equipment and systems is just the beginning, with worst case scenarios putting the annual running costs into the tens of thousands.

And that's not even mentioning the scientific debate that has split the academic community. Specialists and microbiologists can't agree on whether instruments need to be sterile at point of use or not, with some questioning the very evidence base that has preceded all this.

More questions than answers, at least that never changes. ■

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

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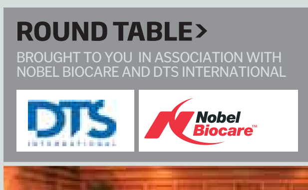

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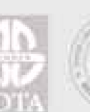

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Biting back
with Claire Walsh

Changed days

The ever-evolving world of dentistry

Who would have thought atmospheric volcanic ash could bring us to our knees for a week? Longer, if you were one of the unlucky travellers stranded in paradise with no fresh underwear or spending money – what a carry on!

No extended break for me, but I loved the opening line of Simon Calder's travel column in *The Independent*. You know him, the bespectacled travel/consumer correspondent on the BBC... he said something along the lines of: "We wanted cash from Iceland; instead, we got ash." Love it.

Isn't it weird how things happen outwith your control, and have a huge knock-on effect? There have been a few such happenings in dentistry, for various reasons. I think the first I can really remember was the edition of Panorama way back in the 90s about hand-pieces potentially carrying infective agents, and transferring these from patient to patient. Urban legend has it that Kavo sold out of hand-pieces the next day, and we have never looked back. It is incredible just how far cross-infection control has advanced since the good old days of the reusable tumbler for mouthwash, cleaned on a tea towel, and washing gloves in-obetween patients... to name but a few.

"It is incredible just how far cross-infection control has advanced since the good old days of the reusable tumbler for mouthwash and washing gloves in-between patients"

New dentists will shudder reading this, but that was acceptable then. It's the same as record keeping – it used to be enough to write 'ex, sp', but those days are long gone as well, and it can only be a good thing. Mind you, one thing you can never get more of is time, and there isn't as much of that going round these days, after you do your records and clean the place!

You take things for granted – like Citanest, for example. This disappeared off the face of the earth a few years ago, and has been in short supply again recently. This seems to be more of a business matter on the part of the manufacturer than a belief that no one wants it – but, in any case, where was it when you needed it! And Bocasan – where did that go?

Sometimes availability is not the issue, but something else gets in the way – like legislation. Whitening is conservative, safe, demanded by patients... and yet supplying the material is illegal. I have heard a whisper that the legal situation on this will be clarified, at last, in the near future. If this is the case, it will be a huge step forward, as the situation is utterly ludicrous, particularly when you consider the size of the industry it has spawned among non-dentally qualified entrepreneurs. Even the GDC's statement that whitening is the 'business of dentistry' hasn't stopped all the fly-by-nights who take risks with their 'clients' (well, they can hardly call them patients!)

Dental tourism – if someone suggested this a few years ago, you would have laughed your head off.

I'm sure every one of us has picked up the pieces for any number of these patients, who thought that a fiver for a white filling in a back tooth was too good to walk past... only to be told a few months later that they paid for a thick occlusal glass ionomer which is now giving them gyp. And that's an easy case... joy! ■

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Concern as scores say 'can't comply'

Exclusive: Questions intensify as figures show 17 per cent are unable to meet decontamination requirements

Around 150 dental practices in Scotland have said they will be unable to comply with the controversial regulations on decontamination.

The extent of the problem to be faced emerged after *Scottish Dental magazine* pressed the Chief Dental Officer for the figures that have been compiled from practitioners across Scotland.

Questions will now harden on how practices which can't comply are to be aided, where the money to pay for this will come from, and what will happen regarding long-term patient access to care in the areas where practices can't comply.

Responding to the figures, Dr Robert Kinloch, Chair of SDPC, said: "The BDA has long warned that a number of practices in Scotland will be unable to comply with the new decontamination regulations because they lack the space to do so. These figures confirm that is the situation.

"The BDA believes it is important that the requirements should be evidence-based and take account of risk. We have written to the Scottish Intercollegiate Guidelines Network asking for the guidelines to be reviewed to ensure they meet these criteria."

The figures show: Group 1 (those who are developing an LDU): 26 per cent. Group 2 (those who can't comply with the requirements): 17 per cent. Group 3 (those who have already met the new standards): 54 per cent. Three per cent have still to respond.

While being aware that 17 per cent of practices being unable to comply presents a significant issue for the future, the Government points to the fact that 80 per cent of practices are either compliant now or are well on there way to being so.

SDPC Chair Robert Kinloch

CDO Margie Taylor

The statement from the Scottish Government, said: "It is essential that appropriate measures are in place to promote good practice in the sterilisation of reusable surgical instruments and equipment in order to protect the public and staff.

"Over 80 per cent of dental practices in Scotland are either meeting the new standards or are able to accommodate an LDU within their practice.

"However, the Scottish Government also recognises that the dental decontamination requirements pose challenges for some dentists and we are determined to work with the profession to resolve these.

"Funding has been provided to health boards to help meet local practice needs and we are currently working with practitioners to find ways of developing efficiency measures to help reduce running costs."

With the budgetary constraints that are certain to bite in Scotland over the next two years, what remains unclear is how much money – and where it will come from – will have to be found to pay for relocating the practices whose existing facilities cannot meet the requirements.

Already, significant levels of funding have been provided to support those practices that have already complied or are in the process of doing so. What is known is that the Primary and Community Care Premises Modernisation Programme budget for 2009-11 is £80 million. Of this figure £58m has been allocated to provision of dental services and training and decontamination makes up part of this. What is unclear is how much of this has already been spent.

When asked if extra funding will be required to allow the Group 2 surgeries (those who can't comply) to comply with the legislation, the spokesman responded by saying: "Health Boards were asked to apply for Scottish Government funding to meet local practices' needs, this included work to meet decontamination regulations. The funding was for March 2009-March 2011. The Scottish Government has not received any requests for additional funding from Health Boards to meet the improved standards."

One of the other major issues concerning all GDPs is the running cost of the LDUs, which has been estimated by some at £30,000 per annum for single practices and £50,000 for multiple chair practices.

When asked if there would be any funding available to help dentists with these costs, the spokesman responded: "The Scottish Government has begun working with practitioners to find ways of developing efficiency measures to help reduce running costs. Priority is currently on addressing the practicalities of continuing the premises improvement."

Can't comply or hold strong views? Let us know your thoughts: bruce.oxley@connectmags.co.uk

LEGAL: Fairer access to justice for dentists

Recommendations made by the Gill review, which include cases under £150,000 being removed from the Court of Session, have been welcomed by indemnity organisations.

The review into the Scottish civil court system would have a number of benefits, according to Dental Protection's Scottish head of dental services, Hugh Harvie.

He said: "For too long, dentists have, in some instances, been effectively held to ransom when patients have raised relatively low value claims in the Court of Session.

"This has often resulted in the legal expenses of the action (which are paid by the defence organisation if the case is settled) far outweighing the value of the claim. Lord Gill's proposals will result in fairer access to justice for dentists and patients alike."

Judicial case management, including the introduction of case management hearings, is also recommended which would result in the Court being more in control of the management of the case and the exchange of information and evidence.

Take care over periodontal claims

Scots dentists must pay careful attention when keeping records and making claims for periodontal treatment, says the MDDUS.

The dental defence organisation has reminded practitioners of the potential problems in this area given that claims are scrutinised by payment authorities.

MDDUS points out that suppression of the disease process can be a seemingly never-ending process, particularly if home care is poor. However, failure to maintain the health of supporting tissues can lead to widespread loss of dentition and make placement of implants problematic.

Dr Doug Hamilton, MDDUS dento-legal advisor, said: "The degree of subjectivity inherent in assessing the quality of periodontal treatment, together with the complexities of the relevant Statement of Dental Remuneration (SDR) provisions, can lead to problems when relevant fees are being claimed."

MDDUS also highlights that dentists should be aware that failure to satisfy the precise terms of the SDR can have consequences beyond the withholding of individual fees.

Dr Hamilton added: "Where a pattern of mis-claims is identified it may be construed as being deliberate – resulting in recovery of significant monies or even the involvement of the Counter Fraud Services."

Spotlight searches for fraudulent forms

SDPB. GP17 forms suspected of being manipulated are being sent to Counter Fraud Services

A stark warning has been issued to NHS dentists in Scotland: "Don't manipulate your GP17 claim forms."

The Scottish Dental Practice Board (SDPB) has said there is a spotlight being trained on claims and that any suspicious forms will immediately be sent to counter fraud investigators.

This month already, a number of claim forms have been identified as potentially in breach of the rules and have been marked out for investigation.

It is anticipated that action will be taken on these forms over the coming weeks.

"This is something that we are just not prepared to tolerate. We will be taking robust action against anyone we find who has made erroneous claims and manipulated the forms," Dr Donald McNicol, chairman of the SDPB, told *Scottish Dental*.

> **"Suspect forms will be referred to the Counter Fraud Services and the appropriate action will be taken"**
> Dr Donald McNicol

The warning comes just weeks after it emerged that £165,000 has been clawed back in the past year from dentists as a result of breaches in the rules governing GP17 forms.

It is not suggested that all of this money was obtained fraudulently. It is believed that a significant proportion had been claimed erroneously through lack of understanding of the regulations.

However, Dr McNicol confirmed that there were a number of cases in which the figures and dates had been falsely manipulated and payment obtained by the dentists involved.

The SDPB has now changed the way in which the three-month claim rule is to be applied.

Until recently, dentists have been expected to submit their claims after a patient has completed their course of treatment. However, problems have arisen for dentists when a patient has failed to attend a scheduled appointment or not returned to the surgery at all.

The plan now is for dentists to be able to submit their claims within three months of the date of the last appointment at which the patient was expected to attend. This, it is hoped, will ensure that dentists are not disadvantaged by the three-month rule.

Dr McNicol added: "We hope that this will be a fairer system for practitioners to ensure that they are paid promptly and accurately. We are doing everything possible to make sure the system is appropriate, manageable and fair."

The chairman added that the board is anxious that practitioners submit their claim forms within the set timeframes and in an organised fashion. It is, they say, not acceptable to submit large batches of claim forms all at one time or outwith the allotted timescales.

"But practitioners should be left in no doubt that we are taking a very proactive line on manipulation of forms.

"We have taken advice and are very clear on the action that will be taken where this has happened. Suspect forms will be referred to the Counter Fraud Services and the appropriate action will be taken where these cases are proven," he said.

Training. NES pre-empts future budget cuts by charging for its courses

NES is forced to introduce charges

Dentists in Scotland are to be charged for the first time for attending training courses run by NHS Education for Scotland (NES).

The training body is believed to be under significant pressure to generate a revenue stream to compensate for the expected cuts in public expenditure.

As a result, NES has taken the decision to start charging for courses with effect from 1 August this year.

The training body maintains that this is now essential if they are to "futureproof" the organisation's portfolio of courses and maintain quality and volume.

However, the move will not come without its critics and some NHS dentists will be angered by what they will see as a further drain on their already strained incomes as well as a further erosion of the NHS.

NES argues that the fee structure that has been set in place is "affordable, offers great value for money...and reflects ability to pay".

The charges will range from £25 per session for an NHS dentist to £50 for the cost of a full-day programme. The same course for private dentists will be charged at £100 per session and £200 per day.

For DCPs, the equivalent sessions will cost £10 and £20 respectively.

Charges are also going to be brought into play for in-practice CPD. The cost of a single session will be £200 while a full day will be charged at £400.

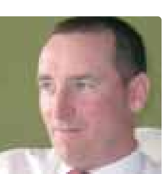
Private practices will again be expected to pay more for the services. A session will cost £400 and a full-day training session will be charged at £800.

One area of training that will not be charged is infection control for NHS practices. For private practices, the cost of this course will be £400.

Dr Andrew Forgie, associate dean for dental education at NES, explained: "The charges are modest, and indeed very low compared to private providers, the British Dental Association and Royal Colleges. They represent excellent value for money, and the differential rates for dentists and DCPs acknowledge the different income brackets of those groups.

"The charge is a contribution to the education and will allow NES to maintain the range, the number and the quality of courses delivered.

"It will also allow NES to retain the infrastructure and expertise and avoid the need to rebuild capacity when the economy begins to recover."



"The charges are modest, and indeed very low compared to private providers"
Dr Andrew Forgie

Dr Forgie stressed that a great deal of work had been done at NES in recent years to develop and increase the number of programmes available for dentists and DCPs across Scotland.

He said that NES is increasingly providing training for all members of the dental team and added that there are now more DCPs registered with the GDC than dentists. "This training is multi-professional or uni-professional as appropriate," he said.

All practices that have 100 NHS patients or more will pay the NHS rates. This, says NES, also removes any confusion over DCPs who may work with more than one dentist within a practice.

If you have a view on NES charging for courses, please email the editor at bruce.oxley@connectmags. co.uk

New online portal to improve NES access

The Dentistry Portal used by the profession to book NHS Education for Scotland (NES) training courses is to have a major overhaul and relaunch in August.

The new system, which will be open for use by other NHS professionals in other specialisms such as pharmacy, optometry and general practice, has a number of significantly improved or additional features.

These include:

- Online seat booking for NES courses
- Online cancelling
- NES information delivered via email or by text
- Electronic reminders of courses booked/available
- Online self-service reporting: CPD record printing
- Barcoding in and out of CPD events
- Instant online course evaluations.

The development team is working hard to ensure that the new system is as easy to navigate and use as possible.

NES has said that as with any significant change, there will be hurdles to overcome: "However, as a current portal account holder we want to make these hurdles as easy for you to negotiate as possible."

It will be necessary for the existing system to go offline for a short period while the required technical work is carried out. These dates will be published on the existing site as soon as they are known.

It is intended that a number of new generic web addresses will also be created. However, dental professionals in Scotland will continue to be able to use the existing address: www.dentistry portal.scot.nhs.uk

Dentists will have to create a new account on the system. No historical data will be lost, however. Information on the new portal will guide visitors through the process.

NICOLSON UNDER SUPERVISION

A Penicuik practitioner has been placed under conditional registration for three years after admitting a string of cross-infection control, clinical and health issues.

The General Dental Council's (GDC) Professional Conduct Committee ordered that Mark Nicolson was to practice under the guidance of a GDC-approved workplace supervisor until May 2013.

The committee heard that, in the course of his practice at the Ballantine Dental Practice in Penicuik, Dr Nicolson had failed to ensure that cross-infection control practices were properly applied on a number of occasions. These included wearing soiled gloves in the reception area and failing to ensure that dirty instruments were properly cleaned.

He also admitted a number of clinical failures including providing inadequate treatment in relation to a Maryland bridge preparation, failing to treat an infection and an inadequate root treatment he had undertaken previously, and causing a wound in a patient's mouth and failing to make a note of the wound in the patient's records or of the advice given.

The final allegations relate to two occasions where, in the course of treatment, Mr Nicolson suffered "a significant medical episode".

He continued to treat these patients despite his ability to practise being affected and he failed to notify his practice principal of the episodes.

Arfan Dad cut from register

GENERAL DENTAL COUNCIL

A Glasgow dentist convicted of fraudulently obtaining rebates from the NHS has been struck off by the General Dental Council (GDC) for lying on his application to rejoin the council's register.

Arfan Dad was convicted of two counts of fraud and sentenced to 240 hours of community service at Glasgow Sheriff Court in November 2007. He pleaded guilty to claiming and obtaining rebates from the NHS and then writing cheques to the council that he knew would bounce. In order to obtain the rebate for one of the properties he claimed that he was treating patients there when he was not.

His GDC registration had lapsed in January 2006 after he failed to pay his annual retention fee. However, a year later – in February 2007 – he applied to rejoin the register but failed to declare that he was the subject of court proceedings, despite appearing in front of the Sheriff three days prior to submitting his application.

He was restored to the GDC's register and established an NHS practice on Victoria Road in the southside of Glasgow, which he was running when he was convicted of fraud. He has since opened successful NHS practices in Stirling and Falkirk.

Appearing in front of the GDC's Professional Conduct Committee last month, he was told that: "The committee is in no doubt that your conduct fell seriously short of what could reasonably be expected of a dental practitioner and that it amounts to misconduct." The committee also found that lying about his involvement in fraud proceedings on his registration application showed "contempt for the role of your regulatory body".

GDC | protecting patients, regulating the dental team

The committee decided that the seriousness of Dad's offence and the attempts he made to cover up or lie about his conviction, meant that a suspension was not in the public interest and that he should be removed from the register.

Council suspends Diwakar Nanjundiah

A Dumbarton-based dentist at the centre of police allegations has been suspended by the General Dental Council (GDC) for breaking the bounds of his conditional registration.

Dr Diwakar Nanjundiah of Dumbarton Dental Practice appeared before the GDC's Interim Orders Committee (IOC) on 14 April at which an 18-month interim conditions order was placed on his registration.

One of the conditions stated that he was not allowed to be at his surgery when members of staff and/or patients were present without being in the company of a chaperone. This chaperone was not to be a member of family or a current or former member of staff.

However on 1 May, just over two weeks since his appearance in front of the GDC, he treated several patients at his practice, supervised by his father.

The IOC determination stated: "In the light of this breach, the committee is not satisfied that the continuation of conditions of any sort would be sufficient or adequate to protect the public, including members of your staff. Your actions undermine the confidence that this committee needs to assure itself that conditions would be complied with."

Dr Nanjundiah's counsel argued that a suspension would have serious consequences for his personal circumstances and future in the dental profession. However, the IOC ruled that "the need to protect the public weighs decisively in favour of interim suspension".

The committee, which met on 5 May, also revealed that they had received a letter from Strathclyde Police dated 28 April but that the allegations contained within it were "in part somewhat unspecific" and were insufficient to justify any additional interference on Dr Nanjundiah's registration.

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IN BRIEF

EVLYNNE GILVARRY IS NEW GDC BOSS

The General Dental Council has appointed Evlynne Gilvarry as its new chief executive and registrar. Evlynne will take over from Alison White who will stand down as interim chief executive at the end of June.

Alison Lockyer, chair of the council, said: "I'm delighted that Evlynne will be joining us. I know that she shares my vision of making the General Dental Council best in class as a healthcare regulator. We will be working closely together as we develop the strategy for the council."

Evlynne joins the GDC from the General Osteopathic Council where she also held the posts of chief executive and registrar. A qualified lawyer, she has previously worked in various senior policy and management roles at the Law Society.

DENTAL REGISTRATION FIGURES REVEALED

The latest dental registration statistics have revealed that nearly two thirds of adults (66.3 per cent) and 84 per cent of children are now registered with an NHS dentist.

The latest ISD (Information Services Division) Scotland statistics cover the last quarter of 2009 up until 31 December and also revealed that NHS Greater Glasgow and Clyde has the highest percentage of adults registered (79.8 per cent) as opposed to NHS Grampian where only 40.5 per cent of adults are registered.

Across Scotland, there are 878,440 children registered with a dentist, with NHS Shetland boasting the highest percentage (96.1 per cent) and NHS Western Isles the lowest (58.6 per cent). The 6-12 age group had the highest percentage of population registered, with 95.4 per cent.

GDC's double exam email blunder

Council investigates why results were posted to other candidates

The General Dental Council is conducting an internal review after 300 overseas exam candidates received the results of another candidate alongside their own.

The mistake was exacerbated when an email sent out to apologise for the earlier mistake revealed all the candidate's email addresses to each other.

The double blunder revolved around the results for the recent ORE (Overseas Registration Exam), which candidates sat in April. The exam is split into two parts, so the results were listed as Pass/Pass, Pass/Fail or Fail/Fail. However, when the results were entered into a mail merge, the subsequent email that was sent out meant that the first entrant on each list was copied onto the results of each of the rest of the candidates.

The email that was then sent out to apologise, instead of blind copying all the addressees, openly copied the email addresses of everyone who sat the exam to the rest of the candidates.

> **"Obviously we are taking this very seriously and we are conducting a review into every aspect of the incident"**
> Elizabeth Curtis

Elizabeth Curtis, from the GDC, said: "There was a mistake and it was compounded by a second mistake. We are taking this very seriously and we are conducting a review into every aspect of the incident.

"We are confident that everyone got the right results in the end and that the exam was robust.

"We are committed to protecting the privacy of those who contact the GDC. If a candidate has concerns about this incident, they should contact our exams team by emailing examinations@gdc-uk.org"

Diabetes and periodontal disease

Dentists should have a bigger role to play in informing diabetic patients of the potential link between periodontal disease and the levels of their blood sugar.

This is the view of Dr Terry Simpson, Livingston GDP and honorary research fellow at Edinburgh University's Dental Institute, and follows the results of a study that analysed the findings of previous research into how the effects of treating serious gum disease in diabetics helps to lower blood sugar levels.

The study, led by Edinburgh University and published as part of the international Cochrane Collaboration, found that reducing inflammation of the gums in people with diabetes can help reduce the risk of serious complications associated with the condition, such as eye problems and heart disease.

The results indicated that there was a small but significant benefit to treating periodontal disease in people with diabetes and Dr Simpson believes that dentists should have an official part to play in informing patients.

He said: "One of my personal beefs is that, at the moment, there is no recognition anywhere in the system that dentists may have a role to play in this. I think for a long time they have recognised that people with diabetes do get more periodontal disease over a period of time."

He acknowledged that periodontists in America are advised to tell patients of the potential link between diabetes and periodontal disease but that "over here it seems to be almost ignored really and certainly at a national level there is nothing in the national service frameworks linking diabetes to dental problems".

Dr Crothers with pre-clinical skills manager Maryanne Ferguson

Glasgow upgrades its skills facility

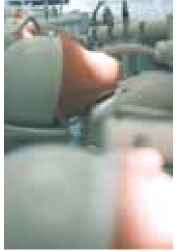
TRAINING

Glasgow undergraduate dental students are set to benefit from £500,000 worth of investment in the dental school's clinical skills laboratory.

The extension and refurbishment to the pre-clinical skills facility has added 10 new stations – complete with phantom heads and handpieces – but more importantly has also seen all the units linked together with a new audio-visual system.

The funding was provided by NHS Education for Scotland and saw an old, unused former casting room transformed into the control room and home for the 10 extra units.

Dr Andrew Crothers, senior clinical university teacher, is very pleased with the refurbishment that has increased capacity from 36, plus two demonstrators, to 46 with three demonstrators. He said: "We are absolutely delighted with the new equipment and the new audio-visual system. It's going to make a huge difference to the undergraduates and they are going to get the best educational experience they possibly can.



"We are absolutely delighted with the equipment and the new audio-visual system"
Dr Andrew Crothers

"It's going to make our lives considerably easier because we can show things much more effectively, do more effective demonstrations and give the undergraduates a really good sense of what they are actually going to be doing when they become dentists and work with real life patients."

The new system means that students don't need to leave their stations and crowd around the tutor as he explains techniques or procedures. They can simply watch on their monitors as the tutor illustrates the lesson with the aid of intra-oral camera, Powerpoint presentation or video from his work-station.

The newly upgraded facilities allow for more effective team working as DCP students will be able to study more easily alongside dental students to get a better idea of the real-life workplace dynamic.

Edinburgh Dental Specialists flood

Despite over £100,000 worth of water damage caused by a mains pipe bursting in his practice, Edinburgh dentist Kevin Lochhead has managed to defy the odds and reopen his surgery within a day.

Kevin, who is the clinical director at Edinburgh Dental Specialists on Rose Street, received a call from colleagues at 6am. Professor Glenn Lello and Dr Judith Lello, were first on the scene and were faced with a torrent of water cascading out onto the street when they arrived.

Kevin said: "It was like walking under a waterfall. There was water pouring through every single light, through the ceiling and part of the ceiling had collapsed in the front stairwell. One of the big memories for me that morning was seeing water cascading onto the large reception desk and literally bouncing off it."

After the water was switched off, the offending pipe was located on the third floor of the building. Kevin believes that the pipe burst sometime between 8pm and 10pm the previous evening meaning that water was flowing through the empty practice for about eight hours.

The majority of flooring and carpet in the building was ruined along with all the soft furnishings, office furniture, conference room desks and chairs, and the desks and computers in reception. Amazingly however, the surgeries hadn't suffered a drop of damage and this chink of light meant that they could open again sooner than they had first thought.

The following day they were open for business as usual despite a wealth of fans and dehumidifiers populating the practice.

Kevin said: "There are plenty of positives to take from this and, from such an awful situation, everyone is now delighted to be working again."

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See the world... on your doorstep

OSSEOINTEGRATION

It's not every day a world congress is held right on your doorstep and, according to Perthshire implant surgeon Paul Stone, you'd be crazy to miss it.

The 19th Annual Scientific Meeting of the European Association of Osseointegration (EAO) will take place at the SECC in Glasgow from 6-9 October. Paul, who is the event's scientific chairman, explained that they are trying to encourage any dentist who has an interest in implants, whether directly or indirectly, to come along.

He said: "The breadth of the programme is the key here I think. Implant dentistry can often seem to be just surgeons talking about blood and drills and so on. With this meeting we have made sure that at least 50 per cent of it is non-surgical."

With a range of parallel sessions he explained that all interests and skill levels will be catered for: "So often at implant meetings general dentists might look at the programme on offer and think that there's not much there for them. At this meeting there will always be something on that is relevant to a general dentist, at whatever level of implant dentistry he or she is involved with."

This year's event will be the first time the conference has been held in the UK let alone Scotland, after previous outings in Zurich, Barcelona, Warsaw and Monaco. And Paul believes that the scientific programme they have put together is second to none: "There will be clinicians, academics and researchers, from all over the world. From Australia, China, America as well as Europe and the UK. Each one of them has been chosen because they are one of the best in the world in their particular field. It's not a random allocation. They are given their topic because they are the best at it."

The theme of this year's conference is controversies in implant dentistry with the scientific committee aiming to challenge some of the "claptrap" surrounding the discipline. "What we are trying to do at the meeting is dispel some of the myths that are out there, to focus on the facts and try and link the science to the clinical practice."

The conference will also feature a scientific abstract section, which has attracted nearly 500 submissions, a welcome reception at Kelvingrove Art Gallery as well as showcases for Scottish music, food, and other cultural events. And, in spite of the recent global economic downturn the trade show is one of the biggest ever seen for an implant conference, with the organisers taking on another hall at the SECC to make room for the extra exhibitors.

Paul finished by saying: "This is such an amazing opportunity to go to a world-class meeting right here in Scotland, I think you'd be crazy not to take it."

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

Coatbridge College open evening

Members of the dental profession got a sneak preview of Coatbridge College's new dental school facility in May, ahead of its official opening later this month.

Dental professionals, product representatives and assorted guests were welcomed to Duart House on Strathclyde Business Park in Bellshill to get a closer look at the facility.

Around 60 per cent of the college staff have been decanted to Duart House while the old building is renovated but the dental school head, Jennifer Lowe, has managed to convince her bosses that the new building should be their permanent base.

They have constructed a state-of-the-art clinical skills room with 12 phantom heads, two modern teaching rooms complete with fully-equipped dental chairs, a reception area for potential patients and offices for the dental staff. They have also earmarked a number of rooms that can be equipped as dental surgeries should they decide to start seeing patients in the facility.

John Gray, chairman of Coatbridge College's board of management said: "The facility is absolutely fantastic, top of the market. It has the very latest equipment for training and I think we've been extremely lucky in being able to put it together. The staff here has done a fantastic job in mustering it all together and getting it up and running."

Joe McIntyre, director of dental education training at NHS Education for Scotland, who was also present at the open evening, said: "I've been to most of the dental schools in the UK and I think what they have here is exceptional. There is nothing like it anywhere and this is only the beginning phase, I believe, of what they are going to plan."

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Drummond issues rallying call

Membership must open up to DCPs

The outgoing president of the British Dental Association (BDA) has reiterated his belief that the association should open its membership to dental care professionals (DCPs).

John Drummond was giving his valedictory address at the BDA's annual conference in Liverpool, before handing over the presidential baton to Amarjit Gill. In his address Mr Drummond, who is a senior lecturer and consultant in restorative dentistry at Dundee Dental School, expressed his belief that the profession needs to overcome any resistance in order to include more DCPs within its ranks.

He said: "Some progress has been made towards that, but it was a pretty slow thing and there was a bit of resistance to it – both from within dentistry and from some of the dental care professional's organisations who thought it was a bit of a threat to them. It was never meant as a threat, we really want to join the professions up."

He explained his belief that if all the professions were under one umbrella organisation, they would be stronger and able to assert greater influence: "I can't make the point too often that dentistry is a very small profession and we haven't got the influence that medicine has.

"I think he'll be a very good ambassador for the profession. It's nice to hand over to someone that you know a bit and have worked with in the past"

John Drummond

"So I think if we're together, we would have a better voice. But I don't think it has been universally received just yet."

The outgoing president also spoke about his "wonderful year" at the helm of the association explaining that he and his wife had been made very welcome wherever they visited in the country. "The profession really are quite a friendly bunch," he said.

He also explained that he was sad to leave, but was delighted to be handing over to Amarjit Gill. He said: "I think he'll be a very good ambassador for the profession. It's nice to hand over to someone that you know a bit and have worked with in the past. I know him pretty well, and he will be very good.

"He will enjoy it immensely because he likes meeting people, he's the outgoing type so he will definitely enjoy himself."

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Job done at Hamilton Road practice

(l-r) Shane McElhinney, Alison Samuel, practice manager, Laura Hanlan, dental nurse and John McKenna

Taking over and completely refurbishing a successful and well-established dental surgery within two years is no mean feat, but that's exactly what John McKenna and Shane McElhinney have done.

Gordon Munro established the Hamilton Road Dental Practice in 1971 and it has since grown into one of the largest and best-regarded practices in Motherwell. In April 2008 his two associates,

> **"They created a practice that prided itself on providing good quality dentistry to their patients"**
> John McKenna

John and Shane took over the practice. John said: "The success of the practice is a testament to the dedication and work put in by Gordon and his wife Eleanor. Together they managed to create a practice that prided itself on providing good quality dentistry to their patients, and particularly embracing the ethos of care for all the family."

Since taking over, John and Shane have undertaken a massive refurbishment, which has included completely changing the layout to give larger surgeries and reception area.

Alexandra Park Dental Practice opens its doors

Robin (far left) with his staff at the new practice

Funding. Grant aids Glasgow team's move to new city premises

Robin Graham has worked in the east end of Glasgow since he qualified in 1966 and in the same practice in Alexandra Parade since 1978.

However, with the advent of the decontamination guidelines and disability discrimination legislation, it became more and more apparent that the practice had to move.

The old three-chair practice was situated in an old tenement flat and there was no room to expand and make way for an LDU. So, when new shop fronts started being built half a mile up the road the decision was made to relocate.

Robin, who was awarded the BDA Life Membership at the end of last year, applied and was awarded an SDAI (Scottish Dental Access Initiative) grant to help finance the move. He looked at the new premises last summer and by the time plans were drawn up and documents exchanged it was January by the time they took over the building.

SAS Shopfitters took over the fit-out and it was completed in March. Robin said: "We simply walked into a shell of a building and thanks to the architects we got a very workable plan laid out that allowed us to fit in five surgeries and an LDU, as well as being totally Disability Discrimination Act compliant.

"I'm delighted with the end result. We've ended up with a really high quality practice and it has impressed patients and other professionals alike."

The practice is still on Alexandra Parade and, despite no longer being across from the park, they are retaining the name: Alexandra Park Dental Practice. He continued: "If you think moving house is stressful, then moving practice is about twice as bad! But my staff have been the real heroes of the whole project really. They've been very supportive of the move, very hardworking and very quick to adapt to the new working environment.

"Especially my practice manager Kate Burns, who has put in an enormous amount of work to ensure that the project has been the success it is. We really owe her a huge debt of gratitude; she's been absolutely brilliant."

Award for Murray Ettle and team

A Dumfries dental practice has become the first in Scotland to join the British Dental Association's revised Good Practice scheme.

The recognition for the Murray Ettle Dental Practice means that they have met the nationally recognised standards for patient care and business development.

Practice owner Murray Ettle said: "We are delighted to be the first practice to join the recently revised Scottish version of the scheme. Our practice prides itself on a high level of patient care with a strong emphasis on preventative dentistry. The dentists and two dental hygienists work together to maintain the long term oral health of our patients."

Murray Ettle, Bev Tacey and associate Kenny Macintyre with the award and the rest of the staff

Murray praised the teamwork of his staff and noted the vital role played by his dental nurses in patient care and infection control. He also took time out to praise his practice manager Bev Tacey for her dedication and hard work in making sure the practice met all the criteria required for the award.

And Bev explained that the secret their success is involving their patients in their treatment right from the start, discussing options and making sure they have all the information they need before anything is started. They then receive a written outline of the agreed treatment, how many appointments needed and what it will cost.

Morven heads back home

Homecoming.

Morven Swan has returned to her Huntly roots

(l-r) Dental nurse Julie Mair, Morven Swan, receptionist Fiona Cherry and trainee dental nurse Lisa Shaw

After travels that have taken in the sights and sounds of such diverse locations as Port Glasgow and New Zealand, Aberdeenshire girl Morven Swan has returned to her home town to set up in practice.

The Glasgow Dental School graduate has returned to Huntly, the town of her childhood, to take on a newly built NHS dental practice that has been constructed by NHS Grampian.

After graduating, Morven worked as an SHO at Glasgow Dental Hospital and the maxillofacial unit at the Southern General before moving into general practice in Port Glasgow. She then decided to broaden her horizons by moving out to live and work in New Zealand for a year.

After six months working as a dentist in a health spa, Morven then spent the next six months working as a locum as she travelled around the country. She said: "One of my favourite locum positions was working in a small town in the middle of nowhere, with a strong Maori community, where I learned lots about the culture and how it relates to dentistry. For example, after having an extraction, you must return the tooth to the Maori person and they then bury the tooth in their garden, it's all to do with their belief system and to make sure I didn't put a curse on them!"

> **"You must return the tooth to the Maori person and they then bury the tooth in their garden"**
>
> Morven Swan

Morven flew back from New Zealand in April last year for an interview, planning permission was granted in June and the building was eventually handed over at the end of March this year.

New Fife surgeries planned

DEVELOPMENT

Artists impression of the Glenwood Dental Access Centre

Plans for two new six-surgery dental access centres in Glenrothes and Methil have been put before Fife Council for planning approval.

If permission is granted the new practices, earmarked for Glenwood in Glenrothes and Kirklands in Methil, will both be single story, six-surgery units complete with decontamination suites.

Residents from the surrounding areas were given the opportunity to view the designs and layouts last month and initial ground work has already been carried out to assess the ground conditions.

It is anticipated that work on the Kirkland Dental Access Centre will commence in October and be completed by June 2011. A timetable for the Glenwood development is still under review as it is closely linked to the redevelopment of the Glenwood Health Centre, proposals for which are currently before the Scottish Government.

The new reception area at Complete Dentistry in Paisley

Koncept's Complete upgrade

REFURBISHMENT

Busy Paisley dental practice Complete Dentistry has just completed a major upgrade of its reception and waiting room areas.

The six-chair practice has been established for more than 50 years. In 2006, it became the first practice – and still the only one – in Renfrewshire to achieve the British Dental Association's Good Practice Award.

Partner Abdul Haleem said: "We have a rolling programme to revamp our working rooms, but decided recently to refurbish the reception and waiting area to make it more welcoming for our patients."

Abdul and his partner Michael Tang contracted Koncept Design to do the makeover. Abdul said: "We'd seen Paul Craig's work, and he was recommended by other dentists. We're very happy with the result."

During the refurbishment the practice created a temporary reception area and waiting room during the 10 days it took Koncept Design to complete the work.

By Bruce Oxley

Scotland's Chief Dental Officer Margie Taylor is under pressure from the profession on a number of critical issues. Here, she faces the questions you wanted asked

Answer the question

Q Huge sums have been spent on capital investment in practices to meet decontamination requirements. Can this be sustained in light of the country's current financial situation?
The decontamination issue is enormous and when I meet practitioners, that's what they bring up. Over the last few years we have been giving out capital money to help practitioners. It was over £80 million given to the boards and £58m has been allocated to provision of dental services and training – decontamination makes up part of this.

With regards to the costs, we are still working on quantifying what these need to be. We know that once you have bought the equipment, you have to maintain it and this can be quite a high cost.

We are now looking at how often the equipment has to be maintained, because if the equipment and the sophistication of the equipment is developed over time, then the question has to be asked: do we have to test it as often as we previously thought? Until we have bottomed that out we can't estimate how much the revenue costs are going to be for the practices.

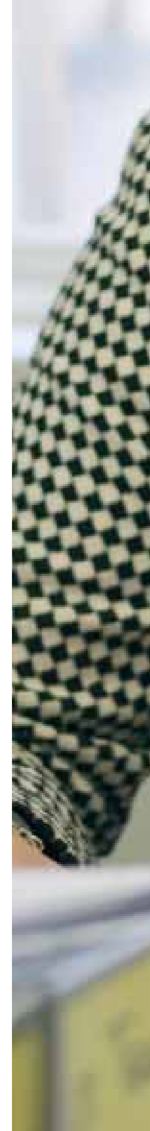
We are in the middle of doing that at the moment.

Q What are the main decontamination issues that dentists are raising with you and how are you responding to them?
I'm pretty impressed that so many dentists have just got on with it and put local decontamination units (LDUs) in their practices. It has taken a considerable effort for hundreds of practices and they've done it. It's an enormous inconvenience to a lot of practitioners but dentists are practical individuals and if you tell them what is required they simply go off and do it. I think Scottish dentists can be very proud of what they have achieved.

There are some dentists who are having more difficulties than others, some are going to have to move premises for example, but we have given them an extension of the timescale to help them do that and we have asked the boards to liaise with them.

For instance, if the board is building a new health centre then they can offer a local practice a place so that they can move their practice in there. In years gone by, that really didn't happen very much. But there are one or two locations where practitioners have been invited into the health centres.

There are also dental access initiatives available for people wanting to move and it would be nice to think that decontamination has helped a few practices and given them the opportunity to move into better accommodation as well as giving them a bit of a challenge and trying to move with all the new guidelines.



HECTOR BRODIE, GDP, TILLICOULTRY

On decontamination: I was pleased to see the CDO praising the profession for the resourcefulness shown in adapting practices for LDUs. How reassuring that was. But to try to gain the higher ground by stating that it resulted from government initiatives is clearly wrong. It is because practitioners are caring people who have a vested interest in their patients and their practices.

When the state offers to buy our practices and employ us as clinical and administrative directors, then and only then, can it claim the higher ground. Until then the state will remain a servant to the community, which is why we pay our taxes.

On remuneration: It looks to me as if a change is on the way. Having been in practice for nearly 40 years, never has the administration of a large treatment bank been easier, as it is all on the computer. To me this is a red herring. It is not the number of treatments, it is the type.

A review of the NHS fee structure should start with a review of treatment needs and patient expectations. The mind set has changed not a bit since 1948, even the narrative style is the same.

Perhaps a core service for all is the way forward, with the funding for more complex work targeting those who can least afford to pay.

Q There has been some criticism recently of the advice on cross-contamination given in the document HTM 01-05. What's your position on this?

HTM 01-05 is the English document. In Scotland, we are doing it slightly differently so I don't know if the accusations would still be the same. However, this is a difficult issue because it is the precautionary principle that we are going by. We are taking this precaution in case there is a time bomb waiting and it is very difficult to prove there is a time bomb waiting. However, we don't want, in a couple of decades, to look back and wish we had done something differently.

If this had been an easy problem to solve, somebody would have solved it by now and there wouldn't be this controversy.

We have got specialists advising us and you have to recognise that there are a lot of experts in the field and we can't just ignore those experts. What we have to do is try and apply that in as practical and realistic a way as we possibly can.

I think the discussion has got bogged down with vCJD, but there are bugs like hepatitis B and C that we really need to clean off the instruments as well. So most patients would expect the instruments in their mouths to be as clean as possible and that's really what we are trying to achieve.

Q Dentists are being told that it is a GDC requirement for instruments to be sterilised but they don't need to be sterile for use in the mouth?

That's another issue because the mouth is not a sterile place. One of the discussions we have is around when the instruments are taken out of the autoclave, do you need to wrap them, even supposing you are taking them across the corridor into another room, do you need to wrap them before you put them in a cupboard and leave them there for a while? It doesn't sound as if it would cost very much but in actual fact it would cost an enormous amount of money if you were wrapping every single instrument between patients. We have asked the Health Technology Assessment Board here to tell us what they think the risk is with that so that we can go back to the practitioners and either say you don't have to wrap them or it would be best to. But I think it would be worth us taking our time and just seeing what the risk is or not.

A CONSULTANT IN GENERAL DENTAL HEALTH

On cross-contamination: The Scottish system is not markedly different. The basic principles are very similar.

The main problem they are talking about is vCJD and the risk of that is so remote, I think it is something like one in five million. It is a very, very small risk.

Even the specialists can't agree and different microbiologists can't agree. I know one professor who says that instruments need to be sterile but not sterile at the point of use, whereas another says that they need to be sterile and sterile at the point of use. So we have two experts who can't agree.

My main concern is that a lot of these recommendations and guidance documents have been issued with very little evidence behind the thinking.

Q Are there any plans to change the Scottish NHS remuneration system to reflect systems in England and Wales?

The straight answer is no. We don't have any plans to impose the English system on the practitioners in Scotland. We are always looking at any system in other countries that might be worth considering. But we haven't looked at England and thought, that's better than what we've got.

There is always going to be room for improvement and, at the moment, we are considering how we should deal with the Statement of Dental Remuneration because the dentists have about 450 different treatments they can carry out on a patient. That's a lot to manage when you are administrating a practice.

So what we would like to do is simplify it for the patients. But we know that if we change the system

Continued »

"The difficulty is that the practice of dentistry is ingrained within a legal framework. If you are expecting a hygienist to be a diagnostician, that puts them in a very difficult position"

Continued »

completely, it could cause confusion out there. What we are trying to do is work with the profession on this.

Q The difference in pay of the salaried service dentists in Scotland and the rest of the UK is widening. How do you think this will affect recruitment and retention?

I don't know whether the gap is widening. I think there is a gap at the moment between one and the other. This is a bit of a difficult question for me to answer just now because we are in the middle of negotiations with the salaried service and if I started discussing it then it would compromise those discussions.

What I can say is that the proposal to bring the community dental service and the salaried general dental services together is under discussion with the profession at the moment.

Q Can you see where the BDA and many of the critics of continuous registration are coming from?

I think it was quite well summed up in your magazine when there was a variety of opinion. One practitioner said that for the dentist who wants to reduce their NHS commitment then this wouldn't work for them. But for the dentist who wants to hold on to his NHS patients then it will.

So I'm getting feedback from both sides of the story. Once it's been in for a while we can establish what the real impact has been. The GDPs are still able, if they want, to deregister these patients. So they don't have to keep them on their books. But if they do choose to keep them on their books then they will get a list before the payment is reduced to 20 per cent (after three years). They will get a list from practitioners services saying these patients will come off your list. They can opt at that stage to ignore it, to remind the patients that they need to come back or to deregister them.

So I think what we have to do is just monitor this and see how it progresses.

Q Do you think that initiatives like Childsmile will make a difference to improving Scotland's poor oral health record?

There are various aspects to Childsmile. Childsmile Core, which has been nursery tooth brushing, has already been around for a while and we are seeing the oral health improve. Childsmile Nursery and Childsmile Schools and the application of fluoride varnish is being rolled out but isn't everywhere yet. And the Childsmile Practice, crucially, involves the GDPs.

It is probably the biggest programme like this anywhere and the practitioners realise that it is quite new and there are development issues that we are dealing with as we go.

The emphasis is on helping the people who need the help most, which are the people in the most deprived areas.

The ongoing challenge is going to be to continue to improve oral health but we also have the issue of the increase in the number of elderly people. As people get more frail then their manual dexterity can be compromised and they have more difficulty maintaining oral hygiene. So, there is an issue out there for the future as people get older and maybe the condition of their mouth deteriorates. Because in the past many old people had no teeth at all, but now they are maintaining their teeth, which, of course makes people look younger for longer, but it means that the dental care they need is a bit more involved.

So I think that's going to be a big challenge for the future as well.

Q Should patients have direct access to hygienists and other DCPs without referral from a dentist?

It is helpful to have one person directing patients towards the hygienist or the therapist. If you had people self-directing directly to hygienists and therapists it would mean that the treatment would be 'bitty'. The dentist wouldn't be getting the

CLAIRE WALSH, GDP, GLASGOW

On CDTs: This is a' watch and wait' area; the numbers of registered CDTs are small in Scotland, and the profession as a whole is still evolving in the UK. For the GDP with a difficult case, or if the dentist prefers not to provide dentures, referral to a CDT with an NHS list number (or equivalent) would ensure the patient could have treatment provided under NHS arrangements, if this was desired/required.

This in turn might reduce the number of patients who seek treatment from so-called denturists, who are carrying on the business of dentistry illegally. Watch this space...

On CPD: Many practices provide core CPD training in-house., This is entirely appropriate. However, there are many courses available through NHS Education Scotland (NES) in other areas of interest; these courses can be difficult for DCPs to access if cover is not available within the practice, as the dentist would need to take time off, or hire an agency nurse.

Anecdotally, nurses working in general practice have had problems attending these courses in the past. Now that CPD is compulsory for nurses, this is a potential area of difficulty, particularly in smaller practices with fewer staff.

opportunity to see the overall picture.

There are things that hygienists can do, things that a therapist can do but it is the dentist who can do the lot. Now, they may choose, quite rightly, to refer to hygienists because they are doing it all the time. But I think there is a real benefit in someone taking an overview of treatment so the patient is referred to the right people at the right time.

Q Could hygienists, therapists or nurses see patients for regular check-ups and if any work or further opinion is needed then refer up to the dentist?

The difficulty is that the practice of dentistry is ingrained within a legal framework. If you are expecting a hygienist to be a diagnostician, that puts them in a very difficult position. They could look at a soft tissue lesion and think that looks like oral cancer. But they are not qualified to actually diagnose that it is, in fact, oral cancer. So, if you set the hygienist up in that gatekeeper role then I think you might be putting your patients at risk.

Q Should everybody that treats patients have a list number?

Well, I am discussing at the moment with the Practitioners Services Division (PSD) whether everybody needs a list number or not. My understanding is that the list number is really an administrative tool and whether giving everybody a list number is the best way to use it as an administrative tool or not I don't know. So we are in the middle of talking to PSD about that.

Q Will CDTs be able to apply for NHS list numbers?

We would welcome clinical dental technicians working for the NHS. There are two options at the moment, either they work in general dental practice with a dentist or they work for the salaried service. But they don't want to do that. They would rather have their own arrangement and in order to get that other arrangement, my understanding is that it would need primary legislation.

Obviously what we want to do is develop the CDTs and make best use of their skills. One of the places that would be very useful to have them is in the salaried service where they have got responsibility for care homes with lots of elderly people who have no teeth of their own. I can see them making a major contribution there.

And certainly locally, in NHS Lothian for instance, the person that runs the service there would be delighted to employ them in that way.

Q Funding for Dental Care Professionals (DCP) CPD – how will you envisage this could happen (in terms of releasing a nurse from practice to attend and the subsequent loss of income related to bringing in an agency nurse)?

I was in the company of several dentists at an event recently and I asked them about the issues relating to CPD for DCPs. They said that there are not that many big issues. They said that there is a choice of things that you can do, you can have in-practice CPD that everybody is involved with, such as resuscitation. Somebody also said that they organise events for the practice so that everybody is doing that at the one time, they take a day out and do that. Another dentist said that they were doing online CPD for their DCPs.

So it's not been around for very long and we may hear from practitioners that they have other views but at the moment I'm not getting a whole lot of feedback that there is a major issue with that.

Q What would you say your biggest challenges have been in your time as CDO?

Probably decontamination, I think the minute I came into this office decontamination emails flooded in and letters flooded the desk. So that, without doubt, has been the biggest challenge as far as taking up time is concerned. The ongoing challenge of course is the fact that we need to try and improve oral health and that's beginning to happen and it is very nice to see that it's happening amongst the most deprived groups.

There aren't many health interventions that you can see the progress as quickly as you can see in relation to improving dental health. And there aren't that many interventions that you can see the progress amongst the most deprived groups. But, we are beginning to see that.

> **"The Aberdeen Dental School was built very quickly and students were in just over a year after the announcement was made. That was an enormous achievement"**

Q What would you say you have achieved in your time as CDO?

The CDO relies on so many other people to achieve anything so for the CDO just to take something and say that's my achievement, I think that would be inappropriate. So anything that we do achieve, we achieve with the help of a whole lot of other people ranging from GDPs, the salaried service, hospital consultants, the academics etc.

For instance, the Aberdeen Dental School was built very quickly and the students were in just over a year after the announcement was made. And that was an enormous achievement by Dundee and Aberdeen Universities, NHS Education for Scotland, the Scottish Funding Council and NHS Grampian.

They all worked really well together in a way that I thought was a very impressive achievement but it wasn't my achievement, it was a joint effort by a whole team of people.

One of the things that I have found very helpful is meeting the GDPs. On a regular basis I go out a see a group of maybe eight or 10 different GDPs and we meet up for a chat. That has been very helpful in me being able to understand what the hardworking, committed practitioner out there is thinking and feeling.

You can imagine that in this job you meet the people that are running the GDC or the BDA and all these bodies. But you don't always interact with the practitioner who is just getting on with his day-to-day work. That has been, I think quite valuable and I hope that they feel the same. ■

Perfect timing

The best period between patient visits and how to manage decay in young teeth are set to be examined in two studies, writes Andrew Beach

PHOTOGRAPHY BY MIKE WILKINSON

What is the optimum time between a patient's visits to a dentist? What is the best approach for managing decay in children's teeth? These questions lie at the heart of the practice of preventive dentistry, and yet astonishingly there has been almost no systematic and authoritative research into them – until now.

Two nationwide studies being led by the Dental Health Services and Research Unit (DHS&RU) at the University of Dundee aim to shed light on these issues, and to then help dentists incorporate the findings into their practice operations.

Unit Director Professor Nigel Pitts said that while the pattern of six-monthly visits to a dentist was firmly entrenched as a goal, it had no particular scientific or clinical justification. In fact, he said, the six-month interval seems to have come from a US TV commercial in the early 1950s, and the figure has just stuck. Previous studies into the optimum recall interval have been inconclusive, with a Cochrane systematic review showing very few high quality studies specifically addressing this question.

The INTERVAL Dental Recalls Trial, with £600,000 in initial funding from the National Institute for Health Research (NIHR), will look at three alternatives to determine the best recall interval for providing optimum, cost-effective maintenance of oral health in adults. One group of patients will be recalled every six months, one group will be recalled every two years and a third group will be recalled at varying intervals based on individual risk assessments – the approach recommended by 2004's National Institute for Clinical Excellence guidance.

Professor Pitts said the trial, which is being run by the Unit along with the Centre for Healthcare Randomised Trials at the University of Aberdeen and a number of NHS and academic collaborators across the UK, would look at health outcomes, quality of life issues and cost-effectiveness.

A feasibility study for the trial is now under way, with Professor Pitts and co-principal investigator Professor Jan Clarkson recruiting dentists in Scotland, England and Wales with a research team.

Above: Professor Nigel Pitts is examining an individualised approach to recall intervals

"The feasibility phase looks at how the trial will work in practice – how we recruit dentists and patients, what the reactions of patients are and how we can collect data. After the initial 18 months, we hope to move on to the full study and that will run over a period of four years, and will involve the recruitment of more dentists and patients."

He said the reasons a longer recall interval may be better than the traditional six-month gap for some included cost-effectiveness, in terms of the patient's time and

the cost to whoever was paying for the procedure, along with the risks associated with excessive treatment. However, there are other balancing considerations. "It's important to acknowledge that while traditionally dentists thought in terms of how many holes they needed to fill, we are now beyond that: we try to control disease early, stop fillings from ever being placed and control gum disease, and we have a surveillance role in looking for lesions that could indicate the onset of oral cancer."

Adopting an individualised approach to recall intervals, based on each patient's circumstances, will involve training for the dentists involved. As part of the feasibility study, an e-learning programme has been created to provide dentists with standardised, up-to-date information on making risk-based assessments. "How individual dentists choose, in the reality of their practice, to operationalise that is part of the study," Professor Pitts said. "There is no simple mathematical algorithm for making the assessment – it requires clinical judgement by the dentist."

The study into the best way to manage decay in children's teeth, called FICTION (Filling Children's Teeth, Indicated or Not?), addresses the three basic choices dentists have for managing primary teeth – conventional fillings, biological treatment of decay such as sealing it under crowns, and using preventive techniques alone to stop decay.

"One school of thought says you must control all caries and set up the right behavioural habits in children so that their permanent teeth come through healthy and stay healthy.

"Another school of thought regards primary teeth as disposable space maintainers and, as long as you get to the permanent teeth in some reasonable shape with the children pain-free and sepsis-free, then that's OK. But in terms of high-quality comparative evidence as to which is more effective and which is more acceptable to children and parents and what the costs are, we just don't know; which is really quite surprising for such a fundamental question."

The study, which has nearly £3m in NIHR funding, will involve children aged three to seven who already have decay in their baby teeth but have no toothache or abscesses. The cross-UK team of researchers is led by three joint Principal Investigators: Dr Nicola Innes of Dundee Dental School, the unit's Professor Clarkson and Professor Gail Douglas, formerly of DHS&RU, now at Leeds University.

The first group of patients will receive conventional restorations, with decayed tissue removed and replaced with conventional fillings. "Done well, this can work really well for many children. The downside is that it involves giving local anaesthetics, which children don't like. It also involves a lot of chair-time – it's quite difficult for a child to cope and stay still that long, and it can be quite stressful for the dentist to maintain the co-operation of the child."

At the other end of the scale, there will be patients who only receive intensive preventive techniques, such as better tooth-brushing and applying fluoride varnish, to control the disease without operative or surgical work.

"Then, there is an intermediate phase, using a procedure called the Hall Technique, developed by Dr Norna Hall in Aberdeen in the 1990s. She put stainless steel crowns on teeth, over the top of caries without conventional preparation or local anaesthetic." Dr Innes has previously studied the outcomes of the Hall Technique and found it was better than conventional care in terms of restorations that last, pain, sepsis and patient acceptability.

Each approach will be used on test-groups of children to provide a definitive answer as to whether or not dentists should fill children's teeth. "There are complex ethical issues in terms of consent and ensuring we are protecting the child throughout the study. We have made sure that if at any point a child is in pain or is uncomfortable, that can be addressed without the study getting in the way."

Professor Pitts cautioned that the results of the trial will not be known for a number of years, and in the interim, dentists should continue to follow current best practice as set out in the recently published Guidance from the Scottish Dental Clinical Effectiveness Programme.

"The FICTION study is a great example of UK-wide collaboration, with some of the country's best experts involved. They are committed to doing the research in a comparable way and have agreed to promote the results, however it turns out." ■

IN FOCUS: NIGEL PITTS

Professor Pitts holds a number of positions alongside his role as Director of the Dental Health Services and Research Unit, including Professor of Dental Health at the University of Dundee and Director of the University's Centre for Clinical Innovations.

His research interests range from public health, health services and implementation research with a dental focus to cariology, remineralisation, diagnostic systems and evidence-based healthcare.

He has received a number of prestigious research awards, including the first British Dental Association Research Foundation Award, the International Association for Dental Research H. Trendley Dean Award for research into public health and epidemiology, and the European Organisation for Caries Research Zsolnay Prize, for outstanding research on caries.

"One school of thought regards primary teeth as disposable space maintainers and, as long as you get to the permanent teeth in some reasonable shape, then that's OK"

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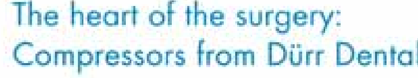

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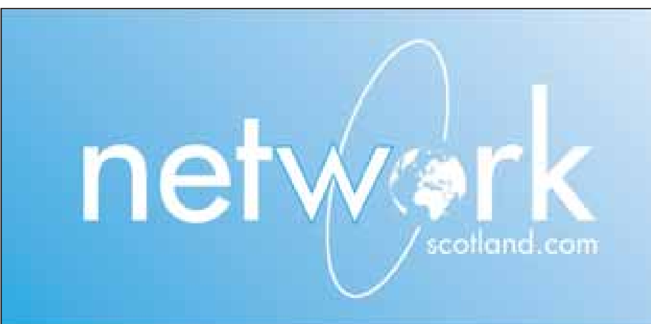

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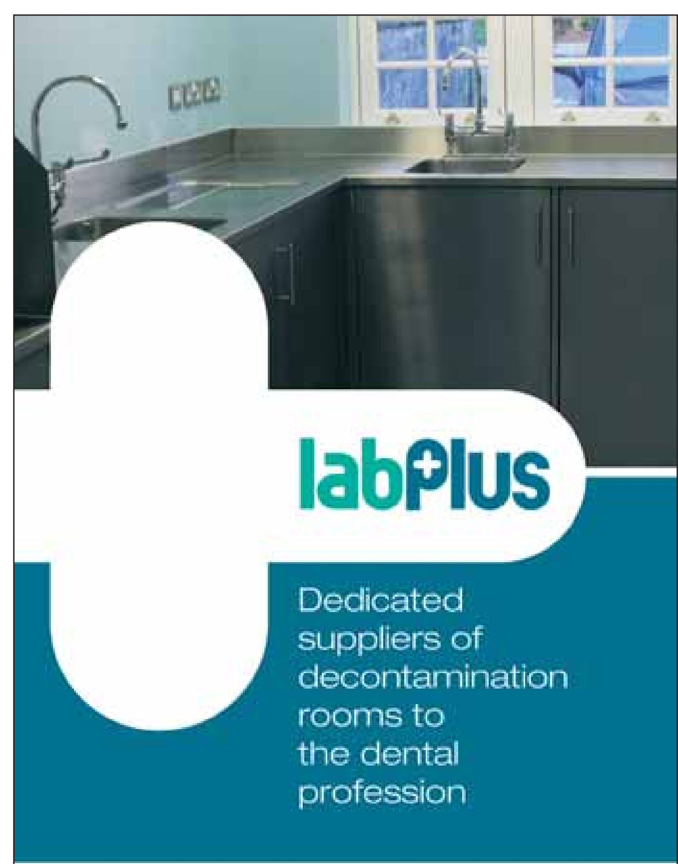

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If you're not *on* the list

PHOTOGRAPHY BY DREW NEIL

Implantology and all the issues surrounding one of the fastest-growing areas of dentistry were brought to the table last month at *Scottish Dental* magazine's first-ever round table evening

Should there be a specialist list for implantology, with implant placement restricted to those on the list? And how should entry to the list be controlled?

These were the opening questions posed to the group, who all have an interest in placing implants, by Sandy Littlejohn of Dental Technology Services, who chaired the event.

Edinburgh periodontist Charlie Maran, who works in private practice and at the Edinburgh Dental Institute, said he didn't think there should be a specialist list because he felt implantology would eventually form part of the undergraduate training programme.

"I think it's in the remit of the general dental practitioner and I don't see any reason why it should be on the specialist register, because it doesn't come under any speciality," he said.

George Glover, who works in private practice in Aberdeen, disagreed saying that he believed there should be a specialist list but that the practice of placing implants shouldn't be restricted just to those on the list. He said: "These things certainly do fall within the remit of general dentistry but, if it was to be made a speciality, it would be unique in that it is partly restorative and partly surgical. It doesn't make sense for people to go on and advance themselves in terms of the knowledge and getting involved in research, if there is no recognition of that."

Charlie Maran responded by saying that he believed implantology is not a speciality in itself, as it would form part of a sound understanding of prosthodontics. Duncan Black, GDP working in private practice in Glasgow, then said: "I think if you are going to be an implantologist then you have to bring so many elements from different disciplines. If you are not on the specialist list you can still do ortho, you can still do perio and endodontics. Does there really need to be a specialist list in implantology?"

George Glover countered by saying: "If you have people who spend a long time continuing their education and getting a masters degree, it would be one way of recognising that a group of individuals may be more capable of dealing with more complex cases."

> **"I just wonder what a specialist list actually adds... if you have the qualifications and you have the training"**
> John Gall

Edinburgh GDP John Gall asked: "I wonder what a specialist list actually adds. If you have the qualifications and you have the training, what does the list add to that? If you have done the qualification and the training, you are saying that it's out there. So what the specialist list adds to that, I'm not quite sure."

On the issue of entry to any potential list, there was general agreement that a base level of qualifications would have to be determined. Stewart Wright, GDP from Greenock, said: "I think to have a specialist register, you have got to have a group of non-specialists. While there is a guy who is happy to place one or two implants every now and again with no sinus involvement, there is another group of people who are going to want to do sinus lifts and the whole thing. Which then takes

you onto the point that just putting the implant in just isn't enough, you do have to have all the occlusion, all the prosthodontics as well as the periodontics.

"What concerns me is who it would be that determines what the entry level would be, where the information comes from so we are getting as wide an input from as many branches as we possibly can."

George Glover said: "If you are creating a speciality, the amount of training that is required within this very narrow part of dentistry would need to be comparable to the other specialities. If you are creating a speciality, it shouldn't be an easy speciality to get into, it would have to be a comparable standard."

The group was divided in their opinions on the benefits of a specialist list with George Glover, an Jacqueline Fergus indicating they were in favour of the principle, and Duncan Black, John Gall, Stewart Wright and Charlie Maran in opposition to the idea.

The group then briefly touched on the question of whether increased funding should be made available to provide implants on the NHS. The consensus of opinion was that it was something of a pipe dream and unlikely to happen any time soon. Charlie Maran said that, even if money were available, it wouldn't be a good idea: "It would stop dentists from perhaps making the effort they should do to make conventional dentures well. The idea would be that prior to going down the lines of having implants placed, every effort is actually made to make good dentures in the first place."

"It would stop dentists from making the effort they should do to make conventional dentures well"
Charlie Maran

And Duncan Black said: "I think it is a pipe dream. But, in an ideal world, for the people that it would be appropriate for, then, yes, it would be wonderful if they could get implants. But I don't think it's ever going to happen."

Sandy Littlejohn asked about the pan-European price discrepancy in implants and the group's thoughts on implants that are made in the same

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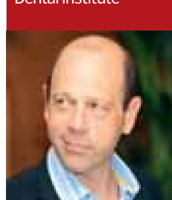
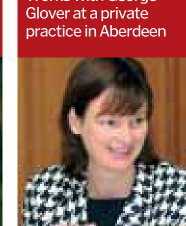
MEET THE PANEL

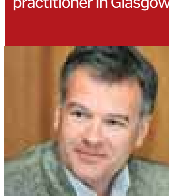
Charlie Maran
Peridontist in private practice and also works at Edinburgh Dental Institute



Jacqueline Fergus
Works with George Glover at a private practice in Aberdeen



Duncan Black
General dental practitioner in Glasgow



George Glover
Works in private practice in Aberdeen

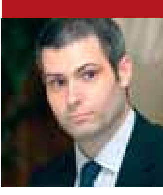
John Gall
General dental practitioner in Edinburgh

Sandy Littlejohn
Director, Dental Technology Services and chair of the event

Stewart Wright
General dental practitioner in Greenock

Ted Johnston
Nobel Biocare rep in charge of Procera

Bruce Oxley
Editor of *Scottish Dental* magazine



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place but charged differently, depending on the country.

Ted Johnston, former clinical rep for Nobel Biocare in Scotland and now in charge of Procera, pointed out that the prices for implants are not set in the countries themselves, but at the companies' head office. He argued that the costs for sales reps and so on differ from the UK and countries like Spain and Israel, which in turn affects the overall price. He said: "The price from head office is based on the economy and what that economy can sustain the price at, because they know what we will have to add on."

The chairman then asked why, when there are so many implant companies out there, are the smaller and cheaper companies not making headway in the market. "Is it a trust thing, is it a price thing? Does it matter?" he asked.

Stewart Wright said: "I don't think it is a price thing. If you have a system and you feel comfortable with that system and it works for you then you'd be reluctant to change and try a new system."

Ted Johnston explained that one of the reasons is the comprehensive back-up received from the larger companies, which is the same wherever you are based.

John Gall argued: "I think it's just down to market forces, like anything else. It's the same with cars. Unless you get some sort of pan-European pricing legislation that comes along and says it's got to be the same everywhere, then that will always be the case will it not? With cars and implants and everything else."

The question was then posed as to whether you could buy implants

If you are sourcing your implants from, say someone in Greece or Hungary, how do you actually know it's a real implant?
Duncan Black

"If you have a system and you feel comfortable with that system and it works for you then you'd be reluctant to change and try a new system"
Stewart Wright

from other countries at their price to use in the UK. Duncan Black argued that: "What it says on the tin it isn't necessarily what's inside. So, if you are sourcing your implants from, say someone in Greece or Hungary, how do you actually know it's a real implant?"

Stewart Wright seemed to sum up the general mood of the group when he concluded by saying: "At the end of the day, I think that the argument is really not that relevant. Because it is not the price that is determining who you are choosing, it's the back-up, the name and all the work that has gone on behind it."

Sandy Littlejohn then brought up the subject of implant warranties and the issue of companies manufacturing on other implant systems. "Is it an issue with anybody? Does it concern anybody?"

Nobel Biocare, explained Ted Johnston, is currently the only company to guarantee situations where, for example, a third-party abutment has been used with their implant system. Although he indicated that he believed the others would follow suit in time.

Jacqueline Fergus, who works with George Glover in Aberdeen, said she didn't think it was a big issue. "To be fair, if we have any failures in the practice, we don't actually claim on the implant warranty. We just cover the warranty ourselves out of our own pocket. I don't know what the other practitioners do?"

John Gall indicated that he does the same in his practice before George Glover said that he believed the manufacturers were not usually at fault for the majority of implant failures: "It is usually the dentist or the patient that influences failures. I'd say it's more likely factors outwith the manufacturing process. For example, zirconia abutments fracturing – in the main, most of the problems are going to be occlusal."

Stewart Wright said: "I think the significant thing that has happened over the years, to go along with the warranty issue, is that the implant companies have worked so hard at getting a system that is foolproof, that isn't 'suck it and see'. If you follow the procedure each time, you know you are going to get the result. Whereas 10 years ago, it was like 'Oh my god, what are we going to do this time?' It's not like that now. So the warranty, I can't imagine, is an issue. It's more to do with the quality of the dental work being done, it's not the implants themselves."

Charlie Maran agreed and said: "I'm very conservative and I just can't be attracted at all to the cheaper systems of this world and other less expensive versions of the real thing. I just spend my life fearing 'What happens if?' There's not really any literature behind some of them, no one's done any scientific research and I'm just not that interested in doing it for them."

Stewart Wright continued by say-

ing: "Price is important because you need to know that when you put that implant in, it's going to stay there. And when you put the abutment on it's going to stay there and it's going to work. For a £200 saving, you don't want to try something else. I don't want to be the dentist sticking it to the patient, saying 'Well this is a new one, let's give it a try'. And then it doesn't work."

"Well you wouldn't want to buy a cheap parachute would you?" said Duncan Black.

In the lead up to and in the immediate aftermath of last month's general election, there seemed to be one certainty no matter who came to power: prepare for sweeping cuts to dentistry and public services in general.

George Glover said he didn't think much would change in the wake of the 'new politics' of Cameron and Clegg: "I would suspect that the status quo will probably exist because the dental budget, as part of the wider budget, is so insignificant. But I certainly don't expect to see any more funding."

"I suspect that the status quo will probably exist because the dental budget, as part of the wider budget, is so insignificant"
George Glover

And Stewart Wright said: "Really what you have to be concerned about more is any cuts. And, at the end of the day, you are just going to have to take them, because we are a small group of professionals who don't have that 'ah' factor. Who gives a damn about the dentists? If they have toothache, then we are very important but then, after that, forget it."

The conversation then turned quickly to the issue of continuous registration with Duncan Black, Stewart Wright and George Glover agreeing that contentious Scottish Government legislation could lead to many dentists leaving the NHS or cutting down their NHS commitment as a result.

Duncan Black said: "This is going to affect the way that people work. If you have patient that hasn't seen you for seven, eight years, they are still registered with you and they can still demand to see you within 24 hours. You could find that dentists will become more and more an emergency service – although it's not going to happen right away – rather than being able to treat patients that regularly turn up every six/eight months or whatever their recall is."

Stewart Wright agreed: "And, if they are not going to do that, then they are not going to be prepared to sign these people on because they are not going to be prepared to offer that service. It is unrealistic. So they'll just leave the NHS altogether and become private.

"But that said, continual registration makes it very difficult to cut down your NHS commitment, because once you have signed up that person they are with you until the day you retire. It's crazy."

George Glover then said: "What we might see is that all the NHS provision eventually becomes basically itinerant workers. People coming to the UK, working for two of three years and providing the NHS cover. These guys won't have a problem, because as soon as they leave that practice they leave those registrations. So the practice owners will go private."

Sandy Littlejohn then tackled the issue of the predicted oversupply of dentists in the next two to five years. He asked the group how, if it occurs, it is going to affect the industry.

Charlie Maran was the first to react, in typically forthright fashion: "There is going to be an oversupply of dentists in the next two-to-five years and they will cut the number of undergraduate places."

George Glover agreed: "There is going to be a problem. Speaking to people who are involved in vocational training (VT) and know about the manpower models, they expected the influx of Eastern European dentists to be extremely small – insignificant actually in terms of the Scottish market – but you are talking about a dental school's worth arriving every year."

"On the other side," Charlie Maran countered, "we are producing too many. At the moment, Glasgow has got 90 students, Dundee has got 80 and Aberdeen has got 20."

George Glover pointed out that the oversupply will put a strain on the VT system with Charlie Maran agreeing: "I think there will be a reduction in the number of undergraduate places and I think there will certainly be a squeeze on training places."

However, John Gall then queried if the oversupply might be a good thing from a practice owner's point of view: "If there is an oversupply, is it going to drive down associates' bargaining power? In the past, they could make their demands."

He continued: "It just seems a bit odd. We have an oversupply of dentists and yet we've opened another dental school and are putting too many graduates through. Something has gone wrong somewhere." ■

With thanks to Nobel Biocare, DTS International and the Urban Brasserie, Glasgow.

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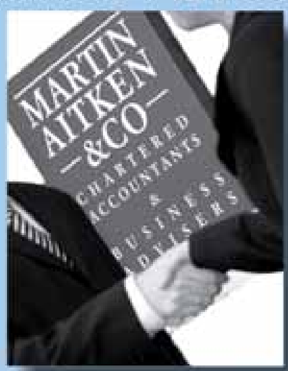

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By Andrew Beach

Howard's WAY

In his 28 years as a forensic dentist, Dr Howard Moody has played a critical role in identifying the deceased and gathering evidence for assault cases

PHOTOGRAPHY BY MIKE WILKINSON

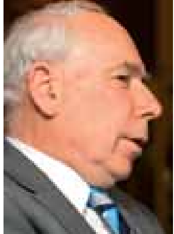
When the phone rang in his Edinburgh home at 2am on 22 December 1988, Dr Howard Moody had a fair idea what the call would be about. Seven hours earlier, a terrorist bomb had blasted Pan Am Flight 103 out of the winter sky above Lockerbie, killing all 259 people aboard the plane, and 11 on the ground.

Dr Moody was one of the team of eight dentists summoned that night to use their forensic skills to identify the victims, and for the next several weeks he and his colleagues worked in a makeshift mortuary in the Lockerbie ice skating rink, matching remains with dental records. It was painstaking work and today, more than 20 years later, he still takes professional satisfaction from the way the team were able to help the police by identifying 208 of the victims.

It was certainly the highest profile case he has worked on in a 28-year career as a forensic dentist, but over the years he has been called on many times to identify bodies and assess bite marks that have been left on victims of assault. Today, as senior forensic odontologist in Scotland, he is the first port of call for Lothian and Borders Police when they have to identify a body. He is also consultant in oral pathology and honourary senior clinical lecturer at the University of Edinburgh Postgraduate Dental Institute, the Royal Infirmary of Edinburgh and the Forensic Medicine Unit of the Department of Pathology.

"Lockerbie was quite early on in my career in forensics, and I was very much the junior member of the team," he said. "There was considerable professional interest in the case: when something like that happens you feel you really must step up to the mark. You have got to get it right and you have to get it done quickly, so you don't have much time to think about anything else."

Establishing positive identity through dentistry requires accurate ante-mortem dental records and with victims from 21 countries it might have seemed impossible to obtain them. "It is a remarkable thing that we had roughly 75 per cent of the dental records within 72 hours and that was down to well co-ordinated international police work. A civilian aircraft incident is much easier to deal with than something like the London bombings because you have what is called in the trade a 'closed incident'. In other words, we knew exactly who was involved."



"In most cases, the police will turn to dental identification first, as it is cheap and quick… very often, it will take less than an hour"

Essentially, forensic dentistry breaks down into two major fields: identification, almost exclusively of the dead, and bite marks.

"In most cases, the police will turn to dental identification of a body first, as it is cheap and quick. If people have dental records, and they haven't lost all their teeth, then it can be fairly straightforward – very often, it will take less than an hour to make an identification.

"Teeth are extremely durable and can withstand enormous temperatures, so if you have a house fire there may be little else left but the teeth will be intact. You do still need to be careful in handling them as they can become brittle, so sometimes we use a very gentle water spray and on occasion we might feed superglue in between teeth to keep them intact."

Teeth can also have a valuable role to play in DNA analysis, as the pulp of a tooth is the most perfectly preserved DNA in a body because it is completely protected and uncontaminated. "This is particularly important where you have an explosion, such as the 7/7 bombings in London where there may be considerable cross-contamination between bodies. However, if you take a tooth from that scene, the DNA it contains is completely uncontaminated."

If forensic dentistry is a quick and effective way of identifying the dead, analysis of bite marks is a much more equivocal area. "Over the years I have worked on about 80 bite mark cases and I have never had one where I was prepared to say that that bite was definitely made by that person."

So you might say, what is the use of the bite mark in interpretation and analysis? It is by exclusion. With a mark that is reasonably clear and well defined you can usually determine which is the upper and which the lower arch, the teeth present and sometimes individual tooth characteristics. Frequently that will be enough to exclude individuals where perhaps the police might have three or four people who are suspects."

Sometimes the reason for exclusion can be surprising. Dr Moody said he was once called on to examine a 14-year-old girl who had been

taken to hospital with a bite mark on her shoulder. "I said, 'yes, it's a bite mark, but it's not a human bite mark'." It turned out the girl had been telling her parents that she was staying late at school doing extra work but had actually been taking riding lessons and had been nipped by a pony.

"Another example happened a few years ago in Edinburgh. There was a noisy Hogmanay party and the police had been called. They found a very young baby with 14 bite marks on her body. There were 30 people in the flat other than the baby, and it was possible by taking dental impressions of all 30 persons and over the course of a few days to exclude 28 of them. It came down to two, the mother and the maternal grandmother, and there weren't enough characteristic features to tell them apart for certain, but all the rest could be excluded. Faced with this information the mother admitted the assault. She, poor soul, had simply lost the plot on that evening."

Among all the cases, though, one still sticks in his mind. "There was an altercation outside a pub, where we ended up with a dead person and no-one willing to say they had seen anything. The alleged assailant was found to have a small cut on his first finger, and the wound was cleaned by the police surgeon. A tiny fragment of material came out of the cut.

"I looked at it under the microscope and it was glistening. It turned out the body was found to have a broken porcelain bridge in its mouth, so I took the fragment to the geology department at the university who analysed it. It was ceramic, so I asked them to analyse a piece from the broken bridge and they were identical. That was a marvellous case to present. He went down for murder."

The basic techniques of dental identification have not changed much over the years, but Dr Moody said major advances were being made in being able to determine age from teeth.

It has always been the case that the younger the tooth, the more accurately its age could be assessed. "If you look at the developing tooth buds you can plot the age of an embryo to within plus or minus one or two days. Up to four or five years old, with the mix of dentition that is found, you can age it to plus or minus six months. But once the age is about 20 it is much less accurate – plus or minus five or six years, which may still be useful in excluding some categories."

"Over the years, I have worked on about 80 bite mark cases and I have never had one where I was prepared to say that that bite was definitely made by that person"

He said that complex biochemical analysis called racemisation was now making more accurate aging possible. Racemisation looks at changes in the proteins that are found within enamel and dentine. "Their three-dimensional structure changes slowly but steadily throughout life, which means if you can identify the particular stage of the change that it has reached, then you can identify how old that particular protein is, and we are now getting to the point where you can get to within plus or minus two years with adult teeth."

Another technological advance has come with bite mark analysis, where computer-aided superimposition has improved significantly, allowing a photograph of the injury and the suspect's teeth to be laid on top of each other. "You still have to be very careful how you do that because if you haven't allowed for distortions it may give the wrong idea, but as a way of presenting in court there is no doubt that it is very effective." ■

Bruce Oxley finds the dental school at Coatbridge College set to become the envy of other educational centres across the UK thanks to the drive of its head, Jennifer Lowe

Head of the class

Jennifer Lowe has used her personal experiences of dental training to inspire a new generation. That's according to her former tutor at Glasgow Dental School.

Bill Collins, who was the director for the school of dental hygiene at the time, revealed that it took Jennifer time to find her feet, but that when she did, there was no stopping her.

And it is an insight into the mind of her students, many of whom come from disadvantaged backgrounds, that has propelled her to become the head of the dental school at Coatbridge College.

He said: "I think her experiences have helped her enormously. I think that's why she is so good. She appreciates how difficult it can be to learn and she knows how to help students who are experiencing difficulties. She understands the mindset of her pupils and uses that to get the best out of them."

Jennifer, who grew up in Bathgate, West Lothian, qualified as a dental nurse in 1984, and as a dental hygienist in 1985. She has worked in general practices in Bathgate, Hamilton and Coatbridge during her career, but it was obvious from early on that her passion was in teaching.

"I found that I enjoyed the education side more than the clinical side as, for me, it was more rewarding and challenging," she said.

"Our passion is education and we want to make sure we get it right. I'd like to see this as a centre of excellence for education in Scotland"
Jennifer Lowe

She started teaching dental hygienists at the Glasgow Dental School in 1988 until 1990 and then again between 1996 and 2000. During this time she gained a masters in public health from Glasgow University and also started lecturing for Coatbridge College's evening class in dental nursing in 1990.

Jennifer only started working as a full-time lecturer at Coatbridge College in 2005 and in that short time she has risen through the posts of senior lecturer, curriculum leader and onto her current position as head of school. When she first started at the college, the dental nursing department consisted of two staff and one teaching room. They offered the national certificate in dental nursing as well as SVQ levels two and three.

The department has since grown to cater for every level of dental nurse students from a Higher entry level through Intermediate levels one and two, SVQ level 3 and onto their newest qualification, an HND in dental nursing. Jennifer and her team's enthusiasm and ambition has also seen them introduce qualifications in dental technology, a diploma in orthodontic therapy, as well as PDAs (Professional Development Awards) in dental administration and dental practice management.

They have also introduced courses on introduction to dental implants, tooth whitening, scope of practice for the dental team, CPD for the dental team and completing a GP17.

When it was announced that the college was to receive a

facelift and that more than half of the staff would be decanted during the renovation to a new facility at Duart House on the nearby Strathclyde Business Park in Bellshill, Jennifer spotted a unique opportunity.

Thanks to her persistence, drive and determination Jennifer managed to persuade the college that when the rest of the staff move back to the old building, the dental department should remain in the new facility. A significant investment was then pledged to transform vacant office space at Duart House into a state-of-the-art teaching and training facility that will be the envy, not just of other Scottish education establishments, but of centres around the UK.

The centrepiece of the development is the clinical skills room that features 12 phantom head stations, with the tutor's station fitted with a high-tech endoscope linked to a flat-screen television to allow for greater illustration and explanation of techniques.

STEPHANIE ROBERTSON

"I had been working as a dental professional for more than 20 years and decided I wanted to gain some formal qualifications.

"Studying at the School of Dental Studies has been a great experience and the support I received was next to none. They recognise that everyone has different needs. I loved my course and the staff were amazing."

The dental school also includes a dedicated reception area, which will in the future, it is hoped, welcome patients, two office and administration rooms, two teaching rooms complete with dental chairs, a common room for the students and an LDU. The college has also taken on a number of other rooms on the second floor of the building, which it is hoped, will be developed into surgeries and meeting rooms for courses.

Speaking after last month's industry open evening and ahead of the official opening on 7 June – where Public Health Minister Shona Robison will cut the ribbon – Jennifer described her emotions. She said: "It's been a fabulous journey. I am hugely excited with what we have here at the moment and the potential for where this could actually take us as an education establishment.

"Our passion, first and foremost, is education and we want to make sure we are getting it right for our learners. I'd like to see this as a centre of excellence for education in Scotland."

Jennifer speaks with real pride about students who have made successes of themselves after learning at the college. She explained: "Coatbridge, like many towns in Scotland, has its fair share of social deprivation and we see quite a few academically challenged pupils coming through. But to see someone who has literally come from nothing, achieve a qualification that will transform their life is a very special achievement and gives me a real buzz.

"There are a lot of learners that come from deprived backgrounds and they've maybe been conditioned at school to believe that they're going to go and work in a factory, or that

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Jennifer Lowe, centre, believes hands-on training is important

Continued »

they're a no hoper. And for a lot of them it is about building up confidence.

"You do see some of them coming in and they have their heads down and they don't speak to you, they don't communicate. But I've got students now standing up in front of a class and presenting, they go away and research subjects they come back and deliver it to the class. So that's a measure of the personal confidence we are able to instil here."

"The joy is teaching, but it is also important that you engage with students... every student is different, every class is different"
Jennifer Lowe

One of the key elements that Jennifer believes makes Coatbridge College's approach stand out is the application of hands-on learning and allowing different members of the dental team working together. For dental nurses, for example, she explained how they believe it is important they get the opportunity to work in the mouth and experience holding handpieces, even if that is not what they will be doing on a day-to-day basis in general practice. That experience will not only allow them to be better nurses, but it will also allow them to better assist their dentist and hygienist colleagues.

Coatbridge College's new dental facility not only allows them to improve and increase their portfolio of DCP courses, it offers opportunities for post-graduate education and CPD courses for the whole of the dental team.

John Doyle, principal and chief executive of the college, said: "What we have here is a first-class facility that is state of the art and what we now need to do is listen to the profession and the industry to see how we can work in partnership with them to improve dental healthcare across Scotland.

"In terms of the college, what we want to do is use this to build not only a Scottish base, but also a UK and international centre of excellence for dental studies. And I'm every confident with the staff we have here, that we'll be able to achieve that."

And the principal reserved special praise for Jennifer: "She has been the keystone to it all, she's led and directed the development of the school, supported obviously by the senior management team and the board.

"She is a real talent and someone who has taken her team and built with them over the past four years, to produce the excellent facility that we have today." ■

Margaret O'Hare

"I was working as a dental nurse before I came to college, but now that you need qualifications I came back to study. The facilities at the School of Dental Studies has given me a better, more realistic, learning experience. I now have more knowledge and confidence. I even got a full-time job at the dental practice I did my placement in."

Workforce development award

All 1 Smile have won a prestigious award in partnership with Coatbridge College at the Business to College Awards 2010, organised by Scotland's Colleges.

George Campbell (owner of All 1 Smile), had approached Coatbridge College to propose a partnership to develop two new courses. These are the Certificate in Orthodontic Nursing and the Diploma in Orthodontic Therapy with the qualifications taking around two years to develop.

George said: "Winning the award is a great reflection of the work done with the college.

As a partner we had a training need and Coatbridge College more than fulfilled that need, with Jennifer Lowe (head of school, dental studies) leading the project.

"We now have a partner who can deliver training to very specific requirements, which ultimately is helping our staff progress their careers. The overall impact to our business is better qualified staff, increased productivity and better service to our patients."

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Why it is important to get back to basics

Chris Barrow begins a new series of articles with a look at how to develop your practice for the decade ahead

I believe that we will all face significant challenges and changes in the marketplace over the next 10 years. So, in this, the first of a series of articles for *Scottish Dental magazine,* it seems appropriate to start off with a review of the "basics" that would be needed to successfully develop, expand and improve your existing practice over that period.

My comments are directed mainly at the principals and teams of independently owned practices. I believe that the advent of both retailers and corporates in the dental marketplace will ultimately reduce the number of independents in practice. But it will also ensure a market-place in which those independents can survive and prosper provided they do the right things now.

So, I am going to begin my comments without any particular differentiation between the provision of NHS or independent dentistry.

I have noticed that independent practices rather neatly fall in to three main groups.

1. The 'one-man band with a single principal responsible for two or three surgeries

2. The multi-surgery practice with one or two owners responsible for perhaps three to six surgeries

3. The larger practice with one or two owners offering anything from six to 10 surgeries and perhaps offering a combination of general dentistry and some specialisations.

In this first article, I am going to deal with the business principles that all of these categories must take into account – in future articles, I will look at how each of them individually can prosper.

A clear vision

There is a differentiation between those principals who just turn up for work every day and those who have a clear direction in which to lead their team.

I have always maintained that it is necessary to embrace the following:

1. An end game – some idea of when you will finish delivering people dentistry and what it would take financially for you to be out of the rat race

2. A three-year vision – an overall vision for the practice to develop over the coming 36 months

3. A 12-month plan – a set of actions that will direct you towards an agreed target a year from now

4. 90-day goals – specific tasks that individual members of the team have agreed to over the next three months

5. Monthly objectives

6. Weekly casts.

Wouldn't it be a great world in which we could keep tabs on all of that all of the time? Sadly, no such world exists and so it is therefore necessary to take time out on a weekly and monthly basis to monitor progress against each of these areas of fulfilment.

My experience is that a team who understand the overall three-year vision and 'what's in it for them' are a far more motivated and mobilised team than those who are just turning up for work everyday and can't wait for Friday.

Strong financial controls

It is no longer adequate to simply deliver a book-keeping function and then, once a year, produce a set of accounts that can be filed

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off to the Inland Revenue and the bank.

It is now necessary to monitor the following:

1. Profit and loss figures on a monthly basis

2. Keep performance indicators showing your material costs, lab fees, staff costs and net profitability as a percentage of sales

3. Average daily productivity figures for all fee earners in the building

4. A monthly monitoring of associate profitability.

Without these measures, financial events take place too quickly for you to be able to steer a course accurately. You can be affected by internal financial changes and also the external economy – the last two years are an example of the need to keep a careful eye on finances on a daily basis.

Marketing systems

Every independently owned dental practice in the UK needs a minimum of 20 new patient sign-ups per month per dental surgery.

That's the measure that will stop your practice withering on the vine. Whether or not those new patients are joining as long-term maintenance members or are joining the practice to buy specific products and services, they are essential to the long-term health of your practice.

Marketing is the system by which you attract the right type of new patient into the practice. But it is also the system by which you create a barrier to entry for those patients who you do not want to see either because they are the wrong demographic or they have the wrong behavioural attributes.

I hope to dedicate a future article to the subject of dental practice marketing as it is such a fascinating and rapidly changing subject. But, for now, let's summarise by asking a series of simple questions.

1. Does your brand exist in the year 2010 and is it attractive to the right type of patient?

2. Do you have a retail website which is properly optimised and making lots of attractive offers?

3. Do you have year-round offers and also quarterly specials which are attractive to the right type of patient?

4. Do you offer new products and services that people are actually buying?

5. Are your relationship-marketing systems well established and do you enjoy a high level of new patient enquiries through word-of-mouth recommendation?

6. Do you carefully utilise direct marketing and direct media to establish target campaigns?

7. Do you understand the power of social networking and social media in the development of a tribal community of patients who will recommend you over the internet.

Modern-day practices are on top of these things and we will look at them in more detail over the months ahead.

The patient journey and customer relationship management

In a world of hotel corporates, Four Seasons have established themselves as the brand leader in the delivery of medium-sized hotels of exceptional quality and I think we can all learn a great deal from this example when it comes to the independent dental practice.

No matter how much money you spend on premises, environment, equipment and courses, the fact is that in independent dentistry I would argue that service will also be your competitive advantage – service delivered by a dental team who are well versed and attuned to the concept of customer service and customer relationship management.

Your patient journey can be broken down into a series of unique moments where your team have the opportunity to deliver a moment of truth that can produce either a uniquely disappointing moment or a uniquely exhilarating moment. It's those moments that are recorded and reported.

Before the internet, it was said that people told 11 other people about a bad customer service experience and just four other people about a positive one.

I believe that in the days of the internet we can both multiply both of those numbers by at least 100.

Customer service is paramount and understanding the individual steps in the patient journey is essential.

"No matter how much money you spend on premises, environment, equipment and courses, the fact is that in independent dentistry, I would argue that service will also be your competitive advantage"
Chris Barrow

Teamwork

For the 15 years that I have consulted and coached in dentistry, the top three challenges that have faced dental practices have been:

1. How do I attract new patients?

2. How do I keep a motivated team?

3. How do I deal with my own personal overwhelm?

In 'the good old days', looking after the team was left to the practice manager who fulfiled a function which can best be described as a combination of ward matron and clinic manager.

In those days, the financial marketing and customer service functions were either irrelevant or ignored by the management team. However, times have changed and a dental business manager now has to be able to grasp and control all of the functions mentioned in this article.

Teamwork therefore has to be delivered in a different way.

I do believe that even the smallest independent practice ought to separate the two roles of business manager (as mentioned above) and clinic manager (responsible for team wellbeing and clinical operational efficiency).

To be able to recruit, train, motivate, compensate and retain a championship support team can transform your working life and there are a series of steps necessary to achieve this which again we will cover in future articles.

Leadership

Which brings us back to the principle.

I suggest that four days a week you focus on being a great dentist and that one day a week you focus on being a good leader.

To be able to lead your managers and lead your team requires a set of skills that they definitely do not teach you at dental school.

However, again in this series, we will take a look at leadership within dental practice in more detail.

If you can get the above in place, you can build an astonishingly enjoyable career and an extremely profitable practice.

My intention over the articles ahead is to break that down and show you how to do it.

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Comfortably NUMB

Bruce Hogan explains how anaesthetic injections needn't be as painful as some fear

There are an estimated 70 million dental local anaesthetics given each year in the UK, so it comes as no surprise that many dentists acquire the art of good local anaesthetic technique.

Successful local anaesthetic injections are given painlessly, achieve the right depth of anaesthesia for the procedure and avoid local or systemic complications.

Painless injections

I have found switching from a 5 per cent lidocaine topical anaesthetic to a 20 per cent benzocaine gel (Optident) highly satisfactory in reducing or eliminating the sensation of the needle penetrating the mucosa. It also comes in bubblegum flavour, the pina colada flavour having sadly been discontinued.

The secret is to get the topical onto the injection site (usually via a cotton roll) as early into the consultation as possible so that it has time to work. As long as they know why it is there, my experience is that the patient is still happy to talk about the weather or the football with a cotton roll in their buccal sulcus. There is some evidence that topical is not effective for inferior dental block (IDB) injections but I still use it as it gets the patient mentally prepared for where the injection is going to go.

The single most important thing that any dentist can do with a local anaesthetic is to inject it slowly. Not only does this facilitate a painless injection, but it is also far safer, especially if one is in a blood vessel and doesn't know it. The textbooks suggest at least 30 seconds per cartridge but I certainly take far longer. A new patient may think, erroneously, that because the injection is taking longer than they are used to this means the dentist is putting in colossal quantities of solution.

Consequently, I tend to fill the time during injection explaining to the patient that although the injection is taking ages it is the standard amount that they are receiving, but given slowly so as to make it safer and more comfortable. I also explain that, as the tissues are not being torn by the anaesthetic solution, this is likely to make the mouth much more comfortable as the injection is wearing off later on. This explanation helps the patient to feel well looked after and also distracts them from the injection itself. Any form of communication during the injection technique reduces the pain of injection by distraction.

Some dentists advocate the use of cartridge warmers. The evidence, however, is that as long as the solution is at normal room temperature, this is satisfactory to facilitate painless anaesthesia. Solutions injected at body temperature are perceived as painful. My experience is that local anaesthetic cartridges left in cartridge warmers for lengthy periods suffer the same problem as those stored in direct sunlight, namely decomposition and loss of efficacy.

Local anaesthetic should always be injected through a needle that is sharp. Modern disposable needles become really quite blunt by the time they have penetrated the mucosa three or four times. Thus, if a patient is having a procedure that requires multiple injections, it is kinder to the patient and their tissues to changes needles after half the injections have been administered.

Palatal injections are the most difficult to make painless. I try to give my palatal infiltrations as long after I have given the buccal infiltration as possible. This allows the solution to diffuse palatally as much as it can. The use of articaine in these situations may give particularly effective diffusion from buccal to palatal.

Articaine is particularly lipophilic and this may make it particularly effective at diffusing through the tissues. The site of the palatal injection should be in the somewhat compliant submucosa approximately halfway between the gingival margin and the midline. I put my topical benzocaine onto the injection site with a ball-ended burnisher and press firmly with my left hand. This renders the tissue slightly ischaemic.

After about thirty seconds, I move the instrument very slightly laterally and push up again. I then use my right hand to place the needle in exactly the same ischaemic spot that the burnisher has just vacated and inject the solution extremely slowly. The quantity of solution injected should be approximately the width of

the rubber bung in the anaesthetic cartridge. As an alternative to a palatal injection, I sometimes give an interpapillary injection mesial and distal to the tooth to be worked on. I find this technique useful in children requiring an extraction.

Computer controlled local anaesthetic delivery devices (CCLAD) – e.g. 'The Wand' facilitate painless anaesthesia by ensuring that the solution is deposited at an optimal pressure despite variations in tissue resistance. I once offered myself as a guinea pig at a hands-on course for the wand. I received an injection directly into my incisive canal which was indeed totally painless. CCLADs also allow novel anaesthetic techniques that produce pulpal anaesthesia without soft tissue anaesthesia.

These devices are probably of greatest benefit to those dentists who have never really developed the art of painless anaesthesia by traditional means. Oraqix involves depositing a somewhat viscous mixture of prilocaine and lidocaine into the gingival sulcus. This is entirely painless for the patient and is useful for patients who find non-surgical periodontal therapy uncomfortable.

Achieving the desired depth

It should be remembered that the depth of anaesthesia required varies with the procedure to be undertaken. Soft tissue surgery requires less profound anaesthesia than an extraction which requires less profound anaesthesia than routine conservation which, in turn, requires less profound anaesthesia than endodontics. At the most difficult end of the spectrum is anaesthetising an acutely-inflamed tooth for endodontics, especially a lower molar tooth.

Whatever the tooth, patient or procedure, repeating the initial injection technique achieves the desired depth of anaesthesia 75 per cent of the time. This may be because the second injection is more accurate than the first; because more of the nerve becomes bathed in local anaesthetic; because the second solution is acting synergistically with the first or simply because by the time we have given the second injection, the first one has had time to 'work'.

"The single most important thing that any dentist can do with a local anaesthetic is to inject it slowly"

Reasons for anaesthesia failure

• Inaccurate placement of needle tip.

Problems can arise if the needle tip is in a blood vessel i.e. an intravascular injection. This results in failure of anaesthesia and potential systemic toxicity (see later).

When giving an infiltration injection in the lower incisor region, it is easy to angle the needle vertically downward and enter the

Continued »

Continued »

mentalis muscle. This results in failure of anaesthesia and after-pain. It should be remembered that the lower incisor roots are inclined lingually as is the alveolar bone and so the angle of the anaesthetic needle should reflect this. The correct siting of the needle can be confirmed by checking gently that there is bony contact at the appropriate depth of needle penetration.

The greatest number of difficulties arise with the IDB injection. With the patient opening as widely as possible, the dentist's thumb on the anterior border of the ascending ramus and his fingers on the posterior border of the ascending ramus, there are three key parameters to accuracy with this injection.

Firstly, the point of needle entry should be two-thirds of the way along a line running from the mid-point of the thumb nail to the pterygomandibular raphe parallel to the lower occlusal plane. Secondly, the angulation of the syringe should be from the premolars of the opposite side. Thirdly, the depth of tissue penetration should be two-thirds to three-quarters of the length of a long needle, depending on where bone is contacted. The dentist should feel that the final resting place of the needle is approximately halfway between his thumb and fingers. If the antero-posterior dimension of the ramus is small, the depth of penetration of the needle is reduced and vice-versa. As the needle is advanced through the tissues, it may be helpful to rotate the syringe alternately 90 degrees clockwise and anti-clockwise around its long axis as this helps to prevent the needle tip being deflected off-course without the dentist knowing it. There is some evidence that slow movement of the needle through the tissues allows any vessels coming into contact with the needle tip to be deflected away from the needle with a reduced risk of intravascular injection.

If bone is contacted early, the syringe should be moved until it lies over the molars of the same side. This brings the needle parallel to the ascending ramus and allows the needle to be advanced unhindered. Once the needle is at the correct depth, the syringe should be taken back to the premolars of the opposite side and advanced slightly and slowly to confirm bony contact. Aspiration should then precede injection.

If the needle tip is two-thirds of the way in and bone has not yet been contacted, it would be unwise to keep advancing the needle as the facial nerve in relation to the parotid gland awaits. The needle should be withdrawn along its long axis until the tip is just below the surface and the syringe moved over the molars of the opposite side. The needle should then be advanced at this angle and bone should now be contacted at the usual depth of needle penetration.

The time taken for the lip to go numb and a comparison between the depth of anaesthesia of the lip versus the tongue are good ways of assessing the accuracy of the IDB.

Although I know a number of good dentists who do so, I would not recommend a short needle for an IDB for the following reasons: there is no evidence that it makes the injection less painful; the needle is more easily deflected off-course; the narrow lumen is less effective at aspirating blood and the needle has to be inserted to its hub which is its weak point.

Trismus can make the IDB tricky. I find a point of needle entry just medial to the thumb nail with the syringe approaching from the molars of the same side highly successful. Once the needle has penetrated two-thirds to three-quarters of its length (or approximately half the width of the ramus), aspirate and inject. The disadvantage of this technique is that there is no bony end-point. However, it can give wonderful pain relief for a patient with dry socket and post-extraction trismus.

The IDB technique described above can also be useful for a patient with a very large tongue.

• Anatomical factors

The position of the mandibular foramen varies from person to person and reference to an OPT radiograph, if available, may improve the success of an IDB. The mandibular foramen tends to be lower in children and higher in edentulous patients which should be remembered when deciding on the point of needle entry for an IDB in such patients.

The maxillary sinus may be interposed between the buccal and palatal roots of upper molar teeth such that a palatal injection is the only way to render the tooth numb. The lipophilic nature and thus potentially greater diffusing power of articaine given buccally may help to avoid the need for a secondary palatal injection.

The apex of the upper lateral incisor may be quite palatally placed and a palatal injection may be required to achieve full anaesthesia. Again, articaine may be valuable.

The mental foramen faces posteriorly such that the mental block injection is most likely to be successful if the needle approaches the mental foramen angled from posterior to anterior. Without a periapical radiograph, I am never quite sure where the mental foramen is in a

patient who has lost a lower premolar with or without previous orthodontic treatment. In these situations I either give an IDB or use articaine for a mental block.

The cribriform plate of the lower incisor teeth has fewer perforations than elsewhere in the mouth and this makes intra-ligamentary anaesthesia in this area unpredictable.

• Accessory nerves

Any accessory innervation in the maxilla can usually be overcome by administering a palatal infiltration.

Most accessory innervation in the mandible can be overcome by administering a buccal and a lingual infiltration. The exception to this is accessory innervation from the auriculotemporal nerve which can only be overcome by administering a 'high' block (Gow-Gates or Akinosi). I have to confess, however, to never having administered one of these injections.

• Patient factors

I have a number of patients for whom I have great difficulty getting my blocks to work adequately and I always make a note of this to remind me in the patient's records. Sometimes I experience difficulty getting the lip numb but usually the lip goes numb in the usual way but the patient jumps as soon as I instrument their dentine. Techniques that I have found useful in these patients include:

• trying to remain positive and confident so that both you and the patient believe the injection is going to work

• administering two IDBs with different solutions from the outset

• making a detailed description in the notes of where, finally, I placed the needle and actually got the anaesthesia I needed

• deliberately contacting bone early and then 'scouting' the needle tip along the ramus

• leaving a longer interval than usual between administering the solution and starting the procedure.

• Acute inflammation

The acutely inflamed tooth gives an effect rather like sunburned skin where even the lightest touch can be painful. Pulpal nociceptors can fire in response to a stimulus as low level as a heartbeat. The acutely-inflamed lower molar tooth requiring

"Good communication and sympathetic care is vital even though we may feel anxious and frustrated that the waiting room is filling up with our next patients"

endodontics is one of dentistry`s greatest challenges. It is easy to lose the patient's confidence in this situation, especially a relatively new patient. Good communication and sympathetic care is vital even though we may feel anxious and frustrated that the waiting room is filling up with our next patients!

When the patient telephones the practice with toothache, they should be advised to use ibuprofen pre-operatively as its anti-inflammatory action will help to make local anaesthesia more successful. Once the patient is in the chair, our thoughts should be to try to bathe as much of the nerve supply to the tooth in local anaesthetic as possible:

• Administering two IDBs can be helpful for a number of reasons as previously explained There is anecdotal evidence to suggest synergy between lignocaine with adrenaline and prilocaine with felypressin;

• Administer a mental block. This may increase the depth of anaesthesia of the mesial root of a lower first molar tooth;

• Administer a buccal and a lingual infiltration;

• Administer periodontal ligament injections mesiobuccally, distobuccally, distolingually and mesiolingually. Administer a bung's width of anaesthetic solution at each site. If rebound of solution occurs back out of the gingival sulcus, simply move the needle slightly mesially or distally until no rebound occurs.The periodontal ligament injection is actually a form of intraosseous injection. Specialised intraosseous techniques, e.g. X-Tip, can be highly successful especially if used in conjunction with articaine.

■ Administer an intra-pulpal injection. This achieves its success through pressure-induced ischaemia and is painful. Thus it is important to assess the patient before administering this injection. If they have clearly had enough, applying ledermix is usually successful. If the patient is coping, then the intra-pulpal injection is definitely worth doing as it is often allows a good deal of instrumentation. ■

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The shortened dental arch

The concept has been around for nearly 30 years and in many cases can negate the need for high-risk, complex dentistry

1 **When posterior teeth are lost, should they be replaced?**

2 What are the criteria under which advanced restoration or replacement should be considered?

3 **When is it acceptable to leave an edentulous quadrant unrestored?**

4 How many teeth does your patient actually need, is it really 28?

5 **Does function suffer significantly without molars?**

6 Is there an increase in occlusal instability and TMJ dysfunction?

7 **Do unopposed teeth over-erupt every time and what problems may this cause?**

Shortened dental arch concept

Although many practitioners are familiar with the idea of the shortened dental arch (SDA) (Fig 1), the details however, may not be as well known. The concept itself was proposed in the early 80's by Käyser et.al (1) when describing a dental arch with missing molar teeth.

Over the next 20 years Käyser, Witter and Nijmegen went on to do a number of studies in order to establish the worth of the SDA concept and relevant guidelines, which form the bulk of the research on the SDA. The information and ideas that follow are taken from these papers. To date there are no obvious papers that refute the concept and it should be included in every restorative dentist's treatment option list.

The requirements for the SDA are:

1. Intact anterior dentition (canine to canine) with class 1 incisal relationship and canine guidance
2. Stable posterior contacts on first and second premolars. (Four occlusal units minimum = 20 teeth total) (Fig 2)
3. Control of disease processes.

The equally important contraindications for SDA are:

1. Severe angle class II relationship
2. Anterior open bite
3. Reduction in alveolar bone support (Fig 3)
4. Extensive tooth wear
5. Pre-existing TMJ dysfunction.

Added to this should be avoidance of a heavily restored anterior dentition (Fig 4). A predominantly root filled/post crowned anterior dentition is unlikely to manage long term compared with intact disease free teeth. The critical factor is that in choosing an SDA concept we are not 'avoiding treating' the patient, but giving them the best solution for a predictable long-term result. With heavily restored root filled teeth and bridgework, the SDA is likely to be a short-term option until further tooth loss necessitates re-evaluation.

The SDA is in effect a treatment option that's quicker, less costly, less complicated and less time-consuming than the alternatives to replace an edentulous quadrant. The alternatives are classically a removable partial denture (Fig 5) or more recently implant support crown and bridgework.

A look at the main reasons for considering replacement of missing posterior teeth and how

"In treating patients, on a daily basis we encounter the SDA situation where teeth have been lost previously and not replaced"

PROCEDURE

Fig 1

Fig 2

Fig 3

Fig 4

Fig 5

Fig 6

the SDA mitigates these is worthwhile:

To improve function/ chewing ability:

1. Only 20 per cent with SDA reported a hindrance to chewing and this was primarily related to having to chew longer and changing food selection. The majority considered chewing ability satisfactory
2. Removable bilateral free end saddle dentures are poorly tolerated with many patients not wearing them (unless attending for recall). Studies comparing the effectiveness of these to SDA have shown the SDA to be just as effective in terms of comfort and acceptance. Abutment teeth for removable restorations were also shown to have much higher incidence of carious lesions.

To prevent migration and over-eruption of unopposed molars:

1. The work of Craddock (2) and others has shown that over-eruption of unopposed teeth occurs approximately 80 per cent of the time (Fig 6). Only 20 per cent of unopposed teeth over-erupt more than 2mm (Fig 7). Maxillary teeth over-erupt more than mandibular. The SDA does not address this and interference with the arc of closure can occur and should be watched for
2. A well fitting removable partial denture will help prevent over-eruption, as will an adhesive cantilever unit
3. Over-eruption will only become clinically significant if ultimately wishing to restore and replace the posterior units.

To reduce the possibility of TMJ dysfunction:

1. There is no evidence that SDA causes increased TMJ dysfunction
2. In extreme cases where all posterior support is unilateral or totally absent then there is an increased risk of pain and joint noises.

With the above points in mind the primary reasons for considering replacing posterior teeth are:

1. To prevent over-eruption and tipping of unopposed teeth

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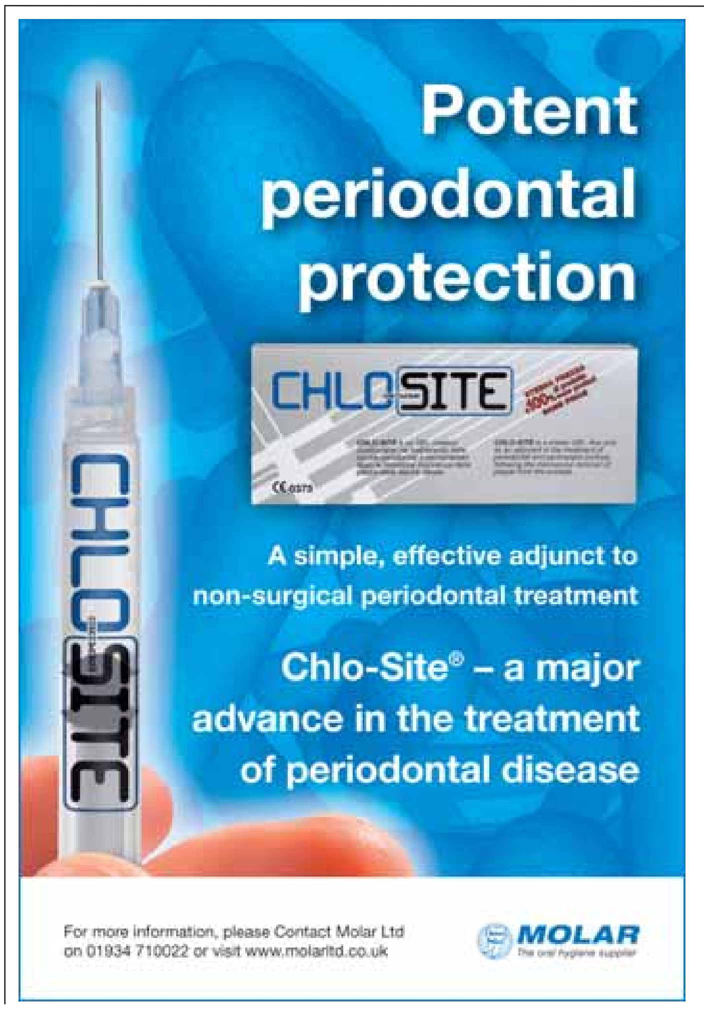

PROCEDURE

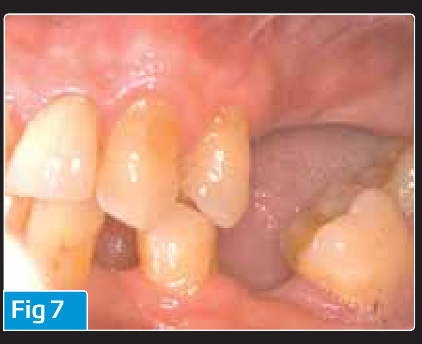
Fig 7

Fig 8

Fig 9

Continued »

2. To help stabilise a severely compromised anterior dentition
3. As a precursor to a fully edentulous arch
4. If the patient would like the teeth replaced for aesthetic, functional or quality of life reasons.

Practical considerations

In treating patients, on a daily basis we encounter the SDA situation where teeth have been lost previously and not replaced. Conversation with the patient can quickly establish over what period of time they have been managing and whether they feel that there has been any compromise in their general function.

The main rule here is that if a patient is managing well with a reduced dentition, and it is stable, then there is no reason to replace any teeth. As these patients will have likely been missing teeth for many years, the bulk of any over-eruption will have occurred and preventive measures are not necessary.

In an active treatment situation where significant restoration of the molars is required, consideration of their loss can be presented as an option, with outlining of the options and possible sequelae thereafter. Should molars be extracted with no initial plans for replacement then the incidence of general over-eruption (80 per cent) and significant over-eruption (20 per cent) needs to be allowed and planned for.

The SDA concept is established as a predictable, stable and long-term solution where loss of molar support has already, or is to occur. It can negate the need for high-risk complex dentistry, whilst providing your patient with a practical and reliable solution.

The SDA in implant dentistry

For over 20 years the SDA has been used as the most successful standard approach for replacement of a complete edentulous arch using dental implants.

Classically, in the edentulous situation bone volume remains between the foramina in the mandible, and in front of the maxillary antrums in the maxilla.

Four to six implants placed in these areas have been used to support 10 and 12 tooth full arch bridges with excellent documented success rates both for implant survival and stability of the opposing dentition.

An implant supported restoration benefits from absolute anchorage, and allows control of the occlusion and vertical dimension.

Previously where an SDA approach was not viable, due to instability of the opposing arch, (e.g. partial denture or periodontally involved teeth), if that opposing arch is restored with an implant-retained restoration, the SDA once again becomes viable and further restoration is no longer required. (Fig 8 & 9) ■

This article was submitted by Edinburgh Dental Specialists.

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From patient expectations to the technical quality of work, there are many problems associated with dentures, but Robert Leggett, Dip Clin Dent Tech RCS Edin has some solutions...

Breaking the mould

For most of us, when we think about dentures we think about the problems; the time it takes compared with the financial return, the patient's high expectations, the quality of the technical work, the list goes on.

At International Smiles, we believe we have the solutions to these problems.

Best practice

After patients arrive and fill out their medical history details, we invite them through to a comfortable consultation room where we can introduce ourselves and explain the following procedure.

Why not do that in the surgery? We believe that some patients can become anxious and stressed while sitting in the dental chair.

Our experience has shown that a high number of denture-wearing patients have had a bad experience in a denture chair somewhere down the line. This can make the task of coming to a diagnosis and suitable treatment plan a much harder process if the patient is unable to give an informative explanation of their problems.

In the consultation room we record the patient's reason for attendance. Also, we discuss their complaint, the history of the complaint and their dental history. We confirm the last time they saw a dentist or DCP, record how many sets of dentures they've had, and ask the if there were any particular good and bad points of their previous and current sets. This is a chance to get a feel for expectations and attitude.

We assess the overall demeanour as well as their facial symmetry/height and appearance of current dentures. The consultation is also an opportunity to begin to manage the expectations of the patient and explain denture limitations. We inform the patient of their role in achieving a positive outcome.

We then proceed to the surgery to give the patient a comprehensive oral examination and evaluation.

Part of the scope of practice

of being a CDT is to recognise abnormal oral mucosa and related underlying structures and refer patients to other healthcare professionals if necessary.

All being well, we assess the patient's soft tissues, being particular to note the presence of any candida infections or ulcers. We then make a thorough assessment of the supporting tissues by palpating the residual ridges for displaceable tissues. We continue by charting ridge form, bony prominences or tori, which can be painful under pressure and will need relieved on the master cast. X-rays may also be necessary if we suspect retained roots.

At this point, our thoughts start to turn to an appropriate impression material and technique. For primary impressions we use either impression compound or alginate for conventional techniques, depending if we want a mucocompressive or mucostatic impression or an appropriate duplicating putty for a template or replica techniques.

For conventional secondary impressions we use a medium body polyvinyl silioxane (PVS). With selective pressure techniques, we use a mixture of light and medium-body polyvinyl siloxane. We have found that selective pressure techniques can be beneficial when the patient has a displaceable anterior maxillary ridge perhaps due to combination syndrome. We achieve this by creating a functional impression in medium body PVS, then removing the anterior section where the tissues are displaceable with a scalpel.

We then, perforating that section of the tray, fill the void with light body PVS before insuring the tray is fully seated when reinserted. An advantage of being technicians is that we can construct the custom tray specifically to the impression technique we will be using, ensuring we have the correct space for impression material and appropriate handle design.

We then turn our attention to the patient's dentures. We are sure you will have seen patients arrive with a bag full of failed dentures wondering why no one has been able to help them in the past. These can be the key to understanding the previous success and failures and are useful in selecting the appropriate treatment plan.

We assess the dentures for retention, stability, occlusion

PROCEDURE

Fig 1

Selective pressure impression

Fig 2
Dentures in situ class 3

Fig 3
Patient's smile

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including OVD, RVD and FWS, extension, appearance and hygiene. We note the occlusal concept used, wear patterns on the teeth and classification of jaw relationship.

We are aware of the importance of making accurate and detailed notes, so we decided to invest in the most up-to-date computer system and digital X-ray equipment. This allows us to be more efficient and spend more time with our patients.

With the information gathered we can now come to an informed diagnosis and treatment plan. Assuming we can improve on the patient's current dentures, our treatment plans usually take five to six visits to achieve. It is possible for us to construct a set of dentures within a day using same-day technology, of which we are exclusive providers in the UK.

We feel our real advantage in being qualified CDTs is the fact that at this stage in most general dental practices the technical work is bagged and sent on its way to the lab with a varied amount of information on the lab ticket (to hopefully return before the patient's next appointment). For us, it simply goes upstairs, with the technical work carried out by the same person who performs the clinical stages.

> **"Part of the scope of practice of a CDT is to recognise abnormal oral mucosa and related underlying structures"**
>
> Robert Leggett

This allows us to control the quality, both clinically and technically, and enables us to have our patient's appearance in mind while constructing their appliances. Our technical experience allows us to achieve the occlusal concept necessary to the treatment plan whether that be balanced, lingualised or canine guided. We are also able to make any necessary changes chair-side rather than adding more appointments.

We believe dentures don't need to look like dentures. While maintaining function, we try to inspire patient participation in the selection of the teeth and advise that an irregular arrangement of anterior teeth will add subtle character.

As well as conventional dentures, we can also offer implant retained dentures in-house with the help of our specialist in restorative dentistry. We are also working with the GDPs in our locality, receiving referrals for not only F/F cases but also complex partial cases.

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Robert Leggett is an associate CDT at International Smiles in Burntisland. For more information, visit www.nationalsmiles.com

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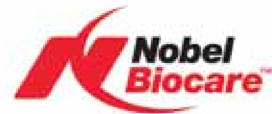

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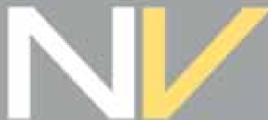

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A holistic approach to dental design

From grand plans down to the smallest details, NV have all the answers

Architect Farahbod Nakhaei and engineer Homan Varghaei, managing partners behind NV Design & Construction, have a wealth of experience in creating innovative and desirable environments.

With NV Properties, the company they founded in 1997, they drew widespread praise for their high-end restoration and new-build residential developments across Glasgow and beyond. With their new company, NV Design & Construction, they are now offering the same design skills and attention to detail to private clients in the commercial sector.

(l-r) Homan Varghaei, Malcolm Cullen, Farahbod Nakhaei and Ryan Finn at NV's offices

Farahbod said: "From the extensive experience we gained with NV Properties, we know the constructive and beneficial effect that good design can have on individuals. Our holistic approach examines every element that is required to achieve the best result for any commission. From the overall design and layout of a property, down to the smallest details, we know that everything plays a part.

"Our philosophy is simple: a living space needs to go beyond functionality, ensuring that one's home is not just somewhere to live, but a dynamic environment that should bring real enjoyment and pleasure – and the same can be said for one's place of work."

Just over a year ago, Farahbod and Homan took the decision to apply this principle to designing dental practices. Given that so many people still find a visit to the dentist a stressful experience, they realised how important it is to create a relaxing environment for patients, not to mention the benefits of having an inspiring place to work for staff. With three projects completed in the last year, and new enquiries coming in from across the UK, it is clear that many dental practitioners also realise the value of good design.

While the benefits of NV Design & Construction's approach can be seen in each of the surgeries they have undertaken so far, the success of these projects is not simply down to the company's design skills.

Farahbod explained: "We realised before we even started out that we had a unique service we could offer to our clients. Dentists are very busy professionals, they have enough on their plate without having to worry about running a construction project as well as a dental practice. With NV Properties, we project managed multi-million pound projects from the very first design sketches through to handing over the keys, we can do the same for our private clients."

As regular viewers of Channel 4's Grand Designs will know, project managing any job is rarely straightforward. Dealing with architects, builders, planners, building control officers and sub-contractors can be confusing and time consuming. NV streamline the whole process, acting as architect, main contractor and project manager. The company oversees every aspect of the project from day one through to final handover, eliminating confusion and delay and ensuring the client gets exactly what they were looking for, at the cost they were expecting.

Just as important to Farahbod and Homan is the personal touch that good design should bring. Homan said: "Following the initial consultation with any prospective client, our approach is to look at the individual elements of their brief and bring everything together in a unique design. On that level, it is very personal. Each client will have a project that says something about them and their customers. We reject a 'one size fits all' approach, as we know that only well considered and executed design can generate a positive experience for the end user." ■

More information on NV Design & Construction, along with images and details of their projects so far, can be found on their website, www.nvdc-dental.co.uk or by contacting Farahbod or Homan on 0141 959 8752.

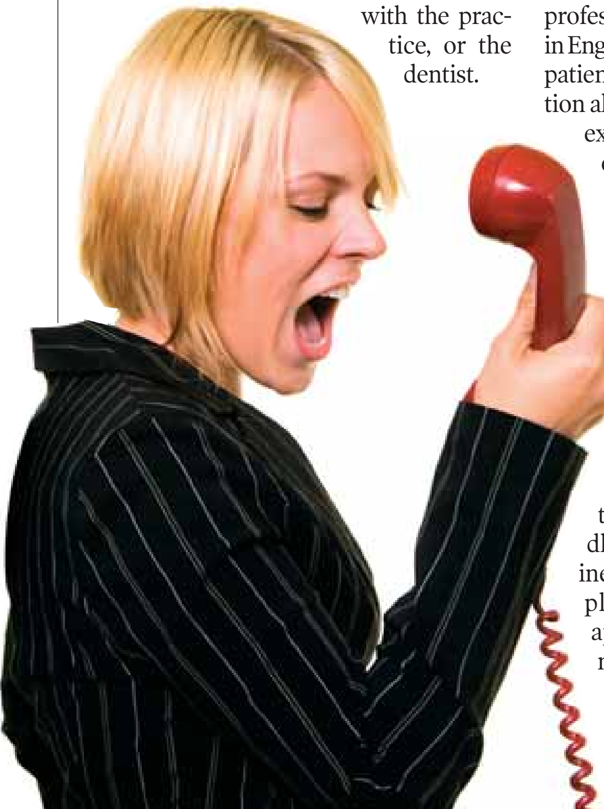
Resolutions to shout about...

Practices can pay a high price for ignoring complaints, not least losing a valuable customer. Kevin Lewis provides ten steps to effectively deal with unhappy patients... and even turn anger into a stronger sense of loyalty

In a country like the UK where the level of litigation and GDC involvement is exceptionally high, it is essential to have effective in-house complaints procedures, and to make sure that our patients are aware of their existence.

Channelling complaints

Patients tend to take their complaints down formal channels (e.g. to the GDC, or to a lawyer's office) when they don't realise that an informal, effective resolution system is available in the practice, and/or when they don't have any confidence that their complaint will be taken seriously and resolved effectively direct with the practice, or the dentist.



It is far better to invite patients to speak to you or a member of the practice staff if they are not happy with any aspect of the care, treatment or service they have received from you. It is sometimes a good idea to have a single, named person who is responsible for patient satisfaction and 'customer care' in all its forms. Give this person a high profile in your practice so that patients will have the confidence to contact this person first.

Dentists in Scotland are relatively fortunate compared with their colleagues in England and Wales, because the activities of 'no win, no fee' lawyers have yet to make any significant impact. As a result, DPL members in Scotland pay a lot less for their professional indemnity than DPL members in England and Wales. However, dissatisfied patients cause more problems than litigation alone; learning how to manage patient expectations and to avoid complaints is essential for any dental practice.

Turn the complaint into an opportunity

Research shows that where a service delivery complaint is handled well, then the loyalty of that patient is often strengthened (a process sometimes referred to as service recovery).

Where the complaint concerns a major shortcoming on the part of the dental team, then effective handling of a complaint can minimise the inevitable damage. The key to complaints handling is a flexibility of approach. The complaints process must adapt to the needs of a patient and not the other way round!

Checklist for effective complaints management

Although there is no single way to handle a complaint here are 10 key steps that should always be considered. Complaints handling is likely to be less effective if any of the stages are missed out.

STEP 1 Training and preparation

Good communicators usually make good complaints handlers. Most members of the dental team have no formal training in communication, or complaints handling, so it is worthwhile training them in these skills. Think about which member(s) of your team are the best listener(s) and communicator(s) – are they the people in the front line of your complaints system?

Every practice should have a well-structured complaints system that every member of the team is aware of, understands and would be able to explain to a patient. This makes it easier for those managing the complaint, and easier for patients to know what to expect.

One aspect of this is thinking about where in the practice is the best place to allow a patient to complain. Neither the front desk, in earshot of other patients, nor an untidy, scruffy office are the best places.

STEP 2 Identifying complaints

Consider a proactive approach to identifying complaints. The majority of dissatisfied patients do not complain at all. They simply leave and go elsewhere, which is not good for business. There are many ways of identifying dissatisfaction:

• Openly invite comments and feedback,

offering accessible, informal channels as well as more formal in-house complaints procedures. Make it easy for patients to

> **RISK MANAGEMENT TIP**
> It is important to train all those in the dental team who might be involved with the complaints handling process. Untrained staff should be instructed to direct complaints to an available complaints handler.

express their concerns and dissatisfaction
• Comment/feedback cards – usually only completed by patients who are particularly displeased or delighted with the service
• Surveys – but not all patients will respond
• Train staff to identify the 'body language' associated with dissatisfaction.

A study by Bunting showed that in more than 40 per cent of cases, the patient referred to a previous unsatisfactory experience prior to the incident that actually gave rise to the complaint.

STEP 3 Accepting complaints

The complaints handler needs to co-ordinate the 'acceptance', acknowledgement, investigation and response to the complaint. They do not necessarily have to provide the response themselves, but they do have to ensure that an appropriate team member can respond.

Never ignore complaints or hope that they will go away. All complaints should be acknowledged quickly, informing the patient when they might anticipate a formal response. When replying, avoid over-promising and under-delivering. If, for example,

> **RISK MANAGEMENT TIP**
> Early identification of any kind of patient dissatisfaction avoids them accumulating a store of additional complaints before they tell you.

the dentist involved will be away from the practice for a month, then inform the patient. A patient is more likely to react favourably if they know that their complaint is being taken seriously and dealt with.

Wendy Leebov has described a very effective approach to the initial response to a complaint. Whether the response is verbal, or in writing, her 'Sad but Glad' technique consists of saying something to the effect of: "I am sorry that you are unhappy about xxx, but I am pleased that you have told me".

This approach gives the patient confidence that that their complaint is not being ignored or swept aside. It is also 'neutral' in terms of not taking one side or the other, and both conciliatory (soothing) and non-confrontational.

STEP 4 Obtaining views of all parties

It is important for the complaints co-ordinator to identify all the parties involved to avoid confusion and misunderstanding. Any attempt to generate an instant response on behalf of another person who may have left a practice or clinic should be resisted.

STEP 5 Investigating fully

Perhaps the greatest error in complaints handling is to provide a detailed response before investigating and gathering the facts. Any response to a complaint could end up as part of the evidence at a later hearing. The response that can be made following a full investigation is likely to be more thorough, accurate, and fairer to all parties involved.

> **"A patient is likely to react favourably if they know that their complaint is taken seriously"**
> Kevin Lewis

STEP 6 Resolving the dissatisfaction

It is understandable that many people become defensive when they receive a complaint. Defensiveness can obstruct good complaints handling and at worst it tends to result in the dentist's response sounding more like a justification (or a counterattack) than an explanation.

When a complaint is received, it is important to consider the desired outcome, i.e. how much do you want to retain the patient, compromise or agree to differ? The business and professional risks of leaving a patient's dissatisfaction unresolved are so great, however, that most of us would prefer to resolve the patient's dissatisfaction. But each situation demands a different response.

> **RISK MANAGEMENT TIP**
> Identify all parties involved and seek their views. Co-ordinate the response so that the parties know their role in the complaints process.

STEP 7 Responding sympathetically

Complaints are best resolved at the lowest possible level, which is normally within the setting where the treatment was originally delivered i.e. within the practice. This does not always imply a definitive written response. Many minor complaints can be resolved informally on a one-to-one basis without anything in writing, although subsequently a short letter can still be sent to the patient confirming your concern and hoping that the complaint is now resolved. This sympathetic contact takes very little time and effort but can make a significant difference to patient loyalty.

> **RISK MANAGEMENT TIP**
> A fuller investigation will take longer, so make sure that the patient understands the advantages of this. Some patients will value a quick positive outcome much more highly.

In the majority of cases, however, a written response is likely to be appropriate. This may include an explanation,

Continued »

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reassurance, an apology, an offer of compromise or giving the patient options as to alternative ways forward. It is important to decide in advance exactly what message you wish to convey in a letter.

Not everyone is skilled at letter writing but it is wise always to choose your words carefully. Remember that your response is likely to be looked at by others at some stage. Avoid any temptation to attack the patient. The more reasonable and professional your written response, the more credit you will be given at any hearing of the complaint. Always involve your protection/defence organisation which will be experienced in drafting letters of response to complaints, and can be more objective.

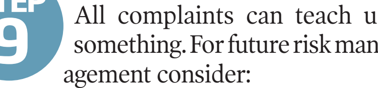
STEP 8 Following up

The scariest part of complaints handling is sometimes further contact with the patient to ensure that the complaint has been satisfactorily resolved.

This may not be appropriate in all cases, but it can be helpful, particularly when you want to retain their confidence.

Even if the patient is not completely satisfied, it provides a further opportunity to identify a complaint and deal with dissatisfaction at an early stage. It also demonstrates care and consideration.

STEP 9 Learning from the problem



All complaints can teach us something. For future risk management consider:

- How and why the complaint arose
- What steps could have been taken to avoid the complaint in the first place?
- Was the complaint handled effectively?
- Did the practice/patient achieve the desired outcome? If not, why not?

Complaints alert you to areas of service delivery that, if not addressed, could lead to a more serious complaint in the future.

REFERENCES

Bunting RF et al. **J Health Risk Management. 1998 Fall; 18 (4):29-53.** Practical Risk Management for physicians

Wendy Leebov: **Clinical leadership and Management Review May/June 2001.** How to help your staff strengthen customer service

Communicating

Complaints need to be handled with:

- Speed
- Fairness to all parties
- Transparency and openness.

A patient is more likely to accept the outcome if they can see a complaint has been taken seriously and been investigated. This needs to be communicated to the patient.

Never ignore or dismiss any complaint or delay your response to a complaint – this is usually interpreted as an arrogant, dismissive approach on the part of a health professional and it is the one thing that can transform a dissatisfied patient into an angry obsessive, seeking vengeance. ■

Kevin Lewis, BDS LDSRCS FDSRCS(Eng) FFGDP(UK), is dental director of Dental Protection.

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So, do you buy or sell?

Plan ahead for tax savings when buying or selling a practice, says Jayne Clifford

Purchasing a practice or a share in a practice is a big step up the ladder for dental associates, and ultimately, having your own name above the door can be a very rewarding experience as contact with my clients has shown me. There are, however, many legal, tax and accounting pitfalls to look out for – the process is complex, and I'm sure even those who have acquired many practices would testify to that.

There are two methods of buying a practice. One route is buying shares in a Dental Body Corporate (DBC), whereby the vendor sells you his or her shares in a limited company which has private clients and/or a contract with the local NHS Board; the other entails purchasing various assets of the practice, such as the patient book, the practice's 'goodwill', and such other items that form part of the contract of sale, for example, the freehold property of the practice and equipment.

Any incoming buyer will probably wish to reorganise the practice to their own taste and style of working, especially if they have a practice already with links to preferential suppliers such as dental laboratories etc. It is also worthwhile obtaining information at an early stage on exactly who within the practice is employed, and who is self-employed and ensure employment contracts are in place.

When you are purchasing the assets of a practice, remember that a large part of the purchase cost may be goodwill, and the valuation of this is subjective. That is why it is important to get a professional valuation, and even a second opinion before making an offer. Your initial professional expenses are higher, but it is well worthwhile in the longer term.

One of the pitfalls of buying a DBC is that any liabilities of the practice remain with the company after the transaction because it has a distinct legal identity, unlike in a partnership scenario where the partners are legally responsible for debts in a personal capacity. That means if there is any impending litigation, or disputes over prior years' tax liabilities, for example, then any buyer could be held responsible.

Conversely, from a sellers' point of view, how the sale is structured will have an impact on the attractiveness of the business proposition to potential buyers. The seller will be interested in other issues such as the level of Capital Gains Tax arising upon sale.

In making a sale, if you are selling the assets of the practice only, then this will result in a Chargeable Gain subject to Corporation Tax for a DBC, or a Capital Gains Tax (CGT) charge for an individual. The key differences between the two are Capital Gains Tax is payable by an individual, and attracts Entrepreneurs' Relief, whereas Chargeable Gains are payable by a company and attract indexation allowance. The calculations are different in each case and can affect the costs of the preferred method of sale.

> **"How the sale is structured will impact on the attractiveness of the business"**

Entrepreneurs Relief entitles individuals to reduce gains of up to £2 million by 4/9ths, which brings the main CGT rate down from 18 per cent to effectively being 10 per cent. The maximum tax relief obtainable is £160,000 over an individual's life.

Furthermore, from a company perspective, not only does the company have to pay tax on Chargeable Gains at the usual company rate (21 per cent to 28 per cent depending on level of profits), a further tax charge arises on the individual when the gains are extracted from the company.

Jayne Clifford: get advice on a purchase early

This can be done in two ways: by paying a dividend to remove the profits and gains remaining after the sale, which would be taxed at 25 per cent for higher rate taxpayers, or even 36.1 per cent for those with taxable incomes in excess of £150,000. The second way is to wind up the company and making a capital distribution which would be taxed at 18 per cent, or 10 per cent with Entrepreneurs' Relief.

As a general rule, there are many considerations to be made in each situation and a good advisor should tailor their advice to your individual circumstances.

I highly recommend you make contact with your accountant at the planning stages of a practice purchase or sale, as advice after the event is too late as you will not be able to respond retrospectively to tax saving suggestions. ■

Jayne Clifford is a partner at Martin Aitken & Co and has looked after many dentist clients for the last seventeen years. Contact Jayne on 0141 272 0000 or jfc@maco.co.uk or you can find out more about Martin Aitken & Co by visiting www.maco.co.uk

Osteology UK Congress

The first Osteology UK Congress took place last month at the Royal College of Physicians in London.

The meeting was organised by the Osteology Foundation, an independent non-profit organisation that aims to promote both scientific research and advances in clinical practice in the fields of bone and tissue regeneration.

Currently, the UK places fewer dental implants per head of population than any other major European nation and uses less than half the European average level of bone graft substitute to support such cases.

Attended by nearly 150 dentists from all over the UK and featuring an international faculty of speakers, the meeting aimed to challenge the current clinical thinking and start to increase the uptake of clinically proven techniques and biomaterials for the benefit of dental professionals and patients alike.

The event covered three critical areas: guided bone regeneration from preclinical studies to clinical application, periodontal regeneration and socket preservation, and finally mucogingival therapy.

The first session included talks by Nikos Donos from the UCL Eastman Dental Institute, Steve Barter from Perlan Specialist Dental Centre in Eastbourne and Myron Nevins from the Harvard School of Dental Medicine.

The second session had talks by Karl Ludwig-Ackerman, from Germany, Anton Sculean, from Switzerland, and William V. Giannobile, from the US.

The final session included Giulio Rasperini, from Italy, Mariano Sanz, from Spain, and the UK's own Tidu Mankoo tackling the subject of mucogingival therapy under the moderation of Cemal Ucer.

The event was supported by gold sponsors, ADI (Association of Dental Implantology) and BioHorizons. ■

For more information on the Osteology Foundation please visit www.osteology.org

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Four-part implant course in London

This October will see the first of a four-session implant programme in London with Dr Carl E. Misch. Held at the Hilton London Metropole, this hugely popular 12-day hands-on surgical programme (including laboratory participation) has to date been attended by 35,000 doctors worldwide.

It will start on 8 October and finish on 20 March 2011.

Split into four sessions – Patient Evaluation & Treatment Planning, Root Form Surgery & Division A Bone, Membrane Grafting Division B Bone and Sinus Grafts – this highly regarded implant course is a must for any dentist who is looking to place implants at their practice.

To register your interest or to book now, please contact BioHorizons, the course's sponsor, on 01344 780380 or email Cindy Matejic at cmatejic@biohorizons.com

I-Bridge workshops with Biomain

Prior to the launch of I-Bridge, I-Bridge 2 and I-Bridge Evolution in the UK, BioHorizons is now hosting a series of workshops for dentists and laboratories to learn about this exciting new product and its benefits.

Having started in Liverpool, Doncaster, Sheffield and Manchester in the last week of March and moving south in the coming months, the events demonstrate the advantages of using a screw-retained implant bridge milled from either a single piece of titanium metal, fabricated in cobalt chrome or in zirconia.

BioHorizons will be hosting further workshops in London and the South in the coming months. I-Bridge is brought to the UK by BioHorizons through an exclusive arrangement with Biomain Sweden.

For more information on these events and to reserve your place, please contact BioHorizons directly on 01344 752560 or infouk@biohorizons.com or visit www.biohorizons.com

BioHorizons go gold at the EAO

BioHorizons has announced its gold sponsorship at the European Association for Osseointegration conference at the SECC in Glasgow on 6-9 October.

This year's event is focused on 'Clinical Controversies in Implant Dentistry' and involves a diverse four-day lecture and workshop programme.

With multiple parallel sessions, master classes, short oral communications, basic and clinical research and poster competitions, together with a series of pre-congress 'step-by-step' courses, there really is something for everyone. Topics include aesthetics, clinical guidelines, CAD-CAM in implant dentistry and sinus surgery.

BioHorizons customers attending the EAO can register for a drinks reception on 7 Oct. For more information, contact Heather Wagstaff on 01344 752560 or infouk@biohorizons.com or visit www.biohorizons.com

Risk management with Dental Protection

Take a look at this year's Annual Review from Dental Protection (www.dentalprotection.org/uk/risk_management/publications) and you will start to understand why the company is chosen by so many UK dentists (70 per cent) when they need indemnity.

In addition to the flexibility of the occurrence-based discretionary indemnity which is recognised as the gold-standard for professional indemnity in the UK, membership of Dental Protection offers many other benefits which mean that a year's membership represents extremely good value.

Even if you leave after a year, the indemnity you purchased will continue to protect you in perpetuity, even if a claim were to arise many years hence relating to treatment that you provided during the time you were in membership.

That's a very comforting feeling knowing that you can have that peace of mind.

Plenty of time then to sit back and enjoy the many articles in the *Annual Review*, which contains a variety of case studies drawn from real-life episodes that Dental Protection has dealt with.

In addition, there are plenty of practical tools that can be adopted by dentists and dental care professionals to improve all aspects of the care and treatment they provide.

As an additional benefit to members, readers of *In Safe Hands* can also obtain three hours' verifiable CPD online.

Dental Protection is very much in the 'safety and security' business and has been for almost 120 years. *In Safe Hands* now joins the growing library of risk management content available to members in a variety of media formats.

It is one of eight risk management publications that Dental Protection produces for members in the UK as one of the many benefits of membership. They are part of the extra value that comes with being a member of the world's leading provider of professional indemnity for the dental team.

This short article summarises the wide variety of educational material that is available, either free or at a heavily discounted price if the material has been created in conjunction with an external organisation.

If you need more information about anything that is mentioned here, please refer to the 'Risk Management' section of the website where many past editions of Dental Protection publications can also be downloaded. ■

Publication	Readership
Annual Review	All members worldwide
Riskwise Scotland	All dentists within Scotland
Servicematters	Employer indemnified dentists
Dental Student	Dental students
Riskmatters	Dentists within their first four years qualified
Trainingmatters	All VT/ Foundations trainers and advisers
Teamwise	Hygienists and therapists
Team	The dental team as a whole

Dental Protection remains committed to delivering the highest quality education in risk management, as well as continuing to provide excellent value for money. If you would like to know more about being in safe hands with Dental Protection, please visit www.dentalprotection.org

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OTHER SOURCES OF RISK MANAGEMENT

Risk Management and Communications interactive CD-ROM
Produced by Dental Protection in conjunction with the Royal College of Surgeons (UK) Faculty of General Dental Practice, it is available to members at a special price when ordered directly from their website. www.fgdp.org.uk/key_skills

Communication in dentistry
Dental Protection in conjunction with Smile-on have created six interactive CD-ROMs to help the whole dental team develop effective communications skills. Visit www.smile-on.com for more information and quote your membership number to obtain the discount.

Mastering your risk workshops
This highly interactive three-hour workshop gives a thorough grounding in the issues surrounding risk management and introduces practical and preventative techniques that dentists can implement immediately to reduce exposure to complaints and litigation. Free to members of Dental Protection. Non-members £150. Bookings can be made through the Events section of www.dentalprotection.org

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Get specialised advice for a financial safety net

Jon Drysdale: protection is vital

INCOME PROTECTION

Regrettably, dentists are not seen as a 'good risk' to income protection insurers.

As a result, there are only a handful of insurers willing to provide cover for dentists on an 'own occupation' basis. A specialist (dental) independent financial adviser will be able to select insurers that offer dental-specific cover. We suggest this is vital.

Based on recent claims statistics, insuring your income in the event that ill-health prevents you from working may be wise.

Income protection provider Dentists' Provident paid claims totalling £3.2 million in 2009 with an average of 131 claims a month.

The largest group of claimants are female and aged between 36 and 45, with the highest proportion of male claimants aged between 46 and 55. This age demographic points to the benefit of taking out a policy early. The argument is further strengthened when you accept that monthly premiums at the policy inception tend to be age-related.

A common misconception is that premiums will be cheaper if you go direct to the insurer. This is not the case. However, please check that your adviser is independent and is suitably experienced in advising dentists before taking their advice.

Many dentists sign up to a policy on qualification, or even as a final-year dental student. Dentists who have not reviewed their cover since this time are unlikely to be adequately insured.

An independent financial adviser will advise you on the most suitable policy options, guiding you through decisions on 'deferred' periods, index-linked cover and guaranteed or reviewable premiums.

Banks lending to dentists buying a practice will expect you to have adequate income protection in place. Arranging a policy early on in the purchase process is advisable to avoid a delay in the release of funds.

Successful payout for one practitioner...

A male dentist, aged 26, said: "I slipped a disc in my neck and was unable to perform my dental duties. The insurer paid the claim for the full period I was off from work, and aided in a phased return to work."

Jon Drysdale BA (Hons) Cert PFS is a qualified independent financial adviser and director of Practice Financial Management Ltd (PFM). For further information, contact Jon Drysdale at PFM on 01904 670820, jon.drysdale@pfmdental.co.uk or visit www.pfmdental.co.uk

Dental Symposium
"Tales of the Unexpected"
Friday 1st October 2010
Symposium Hall RCSEd

This unique symposium aims to improve the quality of patient care. It will present dental practitioners with scenarios that highlight some of the pitfalls that can occur in clinical practice and offers strategies for dealing with them. Covering a broad spectrum of dentistry including paediatric dentistry, orthodontics, oral medicine, restorative dentistry and medico-legal issues, it will look carefully at best practice and help practitioners integrate evidence-based treatment into their clinical work.

CPD Points: 4.5
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DENTSPLY to exhibit at ISDH 2010

DENTSPLY is delighted to be one of the programme sponsors for the International Symposium on Dental Health, to be held in Glasgow on 1-3 July 2010.

As a company committed to investing in better dentistry, members of the DENTSPLY team will be available to talk to delegates about the range of products designed to support dental hygienists and therapists in their task of improving the oral health of the nation. This will include a lecture given by Marie George and Cindy Sensabaugh entitled 'Busting the myth of insert selection', which will focus on providing clinicians with practical guidelines for selecting the proper tips to ensure thorough debridement and biofilm removal. A hands-on session will follow, allowing delegates to try out some of the cutting-edge equipment mentioned in the talk.

Designed to meet the rigorous demands of today's dentistry, the Cavitron JET Plus ultrasonic scaler is one such product. It has proven scaling efficacy, and is part of the Cavitron range of options available to suit every budget.

An extensive variety of inserts, including the THINsert, which are available to use with the Cavitron ultrasonic scaler. Now 47 per cent thinner than the existing Slimline insert, the THINsert offers superior access for improved biofilm removal.

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

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News

ASPD welcomes new chairman and vice-chairman

The Association of Specialist Providers to Dentists (ASPD) is proud to welcome John Grant, one of the country's leading legal experts, as its new chairman.

John is currently head of the dental division at Cohen Cramer, a firm of solicitors that was born from the merger of two highly successful firms.

Howard Cohen & Co came together with Cramer Solicitors in order to provide clients with exceptional service and experience.

The lawyers working within the dental division of Cohen Cramer have been providing legal advice to dentists for more than 20 years.

John Grant   Steve Pratt

In addition to John Grant, ASPD is also delighted to welcome Steve Pratt from Lloyds TSB Commercial, as its new vice-chairman.

For additional information on the ASPD, please visit www.aspd.co.uk

UCL Eastman CPD launches challenging new programme

With the support of the chief dental officer and the Department of Health, UCL Eastman Dental Institute will launch a unique programme entitled 'Developing Leadership and Clinical Excellence within the NHS' in October.

The programme is ideally suited to general dental practitioners who are seeking to develop new practices or reinvigorate existing practices. Practitioners will be exposed to the most current principles and approaches to leadership, clinical management and team development within the primary care setting.

This part-time programme will run once every three weeks for 15 months and delivered by teachers and clinicians from the UCL Eastman Dental Institute, the University of Warwick Institute of Clinical Leadership and the Department of Health.

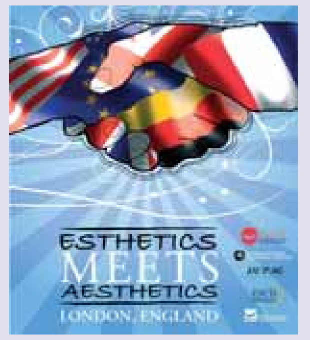
For further information, or to register for the programme, please contact the course administrator on 0207 905 1234/1261 or by emailing m.kelly@eastman.ucl.ac.uk

World-class practitioners spread their knowledge

As an organisation committed to excellence in cosmetic dentistry, the BACD is pleased to announce a unique opportunity for UK dentists.

From 23-25 September, the BACD will be holding its annual conference in conjunction with the American Academy of Cosmetic Dentistry's international meeting at the Hilton London Metropole.

As well as the AACD, the international meeting will also see practitioners from across Europe attending, with members from the Dental University of Paris study group, the European Society of Cosmetic Dentistry, the German Society of Cosmetic Dentistry and the Swedish Academy of Cosmetic Dentistry taking part.



For more information, contact Suzy Rowlands on 0207 612 4166, or email info@bacd.com

Experience a new kind of training at DARE

DARE (Dental Advancement Refinement Education), an exciting new training facility in Manchester, has just released dates for its wide variety of courses on offer in 2010.

Courses are as follows:

- ten day restorative courses starting in May and June
- implant restorative, composite, and denture stabilisation courses beginning in June
- botox and fillers courses beginning in November.

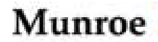
DARE should be the first port of call for practitioners looking to develop their skills in a friendly, relaxed environment. The centre's experienced tutors include the likes of Phil Broughton, Andy McLean, José Zurdo, Mike Booth and Gary Zolty, all of whom are dedicated to providing high quality, practical training.

For more information, please contact Suzanne Towers on 0161 830 7300, or by email on suzanne@daretobedental.com

Keep your practice's telephone ringing throughout the year

With over 30 years' experience serving the dental industry in the US, Munroe Sutton is now marketing its services to large businesses in the UK. Now is the ideal time for dentists to sign themselves up to Munroe Sutton's new Healthy Discounts Plan.

Patients in your area needing treatment are referred to highly qualified participating local dentists. The practitioner pays absolutely nothing to join a scheme that instantly gives them access to a large source of patients and keeps their appointment book full to the brim.



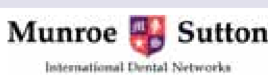
Make sure you keep your practice's telephone ringing in 2010 by contacting Munroe Sutton to vastly improve your patient base and increase treatment acceptance rates.

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

Munroe Sutton now in partnership with PruHealth

Munroe Sutton, provider of the Healthy Discounts dental payment plan, is pleased to announce that it has secured a partnership with PruHealth to be incorporated into their Vitality Programme.

This innovative insurance plan is unlike any other. Policy holders pay a monthly or annual subscription in return for access to reduced cost dental treatment at participating practices around the country. The policy holder earns 'vitality points' for taking certain steps towards making their lifestyle a much healthier one, such as going to the gym or smoking cessation. The more points they receive, the lower their membership fees.



For more information, please call 0808 234 3558, fax 0808 234 3695 or email dentist@munroesutton.co.uk or visit www.munroesutton.co.uk

New online presence

R A Medical Services are pleased to announce the launch of their new website www.ramedical.com

This new facility will offer the user much more in the way of help and advice. New features include a dedicated FAQ section, white papers on various topics, product manuals to download, information, a service request facility and a history of both the company and its long involvement with the production of sedation equipment, including old sales leaflets and photgraphs.

There will also be a product catalogue available to view or download. The intention is to offer a 'one stop' resource for users of inhalation sedation equipment, and any feedback would be welcomed to enable us to add or improve as required.

For more information, please call 01535 652444.

Lisa is thrilled to win

Lisa Durning describes her involvement in this year's BDA/DENTSPLY Student Clinician Awards:

"I had been working on an investigation into how cancer spreads, and the role of a particular molecule in the loss of cell adhesion, seen in the metastasis process.

"The Student Clinician Programme was a great opportunity to share with a wider audience a topic that I have found fascinating since being introduced to it during my third year studies.

"Being announced the winner came as a great shock. I am thrilled and looking forward to October when I fly to Orlando to take part in the International Student Clinician Conference."

For more information about the BDA/DENTSPLY Student Clinician Programme, contact DENTSPLY on 0800 072 3313 or visit www.dentsply.co.uk

Successful CPD conference initiative

UCL eastman

The DDU and UCL Eastman Dental Institute hosted a successful CPD conference on 19 March, aimed at general dental practitioners and specialists on clinical and dento-legal best practice in restorative dentistry.

The conference, chaired by Professor Andrew Eder, director of education and CPD at the Eastman, brought together experts who shared their knowledge on endodontics, periodontics and prosthodontics with approximately 100 delegates.

Speakers from the DDU included Dr Rupert Hoppenbrouwers, head of the DDU, and Dr Bryan Harvey, deputy head of the DDU, and Charles Dewhurst, head of legal services there.

The Eastman team included Professor Kishor Gulabivala, head of endodontics, Professor Nikos Donos, head of periodontics and Dr Ailbhe McDonald, head of prosthodontics.

For further information on future CPD initiatives and conferences covering other disciplines, please visit www.eastman.ucl.ac.uk or www.the-ddu.com

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Incorporating:

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- The Clinical Story
- The Technical Story.

Dates:

NobelGuide™ and NobelActive Live Learning Days
19 June 2010 (Saturday)
30 October 2010 (Saturday)

NobelGuide™ Training Day
27 November 2010 (Saturday)

**Time: 9am till 4pm Venue:
Scottish Centre for Excellence in Dentistry.**

Dr Arshad Ali is a part-time Consultant in Restorative Dentistry at Glasgow Dental Hospital and School and also runs a successful referral practice at the Scottish Centre for Excellence in Dentistry.

He has been involved in implantology since 1980 and has lectured widely in this field. He has a special interest in the immediate replacement of teeth and was a winner of the Creative Circles Award at the 40th Anniversary Las Vegas Conference, the Crown and Bridge and Implant Award at the London World Tour and the Senior Clinician's Award at the 2007 Nobel Biocare Las Vegas Conference. He is also a trainer for NobelGuide™. He has a reputation for providing very up-to-date courses with the emphasis on practical aspects of implantology.

Dr Abid Faqir BDS(Glasg), MFDS RCS(Edin), MSc(MedSci), Dip Imp Dent (RCS Ed) graduated from Glasgow Dental School before undertaking his fellowship in Edinburgh and a masters degree at Glasgow University. He provides his expertise and takes referrals at the Scottish Centre for Excellence in Dentistry and has trained with the best all over the world. He limits his practice to implants and the management of complex restorative cases having placed over 1000 implants.

He has a particular interest in immediate loading and is the first surgeon outside London to carry out the NobelGuide Teeth-in-a-Hour™. Dr Faqir is an advisor for the British Society of Implantology and is on the editorial board for the publication Implant Dentistry. Dr Faqir was named Scotland's Best Young Dentist for 2007 and this year was listed as the 35th most influential dentist in the UK. He was also awarded first place at the Nobelbiocare World Tour in London presenting a Nobel Guide Teeth-in-an-HourTM case study. Dr Faqir has recently been granted a licensure as an implantologist in the United Arab Emirates. He sits on the editorial board of dental implant summaries and implant dentistry.

To register, please contact Heather McCaffery on: **0141 427 4530** or email: **pgc@scottishdentistry.com** You can also visit our website at **www.scottishdentistry.com**
Watermark Business Park, 335 Govan Road, Glasgow G51 1HJ.

The Leading Dental Centers of The World®

Sell your services directly to those who need them

Today's dentist really does have to be a jack of all trades. However, there is one aspect of running a business whose importance is all too often underestimated in the healthcare sector: marketing.

Munroe Sutton, a leading dental care plan provider in the US, will market your practice in a variety of ways including online provider search, daily database updates with agents and groups, printed directories and multi-lingual assistance to help patients find the ideal treatment provider.

Now you no longer have to waste valuable time and capital on marketing your services to the wrong audience. Munroe Sutton enables you to access a large pool of patients, and allows them to search for you, ensuring you always have a reassuringly full diary and a vastly improved cash flow – absolutely free!

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

Increasing your patient base

Munroe Sutton enjoyed a great response from curious delegates at the Dentistry Show at the NEC in Birmingham. The team advised clinicians on how the Healthy Discounts Dental Plan could increase their patient base and improve case acceptances.

Attendees were shown how to provide patients with cost-effective, high-quality treatment they would otherwise be unable to afford. Munroe Sutton enables practitioners to fulfil their professional duties without paying a penny.

Having exposed dentists to a reliable pool of patients for over three decades in the US, market leader Munroe Sutton is bringing its unique Healthy Discounts Plan over to the UK market.

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

Healthy discounts at the BDA 2010

The Munroe Sutton team was available at the BDA annual conference in Liverpool AAC in May, and were happy to provide information and guidance on their Healthy Discounts Plan and how it can help benefit your practice.

Hundreds of practitioners are already enjoying the benefits of the Healthy Discounts Plan.

Free to join, the scheme offers registered practitioners the opportunity to expand their patient list by potentially hundreds of new cash-paying individuals.

Carefully designed discounts offer patients, both corporate and individual, great incentives to visit a Munroe Sutton-registered practitioner.

However, despite discounted treatment rates, a practitioner's profitability is not impacted, and more cash-paying patients are highly beneficial to a practice's cash flow.

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

Dr Bob shows how rejuvenation is done

Dr Bob Khanna (pictured right) enjoyed a busy event at this year's Dentistry Show in Birmingham. Winner of Private Dentistry's Dentist of the Year 2009 award, he showcased his skills in administering non-surgical facial treatments.

Dr Khanna's botulinum toxin taster sessions were also a great success, and showed delegates how to offer such treatments in their own practices.

On day two, he showed how to develop a five-star clinic delivering a five star experience to patients.

Meanwhile, visitors to Dr Khanna's stand learned how the respected celebrity dentist's Training Institute could guide them to become adept at administering non-surgical facial rejuvenation, not only using botulinum toxin, but also dermal fillers and chemical peels to the very highest level.

For more information, email info@drbobkhanna.com or visit www.drbobkhanna.com

Good as gold

Dr David Winkler

As well as being a gold sponsor of the BDA's annual conference, Philips Oral Healthcare supported two lectures to ensure the high-quality learning provision and continuing professional development for which delegates attend, is attained.

On Friday 21 May, Bobbi Anthony, a practice management consultant from the US, gave a talk entitled 'Back to the future...rethinking the basics of comprehensive care'.

Next day, Dr David Winkler, Dr Laura Frost and Dr Daniela Mancuso, aesthetic dentist, orthodontist and prosthodontist respectively, along with hygienist Amanda Gallie described the 'Interdisciplinary versus a mult-disciplinary team approach to achieving aesthetic excellence'.

Philips Oral was based at stand A82-86 and, for every sale of the Sonicare For Kids during the conference, £1 was donated to the British Dental Health Foundation.

For more information, visit www.sonicare.co.uk/dp

Eastman experts contribute to disability publication

Two senior clinicians from the UCL Eastman Dental Institute have contributed to a book that provides a major review of the evidence relating to intellectual disability and ill health.

Dr Stefano Fedele, senior clinical lecturer in oral medicine, and Professor Crispian Scully CBE, professor of oral medicine, have written a chapter of the new publication entitled 'Dentition and oral health diseases'.

'Intellectual Disability and Ill Health: A Review of the Evidence' is intended to provide a better understanding and practice at an individual clinical level – people with intellectual disability often have health needs that go unrecognised and untreated.

For more details about the UCL Eastman Dental Institute, please visit www.eastman.ucl.ac.uk or telephone 020 7915 1038.

Plaque index scores reduced over six months

In a randomised, controlled, observer blind, parallel group six-month trial, Sharma et al have concluded that for patients with gingivitis who brush and floss routinely, the adjunctive use of a mouth rinse containing essential oils (Listerine, Johnson & Johnson) provides a clinically significant and meaningful benefit in reducing plaque that can lead to gingivitis.

For many, the routine of twice-daily brushing and daily flossing does not appear to be sufficient, as supported by increasing data.

The results of the Sharma study provide substantial evidence that the use of Listerine (Coolmint Antiseptic mouthrinse in this trial) provides a clinically significant and meaningful benefit in reducing plaque in patients with gingival inflammation.

For your copy of the paper and for more information, contact Johnson & Johnson on 0800 328 0750.

Attack it with Decapinol

Decapinol contains 0.2 per cent delmopinol hydrochloride, a key ingredient that attacks dental plaque and bacteria on the surface of the teeth and the gingiva, reducing the adherence of the bacteria by building an invisible barrier between the surface of the tooth and the surrounding bacteria.

Available as Decapinol Mouthwash or Decapinol Toothpaste Fluoride, it disrupts the plaque matrix, loosening its cohesive properties and making the bacteria simpler to remove. Despite being harsh on plaque, the product is gentle and safe to the healthy oral microflora, and contains no harsh antiseptics.

Microbiologists today believe this new approach helps protect the gums from colonisation and the damage caused by potentially pathogenic bacteria.

For more information, call 01480 862086, or visit www.Decapinol.com

Retail giants boost awareness of NSM

This year's National Smile Month campaign was boosted by the involvement of the retail sector. P&G, one of the sponsors, believes the expansion into retail was a logical progression for the campaign.

Manager Razi Hyder said: "The British Dental Health Foundation has done an amazing job over the past 35 years, but had almost reached a ceiling in what it could achieve independently. P&G has one of the strongest portfolios of trusted, quality, leadership brands.

"As such, we have strong links with retail partners including Amazon, Superdrug, Argos, Sainsbury's, Morrisons and Tesco.

"We've worked hard with these retailers to extend and increase the visibility of the campaign.

"The footfall through a supermarket in a month is huge and obviously surpasses patients seen in a dental practice. The combined effort of the profession and retailers will strengthen the campaign and make sure key oral health messages are seen by a larger audience."

NSK
A variety of options from the
Varios 970

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Varios 970 LUX for only £74.24 +VAT per month*
Call 0800 6341909!

See us at ISDH Stand 26

Ultrasonic scalers provide a patient-friendly and efficient way to meet the challenges of perio, endo, hygiene and minimal intervention treatment techniques.

The Varios 970 from NSK, can be used for these treatments, simply by exchanging the tip – and with a choice of over 70 tips, there is one for every procedure.

"The Varios 970 offers me the scope of greater control of power and greater flexibility of use. The tips are excellent in shape and form and the tactile feel from the handpiece is as good as I have used. It has been difficult to keep the unit in my surgery, my hygienist uses it on all our implant patients, using the specifically designed tips which are great for accessing the difficult tissue beneath implant restorations. Overall I am extremely happy to recommend this product to any of my colleagues but beware, like our practice, I think you may need to buy more than one!"
Bob McLelland, St Ann's Dental, Manchester

- Twin LED handpiece delivers shadow-free illumination
- Supplied with 3 tips, 3 wrenches and an autoclavable container
- 2nd solution container allows easy exchange of irrigants
- 3 power ranges - Perio, Endo and General
- Also available as a built-in unit - Varios 170

To see the full range of scaler tips available visit www.myvarios.co.uk

NSK are sponsoring sessions and workshops at ISDH on 2nd & 3rd July.
For full details visit www.bsdht.org.uk

For more information call your Territory Manager, Angela Glasgow on 07525 911006 or NSK on 0800 6341909

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The next generation of Digipad from Bien-Air offers even MORE features, whilst still being really easy to use. 40 programs are available - 20 Operative and 20 for Endodontics. It is pre-programmed with the correct speeds and torque settings for most dental procedures and the complete set of Pro-Taper endodontic file settings.

Design and ergonomics: Optima MX INT can be easily integrated into most Dental Units. Visibility is greatly improved by the new, larger screen. Its unique new mounting system allows the screen orientation to be adjusted for optimum visibility in all situations.

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Listerine supports National Smile Month

Listerine, the most clinically proven daily use mouthwash, is proud to be a platinum sponsor of National Smile Month 2010. Johnson & Johnson, the manufacturers of Listerine, are committed to working with the British Dental Health Foundation (BDHF) to improve oral health.

This year's campaign slogan, 'Teeth4life', highlights the importance of looking after teeth, while stressing that a healthy diet can improve the quality of life.

Once again, the message also intends to raise awareness of the systemic link between good oral health and good overall body health.

Johnson & Johnson

Emma Howe, of Johnson & Johnson, said: "Listerine mouthwash is offered to the consumer for adjunctive use following tooth brushing and flossing, based on a fundamental message that a clean and healthy mouth is important for oral health as well as general overall health."

For more information, please contact Johnson & Johnson on 0800 328 0750 or visit www.nationalsmilemonth.org

Developing leadership and clinical excellence

UCL eastman DENTAL INSTITUTE

A new part-time course programme delivered by teachers and clinicians from the UCL Eastman Dental Institute, the Institute of Clinical Leadership and the Department of Health will launch in the autumn.

The leadership and clinical skills gained through the programme will support aspiring clinicians as they face the challenges of commissioning frameworks and also define their role within their local PCT.

It will also support the establishment of effective protocols for the delivery of efficient patient care.

This part-time programme will run once every three weeks for 15 months.

The programme will incorporate the following modules: Clinical Leadership and Service Delivery, Clinical Excellence and Improving Oral Health.

For further information, telephone 020 79051234/1261 or email m.kelly@eastman.ucl.ac.uk

Meeting the clinical needs of athletes

UCL eastman

A course designed to give participants the confidence to take an active role in the dental health of sports people has been launched by UCL Eastman alongside the London Sports Institute of Middlesex University.

Delivered through lectures, seminars and clinical sessions along with practical and laboratory skills, the course will include: healing of hard and soft tissues to include suturing, stress and TMJ dysfunction and the aetiology, prognosis and treatment of dental and maxillo-facial trauma.

The course, starting in September, may be taken as either an optional module of the Restorative Dental Practice programme, or as a stand-alone course.

For further information, call 020 7905 1281, e-mail r.banks@eastman.ucl.ac.uk or visit www.eastman.ucl.ac.uk/cpd

Essential reading now in its sixth edition

UCL eastman

A perennially popular dentistry reference tool written by Professor Crispian Scully CBE of the UCL Eastman Dental Institute is now in its sixth edition.

Medical Problems in Dentistry, published by Elsevier, is essential for both students learning for the first time, or for established practitioners wishing to keep their knowledge up-to-date.

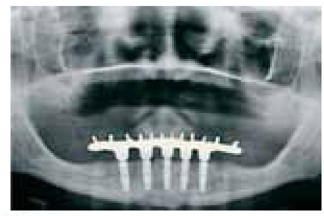
The new edition places greater emphasis on the medical problems that directly influence dental practice, as well as new images and 'key points' boxes to make the book easier to use and more relevant.

Offering an authoritative account of general medical and surgical conditions that apply to dentistry and oral healthcare, Medical Problems in Dentistry is ideal for the whole dental team.

For more details about the UCL Eastman Dental Institute, please visit www.eastman.ucl.ac.uk or telephone 020 7915 1038.

A dental implant course that pays for itself!

To develop the best skills, you need to access the best courses and teachers. The Basic Dental Implant Course provides GDPs with the opportunity to learn with Perio-Implant Europe Ltd founder, Nadeem Zafar.



No implant experience is required as the course is taught at beginners level.

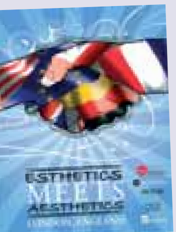
Main aims are for delegates to be able to treatment plan and place dental implants confidently and safely, understand how to construct prostheses and broaden their knowledge of complex treatments and new trends in implantology.

Perio-Implant Europe Ltd

Main lectures and hands-on models will take place from 30 June to 4 July in London, followed by a week's residency in Brazil (2-6 August).

For more information, call 01276 469 600 or email info@implantsuccess.com

BACD and AACD announce speakers for conference



Committed to excellence, the BACD is working with the American Academy for Cosmetic Dentistry (AACD) to bring some of the world's leading experts to an International Meeting in London on 23-25 September.

In an atmosphere of learning and camaraderie, UK dentists have a unique opportunity to gain valuable knowledge and expertise from leading international speakers, led by Dr Frank Spear, including: Luke Barnet, Gregory Brambilla, William 'Bo' Bruce, Luca Dalloca, Paul Fiechter, Hugh Flax and Adam Hampson.

The full list of participating speakers is available at www.aacd.com.

Develop confidence in offering the most advanced techniques to patients with the BACD.

For more information or to register, contact Suzy Rowlands on 0207 612 4166 or email info@bacd.com

SPECIALIST REFERRAL CENTRE

All of our Clinicians are GDC Registered Specialists

Dental Implant Course

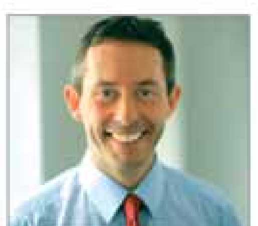
Bookings are now being taken for our 'Step by Step Foundation Course in Dental Implants'
This 8 day course is now in it's 9th Year and new for 2010 will be "hands on" supervised placement of an implant for every delegate under the supervision of an Oral Surgeon.

For more information:

Please email **Gordonphilp@edinburghdentist.com**
or visit us online **www.edinburghdentist.com**

Our team of specialists

Dr K A Lochhead BDS, MFGDP RCS(ENG),
Clinical Director and Specialist in Prosthodontics
Dr J Lello BDS,
MDS Specialist in Prosthodontics
Dr C A Bain BDS, DDS, MSc, MBA,
Specialist in Periodontics, Prosthodontics and Restorative Dentistry
Prof G Lello FDS RCS(ED and ENG), FRCS(ED), PhD,
Specialist in Oral Surgery and Maxillofacial Surgery
Dr C Tait BDS Hons, MSc, MFDS RCS(Ed), MRD RCS(Eng),
Specialist in Endodontics
Dr P Coli DDS, PhD,
Specialist in Periodontics and Prosthodontics
Mr D J Offord BDS, MFDS RCPS, Dip.Con.Sed.
Specialist in Oral Surgery
Dr A G Mathieson BDS, FDS RCS(Ed), MRD RCS(Ed),
Specialist in Prosthodontics
Dr N Heath DCR, BDS, MSc, MFDS RCS(Ed), DDRRCR,
Specialist in Oral and Maxillofacial Radiology



If you would like to discuss referring a patient to the practice please contact our friendly reception team on **0131 225 2666.**

Cosmetic study club announced

Dr Ian Buckle will address members of the British Academy of Cosmetic Dentistry in a BACD Belfast study club on 17 June.

The lecture, entitled '3D Treatment Planning: 10 Steps to Predictable Aesthetics and Function' will give attendees a structured method for effective diagnosis and treatment planning.

While photographs and radiographs provide information to visualise the position of the teeth in two dimensions, determining how the teeth fit in relation to each other and the patient's face is a challenge for the practitioner.

Special emphasis will be placed on the four options of treatment (reshaping, repositioning, restoring and surgical correction) so that the correct options are chosen for each patient.

For more information or a booking form, please contact Suzy Rowlands on 0208 241 8526 or email suzy@bacd.com

Nobel Biocare outperforms its competitors around the world

Nobel Biocare, leader in restorative and aesthetic dental solutions, is proud to announce that, last quarter, the company has outperformed its competitors around the world.

The company combines cutting edge technology with simplicity and ease of use. The team at Nobel Biocare work closely with dental professionals to provide patients with effective implant and restoration solutions.

One in every three implants placed worldwide is a Nobel Biocare implant .

Whether you require individualised titanium abutments or the latest in CAD/CAM technology, the company offers technologies that increase patient satisfaction.

For more on the NobelProcera system, contact Nobel Biocare on 01895 452 912, or visit www.nobelbiocare.com

Perfect class I and II posterior restorations with DENTSPLY

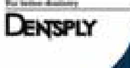
SDR marks the beginning of a new generation of posterior composites, so make sure you achieve perfect results every time by following DENTSPLY's step-by-step guide to posterior preparation.

Prepare teeth using Hi-Di Diamond Burs and then, for successful class II restorations, be sure to use a contoured sectional matrix system, such as Palodent or AutoMatrix Bands.

Once the tooth is prepared and cleaned apply Xeno V, for an easy, self-etching bond. After light-curing the bond, place the new SDR and light-cure for 20 seconds.

Next, for tough, long-lasting restorations with great aesthetics, place a capping composite such as Ceram.X Mono and light-cure with the Smartlite PS LED curing light. Finally, finish and polish the tooth with Enhance & PoGo for a natural, high-lustre finish.

For more information, call 0800 072 3313, email enquiry-uk@dentsply.com or visit www.dentsply.co.uk



Protocols for patient treatment

The British Academy of Cosmetic Dentistry is committed to promoting excellence in the provision of cosmetic dental treatment.

To help members achieve the highest levels of patient satisfaction with their treatment, the BACD provides a series of protocols and consent forms to ensure a methodological approach to treatment planning.

By using the BACD consent forms, tailored to each individual case, clinicians can make sure the patient is fully informed of all the options.

Additional consent forms must be used or incorporated for areas such as sedation, tooth whitening and periodontal surgery.

By fully documenting the treatment process, any patient complaint becomes much less likely.

The BACD: committed to excellence in cosmetic dentistry.

For more information contact the BACD on 0 207 612 4166, or email info@bacd.com

Important date for the diary

The British Academy of Cosmetic Dentistry (BACD) is pleased to announce another of its informative London Study Club evenings, to take place on 16 September at the British Dental Association.

'3D Treatment Planning: 10 Steps to Predictable Aesthetics and Function' aims to give attendees a structured approach to diagnosis and treatment planning.

Dr Ian Buckle, a world-renowned expert in the field of aesthetic dentistry, will be showing members how to visualise optimum dentistry from an aesthetic, functional, biological and structural perspective.

Special interest will be placed on the four options of treatment: reshaping, repositioning, restoring and surgical correction.

For more information or a booking form please contact Suzy Rowlands on 0208 241 8526 or email suzy@bacd.com

The start of a dental revolution

SDR is a revolutionary, new bulk-fill, composite base material for posterior Class I and II restorations.

SDR's unique formula enables 4mm fill without layering, thus minimising the risk of post-operative sensitivity, microleakage and recurrent decay.

To help spread the news, DENTSPLY has organised special evening events across the country throughout June 2010: 8 June – Cheltenham and Leeds, 9 June – Manchester and Gatwick, 10 June – Belfast, 15 June – London, Dublin and Glasgow, 16 June – Cardiff and 17 June – Portsmouth.

To book a place at one of these free events and earn one hour of CPD, email enquiry.uk@dentsply.com using 'SDR party' as the subject including your name, practice address, contact telephone number and GDC number, stating your preferred city to attend or call 01932 837 243

Leading speakers at conference

UK dentists can hear some of the world's leading voices share their wealth of experience at the American Academy of Cosmetic Dentistry's (AACD) International Meeting in association with the BACD Annual Conference on 23–25 September.

Led by Dr Frank Spear, speakers include Erik Haupt, expert in bio-aesthetic reconstructions and implant prosthetics; Harald Hoehr, a leader in aesthetic restorations; Krishan Joshi, internet marketing expert; Bob Khanna, BDS Private Dentist of the Year 2009; Tony Knight, winner of Best UK Laboratory 2009; Michael Koczarski, aesthetic and laser dentistry expert; and Brian LeSage, expert in cosmetic dentistry.

For more information or to register, contact Suzy Rowlands on 0207 612 4166, or email info@bacd.com

BACD Belfast study club

Dental professionals in Northern Ireland and the Republic of Ireland have a unique opportunity to gain valuable guidance from one of the UK's leading dental business consultants.

Chris Barrow will give his '10 Top Tips to Survive and Prosper in the Next 10 Years' at the BACD Belfast Study Club event on 27 October.

During the evening event, Chris will look forward over the next 10 years of dentistry, identify likely winners and losers in the professions and suggest business models that will survive and prosper.

Open to both members and non-members of the BACD, attendees will gain an insight into the current market for dentistry, current trends in dental products and services as well as effective marketing techniques.

For more information or a booking form, please contact Suzy Rowlands on 0208 241 8526 or email suzy@bacd.com

A bone grafting breakthrough

BondBone is a novel mouldable synthetic bone graft material considered to be a breakthrough.

It is composed of biphasic calcium sulfate, which has documented biocompatible, osteoconductive, and bioresorbable properties.

BondBone can be used in three ways: In conjunction with other granular augmentation materials; alone, in defects of less than 10mm; and as a membrane over other graft materials.

Publication offer: £70 for 3 x 0.5cc – saving £29. Quote PUBBB.

Please contact MIS Implants on info@mis-implants.co.uk or 01255 424624 for more information.

Cosmetic Courses

Cuschieri SKILLS CENTRE

UNIVERSITY OF DUNDEE

A Practical Course for the use of Botox® and Dermal Fillers deveoping a Profitable Cosmetic Medical Practice.

The Practical Course
Saturday 30 October 2010 £950

The Advanced Cosmetics Course
Sunday 31 October 2010 £1250

A thorough introduction to Botox and filler products, including hands-on experience, to allow you to start your own business.

For more information please call 07876 304372 or visit our website

Cuschieri Skills Centre
Level 5, Ninewells Hospital and Medical School
Dundee DD1 9SY

www.dundee.ac.uk/surgicalskills

Eastman course in sports dentistry

The UCL Eastman, in conjunction with the London Sports Institute of Middlesex University, offer a course aimed at practitioners with an active interest in the clinical needs of athletes, aimed to give participants the confidence to take an active role in the health care of sports people.

The course will include dental and maxillo-facial subjects such as the recognition of neurological injury and tooth surface loss and the relationship with sporting activity as well as more lectures and demonstrations on sports physiology, psychology of sports injury, diet and nutrition, therapeutics and drugs in sport and medico-legal aspects of dental injuries.

The course may be taken as either an optional module of the Restorative Dental Practice programme, or as a stand-alone course.

For further information or to register for September 2010, please contact the programme administrator on 020 7905 1281, email r.banks@eastman.ucl.ac.uk or visit www.eastman.ucl.ac.uk/cpd

UCL certificate in aesthetic dentistry

A challenging 24-day course, delivered by experts in the field, begins this autumn. Delivered over one year, participants will learn through lectures, hands-on training, and patient case demonstrations.

Modules cover the science of aesthetic biomaterials and clinical techniques in adhesive and aesthetic dentistry.

On completion of the certificate course, practitioners can benefit from a one-on-one mentored treatment planning and supervised clinical patient care, with a member of the Eastman faculty.

This modular course will be delivered over five days, with three modules concentrating on aesthetic restorations and interdisciplinary aesthetics. This intensive course will suit those dentists looking to expand their knowledge on tooth sensitivity, whitening and smile evaluation.

For further information or to register for any of these limited attendance courses, please contact the programme administrator on 020 7905 1281, email r.banks@eastman.ucl.ac.uk, or visit www.eastman.ucl.ac.uk/cpd

UCL eastman DENTAL INSTITUTE

Paediatric dentist wins prestigious award

The UCL Eastman Dental Institute (EDI) would like to congratulate Purvi Shah (pictured second from right), an SpR in paediatric dentistry at the Eastman Dental Hospital (EDH) on winning the British Society of Paediatric Dentistry (BSPD) poster prize at the national meeting in September 2009.

The prize is awarded annually to a BSPD member for the best poster presentation of the conference. The poster was based on work she undertook as part of her training.

The prize-winning project was supervised by Dr Paul Ashley of UCL EDI, Mrs Prabhleen Anand and Mr Joe Noar of EDH (above l-r), who were all co-authors of the poster.

For more information on taught or research programmes, please contact the admissions officer on 020 7915 1092 or academic@eastman.ucl.ac.uk

Challenging new programme for dentists' development

The UCL Eastman Dental Institute, with the support of the chief dental officer and the Department of Health, has announced the autumn 2010 launch of a unique programme entitled: 'Developing Leadership and Clinical Excellence within the NHS'.

This programme is ideally suited to general dental practitioners who are seeking to develop new practices or reinvigorate existing practices.

Practitioners will be exposed to the most current principles and approaches to leadership, clinical management and team development within the primary care setting.

The implementation of many of these aspects will benefit the day-to-day running of an efficient and successful practice.

For further information or to register for the programme, please contact the course administrator on 020 7905 1234 or 1261, or email m.kelly@eastman.ucl.ac.uk

DENTSPLY 'bust myth'

DENTSPLY is one of the programme sponsors for the International Symposium on Dental Health to be held in Glasgow on 1-3 July.

Members of the DENTSPLY team will be available to talk to delegates about the range of products designed to support hygienists. This will include a lecture given by Marie George and Cindy Sensabaugh entitled 'Busting the myth of insert selection'.

Designed to meet the rigorous demands of today's dentistry, the

Cavitron™ JET Plus™ ultrasonic scaler is one such product.

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

Choices Surgery Insurance For Dentists

Developed over a number of years to fit the needs of the evolving surgery, Choices Surgery Insurance allows you more choice over what you would like to insure - providing core cover with optional benefits to add at your discretion.

CORE COVER:

- Contents All Risks cover and Walk in Theft cover
- Up to £1,500,000 Business Interruption cover
- Book Debts cover
- £1,000 of Refrigerated Drugs cover
- £2,500 Precious Metals cover
- Reinstatement of Data cover
- £2,500 Equipment Away From The Premises (including laptops)
- Dishonesty of Employees cover
- £250,000 Practice Legal Expenses cover
- Trace and Access cover
- £10 million Employers and £5 million Public Liabilities
- Money & Assault cover
- Glass & Locks cover
- Goods in Transit up to £1,000
- Standard Excess £100

OPTIONAL COVER:

- Buildings cover with or without subsidence
- Computer cover
- Pressure Vessels inspections
- Full Terrorism cover
- Increased Excess to £250 or £500

ADDED BENEFITS:

- No Claims Discount of up to 25%
- Purpose Built Surgery discount
- Buildings & Contents discount
- Alarm discount
- Valued Client discount of 5% if you have two or more qualifying DIA policies

To get a no-obligation quote on our Choices Surgery Insurance, simply:
Call our dedicated team on 0800 163870
Fax: 01935 422120 Email info@d-i-a.co.uk
Click here to visit our website
(Please quote reference SDM1 when responding)

Prestleigh House Hendford Yeovil Somerset BA20 1UW www.d-i-a.co.uk
Dental Insurance Agency is a trading name of Medical Insurance Consultants Ltd, who are authorised and regulated by the Financial Services Authority. Registered office as above. Reg No. 03356946 England.

Khanna courses offered at BDA conference

Delegates attending the BDA Annual Conference in Liverpool had the chance to learn more about the training courses offered by the renowned Dr Bob Khanna Training Institute.

Attendees learned about the hands-on courses available at the institute, covering the full range of treatments using botulinum and dermal fillers.

Dr Khanna's institute offers the highest standard of training in non-surgical facial rejuvenation.

A pioneer in the field, Dr Khanna has trained and lectured both in the UK and internationally.

For more details, please call 07956 378 526 or email info@drbobkhanna.com

A big well done to all at this year's Dental Awards

DENTSPLY would like to extend its congratulations to all the winners and runners-up at the recent Dental Awards 2010.

The awards recognise and reward excellence and best practice throughout the country. Whether to boost morale, encourage and support a colleague or provide recognition for someone's achievements, anyone can be nominated.

DENTSPLY was delighted to be one of this year's sponsors, and marketing director Gary Marvin presented some of the awards.

To all the winners and runners-up at this year's awards, DENTSPLY says a big WELL DONE!

To see your local DENTSPLY product specialist, call 0800 072 3313 or visit www.dentsply.co.uk

New 'flowable' product launched at Liverpool

Delegates visiting DENTSPLY's stand at the BDA Conference in Liverpool were treated to a special product launch, SDR – the smart dentine replacement that simplifies posterior direct restorations, saving time.

SDR has a flowable viscosity that enables a simple and efficient filling technique unlike any other, excellent for all class I and II restorations. Compatible with most other composites and adhesives, SDR minimises shrinkage stress by 60 per cent.

For more information, or to book an appointment with your local DENTSPLY Product Specialist, call 0800 072 3313 or visit www.dentsply.co.uk

Keeping impressions up to the mark

Infection control is an ongoing concern for both dentists and technicians who are also exposed to micro-organisms via impressions and dentures.

Dürr Dental manufactures a range of cleaning and disinfectants, called MD520, specifically for use on such items . It can be used on alginates, silicones, polyether rubber, hydrocolloids and polysulphides. As with all Dürr products, the quality is unsurpassed. No reduction in the dimensional stability or plaster compatibility occurs, and it is effective against a wide spectrum of bacteria, fungi and viruses.

MD520 is just one of a range of hygiene products made by Dürr Dental. All are conveniently colour coded to identify each product's application – blue for instruments, green for surfaces, pink for skin and hands, and yellow for special areas such as suction systems and amalgam separators.

Simple and efficient tool by DENTSPLY

DENTSPLY has announced the launch of the first flowable posterior composite base that offers bulk filling of up to 4mm without layering.

Dr C. Slabbert, of Norwich, who has been testing SDR, said: "It is an easy product to use and is compatible with any of the bonding systems available.

"The consistency allows excellent interproximal contact without having to compact the material and with minimal shrinkage.

"So far, there have been no issues of sensitivity.

"SDR™ is a product I'll be considering for use in the future and would also happily recommend it to colleagues."

To find out how SDR can support you in your practice, call 0800 072 3313 or visit www.dentsply.co.uk

Advice to dentists on improving profitability

Munroe Sutton, providers of the Healthy Discounts dental payment plan, enjoyed a fantastic event at the Clinical Innovations Conference in London in May.

The company's team spoke to dental professionals about how to grow their businesses and improve profitability.

Having successfully provided dental professionals in the US market with a large and growing pool of patients, Munroe Sutton have now launched their scheme in the UK, and adapted it accordingly.

Dentists sign up free to the scheme and are listed on a

database accessed by thousands of patients looking for treatment.

Registered professionals also benefit from free marketing, with surgeries promoted in dental directories, daily database updates and website searches.

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

Five-star service at Clinical Innovations Conference

The Clinical Innovations Conference 2010 saw some of the most experienced and respected minds in dentistry taking to the stage.

The two-day event, organised by dental education provider Smile-on, the Anglo-Asian Odontological Group (AOG) and in association with The Dental Directory, lived up to its reputation as being one of the most inspiring and informative conferences in the dental calendar.

Alongside the various lectures and seminars, a limited number of exhibitors were on hand to discuss their services with attendees.

The five- star service offered at the Royal College of Physicians London ensured that the conference went without a hitch.

For more information about the event call 020 7400 8989 or visit www.smile-on.com

Clear advantages with SDR

DENTSPLY is committed to investing in better dentistry, and developing revolutionary new products is one of the ways the company supports the profession.

With SDR – the first flowable, bulk-fill base available – clinicians can benefit from a product that makes posterior restorations less time-consuming and cumbersome.

Dr Mark Overend, of Nottingham, who has tried the product, said: "The 'flowability' is very good and the rapid setting all the way through, even in deep sections, is a big advantage for rapid placement of composite restorations.

"I'll be recommending SDR at our next practice meeting."

To arrange for a demonstration of SDR in your practice, call 0800 072 3313 or visit www.dentsply.co.uk

Designed to meet your needs

Henry Schein Minerva's equipment division has expertise in every aspect of surgery design and installation and in addition they have access to the widest range of surgery equipment from the world's leading manufacturers.

Featuring chairs from leading manufacturers Sirona, Pelton & Crane, Belmont and Fedesa Gala means that Henry Schein Minerva's team of equipment planners and engineers can create a surgery that exactly meets your specifications – be that excellent value for money or the ultimate in high quality luxury.

Its platinum, gold and silver surgery groups help you compare every chair based on price, features and value, so you can be certain that you're getting the best equipment for your needs and budget and a range of leasing options make your new chair more affordable.

For more info, call 0870 010 20 41 or visit www.henryschein.co.uk

Product news

How to stay one step ahead of the field

Dentists have the opportunity to tap into a new market and potentially lucrative patient stream, with Under Armour Performance Mouthwear.

After extensive research and testing in the US, many top athletes in a range of sports wear the device, and now dentists in the UK have the chance to become authorised providers of this jaw-dropping technology.

By preventing the teeth from clenching together, pressure on the temporomandibular joint (TMJ) is relieved. As a result, the body produces less of the 'stress hormone' cortisol and the athlete benefits from greater focus, stamina and strength.

For more information, call The Dental Directory free on 0800 585 586 or visit www.dental-directory.co.uk. Alternatively, call Eric Solem on 07590 573 668.

Customer care at heart of specialist team's ethos

Many dentists have trusted the specialist team at Endocare to treat and care for their patients for a number of years and have found the process effortless and stress-free.

EndoCare – now available in three locations: Harley Street, Watford and Richmond – works as a part of your team to deliver successful treatment and exceptional customer care.

Clinical director Michael Sultan ensures that the Endocare team is "dedicated to ensuring your patients' well-being". As part of its aftercare service, EndoCare also schedules a free appointment for patients to return after six months to check on the treatment.

For more information, or to receive your free referral pack, call 0844 8932020, email info@endocare. co.uk or visit www.endocare.co.uk

'Rewarding' response to DARE education courses

Dentists attending courses at the new dental education facility in Manchester, DARE, have responded enthusiastically .

Phil Broughton, principal dentist and co-owner of the facility, said: "DARE evolved from the need to provide dentists with inspirational courses that are as entertaining as they are academic. The onus is on gaining hands-on experience in a friendly, relaxed environment.

"DARE provides a place for practitioners to meet on courses covering a broad range of disciplines. The feedback we receive from dentists is incredibly rewarding."

For more information, please contact Suzanne Towers on 0161 830 7300, or by email on suzanne@ daretobedental.com

Mini scan is just the job

Dürr Dental has been at the forefront of technological progress for the past 50 years, and their name is synonymous with advances in dental equipment. The company has a well-earned reputation for developing progressive systems and their most recent innovation, VistaScan Mini, is no exception.

VistaScan Mini is, as its name suggests, a miniature version of the popular VistaScan, and is priced similarly to a traditional two-sensor CCD system (but offers considerable advantages over this older technology). It is ideal for smaller or individual practices without an OPG. It is also suitable for large surgeries, as it obviates the need for the nurse to go out of the room to process plates.

For more information, call 01536-526740.

Clean practice?

The risk of infection within surgery is a concern for all practitioners. A surgery is a breeding ground for micro-organisms, but the risk of contamination can be greatly reduced by following good hygiene procedures using quality products.

Dürr Dental manufactures a range of hygiene products that are conveniently colour coded to identify each product's application – blue for instruments, green for surfaces, pink for skin and hands, and yellow for special areas such as suction systems and amalgam separators.

In addition to their efficacy, all of Dürr's hygiene products are designed to be time-saving, practical and above all pleasant and gentle on the user. All are pleasantly scented and mainly aldehyde-free.

If you would like more information please call, without obligation, 01536 526 740. Alternatively, send an email to info@duerruk.com

Support for hygienists

DENTSPLY is one of the programme sponsors for the International Symposium on Dental Health in Glasgow on 1-3 July.

Members of the DENTSPLY team will be available to talk to delegates about the products designed to support hygienists and therapists in improving oral health.

This will include a lecture by Marie George and Cindy Sensabaugh entitled 'Busting the myth of insert selection', focusing on providing clinicians with practical guidelines for selecting the proper tips to ensure thorough debridement and biofilm removal.

A hands-on session will follow.

For more information, please contact your local representative on 0800 072 3313, or visit www.dentsply.co.uk

Contour .next Chair Package

Ambidextrous units that really deliver

Changes from RH to LH in seconds without the need for any tools

Internal services requiring no unsightly trip hazard umbilicals, with utilities housed within chair base.

New Trionic 5 Delivery Unit with touch panel controls and dual water bottles.

Spittoon with one piece ceramic top and dual controls.
Suction CVS on articulating arm.

Optional chair mounted Operating Light and Camera Monitor Bracket.

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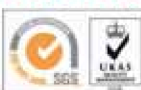
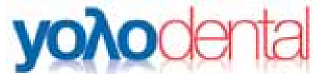


Tailor-made solutions for all practices

Outlining the obligations for all dentists and their practices, the HTM 01-05 policy spells out in black and white what is required of the modern practice.

Protect yourself against both infection and litigation with YoYo. All YoYo's autoclaves, disinfector washers and cabinetry are compliant with HTM 01-05 guidelines, guaranteeing the best level of decontamination for your equipment.

The expert team at YoYo understands that dentists want to provide the best possible care and protection against infection for their patients. Offering a superlative range of solutions to meet any practice's needs, all dentists can have assurance that YoYo can assist them in not just complying with, but exceeding the standards set for them.



For more information, or for a FREE compliance survey, please call Yoyo on 0845 241 5776 or email info@yoyodental.com

Book now for hands-on training in Quicksleeper

General Medical are UK Distributors for Quicksleeper, the computer-controlled local anaesthetic system that delivers profound anaesthesia quickly, easily and painlessly. They will be running hands-on training sessions in Glasgow (18 June), Edinburgh (19 June), Southampton (17 September), Bath (24 September), Hornchurch (1 October), Birmingham (15 October), Manchester (19 November) and Barnsley (26 November). Each Session offers four hours verifiable CPD and costs just £125 plus VAT (including lunch).

Places are strictly limited, so to book your place contact General Medical on 01380 734 990, visit www.generalmedical.co.uk or email info@generalmedical.co.uk

Dry mouth and xerostomia relief with Curaprox

One of the most common complaints suffered by patients is dry mouth (xerostomia).

There are three main elements to tackling xerostomia: prevention of dental caries, relief of symptoms and increase of salivary flow.

Xerostom from Curaprox combines a range of natural ingredients to tackle all three. It is specially formulated to relieve dryness, soothing the irritation, while the anti-bacterial/ anti-viral/ anti-fungal properties protect the mouth from bacterial plaque.

A study found that a seven-day course of Xerostom products led to a 200 per cent increase in unstimulated salivary flow rates.

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

You can't touch this

schülke is proud to present its new product – the touch-free hand decontamination system.

The sleek, elegant and robust dispenser releases a measured dose of sensiva Wash and desderman Pure Liquid from airless sachets, operated without skin contact through a sensor.

Complying with the new HTM 01-05 requirements, its touchless operation optimises hand hygiene and ensures easy and exact dosing of hand disinfecting and washing preparations.

Aside from being easy to assemble, stable to alcohol and with constant level control possible, the dispenser is also extremely low on energy consumption, allowing long battery life – at least 150,000 applications.

As part of the Touch Free Hand Decontamination System launch, you are entitled to a free dispenser when you buy ONLY three cases of sachets.

Call schülke for more details on 0114 254 3500 or visit www.schulke.co.uk

Brushing your way to better oral health

PracticeWorks is at the forefront of innovation, and among the range of impressive devices recently launched is the Oralinsights system, a revolutionary educational product.

Oralinsights uses 3D computer-generated imaging to give dental professionals access to a useful educational tool. Oralinsights helps patients develop effective brushing techniques by highlighting areas where they are and are not cleaning effectively, and the time they spend in those areas.

Oralinsights also gives dental professionals a revenue-producing means of quantifiably demonstrating their commitment to the provision of first-class preventative oral healthcare.

For more information, please call PracticeWorks on 0800 169 9692, or visit www.practiceworks.co.uk

Get instant access to a growing pool of patients

General and specialist practitioners in the UK are invited to discover the Munroe Sutton Healthy Discounts Plan. Munroe Sutton has been working with dentists for more than 30 years to increase their patient base.

As well as expert advertising advice, participating dentists enjoy free marketing, weekly database updates and an up-to-date website search, plus a 24/7 automated system ensuring easy patient verification for an efficient process.

Helping dentists reach thousands more new patients, Munroe Sutton will vastly increase revenue at no extra cost to the practitioner.

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

Pure and simple

It goes without saying that hygiene within the surgery is non-negotiable for all practices.

However, to achieve the rigorous standards required involves a disciplined and diligent approach on the part of the practice.

Dürr Dental's Hygiene Plans have been updated and are a simple but effective tool to help you manage the plethora of tasks needed to keep the surgery clean. You'll be able to see, at a glance, what needs to be done, how it should be done, when and by whom.

The Hygiene Plans are free. If you would like one for your practice please write to Dürr Dental, 14 Linnell Way, Telford Way Industrial Estate, Kettering, Northants, NN16 8PS.

Colourful cannulas

Dürr Dental's colourful range of universal cannulas aspirate large amounts of secretions with the minimum of noise even when operated at high volume flow. Available in both 16mm and 11mm sizes, they can also be relied on to minimise aerosol-cloud, thus protecting you and your assistant.

Autoclavable at 134o, they are reliable as well as colourful. Cannulas are now available in turquoise, royal blue, bright pink, yellow or orange, as well as the more conventional grey. As well as a choice of colour, you also have a choice of size – either adult or child.

To bring a little sunshine to your suction system call 01536-526740.

Gel proves an effective treatment for gum disease

Dentomycin Periodontal Gel from Blackwell Supplies is an effective treatment of moderate to severe chronic adult periodontal disease, when used in conjunction with scaling and root planing.

Supplied in easy to use, pre-filled applicators that allow the delivery of the gel directly into the periodontal pocket for immediate effect, Dentomycin binds to the tooth's surface and is released slowly to attack the bacteria causing periodontal disease.

Since keeping gums healthy is vital to the patient's overall health, Blackwell has also created a leaflet offering advice and guidance about preventing and treating gum disease.

For more information, please call John Jesshop of Blackwell Supplies on 020 7224 1457 or fax 020 7224 1694.

How to simplify your endodontic referrals

EndoCare's team, led by clinical director Dr Michael Sultan, consists of some of the most skilled endodontic specialists in the country.

The team make use of the latest dental technologies from their state-of-the-art surgeries, guaranteeing that your patient returns to your surgery quickly, painlessly and ready for you to take over.

Online referrals make initial contact simple, and the referring dentist is kept constantly updated throughout the treatment.

Details of treatment plans and procedures, as well as recommendations for restoration and follow-ups are communicated promptly and comprehensively, and all patients are scheduled a free after-care appointment six months after surgery, further supporting your ongoing dental care.

EndoCare

Getting to the root of dental pain

For more information about EndoCare, please call 0844 8932020 or visit www.endocare.co.uk

Coach Barrow is to expand role within IDH

As one of the UK's leading dental groups, Integrated Dental Holdings (IDH) is working hard to provide clinical excellence and increased opportunities for employees through outstanding training and support.

For the past 18 months, dental business coach Chris Barrow has brought his unique perspectives and expertise on the profession to IDH as director of private sector development.

Over the course of the coming year, Chris will be helping IDH to build a secure foundation for the next stage of the company's evolution through a series of development projects including supporting the new IDH training academy, running practice development training sessions ad facilitating mastermind groups with designated practice teams, dentists and orthodontists.

Chris said: "Change and evolution are continuously necessary and I am delighted with the initiatives that the company are now taking to build a secure future for their employees, clinicians and patients."

More than just a name

GC Fuji Triage is the new name for Fuji VII command set glass ionomer material which has been developed for fissure and root surface protection, hypersensitivity prevention and provisional treatment procedures such as intermediate endodontic sealing.

As part of GC's Minimal Intervention programme, Fuji Triage has proved to be particularly useful when saliva control is not possible. It will bond in a damp environment with no effect on the bonding, setting or physical properties of the material. New erupted molars, even partially covered by tissue, can be sealed with Fuji Triage.

For further information please contact GC UK on 01908 218999 or e-mail gcuk@btinternet.com

Dates for your diary

Scottish Centre for Excellence in Dentistry

Year course 2010 programme

14 August
Implants (1) with Arshad Ali and Abid Faqir.

10 September
Endodontics /implantology with Mark Lang, Arshad Ali and Abid Faqir.

1 October
Implants (2) with Arshad Ali and Abid Faqir (changed from 8 October).

12 November
Preventing and managing failures with Arshad Ali and then ortho/restorative with Arshad Ali and Ross Jones.

10 December
Lab techniques and occlusal splints with Arshad Ali and Rodger McLaughlin, and then marketing your practice with Arshad Ali and Yvonne Wallace.

All days will run from 9.15am to 4.30pm and accrue six hours of verifiable CPD.
Colleagues may attend for individual sessions at a cost of £200 per half day or £350 per full day.
Reservations now being taken for the 2011 Implantology and Restorative Dentistry Year Course. Further details from Heather McCaffery: pgc@scottishdentistry.com

SECC, Glasgow

International Symposium on Dental Hygiene
1-3 July
For more information, visit www.bsdht.org.uk

Pollok Golf Club

Scottish Centre for Excellence in Dentistry 2010 Golf Day
17 September
If you are a regular referrer to the Scottish Centre for Excellence in Dentistry and wish to take part in the golf day, please contact Heather McCaffery on pgc@scottishdentistry.com
Places are limited and will be allocated on a first-come-first-served basis.

SECC, Glasgow

European Association for Osseointegration's 19th Annual Scientific Meeting
6-9 October
For more information on the EAO congress in Glasgow, visit www.eao.org

ExCeL London

BDTA Dental Showcase 2010
14-16 October 2010
Fore more information, visit www.dentalshowcase.com

Cavendish Conference Centre, London

12 November
Ken Hebel masterclass and AGM
Following on from the popularity of the plenary speaker at the 2009 Congress, the ADI is delighted to confirm that Ken Hebel has accepted to present this year's winter masterclass. Full details and applications will be available shortly.

Manchester Central Convention Complex

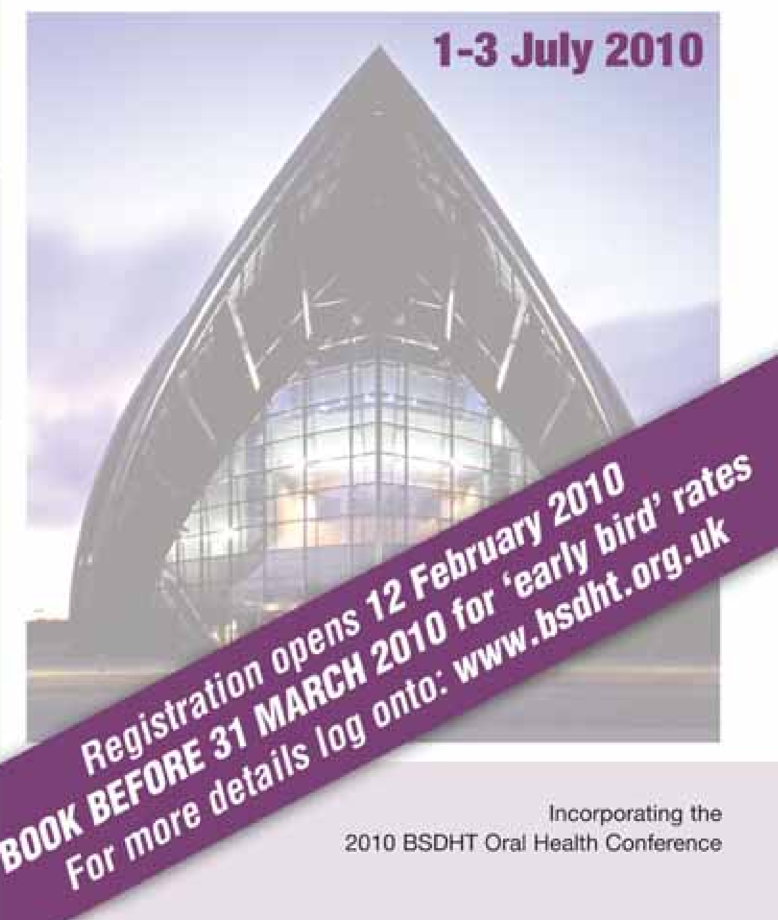
14 and 15 April 2011
ADI Congress - What we know, what we think we know and what we think we don't know about implant dentistry
The 2011 format will continue to focus on education for the entire dental implant team with streamed sessions on the Thursday and plenary sessions on the Friday.
A major trade exhibition will run concurrently throughout the two full days.
ADI President Stephen Jacobs has invited highly respected international speakers to form the 2011 faculty in Manchester. Each has been given a specific brief to reflect on specific experiences thereby bringing to the ADI something tangible that will have broad appeal across the membership.

Oral Health
New Concepts
for the
New Millennium

Scottish Exhibition & Conference Centre (SECC), Glasgow, Scotland

- International speakers
- Diverse range of topics
- Networking with colleagues from home and abroad
- Posters and abstracts
- Extensive trade fair
- Glittering gala dinner

B|S|D|H|T



Scottish Centre for Excellence in Dentistry

Totally Committed to Quality Care and Excellence...

a refreshing change

We are happy to accept referrals for all aspects of dentistry including implants, oral and facial surgery, periodontics, orthodontics, prosthodontics, endodontics, restorative dentistry, facial rejuvenation, hypnotherapy and sedation.

We can offer advice only, carry out part of the treatment or all of the treatment; the choice is yours.

Why not come and take a look around our centre and see for yourself where your patient would come to be treated.

- **New referrals seen within 2 weeks**
- **Emergency patients seen on the same day**
- **Complimentary update seminars for referring GDP's**

RESERVATIONS NOW BEING TAKEN FOR OUR 2011 IMPLANTOLOGY AND RESTORATIVE DENTISTRY YEAR COURSE

We run a series of courses throughout the year for GDP's - see our website for details

Arshad Ali

Arshad Ali BDS, FDSRCS (Eng & Edin), FDSRCPS (Glasg), DRD, MRD,RCS (Edin)

Consultant, Specialist and Honorary Clinical Senior Lecturer in Restorative Dentistry

Clinical Director and Managing Director, Scottish Centre for Excellence in Dentistry

One of the Leading Dental Centers of the World, www.leadingdentalcenters.com
Winner of Best Practice Scotland, The Dentistry Awards 2009
Highly Commended , Practice of the Year, UK Private Dentistry Awards 2009
Runner up, Best Specialist Referral Practice, UK Private Dentistry Awards 2009
Runner up, Best New Practice, UK Private Dentistry Awards 2009
Arshad Ali, Businessman of the Year, Scottish Asian Business Awards 2009
Claire Sweeney, Scottish Dental Nurse Achievement Award 2009
Finalists for Team of The Year, The Dental Awards 2010
Arshad Ali, Regional Finalist, Ernst & Young UK Entrepreneur of the Year 2010

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* Data taken from THRIVE trial 2009/10