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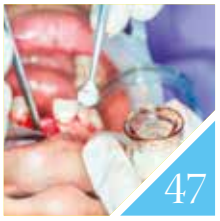

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Editorial

WITH BRUCE OXLEY, EDITOR →
Get in touch with Bruce at
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PLANNING OUT THE FUTURE OF DENTISTRY

Will the new Oral Health Plan actually make a difference?

At the launch of the new Oral Health Plan I was talking to Hew Mathewson, who had very kindly opened the doors to his Edinburgh practice for the launch event.

Now, for those of you who know Hew, you'll know he isn't one to mince his words and if he is unhappy about something, he is not afraid to speak his mind.

When I asked him what he thought of the new document he said he thought it was a step in a positive direction. He also praised the Chief Dental Officer Margie Taylor saying, very simply: "She's a good CDO, because she listens."

And, for me, that is the key point here. For this consultation to work, and for it to have any chance of effecting any real and workable change, the profession needs to get engaged and get their views and thoughts across to the Government.

And the Government, and the CDO in particular, needs to be seen to be listening. And I think, to be fair, she is. At the recent BDA Scottish Scientific Conference, she spent a large proportion of her talk getting the views of the dentists in the room. Rather than boring people with statistics and false promises, she asked the room for their feedback. And she listened.

The CDO often says that she wants evolution rather than revolution and the move towards a preventive system of dental health rather than a restorative one, has the potential – if it is done right – to be pretty drastic.

In the current climate, where Scottish dentists are the lowest paid in the UK and expenses are outstripping earnings, and with the burden of bureaucracy and red tape, not to mention the ever-present threat of action from the GDC, this plan has the potential to change dentists' and patients' lives.

However, if there was no money for dentistry before the plan, will there be any more money for dentistry after the plan is published? It is all well and good announcing that the system needs to focus on prevention over restoration, but will the new system allow NHS dentists to get paid for offering oral health advice? Will there be time to show people how to brush their teeth and ask them about their diet?

The roadshows that have been announced around the country are a great opportunity to get face-to-face with the CDO and tell her what matters to you. This consultation offers the opportunity for the profession to speak up and make itself heard at a time when it appears that the powers that be are at least trying to listen.

If there was no money for dentistry before the plan, will there be any more money after the plan is published?

Whether there will be any real terms investment into NHS dentistry in the future remains to be seen. I'm not sure there will be many people holding their breath on that score. But, if a big percentage of the 10,000 odd dental professionals in Scotland sit up and engage with this process, then at least we can say that we gave it our best shot. For better or worse.

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2

MAYOOR PATEL (ON CRANIOFACIAL PAIN)
Dr Mayoor Patel is the owner of the Craniofacial Pain Center of Georgia and a director of the Georgia Association of Sleep Professionals.

3

TOBY TALBOT (ON PATIENT COMPLAINTS)
Toby Talbot is a specialist restorative dentist and medico-legal consultant. He owns the Talbot Clinic and the Talbot Laboratories in Bath.

4

ADAM MORGAN (ON PERSONAL DEVELOPMENT)
Award-winning training specialist, Adam Morgan teaches businesses and individuals how to grow and create greatness in their marketplace

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HAVING HIS SAY →
Arthur Dent is a practising NHS dentist in Scotland
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TIME TO SCRAP THE CAP

Arthur argues that the General Dental Practice Allowance needs to be overhauled, with the controversial cap removed in the first instance

There has rightly been much discussion of General Dental Practice Allowance (GDPA) in the last few years. The cap has angered many larger practices. Many of those who received Scottish Dental Access Initiative grants were reliant upon maintaining GDPA for the viability of their practices. Everyone appreciates that there is only a limited pot of money and it needs to be spent to the benefit of the maximum number of dentists.

Recent changes at the GDC have affected all of us – we are now required to have a dental nurse with us at all times, even when the surgery is short staffed due to unexpected absences. The alternative is to cancel a day's patients. So, a two-surgery practice will need, at a minimum, one nurse for each surgery, a receptionist, and A.N. Other who can work in both surgery and reception if required, as well as in the LDU (four in total). If you have a three-surgery practice, you will only require one extra nurse (five in total). If you have many practices – well you certainly don't need one extra staff member per practice. Not to mention the cost of staff pensions and the living wage, which are rising year on year. As an aside, there is a real danger that staff recruitment will become an issue with the living wage – who would want to be a dental nurse on £11 an hour when one could earn the same literally anywhere else?

We are also facing increased levels of bureaucracy and paperwork and, even with Brexit, this is very unlikely to change. Larger practices can afford a practice manager who can easily take over organising staff holidays, return to work interviews, appraisals, combined practice inspection documentation etc. Practice managers are often unwilling to work in surgery when someone is off. In smaller practices, this means the practice owner is left filling this role – and so is either working longer hours or spending less time with patients.

Practices are facing increased levels of bureaucracy and paperwork, and this unlikely to change

A limited pot of money needs to be spent to the benefit of the maximum number of dentists

Larger practices are also better able to cope with recruitment, maternity cover etc and can certainly negotiate better deals with labs and suppliers. The cost per surgery on decontamination will also be less.

Orthodontic practices always appear very high up in the list of "NHS top grossing dentists". This is partly because orthodontics is a high-value SDR item, and partly because a lot of work can be passed on to orthodontic therapists.

At present, GDPA is based on commitment and NHS gross, capped at £80,000 per annum.

I believe the solution would be to weight GDPA in favour of smaller practices who have increased costs, and remove the cap. This would be funded by removing orthodontic practices (or other specialist practices) from GDPA – which, after all, is a general, not specialist, allowance.

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CONSULTATION ROADSHOWS

The Scottish Government is to host a series of consultation roadshows to get the views of dental professionals on the new *Scotland's Oral Health Plan* document.

There will be up to 100 places available for each session which will include a presentation and a series of breakout sessions on the various themes discussed in the document. Chief Dental Officer Margie Taylor and other Scottish Government officials will be on hand to take part in discussions.

The dates are as follows (7-9pm unless otherwise stated):

3 October – Dundee
6 October – Dumfries
10 October – Stirling
11 October (2-4pm and 7-9pm) – Edinburgh
19 October (2-4pm and 7-9pm) – Clydebank
27 October – Aberdeen
28 October – Inverness
7 November – Dunfermline
8 November – Clydebank
14 November – Edinburgh
17 November – Hamilton

To book your place at one of the roadshows, visit scotlandsoralhealthplan.eventbrite.co.uk

NOW TRENDING

91%

More than 90% of all mouth cancers are linked to lifestyle factors*

*Source: Oral Health Foundation

ORAL HEALTH PLAN AIMS TO MAP THE FUTURE OF SCOTTISH DENTISTRY

The biggest shake-up of dental services in more than a decade has been launched by the Scottish Government

Scotland's Oral Health Plan is being put out to consultation for 12 weeks and proposes a radical rethink of how patients are treated and dentists are remunerated. The document plans to introduce a new preventive care pathway, with the aim of moving dental services away from a restorative approach. The proposed pathway would provide a simplified system of charges for adults and children whose oral health is judged to be 'stable'. Those with "poor and unstable oral health" would remain on the item of treatment system.

The consultation document also proposes to review the SDR and introduce an Oral Health Risk Assessment (OHRA) for all patients at 18 years of age and at regular intervals. The OHRA would determine the appropriate treatment and if they are on the correct pathway.

The consultation also proposes to work towards reducing the number of allowances available to dentists including a new practice allowance and GDP allowance, focusing on rewarding the level of NHS commitment and quality of service provided. It also asks whether a new national body is needed to take on shared admin duties, taking responsibility for practice inspections, NHS discipline and tribunals as well as General Dental Council referrals.

The remit and relevance of the Scottish Dental Practice Board is being questioned and the profession is being asked whether it should be abolished and its functions subsumed elsewhere or whether it should retain its existing remit.

At the launch, Public Health Minister Aileen Campbell said: "We need to have even more focus on prevention, and I want to hear dentists' and patients' views on how we can achieve that. Also, we have an ageing population, and we need to look at how to meet that challenge."

David McColl, Vice Chair of the BDA's Scottish Dental Practice Committee, said: "Getting prevention right is key to the future of oral health in Scotland. The British Dental Association is committed to engaging in this process, and we will be encouraging our members and the profession to do likewise."

MORE INFO

Scotland's Oral Health Plan, a consultation exercise on the future of oral health, can be viewed and completed online at www.gov.scot/oralhealthplan

BE MOUTHAWARE

People infected with the hepatitis C virus (HCV) are more likely to develop mouth cancer according to new research published in the Journal of the National Cancer Institute

With Mouth Cancer Action Month 2016 due to kick off on 1 November, the Oral Health Foundation is calling on dentists to be extra vigilant around patients with HCV. It is estimated that there are more than 200,000 people in the UK who suffer from chronic HCV infection.

CEO of the Oral Health Foundation, Dr Nigel Carter OBE, said: "This research is very important and gives people an opportunity to learn about what risks they face if they have HCV infection. By understanding the increased risks they can make sure they track the associated areas of their health more closely and take action if they need to.

"The more we learn about the relationship of other diseases to mouth cancer, the more chance we can catch cases early and save lives; key to beating mouth cancer is early detection as it dramatically improves the chances of survival from 50 to 90 per cent."

The 2016 Mouth Cancer Action Month campaign has the tagline "Be Mouthaware – if in doubt, get checked out" and is encouraging dental practices to spread the word to patients about changes in the mouth. Areas to highlight include ulcers that do not heal in three weeks, red and white patches and unusual lumps or swellings.

SCOTS DENTISTS REMAIN LOWEST PAID

Latest earnings and expenses report makes painful reading for Scottish profession

The British Dental Association (BDA) has described the latest earnings and expenses report across the UK as a "historic collapse" with Scottish GDPs' expenses again increasing more than their gross earnings.

David McColl, vice chair of the Scottish Dental Practice Committee, said: "The Scottish Government has ensured we remain the lowest paid dental practitioners in the whole of the UK. Beset on all sides by red tape, under investment and a crisis of morale, something has to give. Ministers need to know there are no further efficiencies that can be extracted from the service without compromising patient care."

Scots GDPs' average taxable earnings fell to £67,000 in 2014/15, compared with £68,000 in 2013/2014. In England and Wales, the figure was £70,500. Principal dentists' expenses to earnings ratio stood at 70.4 per cent in 20014/2015, compared with 70.2 per cent the previous year and 65.5 per cent in 2008/2009. For associate dentists it is 35.1 per cent, up from 33.8 per cent in 2013/2014 and 33.2 per cent in 2008/2009. For all self-employed GDS dentists, the expenses to earnings ration fell slightly to 55.5 per cent, from 55.8 per cent the previous year.

For principal dentists in 2014/2015, the average taxable income from NHS and private work was £102,900, compared with £98,400 the previous year, a 4.7 per cent increase. However, for associate dentists, the average income was £55,000, down 2.2 per cent from 2013/2014 (£56,200).

The average gross earnings for principals stood at £347,200 (up from £330,300) with average expenses standing at £244,300, up from £231,900 12 months previously. For associates, average earning from NHS and private dentistry were down slightly to £84,700, compared with £84,900 in 2013/2014, whereas average total expenses rose from £28,700 to £29,700 in 2014/2015.

Henrik Overgaard-Nielsen, the BDA's chair of General Dental Practice said: "This 35 per cent fall in NHS dentists' real incomes over the last decade is without parallel in the public sector.

"Governments across the UK are squeezing NHS dentistry until the pips squeak. Every penny of investment this service receives comes from dentists' own pockets, and this collapse in real incomes has a real impact on our ability to deliver the improvements in facilities, equipment, and training our patients deserve.

"These savage cuts have long ceased to be a question of 'pay restraint' or 'efficiency savings'. A wilful singling out of an entire sector of dedicated health professionals is irresponsible, unsustainable, and carries consequences for millions of NHS patients."

DINGWALL DENTIST STRUCK OFF

A dentist from Dingwall has been struck off by the General Dental Council for multiple failings in relation to two patients.

David Naisby (51366) was found to have failed to adequately treat a child patient's caries which is said to have resulted in extensive treatment, including fillings and extractions. The second patient was referred to the GDC via the Dental Complaints Service and concerned root canal and "extensive" cosmetic treatment that was undertaken by Mr Naisby. A subsequent dentist discovered chronic periodontal disease that, it was found, should have been identified and treated previously.

The GDC's Professional Conduct Committee (PCC) found that: "Mr Naisby's conduct in failing to obtain and update medical history, prescribing antibiotics without justification and failing to take radiographs that were clinically indicated were all matters that placed the patients at serious risk of harm. Mr Naisby also caused actual harm as a result of the shortcomings in his clinical practice. His consistent failure to diagnose and treat dental disease had ramifications for Patient A and Patient B, both of whom required extensive treatment from subsequent treating dentists."

In coming to it's conclusion the PCC report stated: "Mr Naisby has failed to engage with his regulatory body in the face of serious allegations and there has been no evidence to date of any understanding on his part of the gravity of harm he caused to the patients in this case, one of whom was a minor and thus particularly vulnerable. The committee considered that Mr Naisby's behaviour in this regard is such that it is incompatible with continued registration as a dental professional."

DENTURE CLAIMS SEE TECHNICIAN ERASED

A dental technician from Falkirk who advertised for and carried out denture work outwith his scope of practice has been struck off.

Michael Bett, who owned and ran Camelon Dental Lab, was found to have provided a set of dentures without the prescription of a dentist or clinical dental technician (CDT), took impressions and fitted the denture in September 2015. He was also found to have adjusted and fitted another patient's denture in April 2015, without the prescription of a dentist or CDT.

The Professional Conduct Committee's determination told Mr Bett that: "In the Committee's view, your behaviour, as highlighted in this case, demonstrated a serious disregard for patient safety and the standards of your regulatory body. You were willing to act and did act beyond your scope of practice and have not sought to mitigate your misconduct in any way. It is for these reasons that the Committee has concluded that suspending your registration would not be sufficient to mark the gravity of your misconduct. The Committee considered that your behaviour, as identified in this case, is fundamentally incompatible with being a dental professional."

Professor Jan Clarkson, co-director of Dental Health Services Research Unit at the University of Dundee

ANTIBIOTIC REPORT REDUCES PRESCRIBING RATES

Dundee study finds fall in drug prescribing after receiving personalised report

A study led by Dundee Dental School researchers has found that dentists prescribe fewer antibiotics after receiving a personalised report on their past prescribing habits.

The 12-month randomised controlled trial in UK general dental practices featured 795 Scottish practices and showed a 5.7 per cent reduction in dentists' antibiotic prescribing rate after receiving the intervention. The results of the study, which was led by Professor Jan Clarkson, co-director of Dental Health Services Research Unit at the University of Dundee, Professor Craig Ramsay at the University of Aberdeen and Dr Linda Young at NHS Education for Scotland (NES) were recently published in the *PLOS Medicine* journal.

Professor Clarkson said: "Dentists in the UK prescribe about 10 per cent of the antibiotics dispensed in community pharmacies.

"Our study has shown that providing individualised graphical feedback from routinely collected data can reduce the amount of antibiotic prescriptions.

"This is a relatively straightforward, low-cost public health and patient safety intervention that could potentially help the entire healthcare profession address the increasing challenge of antimicrobial resistance."

Dr David Felix, postgraduate dental dean at NHS Education for Scotland, said: "NHS Education for Scotland is delighted to demonstrate that research can be successfully embedded into service delivery and provide solutions to help address the problem of antimicrobial resistance.

"Providing evidence of how to reduce antibiotic prescribing nationally is an important step forward in tackling this major problem."

The study also showed that dentists who received a written behaviour change message demonstrated an even greater reduction in antibiotic prescribing than those who did not receive the message.

DENPRO ON PAGE 32

"We really need to effect a culture change where they are doing things online and they have a one-stop shop for almost everything"

PAUL CUSHLEY, NHS NSS DENTAL DIRECTOR

ILLEGAL DENTIST IS JAILED

Fraudster was a 'very believable conman who weaved a complex series of lies'

The first dentist in Scotland to be successfully prosecuted for practising illegally has been jailed for five-and-a-half years for fraud and actual bodily harm (ABH).

Greek dentist Ronnie Barogiannis was fined £500 at Aberdeen Sheriff Court in September 2013 for working as a dentist while not registered with the GDC. He then moved to Hull and worked under the false name and GDC number of a former employee from Scotland. Between August 2013 and October 2014, Barogiannis was paid a total of £48,844 for his illegal work at the practice.

In January this year, a European Arrest Warrant was issued to bring Barogiannis back to the UK from Sweden on charges of false representation and assault occasioning ABH. On 27 May, he pleaded guilty to the fraud charge and on 28 July to four counts of assault at Hull Crown Court, which heard that the dental treatments he provided to several patients were so poor that he left them with permanent damage to their teeth and gums.

On 16 September, Barogiannis was sentenced to five and a half years imprisonment.

Detective Constable Lucy Khan, who led the investigation, said: "This was a very complex case where hundreds of people were treated by Mr Barogiannis and they believed he was a registered dentist who had their best interests at heart. This was a massive betrayal of trust and they were shocked as the details emerged during our conversations with them. I am sure they'll be delighted that he is now serving a substantial amount of time in prison.

"It is clear from the investigation that Barogiannis was a very believable conman who weaved a complex series of lies to ensure he could work illegally as a dentist. I hope that the jail sentence will prevent others from operating as bogus medical professionals."

NOW TRENDING

30

People who both drink and use tobacco to excess are up to 30 times more likely to develop mouth cancer

*

Source: Oral Health Foundation

GDC PUBLISHES STAFF SALARIES

For the first time, the General Dental Council has published details of the wages of its executive team in its annual report.

The publication reveals that former chief executive Evlynne Gilvarry was paid £172,000 in 2015 and £157,000 in 2014. In 2015, there were 15 staff members paid between £60,000 and £70,000, three who were paid between £70,000 and £90,000 and four that were paid salaries ranging from £100,000 to £120,000.

Speaking about the annual report, current chief executive Ian Brack said: "Over the last year, we have made improvements to the fitness-to-practise process, introduced a helpline to make it easier to raise concerns, quality-assured the providers of dental education and jointly established the Regulation of Dental Service Programme

"To become an organisation that is cost effective, flexible and agile that the profession has confidence in, and where patients feel adequately protected is a long-term commitment."

SOCIETY TACKLES IRRESPONSIBLE ADVERTISING

Food and drinks giant Nestlé has withdrawn a controversial advertising campaign after pressure from the British Society of Dental Hygiene and Therapy (BSDHT).

Earlier this summer, the BSDHT made the company aware of its "deep concerns" about The Smile Factory campaign, labelling it "hugely misleading and irresponsible for its portrayal of sugary sweets being linked to happiness and smiling".

In a letter to the society, Nestlé has agreed to review the campaign and to cease using the strapline The Smile Factory as part of its advertising with immediate effect.

President of the BSDHT, Michaela O'Neill, believes this swift and decisive action should be a catalyst for other sweet manufacturers in reviewing their own advertising campaigns. She said: "This is a positive action from Nestlé of which we are highly appreciative. They have listened to our concerns and recognised that real care is needed when advertising sugary foods, especially to children.

"We recognise that The Smile Factory campaign was not intended to directly target children, but through its use of bright colours and cartoon-like nature it did undoubtedly appeal to them.

"We urge all food and drink manufacturers to think more carefully about their advertising campaigns in the future and about the wider health implications of their messaging."

The Faculty of Dental Trainers

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UK FIRST FOR NEW RCSED DENTAL FACULTY

The Royal College of Surgeons of Edinburgh has launched the first faculty in the UK aimed at supporting dental trainers

Sarah Manton, vice dean of the RCSEd's Faculty of Dental Surgery

The Faculty of Dental Trainers (FDT) has been created to enhance the quality of patient care and to ensure patient needs are met safely. It is envisaged it will become "a platform for the recognition of dental trainers both nationally and internationally and will provide a framework to promote and guide trainers throughout their educational careers". The new faculty will be open to anyone who can demonstrate their involvement in appropriate dental training, such as qualified dentists, dental nurses, dental hygienists and orthodontic therapists.

Sarah Manton, vice dean of the RCSEd's Faculty of Dental Surgery and project lead for the FDT, said: "We are absolutely delighted to launch this new Faculty, which will cater for the specific needs of those involved in the delivery of dental training and education.

"The FDT's membership structure has been designed to be broad and inclusive. Not only does this reflect modern dental practice, but it also allows the new Faculty to welcome and provide recognition for as many dental trainers as possible."

Bill Saunders, dean of the Faculty of Dental Surgery, said: "In opening the Faculty of Dental Trainers, the Royal College of Surgeons of Edinburgh aims to create a professional home for recognised dental trainers, enabling those who join to demonstrate their commitment to training and education.

"Today, dentists and dental care professionals deliver patient care across many sectors and in multiple settings, from public and community services, hospital services, to Armed Services, colleges and universities. Our new Faculty will help to establish clear and consistent guidelines that unify training standards across the breadth of modern dentistry."

CBCT MASTERCLASS

The Scottish Centre for Excellence in Dentistry is hosting a Cone Beam CT (CBCT) Masterclass presented by consultant dental and maxillofacial radiologist Dr Jimmy Makdissi.

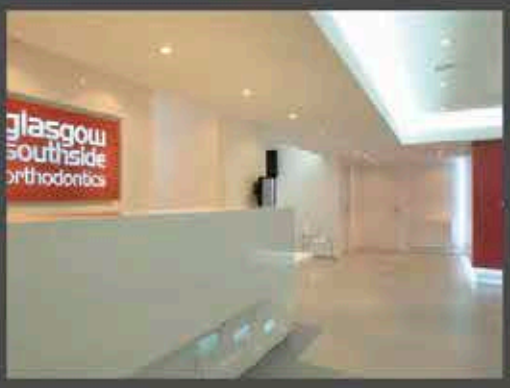
The two-day course, to be held at the Marriott Hotel Glasgow in 4 and 5 November, will cover the theoretical elements of CBCT and include an extensive hands-on reporting aspect. It will provide 12 hours of verifiable CPD and fulfils the requirements of the HPA-CRCE-010 guidelines and the BSDMFR curriculum in relation to the IR(ME)R referrer, practitioner and operator (reporting).

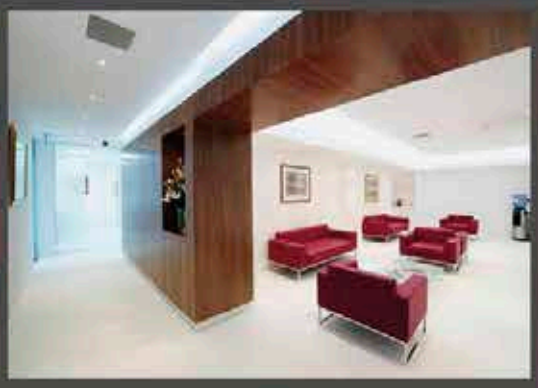
Dr Makdissi joined Queen Mary School of Medicine and Dentistry in 2004 as a clinical senior lecturer and honorary consultant in dental and maxillofacial radiology. He directs the Dental and Maxillofacial Radiology programme of the undergraduate BDS curriculum. He completed his specialist training at Guys Hospital and obtained his diploma of dental radiology from the Royal College of Radiologists.

Scottish Centre for excellence in dentistry

He served on the Education Committee of the International Association of Oral and Maxillofacial Radiology. He also served as the dental tutor for the London Deanery at Barts Health, the faculty tutor at the Royal College of Surgeons and as president of the Metropolitan Branch of the British Dental Association.

MORE INFO
For more information and to book your place, email pa@jm-radiology.co.uk





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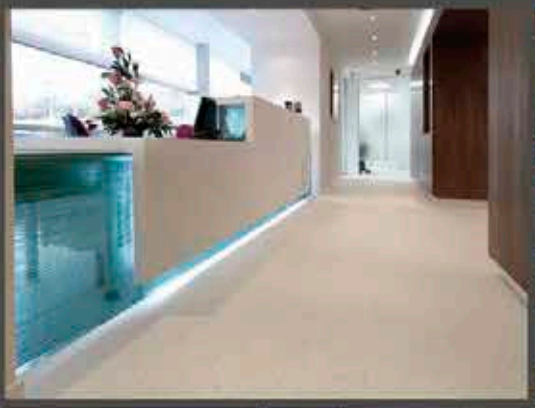

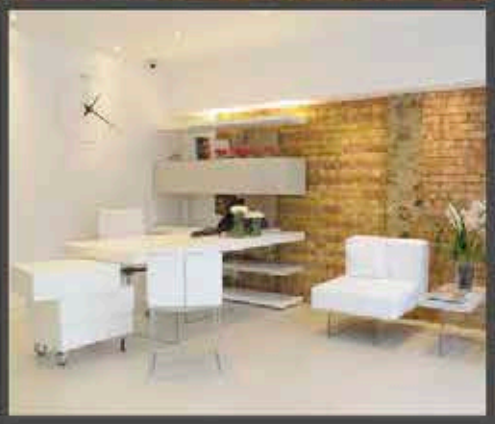

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DUNDEE ON PAGE 26

> To us, such a flawed and seemingly amateurish justification for the decision to recommend closure made the production of our fact-based rebuttal an easier task

GAVIN S MCKAY

WORLD NAMES PRESENT IN GLASGOW

Two of the biggest names in dentistry appeared at an exclusive event in Glasgow to showcase their new 'full clinical treatment concept'

World-renowned dentist and dental technician Dr Paolo Kano and Livio Yoshinaga, one of the co-founders of Digital Smile Design, appeared at 220 St Vincent Street to present a two-day course on their SKYN concept. The two men have teamed up with CORE3d, the international digital technology arm of Glasgow laboratory DTS, and Paolo and Livio spent a week with DTS's technicians training them on the concept and techniques involved in the SKYN treatment.

Graham Littlejohn, DTS director, said: "Paolo Kano in particular is one of the most talented dental technicians we have ever seen. He is renowned as the number one dentist and dental technician in the world all in one package. So, it is a big deal, a massive deal. This week he has inspired our technicians with what he has shown them so it has been really good.

"Just having Paolo and Livio in Scotland to start with is great. I don't think there has ever been bigger dental names to have lectured here before in Scotland. We are honoured to have them here."

The Glasgow course is the first in a series of more than 20 training courses to be held worldwide and some of the biggest names in Scottish dentistry turned out to see what it was all about. Graham continued: "We were super excited to be putting on this course because, for these guys and the calibre of the course, you would normally have to go down south somewhere. We will be doing that later on but in the meantime we are doing it here first, because it is our lab."

REGIONAL MEETINGS SET THE SCENE FOR INTERNATIONAL EVENT

The organiser of the British Academy of Cosmetic Dentistry (BACD) Glasgow branch meetings believes that the academy's regional meetings had really whetted the profession's appetite for the forthcoming national conference in Edinburgh.

The BACD Conference 2016 will take place at the EICC on 10-12 November and feature an international line-up of speakers presenting on 'The Digital Revolution'. And Tariq Bashir, who works at Visage Dental in Glasgow, believes the local BACD meetings have successfully set the scene for the main event in November.

In July, the Glasgow branch welcomed Dr Robert Oretti who spoke about hard and soft tissue challenges around implants, and similar topics were discussed at the BACD Edinburgh meeting in September, hosted by Dr Amit Patel. Tariq said: "Dr Oretti's work is up there with the best restorative implant dentists in the UK and we were fortunate for someone as talented as Rob to come and speak to the group and share his clinical cases. I and many in the group have picked up lots of tips and tricks that we can use on our own patients receiving implant treatment."

Previous Glasgow meetings have seen Dr Ian Buckle present on indicators to predictable dentistry and Dr Elaine Halley's lecture on Smile Design, which was the group's best-attended meeting ever.

MORE INFO
To find out more about the BACD Conference 2016, visit bacd.com/ac2016

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PROFESSOR DAVID ROBERT STIRRUPS

Professor of Orthodontics, Dundee University, 1992-2007

David at the launch of a commemorative envelope produced for the centenary of Dundee Philatelic Society. He was President that year. On the left is the artist (then a student at Duncan of Jordanstone) and in the centre is the manager of David Winters Printer. (This Dundee printer produced essays for adhesive postage stamps invented by James Chalmers in 1834)

David showing part of his gold medal-winning Gibraltar collection at Dundee Philatelic Society (He was acknowledged to be one of the internationally recognised authorities on this)

We are sad to announce the death of David Stirrups who died on Friday 12 August following a short illness. David was an inspirational clinician, teacher, educationalist and colleague. David qualified from Sheffield Dental School in 1970, winning the prize for orthodontics. He became a Fellow of The Royal College of Surgeons of England in 1974 and did his orthodontic training in the North of England before being appointed a consultant at Glasgow Dental Hospital, where he remained for 13 years. It was during his training that David realised he needed to know more about statistics in order to analyse research papers.

Not one to do things by half measures, he completed an Open University degree in mathematics followed by a Master's degree in applied statistics. This training underpinned his innate facility with data, and made him sought after as a statistician. He only had to glance at a table of numbers, however complex, and his interpretation of what was going on was instant.

David was a very talented clinical orthodontist and his ability to predict facial growth and dental development and apply this to interceptive orthodontics was second to none. He had the most amazing insight on how the occlusion would respond to interceptive procedures.

David was a relative latecomer to academia when he was appointed to the chair of orthodontics in Dundee but immediately made a huge impact. As well as being the East of Scotland's training director, he represented the university on the General Dental Council and was able to offer them sound educational advice. He was the dental school's first teaching dean and galvanised us into activity to improve and develop the curriculum.

When the Scottish Higher Education Funding Council reviewed dental teaching it was David who saw us safely through the complex process. He published widely in the field of orthodontics and co-edited a unique book on dental education, which sought to summarise the germane learning points in the dental curriculum. As well as training undergraduates, David was a very committed post-graduate teacher who loved helping people, and he inspired a generation of high-achieving orthodontists.

He was a mentor as well as a friend and colleague to many, and had endless patience and generosity with his time. David was a man of tremendous integrity and sound judgement, and his advice on a wide range of clinical, academic and political matters was much sought after. He also had a tremendous sense of humour and fun that was infectious, and he could lighten any dire academic event with a witty quip. Following retirement from Dundee in 2007 he took up a locum consultant post in Middlesbrough, which lasted some time, because of the hospital's reluctance to see him go. Eventually he and his wife Anne retired to Cambridgeshire.

Outside of dentistry, David had many interests including gardening, camping, orienteering and stamp collecting. It was perhaps though in philately that he most excelled, becoming a Fellow of the Royal Philatelic Society. He was a world-renowned expert on the postage stamps of Gibraltar. He also found time to edit a book on the Postal History of Dundee and was president of Dundee Philatelic Society. Although widely published in dentistry David was fond of recounting that some years he had more philatelic publications than dental ones.

We remember David as a thoroughly decent man, talented and generous, who helped many along the way, and his death, at such an early age, is tragic for one who had so much still to offer.

John R Drummond, Dafydd Evans and Peter A Mossey

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KEYNOTE SPEAKER UNVEILED

Registration is now open for the 2017 Scottish Dental Show

One of the UK's most prominent cosmetic and aesthetic restorative dentists will be presenting the keynote lecture at the sixth annual Scottish Dental Show on 19 and 20 May, 2017.

Dr Christopher Orr, who is a former president and accredited member of the British Academy of Cosmetic Dentistry, will be opening the show at Braehead Arena on Friday 19 May with two one-hour lectures.

Dr Orr is also a certified member of the European Society of Cosmetic Dentistry as well as being a past president of the Odontological Section of the Royal Society of Medicine, a former director of the American Academy of Cosmetic Dentistry and former course director for the MSc in Aesthetic Restorative Dentistry at the University of Manchester.

As well as these responsibilities, he was director of credentialing and chairman of accreditation examiners at BACD for several years, and is currently chairman of the judging panel for the Aesthetic

Dentistry Awards, the UK dental industry's aesthetic awards programme.

He teaches through his education company, Advanced Dental Seminars (ADS), in London. He is the sole lecturer for the one-year comprehensive course programme in cosmetic dentistry and aesthetic restorative dentistry for general dentists. This is UK's most popular course on the subject and booked a year in advance each year. So far, more than 1,200 dentists have completed the programme over the last 13 years. The ADS facility at London Bridge comprises the largest privately-owned, independent postgraduate dental training facility in Europe. In addition, he lectures extensively around the UK and abroad, having been an invited speaker at conferences throughout Europe, North and South America and Asia.

His work has been widely featured in the UK and international press, across radio, television, print and online media. Dr Orr has authored an interactive learning title on Digital Clinical Photography and assisted with the production of a BBC documentary on the science behind cosmetic treatments.

MORE INFO

The 2017 Scottish Dental Show website is now live and registration is now open – just visit www.sdshow.co.uk

BACK BY POPULAR DEMAND

The Scottish Dental Show is delighted to welcome back a few familiar faces to the 2017 event, such as Professor Brian Millar, professor of blended learning in dentistry at Kings College London; Dr Christine Park, honorary consultant in paediatric dentistry at Glasgow Dental School; MDDUS head of dental division Aubrey Craig; and award-winning training specialist Adam Morgan.

The Selling Coach, Ashley Latter, is also returning to the Scottish Dental Show after a year away from the programme and he will be joined by Dental Protection's head of dental services Scotland Helen Kaney on the podium next year. Other speakers include: Professor Lorna Macpherson, co-director and evaluation lead for the Childsmile programme in Scotland; Irene Black, assistant director of postgraduate general dental practice education (decontamination) and clinical lead for the Scottish Patient Safety Programme's dental collaborative; and Lynne Cotter, infection control dental support nurse with NHS Education for Scotland.

As in previous years there will also be a bustling business section featuring the likes of Martin Aitken Chartered Accountants, Stark Main Dental, Thorntons, PFM Dental and Campbell Dallas. There will also be a technicians stream featuring Darren Neve from Valplast talking about flexible dentures and Paul Mallett maxillofacial laboratory manager at University Hospitals of Morecambe Bay NHS Foundation Trust, with his talk 'Let's go monomer free!'

Top left: Professor Brian Millar, professor of blended learning in dentistry at Kings College London

Top right: Dr Christine Park, honorary consultant in paediatric dentistry at Glasgow Dental School

Left: Selling Coach Ashley Latter

Update

Arabella Yelland is
chair of the SALDC
arabellayelland@nhs.net

GREENE LIGHT

New and more common-sense approach from the director of Fitness to Practise at the GDC

The Scottish Association of Local Dental Committees (SALDC) met on on 16 August and had a presentation from Jonathan Greene, director of Fitness to Practise (FtP) at the General Dental Council (GDC). Jonathan's manner, presentation and willingness to answer any questions was in very sharp contrast to Bill Moyes' appearance at the Scottish Conference of LDCs. Jonathan took over 18 months ago and various changes are being implemented over the next few months.

Registrants can now challenge a warning. "Trivial" matters such as misleading advertising are being sent cease-and-desist/please-change rather than going to FtP. Bill had told the conference anything sent to FtP must proceed – and Jonathan agreed this was the letter of the law, but the more pragmatic approach may be better.

Margie Taylor, Scotland's Chief Dental Officer, revealed at the BDA's Scottish Scientific Conference that a three-stage scheme is set to be implemented equally across all health boards and should allow local resolution of issues before GDC gets involved unnecessarily. Improvements are ongoing on GDC's website, including highlighting to complainants that the GDC cannot help secure compensation, support for registrants suffering throughout process, and a feedback system which aids quality assurance.

He also revealed that the annual retention fee will be unlikely to reduce over next three years but should not rise. Case workers are being told not to fish but if anything worrying transpires it will have to be investigated. FGDP standards are still used as the basis for GDPs being investigated but further education should result in common sense and better decision making by case examiners.

UPCOMING EVENTS

WE'VE GOT THIS COVERED

23 SEPTEMBER
Whistleblowing: Freedom to speak out
Royal College of Physicians and Surgeons of Glasgow
For more information, visit rcp.sg/events

23-25 SEPTEMBER
British Orthodontic Conference 2016
Brighton
To find out more, visit www.bos.org.uk/BOC-Brighton

30 SEPTEMBER
FGDP NI Conference
Waterfront Hall, Belfast
Visit www.fgdp-ni.org.uk to find out more

30 SEPTEMBER & 1 OCTOBER
Professional Dentistry Scotland 2016
Grand Central Hotel, Glasgow
To find out more, visit www.prodentistry.co.uk

6-8 OCTOBER
BDIA Dental Showcase
ExCeL, London
www.dentalshowcase.com

28-29 OCTOBER
RCSI Annual Scientific Meeting – Small beginnings, big outcomes
Royal College of Surgeons in Ireland, Dublin
For details, visit asm2016.com

3-5 NOVEMBER
World Congress on Controversies in Dentistry (CoDent) – Debates in implantology
Barcelona, Spain
For more information, visit www.congressmed.com/codent

4 NOVEMBER
Refining your techniques in implant dentistry
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11-12 NOVEMBER
Pandental Society Conference
ICC Birmingham
To find out more, visit www.pandental.co.uk

15 NOVEMBER
Introduction to intraosseous anaesthesia using Quicksleeper 5
Dentale, Bristol
To book your place contact General Medical on +44 (0) 1380 734 990, visit www.generalmedical.co.uk or email info@generalmedical.co.uk

16 NOVEMBER
Quicksleeper Masterclass for existing Quicksleeper users
Dentale, Bristol
To book your place contact General Medical on +44 (0) 1380 734 990, visit www.generalmedical.co.uk or email info@generalmedical.co.uk

18-19 NOVEMBER
BSDHT Oral Health Conference and Exhibition
Waterfront Hall Conference Centre, Belfast
To find out more, visit www.bsdht.org.uk

20 JANUARY 2017
Scottish Orthodontic Symposium
Royal College of Physicians and Surgeons of Glasgow
For more information, visit rcp.sg/events

3 FEBRUARY
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12-13 MAY 2017
Dentistry Show
NEC, Birmingham
www.thedentistryshow.co.uk

19-20 MAY 2017
Scottish Dental Show
Braehead Arena, Glasgow
www.sdshow.co.uk

19 MAY 2017
Scottish Dental Awards
Hilton Hotel, Glasgow
www.sdawards.co.uk

25-27 MAY 2017
British Dental Conference and Exhibition
Manchester Central Convention Centre
www.bda.org/conference/Exhibition/2017-exhibition

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In depth

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A VISION OF HOPE
Two Perthshire dental professionals talk about their recent trips to Romania, to provide much-needed dental care

ESSENTIAL EDITORIAL CONTENT FOR DENTAL PROFESSIONALS

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SURVIVING TWO WORLD WARS AND THREATS OF CLOSURE

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TRANSFORMING LIVES

Part 2

THE SECOND PART OF GAVIN S McKAY'S EXTRACTS FROM HIS HISTORY OF DUNDEE DENTAL HOSPITAL AND SCHOOL SPANS THE TWO WORLD WARS AND A BATTLE FOR ITS VERY EXISTENCE IN THE 1980s

GAVIN S MCKAY

The primary aim of the dental hospital was not just to relieve acute pain and treat infection, because that form of basic treatment was already available at the Dundee Royal Infirmary, but to educate the public to the extent that the children of poor families could become dentally fit and so develop optimally. This required regular dental health checks and some intervention, to conserve tooth tissue by placing fillings as necessary. Although this was expensive, fillings had to be almost free because many patients would not pay for the discomfort of cavity preparation, preferring a one-off extraction. However, treatments to make the patient more aesthetically pleasing were not free so that dentures and orthodontic appliances did have to be paid for.

At this time, Dundee was a city of working women in the textile mills. Some of the spinster girls practised a culture that ran counter to the above aim of a healthy mouth, regular dental inspections and the conservation of teeth. These young women aimed to have all their teeth extracted at a young age and dentures fitted. They believed that this would cure all their future dental problems and improve their chances in the marriage stakes. The same women believed the myth that every pregnancy would cost a couple of teeth because the in utero child would withdraw calcium from her teeth.

THE WAR YEARS

The other primary aim of the dental hospital was to educate and train future dentists. Within two years of opening the hospital, a dental school was set up as a college of St Andrews University and, in 1918, the first LDS (StA) had qualified. The hospital was set up just before WW1 and although it was initially fully supported by funds from subscription members, by 1920 hospital expenditure was greater than income.

It was during WW2 that funding became a serious problem. As the subscription list got shorter, it became easy to see that about one third of the subscription income was being contributed by the few families of those senior people who were actually running the hospital.

The Second World War had a significant impact on the smooth running of the Dundee Dental Hospital and School, causing significant stress. The most significant single factor was probably the fact that the senior staff were still the same people that had set up the hospital, coped with WW1, had been in post for 25 years and were looking forward to retirement. Graham Campbell was 65 before WW2 started. Neither he nor his brother Gordon were able to retire but rather found themselves with a greater workload because younger staff were required for war service.

Prior to WW2, patient attendances were running at the rate of 20,000 visits per annum in a dental hospital that was too small to cope with the load, and the debit account was still increasing. With the start of war, the board's annual report bemoaned the fact that the hospital had incurred irrecoverable losses due to expenditure on the construction of air raid protection shelters, blackout fitments and the employment of persons to supervise the prevention of light escape. This was associated with a large drop in patient attendance at the beginning of the war and a decrease in the demand for places to study dentistry, since some potential students were off fighting for king and country. Denture wearers were the one class of paying patient who were not frightened away by the war, so income then rose slightly. As the war drew to a close, the population of Dundee realised that the threat of being bombed was receding and with that the numbers of patients attending the dental hospital clinics increased.

However, more patient treatments meant overcrowded clinics and increasing deficits again.

Up until 1941, the BDS students (fifth year) were used as house surgeons because they were registered dentists (LDS) and so could legally supervise basic clinical work by third and fourth-year students. At this time, postgraduate degrees (including the

BDS) were suspended in order to make more intellectuals and professionally qualified persons immediately available to the war effort. The net result of the conscription of all BDS students was to significantly increase the supervisory workload of the reduced numbers of mostly older staff in the hospital. The increased workload then reached almost overload due to external factors. The government imposed additional requirements, including the training of an unknown number of (Austrian Jewish) refugee dentists, on six-month long courses, to prepare for the LDS RCS exams. Senior medical students from the Advanced Medical School in Dundee were added to the teaching load as they were prepared for work in the theatre of war, by undertaking a crash course in the emergency treatments in dentistry.

In a perverse sort of way, the older staff, perhaps because of all the above new inputs and a feeling that they were under scrutiny, made the course requirements for the normal LDS students more demanding. This further stressed both the students and staff.

Once the war was over and the situation was calmly appraised, it was acknowledged that the staff, and Gordon and Graham Campbell in particular, had been overextended by their workload. Two younger men were employed, each to take over a third of Prof Gordon Campbell's duties. The points total required to be gained from clinical work, for the students to qualify to be able to present for the professional examinations, were reduced. No detailed record exists of how many points were removed from the total work target but it was a sufficiently significant number to be expressed in a couple of other ways. The cost of consumables (probably gold, platinum and ceramics) was reduced sufficiently to show in the accounts, slowing the rate of growth of the deficit. Fewer points meant less advanced conservative dentistry being practised, thus fewer patient hours, so reducing some of the congestion.

The year 1947 was of major importance to Dundee Dental Hospital and School. Arrangements were made for the retirement of Dr Graham Campbell, who would die within a year aged 80, and Professor Gordon Campbell, who died in 1950. When the NHS Scotland Act (1947) was passed, it was evident that many things were about to change. The Act was implemented in 1948, at which time all of the UK dental hospitals and schools were inspected and an inventory taken. The Dundee inspection revealed that no part of the dental hospital could be recognised as being an academic teaching facility.

As a result, the NHS took over the whole of 2 Park Place as a clinical facility and the University had to provide a separate dental school. Without the implementation of the NHS Act, it is more than likely that the Dundee Dental Hospital would have folded due to the twin problems of its financial deficit and an insurmountable space shortage.

This situation was stabilised by a combination of the NHS takeover of the hospital, with the university and University Grants Committee (UGC) to take responsibility for a new dental school.

The appointment of Professor Hitchin as dean of dentistry (clinical lead) and adviser in dental studies (academic) established a strong leader to oversee both. The dental hospital was trebled in size by joining the original villa at 2 Park Place to the adjacent 4 Park Place by means of an intervening uniting piece. A further size increase was achieved by adding a second floor in the form of a mansard roof, spanning all the buildings.

The university view was that the dental school could be created from a combination of existing, underused old buildings – a mend and make-do mentality. Undaunted by opposition, Professor Hitchin proposed a brand new, free-standing dental school, separate from the hospital but capable of being joined to it once intervening properties were demolished. The minutes of University Court referred to the proposals as the 'Hitchin Plan.' In the fullness of time this is what did happen just as Hitchin had intended. The extended hospital and the first phase of the new school were both opened in 1954 as part of Queen's College (see Figs 1 and 3). The second phase of the dental school was a 10-storey tower, completed in 1967 and opened in 1968 (see Figs 5 and 6). The tower which joins the hospital and school together is part hospital, part teaching facility and the location of research labs.

The year 1947 was also of major importance to the University College in Dundee. It was felt that the University Court at St Andrews had not properly supported the University Council in Dundee since the end of WW1. As a result, in 1947 Douglas Wimberley, the then principal of University College, instigated a series of inquiries and reports which, in 1952, advocated independence for the university in Dundee. Following the scrutiny of a Royal Commission, University College was renamed, with the consent

CONTINUED OVERLEAF>

Fig 1 – Conservative Dentistry (South Cons) in 1954 – showing large windows in Mansard roof and more light flooding through skylights above. Shown by courtesy of the University of Dundee Archive Services; ACC 2015-708 (11)

Fig 2 – The Integrated Oral Care unit (2015). This clinic has been developed from the area known as South Cons. Compare this with the set-up in Fig 1

Fig 3 – Prosthetics Department in 1954 – located at the south end of the first floor. Shown by courtesy of the University of Dundee Archive Services; ACC 2015-708 (7)

Fig 4 – Prosthetics Clinic in 2015 – now located in the dental tower. The dental chairs are organised for effective undergraduate training. There is sufficient privacy for the patient to feel comfortable, yet the clinic is sufficiently 'open' for the supervising staff to be aware of all the clinical activity

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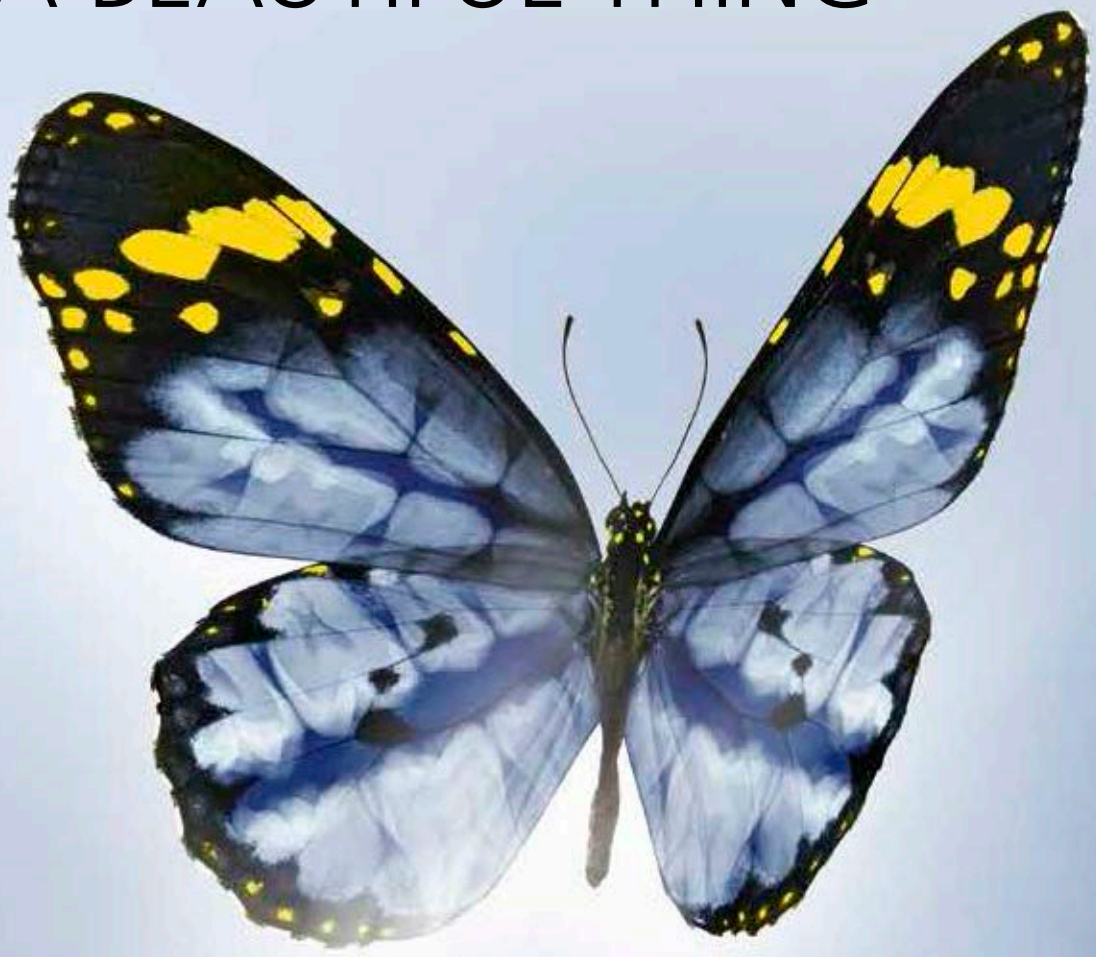

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Fig 5 – Dental hospital and school complex photographed in 2015, showing the old hospital building (1954) and new tower (1968)

Fig 6 – The entrance to the modern dental tower. Clinics are located on the first five floors, lecture/study facilities and board room on the sixth floor. Floors seven to 10 inclusive are for teaching, staff offices and research labs

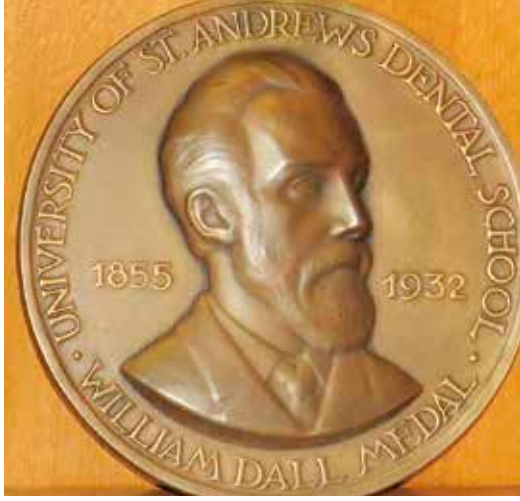

Fig 7 – Master copy of the Dall Medal. William Dall was the man who made dental ceramics not only a very technical dental speciality but also an aesthetic art form. His grounding in dental ceramics was gained through Walter Campbell (the father) in Dundee

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of Her Majesty the Queen, as Queen's College. This new relationship with St Andrews gave the Dundee-based elements of the partnership a greater degree of autonomy and flexibility. The next landmark year was 1967, at which time Queen's College became the independent University of Dundee.

The man whose actions have left the greatest imprint on Dundee Dental Hospital and School is Prof Hitchin, appointed in 1947 and retired 30 years later in 1977. He was dean of dentistry from 1947 to 1973. During his tenure he oversaw the extension of the dental hospital, and fought for and developed, in two stages, a new dental school which has left us with dental real estate of significant value. One of his arguments used to justify a proper new school was that we had to have facilities and an ambience that our alumni could be proud of. He succeeded and subsequent deans have further developed that sense of belonging. Dundee has been independently assessed as the 'among the best' in a range of independent surveys from graduate employability to the views of students.

THREAT OF CLOSURE

As early as 1983 there were central government dental manpower studies which suggested that fewer dentists than were presently planned for would be needed by 2020. This decrease could be dealt with by a small reduction in the intake of students by all dental schools. It was official policy not to produce too many dental graduates. The Department of Health (DoH) also decided that its future manpower requirement would be reviewed periodically after 1984 to allow the number of dental training places to be adjusted by the University Grants Committee (UGC), as required. The DoH review body reported again in July 1987, giving a target of 30,700 dentists for 2025, requiring a 25 per cent increase on the number from the then current planned figure. However, the then minister, Edwina Currie, restated the policy that it was essential not to produce too many dental graduates, and as a consequence a further reduction of 10 per cent in the intake of dental schools was recommended. She informed the House of Commons that "the precise implication for individual schools was a matter for the UGC in conjunction with the Department of Education and Science and other interested parties".

Concurrently, the UGC had been conducting its review of dentist training provision across the UK. Its inspectors visited all UK dental schools in 1987 knowing that the DoH would recommend a reduction in the number of student places by 10 per cent from 1988. In its report (published in March 1988) an intake of 50 students was set as the minimum number necessary to provide sufficient income for the adequate staffing of a dental school. To achieve this and, at the same time apply the cut, closure of two schools was recommended. The UGC's Dental Review Working Party (DRWP) had given each school a ranking of A, B or C. (The criterion for these judgements was never disclosed.)

Dental schools are distributed across the UK at major centres of population. Geographic coverage was to be maintained after the cuts. Dundee, along with UCH Dental School London, both graded C, was identified for closure. A Scottish school was chosen because Scotland was considered to be overproducing dentists for Scottish needs and one of the London schools was chosen because there were three others in the city. The report was supported by the BDA who were concerned that too many dentists were being produced for the needs of the UK. The BDA believed that closures were the only way to ensure that the 10 per cent cut would be implemented in full, mindful that the 10 per cent cut ordered by the UGC in 1983, was never fully achieved.

Scotland was considered as a self-contained region within the UK for which there would be a Scottish solution. Clearly, Glasgow (graded A) was safe, whereas either Dundee or Edinburgh (both graded C) would be the candidate for closure. Dundee was to receive the death sentence.

Our analysis of the DRWP report was that the UGC approach was inappropriate in Scotland, arbitrary in its views, divisive in its classifications, naïve in its use of patient attendance figures, and used unquantified evidence and spurious arguments. To us, such a flawed and seemingly amateurish justification for the decision to recommend closure made the production of our fact-based rebuttal an easier task.

The University of London accepted the UGC report and UCH Dental School ceased to admit students from October 1988. Dundee chose to fight on. By July 1988, Dundee's defence document was ready and a delegation went to meet the UGC on 6 July 1988. Hopes were dashed when the UGC announced, a day later, that it would accept the advice of its subcommittee and close Dundee. However, in the process of making our case, Dundee had convinced the men who were now pivotal – the Scottish Secretary Malcolm Rifkind and the Under-Secretary for Health in Scotland Michael Forsyth.

The 1988 Education Reform Act came into being on 19 July 1988 with the UGC being replaced by the University Funding Council (UFC) to which Sir Donald McCallum was appointed chairman of the Scottish committee. Instead of endorsing the UGC report, Malcolm Rifkind formed a committee under the chairmanship of Sir Donald to review the provision of dental education in Scotland under the UFC.

We got wind of the possible outcome of the McCallum Review from an interview Sir Peter Swinnerton-Dyer (chief executive of the UFC) gave the *Glasgow Herald*, published on 18 May 1989. In this he said: "Edinburgh (University) had financial problems, in particular, piling up and being ignored. Look at their dental school: it may be sheer bad luck that it is so bad, but to have a dental school that is simultaneously lousy and the most expensive in the British

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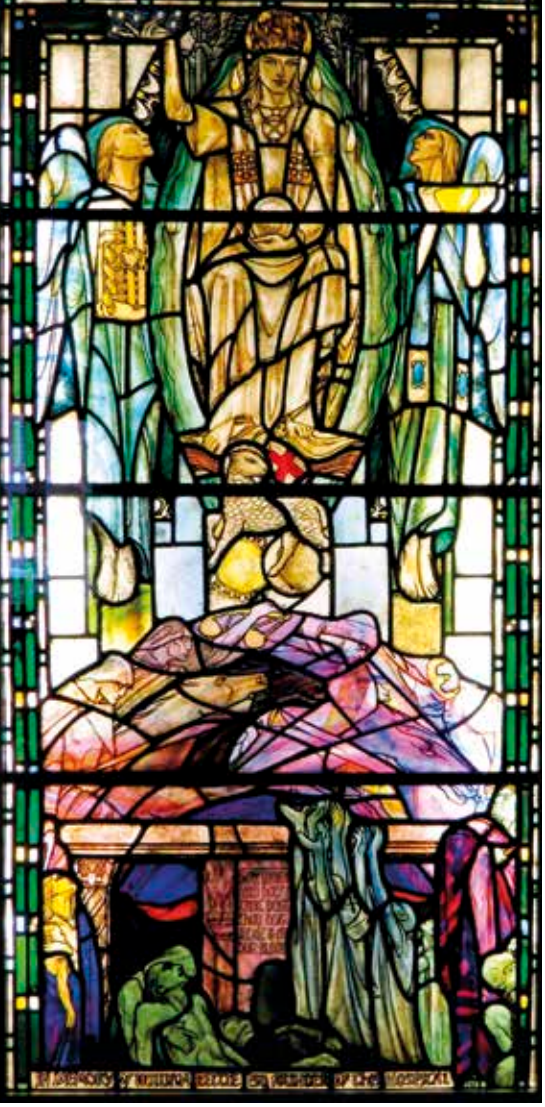

Fig 8 (left)– "How Long O Lord Holy and True Dost Thou Not Judge and Avenge our Blood" by Douglas Strachan. Gifted by William Boyd, in 1930, in memory of Wm Rettie. Because of its value this piece of stained glass is mounted indoors (side room off the staff canteen) and is artificially back-lit

Fig 9 (above)– The Summer Sea (1907) – by Sir William McTaggert (1835-1910), This picture is the great treasure of the dental art collection. It is one of McTaggart's last great period seascapes; painted only three years before his death.
Shown by courtesy of the University of Dundee Museum Services; ARTS_172

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Isles is not a clever thing to do."

This was indeed a startling media gaffe for Sir Peter to make, but his popularity in Dundee soared and we survived. There is no doubt that the dental real estate in Dundee, built up by Prof Hitchin and presently worth up to £50 million, would have been a factor.

WALTER CAMPBELL AND WILLIAM DALL

William Dall was the man who made dental ceramics not only a very technical dental speciality but also an aesthetic art form. Much of the work which led to his registering international patents was carried out in Glasgow, where he had qualified. His grounding in the subject however, both technique and art, was supplied by Walter Campbell in Dundee. Campbell had a national reputation for aesthetic dentures; patients would travel to Dundee from London to be treated by him. His speciality was to use swaged platinum plates on to which long-pin ceramic teeth were soldered and tissue matching facings in porcelain applied. He took edentulous impressions in plaster of Paris for maximum accuracy.

Dall was a workaholic, travelling the world to give lecture demonstrations and wrote textbooks to enable others to use his methods. His excessive work habit is said to have damaged his health. On his death he endowed prizes in Dundee (Fig 7) and Edinburgh Dental Schools and an institute in Glasgow.

ART TREASURES

No history of the Dundee Dental Hospital and School can be told without reference to its art treasures. Many were the gift of William Boyd, some were presented to Boyd as tokens of appreciation, but the 'house rules' were that the artworks were displayed to the staff and patients, to educate and calm the viewer. Boyd was not only a knowledgeable art collector but a supporter of talent.

STAINED GLASS

Our premier sample of stained glass is by Douglas Strachan (Fig 8). He was the outstanding stained glass artist of the early 20th century. In 1913, Strachan won a design competition that resulted in him being selected to make the stained glass windows that became Britain's gift to the Palace of Peace, Great Court of Justice at The Hague (Holland). He installed four windows, each of four lights at The Hague. The Strachan stained glass window in the dental hospital is one of a total of five designs he submitted for our Scottish National War Memorial in Edinburgh Castle – the other four form the War Memorial.

The purpose of the gift was to recognise the contribution made by William Rettie to the dental hospital. This window is said to depict a scene from the Book of Revelations with the quotation "How Long O Lord Holy & True Dost Thou Not Judge & Avenge our Blood". The simple title that we use is the "Peace and Tranquillity (of Heaven)" (see Fig 8).

The window has a depiction of Peace and her supporting Angels in the upper half of the window. The lowest part of the window depicts the victims of war and a tomb, its inscription partially obscured. From this region a group of supplicating arms are stretched up towards Peace. Just so that it does not appear too easy to attain tranquillity, the Four Horsemen of the Apocalypse (Famine, Fire, Pestilence and War) ride over the victims and separate them from Heaven. There are Art Nouveau motifs in the border of the window.

LANDSCAPE PAINTING

The great treasure of this collection is the magnificent seascape, 'The Summer Sea' (see Fig 9), by Sir William McTaggart (1835-1910). This painting is on such a scale that it is best viewed from a distance. The picture was presented to the hospital in 1930 by William Boyd in memory of his brother-in-law.

McTaggart became a trained artist by chance. As an apprentice apothecary, with no art training, he would secretly paint portraits of patients in his master's waiting room. These pictures were seen and admired, with the result that he was sponsored to move to Edinburgh aged 16, for training and encouragement in his art.

In his early work he was considered avant-garde, using an impressionist style contemporary with the French movement. In fact, he was dubbed the 'Scottish Impressionist'. His style, with its free handling of paint and a joyous use of colour has undoubtedly influenced modern artists. The bold brushwork and use of colour seen in this landscape hint at the influence of Constable and Turner, whom he admired, as well as the French School. His late phase work, and this is one of his last great period seascapes (1907), have surpassed these earlier works. This particular painting has used both expressionism and impressionism in which, with the use of harmonious colours and refined tone, has combined to give an astonishing brilliance of light to the water.

MORE INFO

If you are interested in buying a copy of *Transforming lives for 100 years*, published by Connect Publications, there are still a few copies available. To buy your copy, priced at just £10, visit bit.ly/DundeeCentenary

BUYING POWER

NHS NATIONAL SERVICES SCOTLAND (NSS) DENTAL DIRECTOR PAUL CUSHLEY TALKS ABOUT HOW THE NEW DENPRO GROUP BUYING SCHEME HAS BEEN RECEIVED IN THE PROFESSION

BRUCE OXLEY SCOTT RICHMOND

If your target audience at a stakeholder interest event leaves before seeing the presentation, normally you would see that as a worrying sign. Not for NHS NSS dental director Paul Cushley.

He explained that, at the first interest meeting for the proposed DenPro group buying scheme in September 2015, he watched a handful of key dentists leave early, not because they weren't interested, but because they had already decided to sign up.

He said: "We noticed when we did our interest evening initially that there were some big players who came in and said hello, maybe had a cup of coffee and left without staying for the presentation because they had decided on principle that they were going to be involved.

"They said the principle of combining together to collaborate, philosophically if you will, appealed to them and, even if they don't get a great deal now, to be able to take their own destinies in their own hands and negotiate as a group is a worthwhile activity.

"So, there were one or two people who had what they would describe as being reasonable deals but they were prepared to take a punt on joining in. So, even if they lost a little money they weren't going to grumble on the principle, but as it has turned out they have been quite happy as well."

CDO'S BRAINCHILD

DenPro was the initial brainchild of the Chief Dental Officer (CDO Margie Taylor who started a discussion with NHS National Procurement (NP) on the possibility of group buying rubber gloves. Paul said: "Gloves are a constant source of difficulty. They are quite expensive, they're disposable, practices are likely to purchase millions of them in any one year, and she initiated a discussion.

"As a result, NP said that it is actually easier for us to negotiate a full catalogue of goods than it is for just gloves themselves. So the CDO's office commissioned NP to set up the process."

Paul explained that, while there was already a process in place for the procurement of materials and sundries in the Public Dental Service (PDS), it was a small contract and the number of items in the "basket" were quite limited. As a result the overheads were finite. NSS was keen to get a full catalogue and opened it up for commercial organisations to bid on a basket of goods and in May, The Dental Directory (DD) was announced as the winner of the tender.

Paul said: "We wanted a full catalogue. We knew what the 400 most frequently accessed items were because we had already negotiated that for the PDS. So, we had a good idea of what the most used items were.

"But we wanted a full catalogue, a general dental practitioner doesn't want to get some things cheaper here but for everything else go elsewhere. So we really needed not just good prices but a full catalogue."

The deal was structured so that the "core" basket of 400 items is subject to the biggest discount of 25 per cent, with a 20 per cent discount across the rest of the DD catalogue. Over and above that, during the initial phase, there is a five per cent credit rebate at the six-month point. Paul said: "We're not at that point yet but the throughput has been quite good and we are quite keen to continue that guaranteed extra five per cent to make sure everybody is getting value for money."

> "THEY THAT SAID TO BE ABLE TO TAKE THEIR OWN DESTINIES INTO THEIR OWN HANDS AND NEGOTIATE AS A GROUP IS A WORTHWHILE ACTIVITY"
>
> PAUL CUSHLEY, (NSS) DENTAL DIRECTOR

COMMITMENT

Paul explained that the DenPro scheme has been limited to 400 practices for a number of reasons. As it was to be an NHS-run scheme, albeit with a commercial partner, it was felt that only those with a high commitment to the NHS should be allowed to join. As a result, practices have to have 80 per cent of their turnover derived from the NHS to qualify and, to remain on the scheme, they have to source 80 per cent or more of their sundries' spend through DenPro. The only exception to that rule is vocational training (VT) practices, who have been admitted to the scheme regardless of how much of their income

NHS NSS Dental Director Paul Cushley is delighted with the first few months of the group buying scheme

is derived from the NHS. However, if a practice ceases to be involved with VT, and they don't have an 80 per cent commitment to the NHS, they would be removed from the scheme.

Paul said: "The idea of the 400 was that we needed to ensure that there was still room in the market for a degree of competition.

"Had we sought to increase that 400 we could have created a monopoly in the market which could have been difficult for us when we went back to renegotiate the deal. If there was only one player in town they have all the cards.

"So, while 400 may seem rather arbitrary, it does give you pretty much all the practices in Scotland that are 80 per cent or more NHS committed. That is just coincidence. The vast majority of the uptake has been from practices whose turnover is almost completely derived from the NHS. So, those practices in the most economically deprived communities that really rely on the NHS entirely for their income are those that are benefiting."

And, while DD and NSS have agreed a maximum price level for goods in the catalogue, practices will still benefit from any ad hoc discounts or promotions that the company might run during the term of the deal. The contract is due to be renegotiated every two to three years with NSS carrying out regular checks and assessments.

Paul said: "So, it is not a monopoly, we are not saying you have to buy everything from us. If someone comes along with a better deal, that's not a problem.

"We would like to have as many things as possible in the catalogue but the reality of the market is that there will be some items that practices will need to source outside of it. But that 80 per cent spend is what we are looking for from them."

ASSESSMENT

As part of the deal, NHS NSS monitors sales and is obliged to ensure their commercial partner is "behaving appropriately". NSS also has "unfettered access" to five per cent of the accounts in any calendar month, giving the opportunity to check sales figures etc. But, as Paul explained, the figures only give you the what, they don't give you the why. In other words, the statistics won't explain why some practices are spending more than others and they won't highlight issues with the processes.

To answer these questions, DD reps have been visiting practices in order to get feedback and to show people how to use the online portal. Paul said that DD is initially concentrating on those with no or low spend to make sure there are no technical difficulties.

Paul said: "We know what spend has been across the board and there have been practices where the spend has been zero. They were either not accessing the correct portal or they hadn't properly switched over. There were other practices who decided to go ahead but weren't aware it was up and running. It might have been the case that the boss had made the decision but not communicated it to whoever does the ordering. So, it might have been an in-house problem that needed to be addressed."

A focus group is being planned to get direct feedback from participating practices and Paul explained that, as the greatest concentration of useage is in Ayrshire, Greater Glasgow and Lanarkshire, that is likely to be their focus in the first instance. He said: "We have targeted high and low users and some in the middle, but we need

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to wait and see what the responses are because there is no point asking people to come along and only getting four or five. We need a spectrum of views, particularly for those that aren't using it to the extent that we would like."

WAITING LIST

The number of practices waiting to get onto the scheme has been as high as 30, but a recent "cull" has seen that number reduced to just four practices. Paul explained that the membership is under constant evaluation and they will try to make sure those on the waiting list don't stay on there for an extended length of time. He said: "We accept that there may be some that have tried it and decided, for whatever reason, that it is not for them. There's absolutely no animosity towards those practices, they are running small businesses, it's a commercial environment. If they feel they can get a better deal for the range of products they need, then we are not going to cry about it. But for those people on the waiting list we need to get them involved as soon as we can."

The number of practices has been capped at 400 and Paul insists there are no plans to exceed that. He believes that the number of practices that decide to increase their private income beyond 20 per cent and leave the scheme, will be balanced by the number of eligible practices that come to a point and decide to join up. He also explained that there are a number of practices who are keen to join but they will stay on the waiting list until they come above the 80 per cent mark.

GREEN DEAL

During the negotiations, one of the boxes that NSS insisted was ticked was the green agenda and, while Paul acknowledges they haven't tackled packaging as yet, they have made inroads to the problem of returns. The carbon footprint on returns is naturally double that of products that are received and acceptable on first delivery and reps often pick up and drop off single items when there is an issue with the size or colour, for example.

NSS had previously been approached by the colleges that run dental nursing training – West College Scotland (formerly Reid Kerr), Edinburgh College (formerly Telford) and New College Lanarkshire (formerly Coatbridge) – to see if there was any scope to include them in the original deal. However, the colleges only need a limited number of materials for their students to practice on and at specific times of the year.

The Dental Directory have agreed to use returns to source the materials for the colleges at no cost, with any potential shortfall being made up by the company itself.

NEXT STEPS

Paul said that, while there will always be hiccoughs in the early stages of any scheme, especially a national procurement scheme such as this, he paid tribute to the DD and NSS staff, in particular Marie-Claire O'Neill who has been dubbed "the Queen of DenPro" and who is in constant contact with DD.

Paul said: "We are up and running and we have good evidence that the portal is working. The throughput and spend has been better than expected, by both ourselves and DD. Although not everybody is 100 per cent happy, the testimonials and general feedback we have got in has been quite positive. The waiting list is still active and we hope that things will continue to improve as time goes on.

"We really need to effect a culture change where they are doing things online and they have a one-stop-shop for almost everything. When they are running low, they go there and they know they are getting a good deal. That's where we want to be, we want to make sure that they feel they are getting reasonable value for money and they can concentrate on patients and forget about materials and things like that."

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A VISION OF HOPE

COMMUNITY DENTIST MIRIAM FRASER AND HER COLLEAGUE SANDRA CHRISTIE HAVE BEEN PROVIDING MUCH-NEEDED DENTAL CARE TO VULNERABLE PEOPLE IN ROMANIA FOR THE LAST THREE YEARS

STEWART MCROBERT

For community dental officer, Miriam Fraser and her colleague Sandra Christie, a community dental nurse, charity doesn't begin at home. It starts 2,000 miles away, in Romania. Through the Scottish-based organisation Vision Romania, they have been providing a much-needed dental service to children and young people. Here, Miriam tells us about the experience.

Can you tell us about your background?
I have worked as a community dental officer for the Public Dental Service (PDS) NHS Tayside for the last eight years. Our remit involves working with vulnerable groups and those who find it difficult to access dental care in general practice. I specifically work with patients with special care requirements, with prisoners in HMP Perth, with nursing home residents and housebound patients in west Perthshire and the homeless population of Perth. I also do a fair amount with the out-of-hours emergency service in Tayside.

Sandra works as a community dental nurse in the same service, although with a different clinician, so covers a slightly different patient base. She works more with children and previously worked alongside an endodontic specialist. She also works with the out-of-hours service. She has been working for the PDS for seven years.

How did you get involved in Vision Romania's work?
One of the senior dentists – Gillian Elliot – in the PDS was involved in Vision Romania from the start. She knew charity co-founders Jim and Margaret Leiper and had gone twice a year to the camp for several years. When she decided to give this up I spoke to her about taking over responsibility for dental care at the camps and she put me in touch with Margaret Leiper. I asked a few dental nurses in the PDS if they wanted to be involved and Sandra was really keen.

Among other commitments, such as sponsoring poor families and collecting donations in Scotland, Vision Romania runs two 'holiday' camps; one in July for underprivileged rural children aged 7-12, and one in May for young adults with special needs. The camps are held at Casa Harului House of Grace, run by Maria Medrea and, before his death, her husband, Beni. The location is in the beautiful mountains of Transylvania and the camps provide the young people with the opportunity to interact, learn and play in a safe, supported environment.

Both Sandra and I were initially just looking for something different to do and had heard from Gillian that the camp work was really rewarding. We felt our experience in the PDS would allow us to contribute to the camp for young adults with special needs, so that was the one we initially signed up for.

How often have you visited the country?
We have been three years in a row – twice to the May camp and once to the July camp.

What help do you provide?
The range of dental treatment has been growing and includes all disciplines except endodontics, indirect restorations and dentures. Our working hours normally extend from 9.00am until 9.00pm and we handle all our own equipment maintenance and sterilisation with the help of Jim Leiper.

We ask dental companies and practices for donations of materials or equipment and our surgery at Casa Harului is fairly well furnished with chair, cart, amalgamator, light cure, ultrasonic bath and autoclave, as well as most essential materials. This process is ongoing, to ensure each camp remains well stocked.

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Miriam Fraser and Sandra Christie demonstrate good dental hygiene to Romanian children

"WE ALSO SEE AUTISTIC YOUNGSTERS MOST OF WHOM HAVE BEEN REFUSED TREATMENT BY LOCAL DENTISTS"

TOP LEFT: Miriam and Sandra carry out dental treatment at Casa Harului

TOP MIDDLE: Miriam and Sandra make friends with the young guests of the holiday camp

TOP RIGHT: Excited children enjoy a talk on how to look after their teeth

BOTTOM LEFT: Casa Harului gives young people a safe place to play and relax

BOTTOM RIGHT: Young patients wait their turn to see Miriam and Sandra

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As well as seeing the young people, their parents and any Romanian camp helpers, we also see autistic youngsters from the surrounding villages, most of whom have been refused treatment by local dentists.

We spend a day at Piclisa Psychiatric Hospital which houses around 200 residents with mild to severe physical or mental difficulties. With no funding and a single nurse for 15-20 residents, the hospital is dilapidated and patients receive little, if any, support. This is an incredibly rewarding yet difficult day. The amount of work required is beyond our capacity and inevitably some patients miss out on essential pain relief. We always leave feeling inspired, however, to continue to support this much-needed project.

We also provide oral health promotion talks to the children and their parents and give out donated hygiene supplies.

What sort of dental service is available to ordinary Romanian people?
Since the fall of communism, the country has slowly been building up the infrastructure to develop social services. Access to dental care in well-populated areas is available to those who can afford it. Currently, however, there is little support for poor rural families to access education, healthcare and child protection. This problem is even more marked for young people requiring special care. The lack of support can mean disabled youngsters are not able to attend school, interact with other children or develop their interpersonal skills, which can in turn mean they and their families are ostracised from their communities.

What response do you get?
The families helped by Vision Romania are very grateful and when we provide care we find that the response has been great. Although it is fairly common for patients to be anxious about care, most leave with smiles on their faces.

> "THEY WERE OVERWHELMED AND WERE IN TEARS BECAUSE THEIR SON WOULD FINALLY BE FREE FROM DENTAL PAIN"
>
> MIRIAM FRASER, COMMUNITY DENTAL OFFICER

One family last year brought a teenage boy with severe non-verbal autism from one of the surrounding villages and told us that they had been unable to find a dentist willing to see him. Both parents were amazed when Sandra and I assessed the boy and were able to extract the two carious teeth in his mouth, over two successive visits. Our translator told us they were overwhelmed that we had not batted an eyelid at providing care for their child and were in tears when they left because their son would finally be free from dental pain.

What has surprised you most about Romania and its people?
Both of us were unsure what to expect when we first went to Romania. We knew it was a beautiful country, especially the Transylvanian mountains where Casa Harului is situated.

The level of poverty in rural areas was a surprise. On our first trip we visited several families who are supported by the charity and were struck by how little some people had. We visited families who lived in shacks next to a railway line and one family of eight who lived in an old munitions store with only two rooms.

The generosity of these families was surprising and humbling. All the families we visited offered us some form of food they had made for our visit and it struck us that their generosity and pride, however little they had, seemed to be at the core of Romanian culture.

Will you continue volunteering?
We are already planning our trip in 2017. It has taken this long for us to be confident in our fundraising ideas and every time we visit we come away with more ideas on how to make it better and offer more treatment at the next camp.

The Vision Romania team do such a great job of keeping a small charity going and have made such a difference to the families and children there. We find it very rewarding.

What would you say to others thinking about voluntary work?
We would encourage anyone who was interested to look into doing charity work of this nature. Quite apart from the obvious rewards of making a difference, there is such a great need for dental work across the globe. There are many excellent charity projects that allow dental teams the chance to work in every corner of the world. Also, we have had to do fundraising which has been really enjoyable, even including our bungee jump!

Both of us have felt our lives bettered by the opportunity to provide care and make friends in a different part of the world.

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KEEPING IT CONFIDENTAL

PATRICIA MUNRO DESCRIBES WHAT SHE DOES AS "ALMOST LIKE DATING FOR DENTAL PRACTICES, IT IS ABOUT MATCHING PEOPLE UP"

She doesn't just help people buy and sell practices, she makes sure that the buyer and purchaser are suited and that the practice's existing staff and patients won't be too adversely affected by any change in ownership.

She said: "Patient and staff care has to be central to any practice sale because most dentists want to make sure their staff and patients are well looked after. I always advise a dentist who is buying an existing practice not to make drastic changes early on. They have bought the practice because they liked all the elements about the business – the recipe if you will. You don't just change that recipe if it is working. You will want to make changes and put your stamp on your acquisition, but, you do it gradually and that way patients and staff won't vote with their feet."

Patricia has been in dentistry her whole working life, first as a dental nurse before moving to Canada to train as a preventive therapist. She returned to the UK and took a position as a practice manager before joining Healthco UK, and then Claudius Ash as a sales representative covering the west coast. She then joined Kerr UK in the early 1990s and spent "22 glorious years" at the company, in her role as Scottish manager.

Around 16 years ago, she started working with Ron Currie, a fellow sales rep with Henry Schein, who had previously worked at Cottrell. She said: "Ron and I started doing practice valuations as well as our day jobs and we got gradually busier over time. It got to the point where we were getting requests from lawyers, accountants and other associated companies to do valuations and also get involved with other aspects of practice sales, practice acquisitions and recruitment.

"About 10 years ago, I said to Ron that we really should start a company to do this full-time, but he had an exit strategy for his retirement at this point and he encouraged me to set up myself."

With their myriad contacts and knowledge of the dental community in Scotland, Patricia and Ron had built an enviable reputation, not just for their knowledge and expertise, but also for their confidentiality. Therefore, when it came to naming their business, Confi-Dental immediately sprang to mind. The name has since changed to Strictly ConfiDental, but the ethos behind it is still the same. Patricia explained: "You won't find the details of any of the sales out there online, they won't be on the website or anywhere else. Ron and I always felt that the less is known about a sale or a purchase the better as it allows us to personally match up the right people to the right practice.

"If a sale becomes public knowledge then staff might find out and patients might find out, causing unnecessary uncertainty and upheaval. It's not about keeping staff and patients in the dark, it is about making sure the deal has the best chance of succeeding."

Patricia personally interviews each and every client, making sure that they are able to work together and to find out what they are looking for in a practice, to get a feel for their ambitions and to get an idea of how far they are willing to travel to get the perfect practice. She said: "I always say to my clients, 'I will always phone you up when something comes up' – it might not be on their wishlist in terms of location etc, but I encourage them to take a look if I think it has potential.

"I think it is important to build up a relationship with a dentist – the more practices we see together, the better idea I have of what they really want."

With her contacts and knowledge of the industry, she also offers a recruitment service for associates and locums all over the country and is a founder member of Association of Scottish Dental Professionals (ASDP), which provides "a great transfer of information" and provides a wealth of knowledge and expertise from lawyers and accountants, to practice management software specialists.

When asked if she should have set up in business earlier in her career, she is typically forthright: "To be honest I don't think I would have been ready if I'd done this earlier. I have the experience and the relationships built up over the last 20 to 30 years and that is vital in what I do. It is all about who you know after all.

"The most important thing for me when I walk away from a sale is that I am sure it is a good fit. Some of these dentists have been in the same practice for 20 or 30 years so it is important to them that we get it right."

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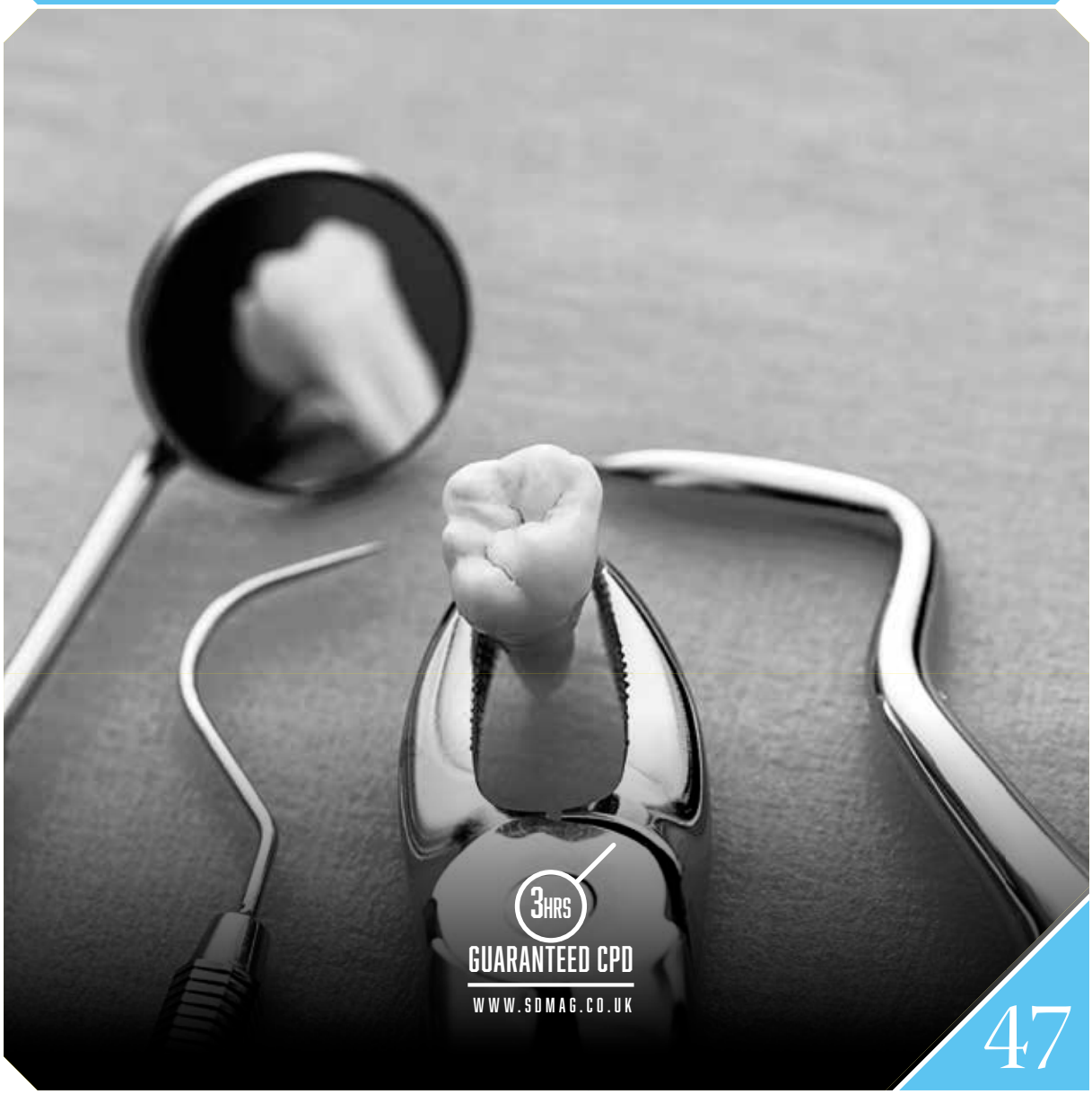


PAIN MANAGEMENT

SLEEP MEDICINE

In the May/June issue, Dr Aditi Desai explained how to introduce dental sleep medicine (DSM) into your practice. Now, she and Dr Mayoor Patel explain the link between sleep-disordered breathing and pain

MAYOOR PATEL AND ADITI DESAI

In recent years dentistry has advanced from more than just oral health to overall health. One of the outcomes of this is dental sleep medicine – the management of snoring and obstructive sleep apnoea (OSA), both of which are classed as a sleep-related breathing disorder (SRBD). Approximately one in 30 people in the UK complain about headaches each year and it is estimated that around 1.5 million adults have OSA, although only around 330,000 are currently diagnosed and treated. These numbers are increasing as obesity levels rise in adults and children. In a UK cross-sectional study, 12 per cent of children were found to be habitual snorers and 0.7 per cent were found to have obstructive sleep apnoea [1].

Understanding sleep apnoea and snoring

OSA is a sleep-related respiratory condition, leading to intermittent cessations of breathing due to a narrowing or closure of the upper airway during sleep. Symptoms of OSA often include excessive daytime sleepiness, snoring, and witnessed apnoeas or hypopnoeas (collapse of the airway leading to breathing cessations). Although OSA is thought to be a disorder affecting the overweight or obese, it can affect anyone and is estimated to affect 1.5 million adults in the UK, men, women and children.

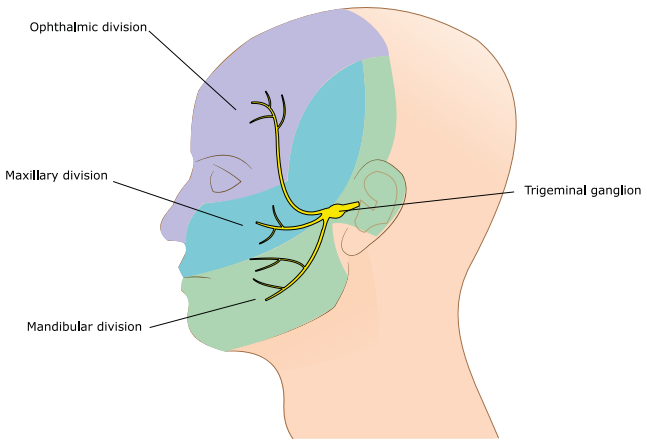


FIGURE 2
Trigeminal nerve – the three different innervation areas of the head

Craniofacial pain and TMD

Temporomandibular joint dysfunction (TMD) refers to a group of disorders affecting the temporomandibular joint (TMJ), masticatory muscles and the associated structures (Fig 1). Common symptoms of TMD include pain, limited mouth opening and joint noises (also known as clicking of the jaw).

TMD symptoms affect up to 25 per cent of the population with only 5 per cent seeking medical help for their symptoms – they simply put up with the pain or can't find a treatment [2]. TMD can occur at any age but is more common among women and those between the ages of 20 and 50.

The main sensory nerve system running through the head is the trigeminal nerve system (Fig 2) and accounts for 90 per cent of all the sensory input into the entire nervous system. Because of this we can explain why TMD can sometimes lead to debilitating symptoms for those who suffer from this condition. Many patients will seek treatment for craniofacial pain due to recurring migraines, but 90 per cent of headaches are really caused by disorders in the facial muscles and nerves.

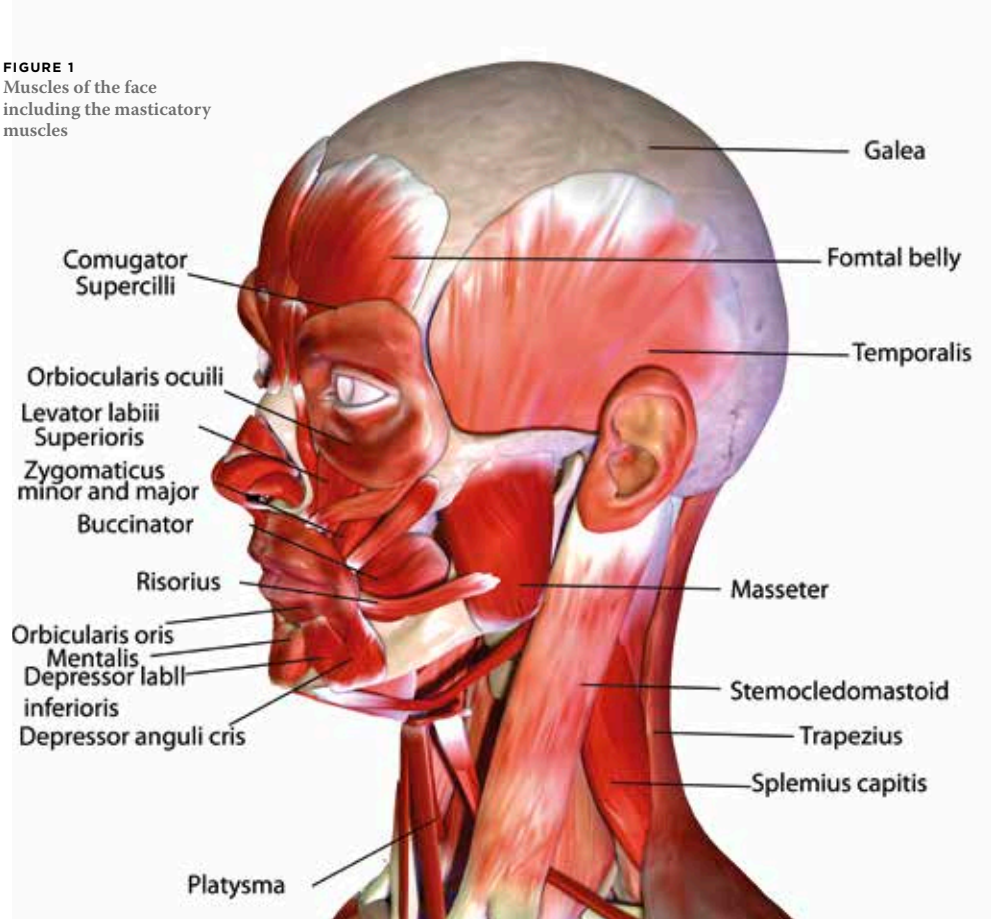
A connection between sleep apnoea and pain

As research continues to advance we see a clear connection between sleep-disordered breathing, craniofacial pain and TMD, which requires proper evaluation and diagnosis by dental and medical teams. Essentially, it is the dental clinician who will often evaluate, refer and possibly manage these issues which impact such a large percentage of the population.

There is ample evidence to suggest that sleep apnoea and pain are related, but many questions still remain. One main trend emerging pertains to the directionality and mechanisms of the association of sleep apnoea and chronic pain. It appears that sleep disturbance may impair key processes that contribute to the development and maintenance of chronic pain, including joint pain (TMD). In a recent study, sleep disturbance and pain were connected. It determined that pain not only has direct effects on the person's health, but also an association with sleep disturbances

Many studies have suggested that experimental sleep disruption results in enhanced pain perception and interactions between sleep and pain. It is suggested that

FIGURE 1
Muscles of the face including the masticatory muscles



experimental sleep disruption results in enhanced pain perception, that poor sleep is correlated with elevated pain severity in chronic pain patients and that in the general population, individual differences in sleep impact on subsequent pain. A study published in the *European Journal of Pain* stated that sleep fragmentation among healthy adults resulted in subsequent decrements in endogenous pain inhibition [3].

With an evident relationship, we look to understand that clenching or grinding of one's teeth is a way for the brain to protect itself from suffocation during sleep [4,5,6,7,8]. The screening process is important in helping us identify bruxism as either a cause of TMJ/craniofacial pain or a protective mechanism in sleep disordered breathing [9,10,11,12]. By identifying this link between the three conditions we can properly manage each disorder.

Dental solutions for proper treatment

Patients who suffer from severe sleep apnoea might opt for surgery for treatment. However, sleep apnoea surgeries have a history of causing the patient excruciating pain. The gold standard for severe OSA patients is use of the continuous positive airway pressure (CPAP) machine (Fig 3), with success ranging in various studies from 90 to 95 per cent. However, the problem with CPAP treatment is patient non-compliance and intolerance. When people return home, there is a good chance they just won't use their machine [13].

There are challenges posed by sleep apnoea and craniofacial pain which span the research spectrum – from causes to diagnosis through treatment and prevention. It is important for us all to work together to gain a better understanding of sleep apnoea, the TMJ and muscle disease

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VERIFIABLE CPD QUESTIONS

AIMS AND OBJECTIVES

- To explain the prevalence of obstructive sleep apnoea (OSA) in the UK population and the numbers diagnosed and treated
- To provide a concise explanation of snoring and OSA
- To explain the causes of craniofacial pain and temporomandibular joint dysfunction (TMD) and its symptoms
- To make the link between sleep apnoea and pain
- To explain how dentists can help the management of OSA and pain in their patients
- To identify the need for post-graduate training in dental sleep medicine.

LEARNING OUTCOMES

- A basic understanding of sleep apnoea, craniofacial pain and temporomandibular joint dysfunction
- Sufficient knowledge of how dental sleep medicine can help patients manage OSA and pain to decide whether to undertake formal training
- Know where to access training in dental sleep medicine and learn more about the management of craniofacial pain and TMD.

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ABOUT THE AUTHOR
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Dr Aditi Desai BDS, MSc is president of the British Society of Dental Sleep Medicine (BSDSM). She has accreditation from the European Academy of Dental Sleep Medicine and serves on the Council of the Odontological and Sleep Section at the Royal Society of Medicine (RSM). Dr Desai limits her practice predominantly to the management of sleep disorders. Based in Harley Street and London Bridge Hospital, she works with other eminent physicians and ENT consultants as part of a multidisciplinary team of like-minded professionals with special interest in sleep medicine. She is an invited speaker at the RSM, the Royal College of Surgeons of England, the British Sleep Society, the British Dental Association and many other organisations. She has published several articles in dental journals on dental sleep medicine and lectures on the subject in the UK and internationally.

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process and craniofacial pain, as well as improving quality of life for people affected by these disorders.

Dentists see their patients more often than family doctors, as it is recommended that patients visit a dentist at least twice a year. Since we are typically seeing our patients more often, it is important to understand sleep apnoea, TMD and craniofacial pain, as well as gaining an understanding of the right questions to ask.

As only one out of 20 UK patients suffering from pain actually seek treatment and that 85 per cent of patients with sleep apnoea either don't or do not know where to seek help, it is vital that we ask the right questions in order to gain a proper diagnosis. If they are suffering from pain they might not realise the solution can be found at the dental practice:

- Palliative care – medications to better improve a patient's pain
- Changing a patient's diet – this would include soft foods or foods that don't overextend the jaw or cause pressure on the head. For sleep apnoea it would include foods to help in weight control or loss
- Oral appliance therapy and orthodontics – offer a way to realign the jaw and teeth to relieve pressure on the face and jaw while preventing the tongue from falling over the airway.

Dentists hold the key to successful management of sleep apnoea and pain among patients who might think a solution is not possible. It is our responsibility to continue to advance our knowledge of various areas of dentistry we might not be exposed to in our undergraduate training – there is more out there than we were taught.

Advanced education

As dentists we must look to better understand sleep apnoea, snoring and craniofacial pain in order to provide our patients with the care they need to live a good quality of healthy and happy lives. Further education through lectures and seminars becomes essential with a wide range of continuing education courses available. Only through education can we continue to offer the help that patients with this debilitating condition need.

Since this is not a subject that is covered in the undergraduate curriculum, postgraduation certification in dental sleep medicine and craniofacial pain allows the whole team to engage with various medical and dental specialities to offer the optimum management options to these patients.

The British Society of Dental Sleep Medicine (BSDSM) has for many years run one-day dental sleep medicine courses which have proved very popular. As well as providing an overview of sleep disordered breathing, advising how to identify and safely assess patients at risk and explaining treatment and management options, the courses now include a module on temporomandibular joint dysfunction and craniofacial pain.

The BSDSM also provides a wealth of information on snoring and OSA, advice on treatment options for the public, patients and healthcare professionals and promotes discussion on dental sleep medicine. For more information, visit www.bsdsm.org.uk

FIGURE 3
Continuous positive airway pressure (CPAP) machine in use

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SOCKET PRESERVATION

EXTRACTIONS

An examination of the various techniques and materials available for the purposes of socket preservation post extraction

LAURA FEE

Socket preservation is a procedure that reduces bone and soft tissue loss after tooth extraction. It is performed immediately after tooth extraction. It has been found that ridge preservation procedures following tooth extraction result in greater orofacial dimension of bone when compared with cases where no ridge preservation procedures are completed [1].

Socket preservation is indicated as tooth extraction can have a significant impact on the facial bone height [2]. After eight weeks of healing there is, on average, 20 per cent horizontal resorption and a 50 per cent reduction of vertical bone wall height [3].

Immediate implant placement does not counteract alveolar ridge modelling after tooth extraction [4]. Socket preservation compensates for the biologic resorption of the facial bone wall. It aids implant placement and can reduce the need for later bone augmentation. By reducing marginal bone loss on adjacent teeth and accelerating bone formation it can increase implant survival and success [3].

Socket preservation should be considered when: [5]

- Implant placement needs to be delayed for patient or site-related reasons
- In situations where implant placement for some reason needs to be postponed for more than months
- Future fixed partial denture pontic site is planned.

Post-extraction healing

The alveolar process resorbs after tooth extraction, significantly impacting oral rehabilitation with dental implants and other types of prosthesis. Following tooth extraction, the blood clot forms and defensive cells such as polymorphonucleocytes migrate into the socket to help fight infection. Bundle bone lines the socket with remnants of the periodontal ligament. Coagulate necrosis occurs and a provisional matrix is formed with newly formed blood vessels along with immature collagen fibres. By day seven the bundle bone begins to break down and osteoclastic activity creates gaps within this bone. New blood vessels access the socket and newly woven bone forms around angiogenesis. At day seven to 14 the bundle bone lining is removed [6]. By day 14 the bone is more mature. The removal of bundle bone has significant implications for implant stability [2]. Bundle bone resorption causes a loss of height and width of buccal bone. Over 12 months it has been shown that 50 per cent of horizontal width of the ridge disappears. Within the first three months two-thirds of that total reduction has already taken place [7].

Biomaterials for socket grafting [8]

The choice of bone grafting material should assure the long-term stability of the bone volume and should be based on solid documentation in the literature. There is currently not enough data available to indicate superiority of one method or material over another [9]. The complete regeneration of dehiscence and fenestration-type defects cannot be predictably accomplished regardless of which grafting protocol is implemented [1].

- Autograft: Bone from same individual which predictably accelerates new bone formation. Disadvantage is unpredictable resorption and donor site morbidity and resorptive tendency changes with harvesting technique [10].
- Allograft: Bone from same species but another individual. These include free frozen bone, freeze-dried bone allograft, demineralised freeze-dried bone allograft and deproteinised bone allograft. This is an osteoconductive material. Disease transmission has been reported in the past [11].
- Xenograft: Material of biologic origin but another species such as animal, corals or calcifying algae. No reports of disease transmission. Surface characteristics of xenografts are dependent on preparation method. This is an osteoconductive material as all proteins are removed so there is no osteoinductive potential of xenograft materials [12].
- Alloplast: Material from synthetic origin such as calcium phosphates, glassceramics and polymers. The biggest challenge for alloplastic materials has been reproducing the surface characteristics of biologically derived materials. The degradation, however, may be modified according to our clinical indications by changing the material's chemical structure [12].

Dentists should strive to use a well-documented material with a low substitute rate which results in less horizontal and vertical bone resorption. The use of a barrier membrane

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TABLE 1. ALVEOLAR RIDGE PRESERVATION [17]

	Horizontal	Vertical
Socket preservation	1.31mm	1.54mm
Unassisted socket healing	1.54mm	1.12mm

is indicated whenever a particulate material is used as it encourages increased bone fill [1]. Resorbable collagen membranes such as Jason Membrane demonstrate good cell occlusiveness, good handling properties and have a low susceptibility to complications [13].

Socket sealing [14]

- Primary closure after elevating and mobilising a full-thickness mucoperiosteal flap
- Free gingival graft – autogenous
- Dermal allografts
- Collagen matrix xenografts.

Socket sealing has shown less horizontal and vertical bone resorption when used with Bio-Oss collagen [15]. The ideal healing time before implant placement is reported as being six to nine months to allow for adequate healing of bone substitutes materials [16].

Treatment alternatives [5]

- Immediate implant placement if intact socket walls, thick facial bone wall, thick gingival biotype, no acute infection and good primary stability
- Early implant placement usually at six to eight weeks in the aesthetic zone
- Conventional implant placement at three months post-extraction
- Socket preservation – in cases where implant placement needs to be delayed due to patient or site related factors. This is beneficial in situations where implant placement needs to be postponed for more than six months.

Is it evidence-based? (Table 1)

Socket preservation does not increase implant survival or success. It has been shown that implant placement is always possible whether the socket has been preserved or not [5]. Further bone augmentation has been shown to be needed in 9.9 per cent of socket preserved cases compared with 20.8 per cent unassisted socket healing cases [14]. According to the study completed by Mardas socket preservation reduces the marginal bone loss by 0.039mm compared with unassisted socket healing. Autograft results in faster bone healing compared with any other bone substitute material such as Bio-Oss [18]. Araujo et al showed significant preservation of the facial bone volume with Bio-Oss Collagen at six months [19]. However, socket preservation does not accelerate bone formation.

A CBCT clinical study examining 28 patients with single tooth flapless extractions compared DBBM/collagen grafts versus a blood clot in sockets alone. It was shown that by placing a graft into a socket that the amount of horizontal resorption can be reduced but it will have no impact on the vertical change of the buccal bone wall. Bundle bone on the facial wall resorbs irrespective of ridge maintenance

FIGURE 1
Appropriate asceptic handling of bone substitute materials

FIGURE 2
Appropriate pre-planning of a flap design facilitates sufficient access for a socket preservation procedure

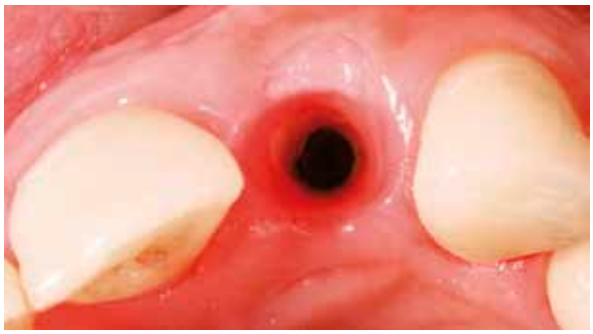

FIGURE 3
Approximation of tissue with tension-free closure helps prevent infection of grafting materials

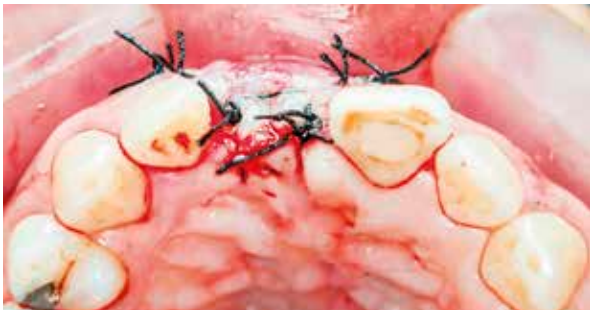

FIGURE 4
Adequate ridge width, height and buccal contour aids successful osseointegration and patient satisfaction with the aesthetic outcome of dental implant treatment

procedures which can have implications in the aesthetic zone. This necessitates a second bone grafting procedure at the time of implant placement [20].

Socket preservation in growing individuals [21]

There is limited evidence concerning socket preservation in growing individuals. Sandor completed socket preservation in 21 patients with a mean age of 13 years old. The results of this study showed that 83 per cent of the post-traumatic cases also needed simultaneous grafting with implant placement. Also 6.5 per cent of sockets preserved after the extraction of ankylosed primary molars needed re-grafting.

Conclusions

Most of the resorptive changes of the buccal bone wall have already taken place at eight weeks. Clinical intervention is needed for ridge maintenance as ridge alteration occurs rapidly decreasing its bone volume. Socket preservation results in a greater orofacial dimension of the alveolar ridge that unassisted socket healing.

- Bone substitute materials and/or barrier membranes do not accelerate bone healing in extraction sockets. Implant placement must be delayed for a minimum of six months.
- Socket preservation may be indicated if implant placement has to be postponed for more than six months after tooth extraction.
- No superior technique or biomaterial has been identified. However, a bone substitute material with a low substitute rate is recommended.

VERIFIABLE CPD QUESTIONS

AIMS AND OBJECTIVES:

- Consider the correct clinical indications for socket preservation
- Consider the most suitable biomaterials for socket grafting
- Compare socket grafting with the evidence base for treatment alternatives.

LEARNING OUTCOMES:

- Discuss the indications for socket preservation and its clinical success rate
- Examine the post-extraction biological healing phases
- Compare the various biomaterials suitable for socket preservation
- Consider treatment alternatives to socket preservation.

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ABOUT THE AUTHOR

Dr Laura Fee graduated with an honours degree in dentistry from Trinity College, Dublin. During her studies, she was awarded the Costello medal for undergraduate research on cross-infection control procedures. She is a member of the Faculty of Dentistry at the Royal College of Surgeons and, in 2013, she completed the Certificate in Implant Dentistry with the Northumberland Institute of Oral Medicine and has since been awarded the Diploma in Implant Dentistry with the Royal College of Surgeons, Edinburgh. Laura is currently completing the Certificate in Minor Oral Surgery with the Royal College of Surgeons, England. She has also been involved with undergraduate teaching in the School of Dentistry, Belfast where she has an honorary oral surgery contract.

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THE LITIGIOUS PATIENT

COMPLAINTS

There is a four-fold greater chance of litigation for any medical or dental practitioner in the UK compared with a practitioner in New York

TOBY TALBOT

Make no mistake, we're no longer mimicking the US culture of litigation – we're now leading the world. So, whether you're a dentist, a doctor, or in the business of offering legal representation to either, it's well worth understanding just who's driving this financially and emotionally expensive cultural revolution. Is there a particular species of litigious patient, and if so, what do they look like?

The answer is obviously 'no', but there are certainly patterns of behaviour and traits of character that have become apparent to me during more than 30 years as a restorative dentist, and as an expert witness with experience of both sides of the judicial fence. Of course, it's preferable to avoid any patient-practitioner relationship developing into full-blown litigation in the first place. Complaints invariably originate from poor communication, and can be provoked by what is said, is not said, or both.

My own audit of more than 20 years of documentation revealed the following triggers that led to the patients issuing civil proceedings, in descending order of frequency:

1. A sense of abandonment and failure to respond when problems became apparent.
2. Miscommunication with an English-speaking patient due to the clinician's mother tongue not being English.
3. Failure to identify that the clinician is out of his/her depth and a referral to a colleague clearly indicated.
4. The absence of the usual clinician due to illness or holiday, causing the patient to attend another practitioner who makes a negative comment about their dental state, eg untreated periodontal disease or tooth decay.
5. Failure to adhere to well-established clinical protocols, with specific reference to alternative therapies with no scientific or clinical data to support their use.
6. Early failure of the treatment with unsuccessful efforts to resolve the problems.
7. A report that the clinician was too brusque and/or rude and appeared in a hurry.
8. Patients reporting that the clinician lost his cool/patience and/or shouted at them.

It often transpires that the 'offending' practitioner has chivvied a patient into making a choice using demanding or dictatorial language, whether real or perceived. A recent review of complaints carried out by one of the leading dental defence indemnity insurers concluded that more than 70 per cent of complaints were attributed to poor communication, highlighting not only indelicate vocabulary but the manner of delivery and body language, suggesting a lack of 'feeling' or compassion.

In contrast – and in a great many of the cases I've encountered – clinicians attempt to abandon the patient by not responding to letters of complaint and not returning phone calls. An apology, accompanied by some shared expression of concern and regret, plus an assurance that the problem will be rectified, is often all that's needed to prevent the matter escalating and the patient taking their grievance to a third party.

Unfortunately, with the best will in the world, clear communication sometimes isn't enough and the motive of revenge or financial gain can mean a practitioner's reasonable defence falls on deaf ears. When financial compensation is an unlikely outcome, I've observed that writing to governing authorities can become the means by which some patients aim to 'get back' at the clinician, 'teaching them a lesson' and 'protecting others from harm'.

I'm confident that patients particularly prone to this course of action have an identifiable character profile. *Patientes Litigiosum* is almost inevitably female and over 50 years of age. Before I'm accused of sexism, my own audit revealed that 90 per cent of our own claimants – those bringing formal suits against my own clinic – were female. This can be explained by the higher percentage of female patients with long-standing prosthodontic issues referred to the clinic. But a review of all our medico-legal referrals to me as an expert witness and involving litigation suits against general dental practitioners over the last three years revealed a 60 per cent female bias.

Our litigant is invariably living alone or estranged from partner or family. If married, their relationships have become unloving and burnt out. It is highly likely they are

possessed of a long mental health history of chronic anxiety and depressant illness previously treated with medication and/or cognitive behavioural therapy. Expect a high display of feelings when questioned during a consultation appointment. One will also observe multiple functional disorders, including gynaecological complaints, chronic fatigue syndrome, irritable bowel syndrome, and other ailments that long-suffering GPs have failed to 'put their finger on'. Multiple visits to the GP for exhaustion and irregular sleep patterns are common. The problem for the busy clinician who, understandably, tends to focus on his/her anatomical area of interest, can easily miss these traits. After all, the dentist is concentrating on the teeth, whereas the orthopaedic surgeon is in 'bone mode'.

The traditional Western medical approach is collectively disease-focused, whereas the old Greek physician's philosophy of focusing on "don't tell me about the disease in the man, but about the man with the disease" could not be closer to the truth. An interview technique that subtly explores the personal, social and professional history is essential in gathering information necessary to the spotting of this high-risk group. Once identified, it then becomes a matter of explaining the interaction of stress and depression upon the immunological competences of a patient, and their ability to cope and heal following stressful surgical assaults. It allows you to share with the patient the responsibility of healing and get them 'on board'. I have learnt that if a patient can readily connect the dots between their mental and physical health then all is well. However, if the patient vigorously denies any connection between the two, despite it being already abundantly clear, then I consider they're assuming no responsibility and now refer the patient elsewhere. However, I always pass on this vital piece of information to the referred clinician. Fair's fair.

The logic behind this approach is that I've now readily accepted that I cannot possibly connect with all patients all of the time. Where I might fail, another clinician may succeed. By way of an example, a Welsh patient required treatment that she was finding intolerant, and returned repeatedly with bizarre functional symptomology including atypical facial pains and additional locomotor skill loss. A referral to a Welsh consultant did the trick. He carried out a series of placebo adjustments and she reported an extraordinary resolution.

In my opinion, an Englishman was prejudiced from the start, despite the quality of care provided. Incidentally, she had a long history of depressive illness. A useful tool, sadly out of print since 1995 but which I continue to use, is the Cornell Medical Index Questionnaire. This will allow a clinician with no formal training in psychology or psychiatric medicine to identify these patients who often present with multisystem functional disorders.

Having identified the patient traits and context most likely to result in litigation, it seems only fair to consider whether there might be a similar species within the genus

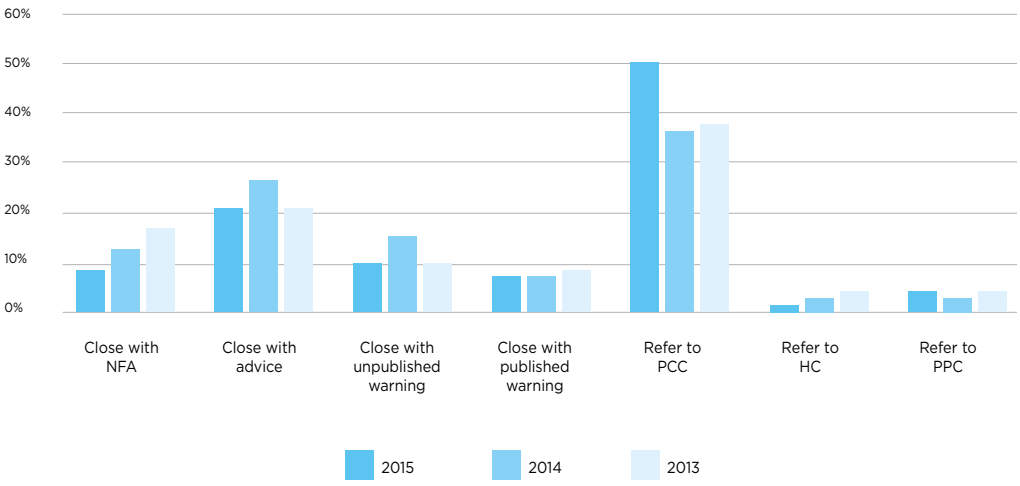
CONTINUED OVERLEAF>

FIGURE 1
ISSUES CONSIDERED BY THE GDC'S PCC/PPC IN 2015

ISSUE	NUMBER OF OCCURRENCES**	% OF TOTAL OCCURRENCES
Poor treatment	179	23%
Poor record keeping	111	14%
Failure to take appropriate radiographs or to interpret	80	10%
Fraud/dishonesty	53	7%
Failure to obtain consent/ explain treatment	42	5%
Failure to cooperate with the GDC or failure to disclose convictions/cautions	38	5%
Personal behaviour	33	4%
Prescribing issues	31	4%
Working outside scope of practice	25	3%
No professional indemnity insurance of failing to produce evidence	24	3%
Undiagnosed/untreated caries	21	3%
Cross-infection control	16	2%
Failings in recording medical and/or dental history	15	2%
Conviction or caution – other	14	2%
Misleading advertising	11	1%
Conviction or caution – assault	10	1%
Indecent assault or inappropriate sexual behaviour	10	1%
Misled about treatment available on the NHS	9	1%
Conviction or caution – alcohol or drugs	9	1%
Conviction or caution – theft/robbery	8	1%
Failure to refer	7	<1%
Period of unregistered practice	5	<1%
Clinically incorrect extractions	4	<1%
Failure to anaesthetise	4	<1%
Failure to spot or monitor lesions	3	<1%
Failure to inform patient of adverse incident	3	<1%
Employing dentist or nurse not registered with GDC	3	<1%
Inaccurate statements to CQC	3	<1%
Tooth whitening	2	<1%
Making racially offensive comments	1	<1%
Not supervising Vocational Dental Practitioners adequately	1	<1%
TOTAL	**775**	

** Cases often involve more than one issue. These figures provide a profile reflecting the main issues involved, and not every single charge

FIGURE 2
INVESTIGATING COMMITTEE SUBSTANTIVE OUTCOME BREAKDOWN - 2013 TO 2015



The chart shows what happened to the cases which reached the GDC's Investigation Committee stage between 2013 and 2015

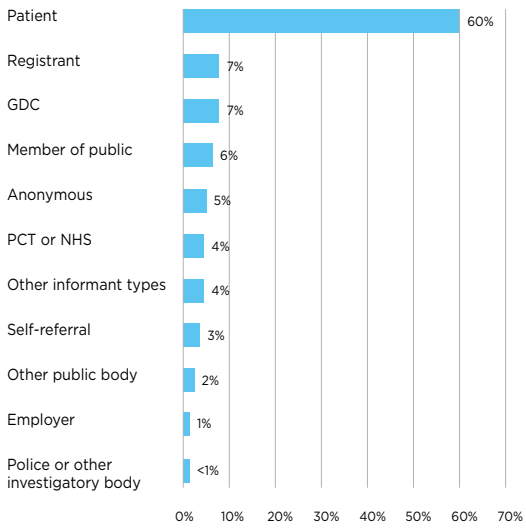
FROM PREVIOUS PAGE>

Medicus. Is it possible to be more or less prone to action as a practitioner? Although this is wholly anecdotal, I believe that clinicians with OCD characteristics and a liberal sprinkling of Asperger's make excellent and highly-focused surgeons. But they're prone to a greater number of complaints when compared with 'touchy-feely' clinicians.

Personally, I'd much rather have the indifferent, socially inept OCD character operating on my person than the 'schmoozer' who's more readily distracted by peripheral events. Sadly, as new management practices in the medical arena now demand a more emotional 'chairside' manner from our doctors, dentists and surgeons, the public is unaware of what they're losing. And here's the rub – for the large part, the rise of the litigious patient helps no-one. The medical profession can maintain the highest possible standards of patient care, but it's society as a whole that holds blame and scrutiny in balance.

ABOUT THE AUTHOR
Toby Talbot is clinical director at the Talbot Clinic. Over the last 17 years, he has established a professional fast-track service for the legal community, helping courts, counsel and judges make accurate and well-informed decisions.

FIGURE 3
2015 INCOMING GDC CASES BY INFORMANT TYPE



The chart above shows a composition of where complaints came from in 2015. Out of the 2,786 complaints received, about six out of ten (1,684) came from patients

VERIFIABLE CPD QUESTIONS

AIMS AND OBJECTIVES
- To catalogue the most common causes for litigious action against dentists
- To identify common behaviours in dental patients most prone to making litigious complaints
- To identify personality traits shared by litigious patients
- To consider the type of dentist most likely to attract litigious complaints.

LEARNING OUTCOMES
- Good communication is essential to healthy dentist-patient relationships, especially following a complaint
- Failure to respond to patient dissatisfaction can be catastrophic
- In many cases a complaint or litigious action is an emotional response to longer term and wider-ranging mental and/or physical health issues
- Stress and depression can affect dental health and the efficacy and recovery from treatment.

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RESTORATION HIGHLIGHT KIT

Syringe Kit shown.
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OneCoat 7 Universal Bond

DIATECH ShapeGuard

Restoration Highlight Kit - Syringes

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3 x BRILLIANT EverGlow Syringes (3g) (1 x A1/B1, A2/B2, A3/D3),
1 x One Coat 7 Universal Bond 5ml +50 brushes,
2 DIATECH ShapeGuard brushes for composite (1 x pre-polisher and 1 high lustre)

Restoration Highlight Kit - Tips

ART# 6002 0091

30 BRILLIANT EverGlow Tips 0.2g, 10 tips of each (A1/B1, A2/B2, A3/D3),
1 x One Coat 7 Universal Bond 5ml +50 brushes,
2 DIATECH ShapeGuard brushes for composite (1 x pre-polisher and 1 high lustre)

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DÜRR DENTAL

TAKING TIME OUT

At Hilton Grand Vacations we've spent the last 24 years talking about the importance of making vacations a priority. But sometimes it is better to hear it from someone else. A busy professional who views 'time' as a valuable asset.

We are delighted to catch up with one of Hilton Grand Vacations newest Club members: Arshad Ali.

How did you hear about Hilton Grand Vacations and Craigendarroch Suites, Royal Deeside, Aberdeenshire?
"I had heard about Hilton Grand Vacations through friends. I was offered a promotional break when I booked my hotel to attend a Nobel Biocare Conference in New York."

The promotional stay offer involves attending a 90-minute personal sales presentation where we discuss future travel plans and whether the Club would work for you, or not. How did you find this experience?
"My wife and I were looking forward to the break and attended the sales presentation. This was a very clear and instructive talk on the benefits of Hilton Grand Vacations."

What makes membership of Hilton Grand Vacations right for you?
"From our point of view, it will work for us as it will make us take more time out."

Vacation Ownership offers flexibility and access to weekend getaways or extended vacations worldwide – any plans?
"We are planning a big family holiday in 2018 in Florida and Hilton Grand Vacations have a number of beautiful resorts there and also around the world. It is likely our first vacation will be to Hawaii."

Club members can access many benefits, including partnerships with affiliated resorts and travel providers such as cruise, airline, motorcycle, RV, houseboat and yacht charters. Do you also see any other benefits for you?
"There are other benefits when booking at short notice, and we hope to take advantage. We can also share the benefits of our club membership with our family for years to come and we are looking forward to taking more holidays with Hilton Grand Vacations."

Thank you for sharing your experience, our colleagues in Hawaii look forward to extending a warm 'Aloha!' to the Ali family.

Hilton Grand Vacations
A vacation state of mind

MORE INFORMATION
Hilton Grand Vacations makes it easy to plan 'breaks in life' and spend time with those who matter. To find out more, join us for a relaxed stay at the luxurious Hilton Grand Vacations Club at Craigendarroch Suites. Freephone: 0800 970 3135 or email: cdsuites@hilton.com

MY PATIENTS COME BACK, TIME AFTER TIME

ANNE MARIE TAYLOR, HYGIENIST AT SARACEN STREET DENTAL IN GLASGOW, ON WHY SHE USES PROPHY-MATE NEO FROM NSK

I've been using the NSK Prophy-Mate neo for two years now and it's probably one of the best things I have ever purchased for the practice. I'd seen similar air polishing systems when I was a dental nurse in Canada, and when I met Angela Glasgow, NSK's territory manager for Scotland at a dental show, she arranged a 10-day 'try before you buy' in-practice trial for me. I'm absolutely delighted with the Prophy-Mate neo, so delighted in fact we have now purchased a second Prophy-Mate neo for the practice.

The Prophy-Mate neo delivers fantastic results and has been an exceptional way to build our patient base. We use the units on over 10 patients a day so it has very quickly paid for itself, as patients come back on a regular basis for hygiene visits as they love the results.

PERFECT PRACTICE BUILDER

We are a mainly NHS practice based in Glasgow, where for the vast majority of our patients, dentistry and oral hygiene is not a top priority. However, because the Prophy-Mate neo delivers great results for a relatively small amount of money, we find our patients are very motivated to keep up their check-ups and hygiene visits. They really see the benefits, and once they've tried it, they just keep coming back.

BEAUTIFULLY DESIGNED

The unit is beautifully designed, lightweight and very ergonomic to use. There's a choice of two tips – 60° and 80° – and I mostly use the 60° tip for routine cleaning.

We use NSK FLASH pearl powder with the Prophy-Mate neo, which I find is a great combination for really effective removal of stains, plaque and calculus. FLASH pearl granules are small and spherically shaped, so they don't harm the teeth and patients seem to find the taste pleasant.

I can't recommend the Prophy-Mate or NSK highly enough.

NSK

MORE INFORMATION

For more information, visit www.mynskoralhygiene.co.uk or contact NSK on 0800 634 1909 or your preferred dental dealer.

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Management

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INVEST IN YOURSELF
Adam Morgan argues that the only way to move forward is to take responsibility for your own development

60
PENSIONS ADVICE
Leaving the European Union might turn out to be good news for your pension. Jon Drysdale explains why

PRACTICAL INFORMATION FOR PRACTICE MANAGEMENT PROFESSIONALS

WHAT NOW?

WHAT DOES BREXIT MEAN FOR YOUR PENSIONS AND INVESTMENTS?

See page 60

INVEST IN YOURSELF

STOP THE ROUTINE AND INCREASE THE GROWTH

ADAM MORGAN

Never has it been more important to invest in yourself. I bet you've heard that line a thousand times in recent years – but I want to ask you two questions:

1. When was the last time you actually did invest in yourself? I don't mean watching a TV documentary, I'm talking about reading a new book, listening to a podcast from someone you admire, driving to see a mentor or coach, or even taking time to plan your next career move and strategising about how to get there.

2. When was the last time you seriously invested in someone else? When it comes to investing in others, one critical element is often missing – the quality of the investment itself. Many people think it's the boss's job to invest in their people, or "it's my managers job to develop me". I'm here to tell you the opposite – regardless of your position, time or responsibilities, YOU should choose to invest in at least one person. The more people you invest in, the more they'll elevate your position in their lives and the more you'll want to invest in yourself.

The same rules apply to business. When did you last invest in something new? It could be a tool to move forward, a new process to make efficiencies, or even a new way of servicing your customers' needs. **Regardless of the "what", the important element is the "why".**

So many people and businesses do the same things day in, day out. They get stuck in the disease of routine and struggle to see new ways of increasing their income. They fail to attract more of the customers they want or develop better products and services to differentiate themselves from their competition. If you're feeling stuck, it's time to make some serious changes. As the famous quote goes: "If you do what you've always done, you'll get what you've always got."

Start by assessing your situation. What's working versus what's not? What will the benefit be of changing? What will you lose by changing? **I often ask clients: "How badly do you want this?" Change costs.** There's no way around it!

Anything you do to change will have some sort of impact or cost. It may not be financial, but nothing comes for free.

You may need to invest in new friendships, drive hundreds of miles to meet a mentor, or hire consultants to overhaul how you work. Or it may simply be the emotional cost of having to distance yourself from destructive personalities. Whatever the cost, if you don't want to change badly enough, you won't change. **It really is that simple.**

It's critical in today's working environment that we take real responsibility for our own development. **Use every drop of potential you have** and, in turn, help others also achieve their potential. **Life's too short to coast by when there are so many resources, brilliant mentors and phenomenal training opportunities available.**

If you need help in moving yourself or your team forward, email me and let's talk. Don't waste one more moment – do something about it and start doing things differently. **Be brave and be daring in your development – and reach the heights you know you're capable of.**

ABOUT THE AUTHOR

Adam Morgan is an award-winning training specialist who teaches businesses and individuals how to grow and create greatness in their marketplace.

He works specifically with UK practices, helping them raise the bar, be more successful and achieve their goals and vision.

His fresh approach and dynamic style have also delivered results for leading global hotels, resorts, retailers and financial institutions.

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VOLATILITY CAN GENERATE OPPORTUNITY

THE MAJORITY IN SCOTLAND DIDN'T VOTE FOR IT BUT BREXIT IS A REALITY. JON DRYSDALE LOOKS AT HOW YOUR PENSIONS AND INVESTMENTS MIGHT BE AFFECTED

JON DRYSDALE

With the downgrading of NHS pensions, including the retirement age now being linked to state pension age, dentists will need to seek alternative sources of income in retirement. The long-term nature of retirement savings opens the door to a risk-based approach to investing. Often would-be investors are spooked by the impact major political events have on the stock market. Should short-term events really dictate your retirement plans?

GOOD NEWS FOR YOUR PENSION?

'It's the economy, stupid' is the (often misquoted) line that politicians ignore at their peril during election time. Major political events such as Brexit or a general election tend to mean either good news or bad news for the stock market and other major financial barometers such as interest rates, the price of government debt (gilts) and currency.

Like it or not, such events will affect the value of your pension, ISAs, shares portfolio and cash in the bank but perhaps not in the way you think. So why is a decision that is widely accepted to be terrible news for the UK economy (Brexit), good news for your pension?

TRIPLE CROWN

In simple terms, your pension and investments will probably have benefited from the FTSE 100 hitting a 14-month high in recent weeks. Perhaps the economic impact of Brexit isn't as bad as anticipated? Or perhaps the economic impact of Brexit is yet to play out? In any event, three things immediately gave reassurance to the markets following the referendum result.

1. The Prime Minister resigned straight away and was quickly replaced. Cabinet appointments, especially Philip Hammond as Chancellor, have been well received.

2. The Governor of the Bank of England, Mark Carney, reassured us that plans were in place to support the financial system should they be needed.

3. The Bank of England reduced interest rates and extended quantitative easing (QE) – a clear sign that the 'shot in the arm' monetary stimulus of the economy endures.

STILL IN THE WOODS?

While the value of Sterling fell, the much anticipated 8 per cent fall in stock market values didn't happen. In fact, the numerous markets are enjoying a period of resurgence buoyed by the Brexit aftermath being not quite as bad as first feared. However, there remain concerns that we aren't out of the woods yet. Some commercial property funds moved into 'lock down' fairly swiftly to protect investors from large outflows. We haven't seen that measure imposed since 2008. So are things worse than we think?

Job data and other economic indicators haven't yet reflected the impact of the UK leaving the EU, largely because the UK hasn't yet left the EU. Trade agreements etc. will surely follow but there is a real danger that the economy starts to falter if EU companies restrict investment in the UK. We may be starting to see this with the boss of Nissan, Carlos Ghosn, saying future decisions about its Sunderland car plant will depend on the outcome of Brexit negotiations and Siemens postponing new wind power investment plans in the UK. It is probably more accurate to describe the current economic situation as on hold, with much anticipation and little action. For the time being the markets are comfortable with this, especially when the Bank of England dishes out 'gifts' such as the recent cut in interest rates.

TAKING THE LONG VIEW

So where does this leave your pension pot and other investments? Continuing volatility is likely to mean values will carry on rising and falling. The US election is the next big event on the calendar as the US dollar is key to the performance of the global economy. In summary, more uncertainty will follow – which is nothing new.

As ever with investments, it is worth looking at the long view. Knee-jerk reactions are the enemy of sensible investment and cash remains a poor long-term option for growth or income. Inflation and cash-beating returns are still to be had – just make sure your adviser has your portfolio well diversified and reviews it regularly. Short-term volatility due to major events is nothing new and the history of investing is littered with these. Markets recover and long-term investment returns have consistently beaten lower risk alternatives. Don't let the headlines get in the way of your retirement plans as volatility often generates opportunity.

ABOUT THE AUTHOR

Jon Drysdale is a director with PFM Dental which offers an independent Chartered Financial Planning service and wealth management advice exclusively for dentists.

The value of investments can fall and you may get back less than you invested. Past performance is no indication or guarantee of future returns.

UNDERSTAND YOUR COMMUNICATION CHANNELS

IT'S BEEN A BUSY PERIOD AT STARK MAIN & CO DENTAL WITH LOTS OF ACTIVITY IN THE PRACTICE SALES AND DISPOSAL MARKET. THE DEMAND FOR GOOD QUALITY PRACTICES, IN PARTICULAR MIXED PRACTICES, CONTINUES UNABATED

The ongoing emergence of the 'mini corporate' groups adds a new dimension to the market as small and medium-sized operators are keen to attempt to leverage economies of scale in an attempt to compete with the large corporate groups.

This is met with a varied response in the market and we are keen to ensure anyone considering this strategy as a buyer or seller undertakes sufficient and robust diligence to ensure their chance of a positive outcome is enhanced.

We've also spent a great deal of time with practice owners and their teams recently, helping them to analyse their 'patient journey' in detail and it is always a rewarding experience to help them better understand their communication channels. This typically allows them leverage of the patient experience and subsequently increases the advocacy of their patients who refer more new patients. It also allows a step back from the day-to-day pressures to challenge current operating procedures and constructively criticise areas of easy improvement to aide patient retention and increase conversion of new enquirers. All of which can create a positive economic benefit from the 'softer skills' and processes of your team.

If you would like to explore your financial performance in more depth, and feel you could benefit from analysis of your strategy, our expert team in our Edinburgh or new Borders Dental offices would be delighted to meet on a no obligation basis to discuss further. You will be amazed at the difference we can make together. I hope to hear from you and good luck!

Ian Main

FINANCIAL PLANNING

DENTISTS DON'T LIKE IT WHEN PATIENTS DON'T SHOW FOR APPOINTMENTS. AAB WEALTH'S CLIENTS ALWAYS DO. THEY UNDERSTAND IT'S IN THEIR INTEREST

Say "dentist" and people instantly recall the anticipation, nerves, the big chair, the light, mouthwash, cotton wool and more.

Ask dentists about patients however, and most comment on how many don't show up for appointments. Patients don't get it.

Surely the whole point of check-ups is to keep people dentally healthy. Always preferable to emergency pain management!

Dental surgeries are unrecognisable from the ones I knew as a kid. However, there's a comfort in familiar faces. Someone who gives you confidence. I've had the same dentist for more than 20 years. I like that.

Say financial adviser, however, and some will recall awful coffee, endless forms, impenetrable jargon and doubts about the motives of the adviser.

Like dentistry, it should be about preventative care. Understanding your situation now, discussing planned improvements, agreeing plans, and regular "check-ups". We too prefer clients to keep their appointments.

Clients need to be able to trust people who work with them.

At AAB Wealth we get that. We have some of the most qualified advisers in the country, but that's not our key strength. We value client relationships above everything else.

Investment and financial planning can be complex, intimidating stuff. We know that. Yet we find that our clients keep their appointments, year in, year out. They value our time and relationship. They like the access and time spent refreshing and reviewing their plans.

So no, we don't have appointment cards or a minty fresh environment. What we do have is a team of advisers who build client trust by listening, discussing, challenging and engaging. We build long-term bespoke plans for long-term clients. We set annual or six-monthly appointments to keep finances healthy and on track.

Oh and one last thing, we have very good coffee.

MORE INFORMATION
Frank Morton is director of Wealth Services at AAB Wealth

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Ray Ross, Edinburgh

"The service has been fantastic and you truly provided a hand holding service throughout. A must for anyone selling to a Corporate."

Adelle McElrath, Kilmarnock

CONTACT US TO DISCUSS THE SALE OF YOUR PRACTICE

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*PFM Dental have registered "Priority Buyers" who will pay the agency fee in addition to their offer on behalf of our clients. All payments are sent to our client's solicitor and fees are charged as normal

GETTING THE RIGHT BUYER

WITH A WEALTH OF PURCHASERS LOOKING FOR DENTAL PRACTICES, IT IS IMPORTANT TO UNDERSTAND WHICH BUYERS ARE RIGHT FOR YOUR PRACTICE, SAYS PFM DENTAL'S MARTYN BRADSHAW

MARTYN BRADSHAW

Invariably the type of purchaser(s) that will be right for the practice will be determined by the specifics of your practice. However, be warned that this is not simply "the larger the practice the more suitable it is for a corporate structure".

ASSOCIATES

Many years ago, principals would often look to recruit an associate with a view to buy-in. Nowadays, this is very rare due to the uncertainties with the associate being able or even willing to purchase in future years. The main issue is that you are pinning all your hopes on one person.

What often happens is that the principal may offer the practice to the current associate. While this seems to be a nice approach, as patients know the dentist as well as the staff, if the associate has not been looking at practice sales to appreciate the high values being achieved, in my experience, they often feel the practice is overvalued.

We have adopted two approaches where we are working with a principal who is looking to sell to an associate. The first is to offer the associate first refusal, but within a time restraint. We usually allow four weeks for them to review the practice particulars. As they are receiving first refusal we would expect an offer of the asking price or very close to. Should they not wish to pursue the practice or pay the market value, we then openly market the practice, with the principal satisfied that they gave their associate an opportunity to buy.

The second is to openly market the practice but we will also speak with the associate who may become one of many interested parties. This way the associate knows that they are paying a market value as they will be aware they are bidding against other serious potential purchasers.

Either way, if the associate is not interested this can cause some unsettling at the practice as they would then be aware that the practice is being sold and could tell staff members. You may wish the associate to sign a confidentiality agreement.

BODY CORPORATES

Body corporates are often a 'go to' for many principals with larger practices as they feel able to handle the sale themselves. The main reasons why people tend to opt for this route is because the principal wishes to stay on as a dentist post-sale or believes the practice is unaffordable for anyone else.

I deal with the corporates on a daily basis and you would be surprised at how few practices we actually sell to them. Why? Well it simply comes down to the values that we can achieve from non-corporates and/or the terms that would be offered post-sale. In a couple of recent cases, we had clients come to us after meetings with corporates, asking us to double-check the values offered. One achieved a further £450,000 and the other a further £600,000 after we marketed their practices.

DENTISTS

The most frequent practice sales are to dentists who the principal does not know. As an agent, we have well in excess of 3,000 dentists seeking to purchase a dental practice, covering all geographical areas. Also, on average, there are around 15 viewings per NHS practice and around five for a private practice. The more viewings, the more offers and the higher the offer. Also the more people from whom the seller can decide who is right to take over their practice.

SUMMARY

Regardless of the size of your practice, to ensure that you maximise the sale proceeds and gain the best terms, you should market the practice to as many people as possible. This gives you more choice and control over the outcome of your practice sale. We are great believers in equipping yourself with the right people to advise you throughout the process. Dental practices are many dentists' most valuable asset and needs to be treated with that in mind.

For more advice and the opportunity to ask questions, PFM Dental has, for many years, run seminars around the UK. On 19 October, seminars will be held in Edinburgh. Retirement Planning, including presentations on practice valuations and sales and the legal aspects of selling a practice, is from 2pm to 5pm and Buying a Practice is from 6.30pm to 8.30pm. I am part of the line-up of presenters at each event. More information at http://pfmdental.co.uk/events

MORE INFORMATION

Martyn Bradshaw heads up the dental sales and valuations within the PFM Dental Group, one of the leading sales agents covering Scotland. Martyn is a regular key speaker at the Scottish Dental Show and an expert presenter at PFM Dental seminars.

LIFE AFTER BREXIT

IAN HAMILTON, SOFTWARE OF EXCELLENCE'S BUSINESS MANAGER FOR SCOTLAND, LOOKS AT ONLINE REVIEWS, REPUTATION MANAGEMENT AND ATTRACTING NEW PATIENTS SINCE THE REFERENDUM

Owners of dental practices are now well used to operating in difficult economic environments, and the recent EU referendum result, whatever anyone's views on it, has undoubtedly increased uncertainty and therefore even more challenges to cash flow for dental practices. Because of this, it is now more important than ever to look after the "business basics" of running your practice, with the starting point for this being ensuring a regular flow of new patients.

It is well accepted that the best sources for new patients are word-of-mouth referrals. These have previously always taken the form of face-to-face recommendations, yet more recently have extended to, and been overtaken by, digital channels in the form of online reviews. In the past, paying for Search Engine Optimisation (SEO) was enough to ensure first page results on Google. However, this has changed and online reviews (via Google+, Facebook etc.) now have a major impact on your Google ranking and whether potential patients can find you.

Generating and managing a regular stream of reviews is known as reputation management and is now a key differentiator between practices who enjoy a healthy flow of new patients and those who are seeing a decline in numbers.

The good news is that this is not something that needs massive investment to ensure success. If the processes that collate positive testimonials can be automated through your practice management system, then a strong online presence can be quickly built with minimal manual input from the team. This process can be further enhanced by utilising the feedback further, for example on the practice website to effectively drive patient acquisition in a way never before envisaged.

If you are looking to increase the number of new patient enquiries you are receiving then online reputation management, and how to implement it cost-effectively, is a crucial area requiring your attention.

MORE INFORMATION

For more information or advice, visit www.softwareofexcellence.com/uk or call Ian on 07814 370 797

ARE YOU PAYING THE RIGHT PRICE?

AMBITIOUS DENTAL ASSOCIATES MAY LOOK TO ACQUIRE A SHARE IN A PRACTICE, TAKE OVER AN EXISTING PRACTICE OR EVEN SET UP THEIR OWN PRACTICE FROM SCRATCH. BUT, WHAT IS THE RIGHT PRICE TO PAY FOR THIS DREAM?


Louise Grant

Dental practice valuations are highly topical at the moment due to "dental corporates" offering to acquire dental businesses throughout the country, which, on the face of it, may appear attractive to retiring professionals. In many cases, an associate can simply not compete with the headline price being offered, but is selling to a corporate purchaser the only way?

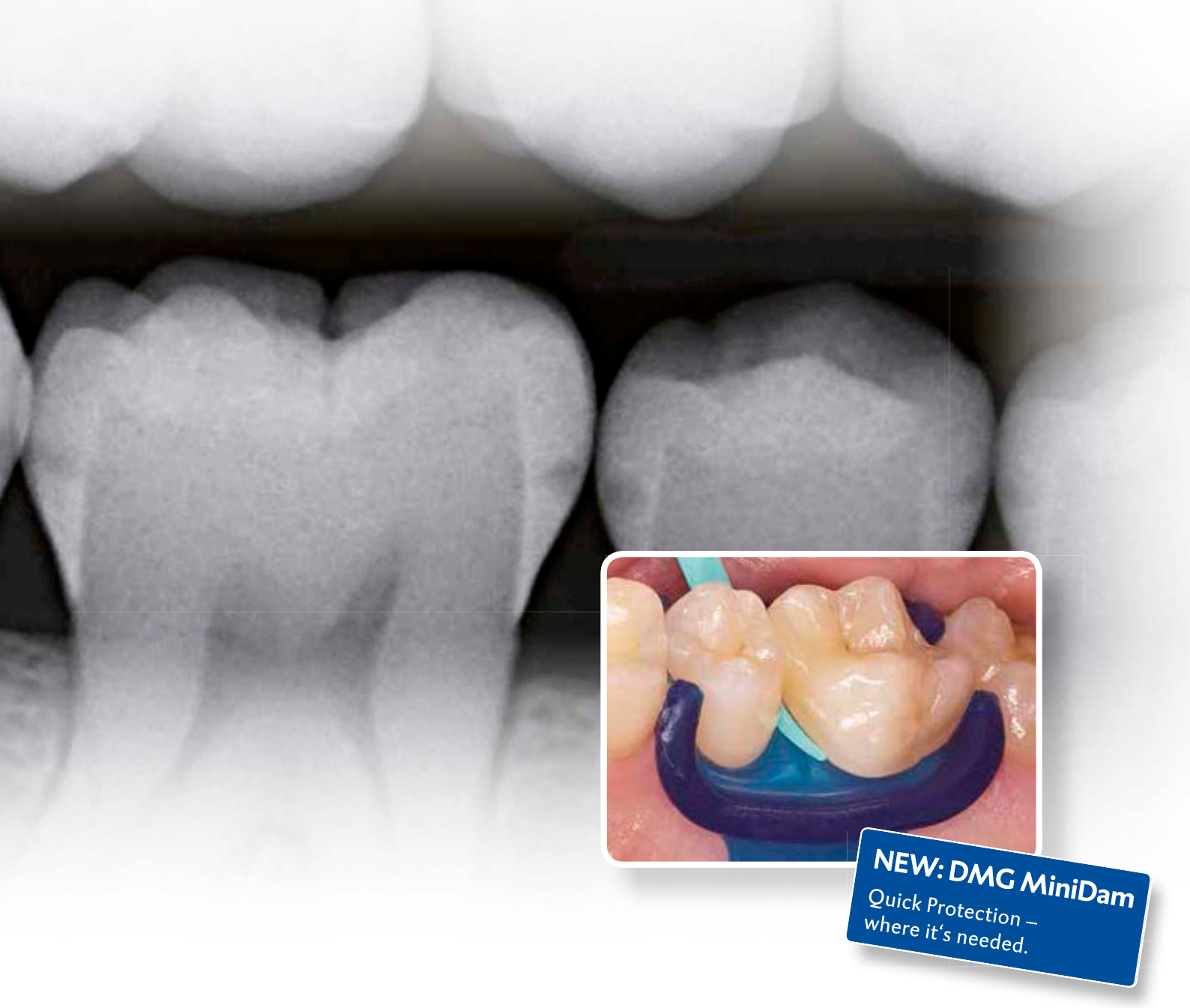
Associates will generally require to obtain a funding facility which can take some time, depending on the level of funding. However, the sale process to an associate will often be a flexible, informal process, whereas the corporate sale process will normally be rigid, based on the purchaser's model. Associates should be aware that these corporate offers will have a number of conditions attached, and, more often than not, will include a deferred payment, depending on future results. Due to this, the principals are normally expected to continue to operate their patient lists under an associate contract, generating similar levels of income for the new corporate owner for typically a two to three-year period. An associate purchaser will often not make the same level of demands.

With this in mind, associates looking to acquire a practice should remember that the offers from corporate bodies do not need to be the starting point for their price negotiations, as in many cases the offers will not be comparable. In addition, many sellers would prefer to sell to a person they know and trust, even if the price paid is lower than a corporate might pay.

EQ Healthcare has a vast amount of experience helping dentists turn their dreams into reality. We recently assisted two associates in securing over £1 million of bank financing to acquire a local practice and took the client from the initial idea all the way through to a concluded practice purchase.

MORE INFORMATION

Our specialist dental team would be delighted to hear from you, so please contact Louise Grant – louise.grant@eqaccountants.co.uk (01382 312100) or Anna Coff – anna.coff@eqaccountants.co.uk (01307 474274) for further information.



NEW: DMG MiniDam
Quick Protection –
where it's needed.

The answer to proximal caries:
I can Icon!

Arrest incipient caries early on without drills or unnecessary loss of healthy hard tissue. Icon's caries infiltration makes it possible. Scientifically* proven and practice-tested.

To find out more about the infiltration method, different options and support services, go to **www.dmg-dental.com/icon-proximal**

*Paris S, Bitter K, Meyer-Lückel H (2013); Five-Year Follow-Up of a Randomized Clinical Trial on Efficacy of Proximal Caries Infiltration; ORCA Kongress Abstract

DMG
Dental Milestones Guaranteed

GETTING THE BEST PRICE AND TERMS FOR YOUR PRACTICE

THE SCOTTISH DENTAL MARKET IS PROVING TO BE VERY ATTRACTIVE FOR BUYERS THROUGHOUT THE UK, SAYS CHRISTIE & CO'S PAUL GRAHAM

In the last 12 to 18 months we have seen values increase by at least 30 per cent with demand for good-quality mixed practices high up the list of priorities from buyers. Whether you are seeking a complete exit from the profession and practice ownership, or whether you just wish to unburden yourself from management responsibilities, at Christie & Co we are able to tailor our marketing process to meet your requirements.

By engaging a good agent – one who has both regional and sector expertise – you can be sure that your practice will be introduced to all potential buyers that fit your plans. It is important that you don't feel tempted to go direct to a buyer and undersell your practice, as by doing this you cannot be sure that you are securing the best possible result. For example, there was a particular transaction last year that we were introduced to at the eleventh hour;

as a result of our involvement we secured an offer price £250,000 higher than the original offer and on much better terms!

You are probably already aware of those corporate dental groups who are keen to retain principal dentists for a few years post sale. However, you may not be aware of the extensive number of regional operators who are seeking similar terms to the national operators, but may offer improved terms to better suit you.

We appreciate that not all sellers are seeking the same outcome. It's important that your appointed agent understands your plans and approach the market and potential buyers in a way that enables you to not only achieve the best price, but also the best overall terms depending on your circumstances.

If you are looking to retire immediately then we can utilise our extensive database of independent, private buyers who are quick to react to opportunities, as well as being supported by family and well-funded by banks keen to lend in the dental sector.

MORE INFORMATION

If you are looking to buy or sell a dental practice, or would like to speak with one of our experts about current market conditions, please visit www.christie.com or call Paul Graham on 0131 524 3416.

Promote Medical

Providing an assured medical system for your surgery

Leaders in the field of medical and trauma emergencies, Promote Medical offers a unique medical system for your surgery in the shape of the new Promote Medical bag.

The bag is built around the equipment you need to provide a portable pre-hospital immediate care system in your surgery.

Fully stocked, the structure and layout of the bag allows quick and easy access to all equipment necessary to manage any emergency affecting **airway, breathing** or **circulation** and includes **portable suction, diagnostics** and **personal safety equipment.**

KEY FEATURES INCLUDE:

- ✔ Designed and manufactured in the UK with a two year guarantee
- ✔ Unique internal concertina storage mechanism and bespoke compact folding design (Registered design application pending)
- ✔ Water resistant outer membrane and anti-microbial coating
- ✔ Additional attachable bag for size CD oxygen or nitrous oxide cylinders
- ✔ Personal protective equipment included
- ✔ Multifunction internal area to allow you to customise the bag to your needs
- ✔ Embroidery available for you to customise your bag with your Practice logo
- ✔ Option to attach the foldable trolley system – so no heavy lifting necessary

To view our full product range and benefit from a **10% discount offer** with BOC visit: **www.promotemedical.com**

Twitter: @PromoteMedical Email: contact@promotemedical.com Tel: +44 (0) 141 570 0524

A NEW MEDICAL SYSTEM SOLUTION FOR SURGERIES

PROMOTE MEDICAL IS A NEW BUSINESS IN SCOTLAND THAT HAS FORMED WITH A SPECIFIC PURPOSE – TO DESIGN AND MANUFACTURE A MEDICAL BAG THAT WORKS IN ANY EMERGENCY AND IN ANY SITUATION

One of the co-founders of the business, Jonny Gordon, has been an emergency medicine consultant in Glasgow since 2005. Jonny is also the first-team doctor to the men's Scotland national football squad and a consultant to UEFA on emergency medicine matters.

It was only natural then with this focus and background that the Promote Medical bag has been designed with both a practical and pitchside appeal.

Designed and manufactured in the UK, the Promote Medical emergency bag is built around the equipment you need to provide a portable pre-hospital immediate care system.

Uncomplicated in its application it offers an assured medical system that allows you to quickly and effectively manage your patients should they suffer a medical emergency or dental complication in your surgery.

Fully stocked, the structure and layout of the bag allows quick and easy access to all equipment necessary to manage any emergency affecting airway, breathing or circulation and includes portable suction, diagnostics and personal safety equipment.

Jonny explained: "The Promote Medical bag works in any emergency and in any situation. A trauma or medical emergency is a time where complexity does not work. It has been our aim to provide the ultimate user-friendly medical bag that allows access to all emergency equipment in a manner that is simple, in a way that flows, and allows the practitioner and patient the best chance for the best outcome.

"We believe that every dental surgery, GP practice, every healthcare worker, every patient should have access to an affordable, portable and simple emergency medical kit that effectively brings the resuscitation room to the patient.

"Instead of the usual approach of providing a medical bag for equipment, we have designed a medical bag around the equipment practitioners need. Thinking outside of the box has allowed us to create the optimum medical product. Our medical bag is robust and yet lightweight, manufactured to the highest quality allowing you to safely and intuitively access your emergency equipment and fulfil your emergency needs.

"We believe that it is simple things that make big differences and it is the application of this philosophy that makes the bag so popular."

TRIED AND TESTED BY TEAM GB

The appeal of the Promote Medical bag was evident when chosen as the preferred emergency medical kit bag for Team GB at the Olympics in Rio this summer. Of the praise that came from the medical team for the bag Jonny said: "We were naturally delighted that Team GB were so impressed with the bag. The next question you might ask though is 'Why is this relevant to my dental surgery?' The answer is relatively simple. Whenever there is a medical emergency or a trauma emergency it is the application of the same basic skills in a timely manner that makes the difference.

"It is fundamentally the same kit we use to manage an airway at the pitchside, in the emergency department or in a dental setting where a patient may require simple airway and breathing equipment while they recover from their sedation. Our kit is laid out intuitively with everything to hand at the same time.

"This is fundamentally reassuring as well as highly practical for the clinician using it. The fact that it takes up a tiny footprint, can be used with the CD oxygen cylinder bag attachment and with the optional trolley as well makes it the perfect emergency pre-hospital product whatever the setting."

REPLENISH & REPLACE SERVICE (RRS)

Promote Medical also offers a Replenish & Replace Service (RRS), providing unparalleled peace of mind for you and your patients. The service ensures that your equipment consumables never go past their sell by date without being replenished and if you use them then they are replaced for you.

Jonny said: "Our service means you no longer need to worry about remembering to check the different expiry dates on all of your products – we take care of that for you. We also send your new medical kit a minimum of two weeks prior to your old kit expiring – all you need to do is swap it over."

The Promote Medical bag is appropriate for use by a multitude of specialities in the pre-hospital setting and offers an innovative medical system solution for dental surgeries.

Promote Medical

MORE INFORMATION

The Promote Medical bag is available to purchase from www.promotemedical.com with prices ranging from £289 to £599 (excluding VAT).

NEW BEGINNINGS

NEW LIFE TEETH HAS BEEN PUSHING THE BOUNDARIES OF THE TECHNOLOGY AND THE QUALITY OF MATERIALS USED IN FULL ARCH FIXED TEETH FOR THE LAST TWO AND A HALF YEARS

New Life Teeth (NLT) has opened its first dedicated clinic allowing everything from initial consultation, to surgery, lab work and final fittings and follow-ups to be conducted under one roof.

NLT is the brainchild of clinical dental technician Rob Leggett, implant dentist Stuart Lutton and dental technician Rosa Garcia. Since they launched the brand in early 2014, the implant treatment and follow-up appointments were carried out at Stuart's former practice in Edinburgh, with the lab work taking place at the Scottish Denture Clinic, which has premises in Edinburgh and Glasgow.

Rob explained: "This treatment is probably one of the most expensive things you can do in dentistry so, it is not just about the final prosthesis, it is about the experience and the ambience of the clinic. From having technicians on site to be able to deal with anything, to a dedicated recovery room, this new clinic is purpose-built for this type of treatment."

The new clinic is situated at the end of the Union Canal in Fountainbridge and features two surgeries. Stuart's surgery is set up as the surgical room and his chair allows full access from both sides of the patient. There is also a general surgery where Rob can carry out any CDT appointments and where the practice's general private dentist Gregor McIntosh looks after all aspects of restorative work. The second surgery is also home to hygienist Erin Brady.

Each surgery features flatscreen televisions to show patients X-rays and also treatment plan videos. Rob said: "We do quite a bit of work with Digital Smile Design, so after a consultation we take pictures and we send that across to Madrid with an X-ray and then they give us a treatment plan and a video that we can show to the patient."

Rob explained that they were keen

to maintain a clinical feel, rather than a "boutique spa" feel. He said: "We felt that, as we were doing surgery it was important to keep it clinical and move away from the more comfortable style of décor. In the previous practice we didn't have a recovery room which we do now. That makes a big difference and allows the patients to have a bit of time after surgery away from the chair.

DIS Consulting was responsible for installing all the IT at the practice, from the reception computers to the machines in each surgery that display the digital imaging from Planmeca. Wrights provided all the consumables and NLT use Southern Implants for all their implant work.

Beyond the surgeries there is a comprehensive porcelain laboratory, CAD/CAM and Zirkon Zahn milling machines. "This makes us quite unique as well because other clinics or labs will have a digital scanner," explained Rob, "but we are making the prostheses in house with the milling machines. Most clinics would have

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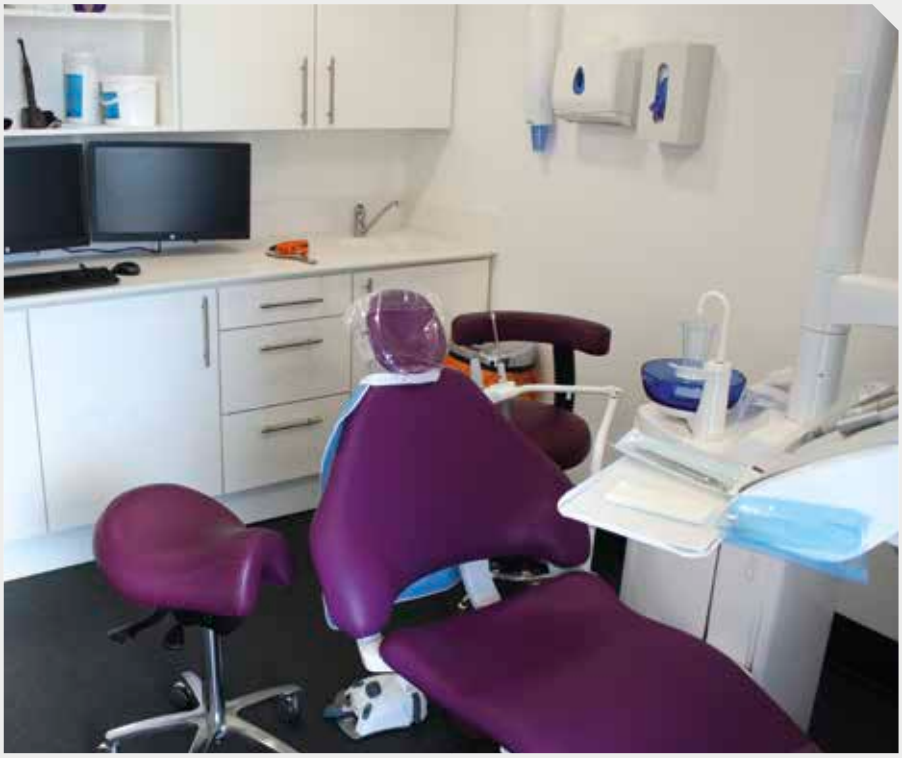

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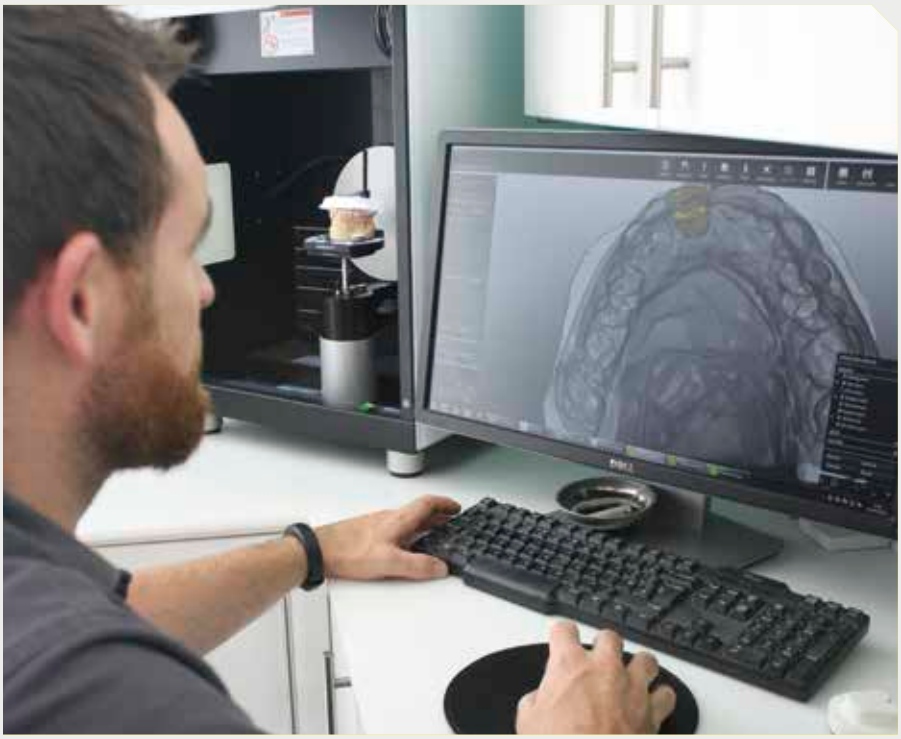
to send the work out to a laboratory."

With the whole team all under one roof, Rob believes it is a big attraction. He said: "We are able to show patients how the whole process works on the ground. I had patients in today for a consultation and they were through looking at the design process, meeting the technicians and having a look at the artistic part of the process that they wouldn't normally see.

"Also, instead of communication between the surgeon and the technician by email, everyone is on site to be able to help each other and deal with any of the patients queries and be better able to meet the patients' expectations."

New Life Teeth have marketed widely to the general public and have seen great success in that strategy. However, they are building up a loyal referral base and are keen to open their doors to potential referring practitioners so they can meet them and show them around the new clinic.

Rob said: "We actively encourage dentists to come in and meet us and have a



STUART LUTTON, BDS, MJDF, MSC IMPLANT DENTISTRY

Dental Implant Surgeon GDC no. 77775

Stuart qualified from Sheffield University in 2000 and has practised in Edinburgh since then.

Stuart has a particular focus on dental implants and specifically the ground-breaking full arch dental implant procedure. He was awarded a masters degree in implantology in 2012 under the personal tutelage of Professor Edward Lynch – one of the most highly respected names in UK dentistry and head of dentistry at the University of Warwick.

In 2016, Stuart opened a new practice in Belfast. His practice is limited to implant dentistry and he now splits his time between the state-of-the-art clinics in Edinburgh and Belfast.

Stuart is a member of the UK Association of Dental Implantology and he has a close professional link with the leading national and international implant surgeons. Away from the practice, Stuart is married to Yasmin and has a young family that keeps him busy outside work.

ROB LEGGETT, RDT, DIP CDT RCS ED

Clinical Dental Technician GDC no. 116479

Rob qualified as a Dental Technician in 1997 from Edinburgh's Telford College. He has worked in a mixture of the private and public sector spending 10 years working in the NHS including Glasgow Dental Hospital and Edinburgh's Dental Institute.

In February 2009, Rob returned to study for a diploma in Clinical Dental Technology, which was the first CDT course to be run in the UK, qualifying through the Royal College of Surgeons in December 2009. After qualifying as a Clinical Dental Technician, Rob worked in a private practice in Fife doing all aspects involved in the construction and fitting of dentures.

In January 2013, Rob began Scottish Denture Clinic in Edinburgh and currently lectures student Dental technicians at Edinburgh's College. In his spare time Rob is a keen cyclist and regularly takes part in sportives around the country.

look around, look at the type of work we are producing. We want to be as transparent as possible.

"One of the things we also want to do in the future and the new clinic will allow us to do that, is to host some in-house CPD, which will be another great way to share our knowledge and build relationships with practitioners."

The second New Life Teeth clinic is set to open in Belfast before Christmas but Rob explained that they are not looking to build an empire. He said: "We are not looking to open anywhere else. We want to build a business that we are proud of and that we can control. This is not something we want to put in every city."

And, at the heart of everything they do, Rob explained, is the patient. He said: "We want the patient journey to be as seamless as possible. We try to put ourselves in the position of the patient and find out what their expectations are. We are striving to meet and exceed those expectations.

"Also, as a company we want to be at the cutting edge of digital dentistry so, part of our ethos is continual training and investment in our equipment, our practices and our people. All with the aim of making sure that our offering to patients is the best it can possibly be."

A REFERRAL CENTRE WITH A DIFFERENCE

MORE OPPORTUNITIES FOR DENTISTS TO INCREASE THE RANGE OF TREATMENTS FOR THEIR PATIENTS

The Scottish Centre for Excellence in Dentistry has a great addition to the team in the form of consultant radiologist Dr Khalid Ali. Dr Ali, in conjunction with Dr Jimmy Makdissi, consultant dental and maxillofacial radiologist, is able to offer referring dentists and their patients comprehensive CBCT reports.

The centre charges only £100 for all of its scans and if you would like the report undertaking the costs are an additional £50 for a sectional scan, £75 for one arch and £100 for two arches. This is a great addition to the existing CBCT scan service.

On Saturday 3 September, the centre held a Tesla Driving Day with more than 20 referring dentists having the opportunity

to test drive the Model S and Model S Ludicrous cars. These social days are a great opportunity for colleagues to meet and enjoy some social time together as well as play with cars.

Smiletube TV is a growing medium of blended learning about dental implants. Scot Muir from the centre is a lecturer and mentor on this programme and says that the flexibility of learning at a pace to suit the practitioner is an ideal way to get involved in implant treatments. You can join the programme at any stage, so why not take a look?

With an extensive programme of courses, there is something for everyone at the centre. Short evening update seminars, on subjects such as orthodontics, implants and endodontics are being held in the coming months. Also a Cone Beam CT Masterclass with Dr Makdissi is being held at the Marriott Hotel in Glasgow on 4 and 5 of November. Contact secretary@scottishdentistry.com for all courses.

Lastly, Heather Muir, facial aesthetics practitioner, is taking referrals for all facial rejuvenation procedures and there is an offer of 20 per cent off to referring dentists on all treatments using the InMode machine – call the centre for more details.

ENDODONTIC REFERRAL SERVICE FOR DUNDEE

SPECIALIST SERVICE OPENS FOR BUSINESS AT CITY QUAY

Dundee's first specialist private endodontic referral service has recently opened at City Quay Dental Clinic and Implant Centre.

Julie Kilgariff, who also works as a consultant in endodontics at Dundee Dental Hospital, joined the practice in April as the in-house specialist endodontist.

She said: "We have equipped a surgery with brand new, specialist equipment and materials to carry out all aspects of endodontic treatment and microsurgical procedures. This allows me to work closely with referring colleagues while I deliver the endodontic treatment, leaving the referring dentist free to place the final restoration for the patient."

And Sam Elassar, principal dentist at City Quay Dental Clinic, said: "Patient and dentist feedback for the new service has been very positive. One aspect which has been very well received is that evening and

weekend appointments can be arranged and that Julie is easily contactable by both patients and dentists."

The practice is located only minutes from both bus and rail links and there is on-site parking.

The endodontic service is being used for dentists and patients to obtain free-of-charge second opinions without waiting time delays of hospital referrals as well as for root canal treatments, re-treatments, microsurgery and trauma cases.

Julie explained that being able to offer appointments at short notice means that patients in discomfort or having suffered trauma have minimal waiting time and correspondence (including digital radiographic images) can be sent to dentists quickly so that referring dentists can liaise with her for the treatment planning process.

MORE INFORMATION

To find out more about the specialist endodontic referral service at City Quay Dental Clinic and for online referrals, visit **www.julie4endo.com** or head to www.facebook.com/julie4endo for hints and tips for dentists.

Julie is also planning a series of evening seminars and hands-on courses over the winter months, all of which will provide verifiable CPD, check the website for more information.

PURPOSE-BUILT PRACTICE FLOURISHES

DUNDEE CLINIC IS NOW ONE OF THE LARGEST IN THE CITY

City Quay Dental Clinic was established in 2007 as a purpose-built dental clinic housing eight surgeries and equipped to the highest standard. Sam said: "Even though the practice was set up as a squat practice it didn't take long for the good reputation to spread and for the practice to flourish and become one of largest practices in Dundee."

Principal dentist Sam Elassar explained that he has always been passionate about implantolgy and, in 2010, he entered the implantology training programme at the Royal College of Surgeons (RCS) in London. The rigorous course is supervised and taught by a team of experts in the field of implantology in the UK and Germany.

He was awarded the prestigious DipImpDent in 2012 after he and his practice passed the RCS exam and inspections. He is enthusiastic about implant dentistry and digital workflow. As a result, City Quay Dental Clinic is equipped with the latest CBCT, intra oral scanning, 3D printing and laser technologies.

Sam works solely as an implant dentist and works closely with referring dentists and colleagues. He runs regular courses and study clubs at the practice for referring dentist. He said: "One of the benefits

of digital workflow is that the referring dentists can have a preview of the digital wax-up part of the treatment, making them more involved in the treatment. I am always available to answer emails regarding patients and am more than happy to discuss ideas with referring dentists.

"I believe that digital workflow creates a much clearer treatment plan for the patient and the referring restoring dentists alike. I understand that implant dentistry can be considered invasive and we take the utmost care to make sure that the patient journey as pleasant as possible."

City Quay Dental Clinic's experienced implant team includes three treatment co-ordinators to support Sam, who has so far accepted referrals from more than 50 dentists in Dundee and beyond and placed more than 1,000 implants in his career. He uses Straumann implants mainly, but would place other implants if the referring dentists are comfortable restoring other makes.

MORE INFORMATION

Contact Dr Sam Elassar, BDS (Dundee), MFDS RCPS (Glas), MJDF RCS (London), DipImpDent RCS (London), PG Cert Sedation (UCL) by emailing sam@cityquaydentalclinic.co.uk
Find out more about City Quay Dental Clinic by visiting www.cityquaydentalclinic.co.uk

NEW SMILE NEW LIFE

Sam Elassar

BDS (Dund), MFDS RCPS (Gla), MJDF RCS (Eng), DipImpDent RCS (Eng), PG Cert Sedation (UCL)

All appointments dealt with quickly with no waiting list

Referral Services we offer

• Implants • Endodontics • Implants placement only or Place and Restore • Bone Grafts/Sinus Lifts • Cone Beam CT • Digital work flow from planning to restoration

CITYQUAY DENTAL CLINIC
& IMPLANT CENTRE

'We are delighted to announce that Dr Julie Kilgariff, consultant endodontist at Dundee Dental Hospital has now joined the team here at City Quay Dental Clinic".

Open Monday – Friday 8.30am – 5.30pm

Telephone – 01382 226 226
Email – reception@cityquaydentalclinic.co.uk
Website – www.cityquaydentalclinic.co.uk

Address - Unit 24 City Quay, Camper Down Street, Dundee, DD1 3JA
Easy parking & disabled access

Clifton Dental Clinic
excellence in dental care

We take great pride in the integrity of our approach, and will only undertake treatment requested by the referring dentist.

We welcome referrals for:

● Single implants ● Multiple implants ● All on 4 teeth in a day ● Implant retained dentures
● Bone augmentation and sinus lifting ● Endodontics ● 3D CT scanning
● Implant Refer and Restore Program. Why not work with us by learning to restore your implant cases?

8 HOURS CPD

Special half price early booking offer **£62.50** dentists/ **£47.50** hygienists (including lunch and drinks reception)

PREVENTION AND MANAGEMENT OF PERI-IMPLANTITIS WITH PHIL OWER

Friday 28th October at the Glasgow Hilton Hotel

AIMS & OBJECTIVES

● To assess local and general factors in relation to peri-implantitis
● To prescribe effective preventive regimes.
● Be able to diagnose early peri-implant problems.

To book call 0141 353 3020 or email cliftondentalclinic@yahoo.co.uk

ABOUT PHIL OWER

Phil qualified from King's London in 1978. He joined the RAF after qualifying and was a general dental practitioner until taking an MSc in Periodontology in 1992, after which he was RAF Adviser in Periodontology and ran the RAF School of Dental Hygiene. After leaving the RAF he lectured at the Eastman Dental Institute and worked in several specialist practices. For 10 years he worked alongside Bernie Kieser at the Periodontal Practice in London and now practices at the Briars Dental Centre in Newbury.

A TEAM APPROACH

CLIFTON DENTAL CLINIC IS ALWAYS LOOKING TO IMPROVE THE SERVICE IT OFFERS, NOT ONLY TO PATIENTS WHO ARE REFERRED FOR TREATMENT, BUT ALSO TO THE REFERRING CLINICIAN

In the last year we have continued to expand not only our range of treatments but also our clinical team, with the introduction of Mark Sorrentino last year. We believe this allows us to provide the best possible options for all your referral needs.

We believe that the best patient care is by a true team approach, working closely with our referring dentists on all aspects of their patients care. To help our referring colleagues to develop their clinical skills and implant knowledge, we have also added to our popular range of CPD Courses in 2016 and will continue to expand this in the coming year.

ALLAN PIRIE, BDS, DGDP (UK) RCS, MSC IMP DENT

Implant and restorative dentistry

Allan is a familiar face within dentistry in Scotland. Over the last 10 years, Allan has established a large network of dental practices across the country who not only refer patients, but have also developed their own clinical skills and practices further by joining Allan on one of his many CPD events, and introducing additional skills and treatments into their everyday practice.

Allan has developed a reputation for excellence in his implant work and has expanded the range of treatments offered here at Clifton Dental Clinic. This includes routine single or multiple unit implant placements, full arch rehabilitation, routine and complex bone augmentation, teeth in a day, and working with carefully selected surgical colleagues to offer Zygomatic implant treatment.

Over the last year, Allan has been keen to expand the range of treatment options further and was delighted when Mark Sorrentino agreed to join the team at Clifton Dental Clinic.

ROSS HENDERSON, BDS, MSC (ENDO)

Endodontics

Here at Clifton Dental Clinic, Ross has been running an endodontic referral service for seven years now. Dr Henderson can help with the diagnosis of oral pain and implement an effective and swift treatment plan to help alleviate your patients' pain and infection. If your patient is in acute pain, we will always try to accommodate your patient at short notice and open up an emergency appointment. Dr Henderson has a calm and reassuring nature and is good at dealing with anxious patients. For patients requiring a little extra help, we offer a sedation service if required.

Dr Henderson accepts referrals for all aspects of endodontic care, including, diagnosis, post removal, non-surgical endodontics (including trauma cases, immature apexes and perforation repairs), surgical endodontics and post/core placements. We can work in conjunction with the other practitioners of the practice to offer surgical crown lengthening to help save teeth that initially were deemed unsuitable for restoration.

MARK SORRENTINO, BDS, MJDF RCS (ENG), PGDIP (REST)

Implant and restorative dentistry

There are those restorative cases where for one reason or another it may not be possible to carry out a certain type of treatment in the normal practice environment or the practitioner may not have the skill-set or training required to work through an entire treatment plan. Here at Clifton we have introduced a restorative service for cases such as these.

As clinicians we aim to provide a predictable and long-lasting solution to our patients. The restorative referral service aims to increase that level of predictability by assisting the practitioner with those cases that may be too complex to tackle. Cases such as restoration of canine guidance and anterior composite placement for erosion/abrasion; crown lengthening; reorganising or conforming the occlusion in severe wear cases; smile and cosmetic make-overs; multi-disciplinary approach with periodontal and endodontic treatments. We can also provide in some cases an alternative to implant treatment using precision attachment retained prostheses.

It may be that the practitioner only wants part of the restorative work to be carried out here, e.g. stabilisation phase treatment and treatment planning, and we are happy to provide that service.

If the practitioner wishes to observe some or all of the treatments again we are happy for that to happen.

CLIFTON CPD COURSES

This year we have expanded our range of Continuous Professional Development courses available, with the introduction of additional implant restorative courses for general dental practitioners, in-house implant treatment 'Lunch and Learns' for our referring clinics, endodontic CPD events, and most exciting of all, our annual study day on 28 October which will look at this year's hot topic in implant dentistry, peri-implantitis, with the renowned speaker Phil Ower.

MORE INFORMATION

To book a place on any of our courses or enquire about a Lunch and Learn, please contact Lesley on 0141 353 3020

Referrals are very welcome for our **non-surgical and surgical aesthetic treatments**

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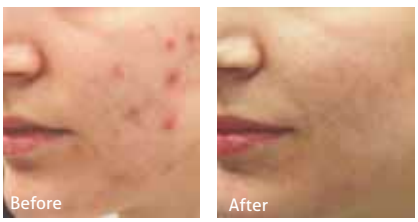

Our surgical treatments include:

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Breast augmentation

Our Aesthetics Team

Dr Heather Muir
BDS, PGDip (NSFA)
MSc (UCLan)
Face and Body Cosmetic Practitioner
GDC No. 74294

Mr Taimur Shoaib
MBChB, FRCS (Ed), DMI (RCSEd), MD, FRCS (Plast),
Consultant Plastic Surgeon
GMC No. 3615443

Mr Andrew T M Carton
MA, FFDRCS, FDSRCPS (Glasg) FRCS (Maxfac),
Oral & Maxillofacial/Head and Neck Surgery
GDC No. 57478
GMC No. 3575882

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SCEA is part of the Scottish Centre for Excellence in Dentistry and was set up in response to the increasing demand for face and body rejuvenation treatments. Referrals are welcomed at the centre for non-surgical and surgical aesthetic treatments. The patients are treated with the utmost respect, the highest quality of care and returned to the referring practice for continuing dental care when their treatment has been completed.

At the heart of the team at SCEA is Dr Heather Muir BDS, MSc (UCLan), who has a wealth of knowledge and expertise with more than 13 years' experience in facial aesthetic treatments. She gained her Certificate in Cosmetic Dentistry in London in 2006 and completed a masters in non-surgical facial aesthetics for dentists with merit in 2014. She is one of a very small number of dentists in the country to have completed this programme. She also currently teaches facial aesthetic techniques to dentists, doctors and nurses.

The centre is committed to delivering the highest standards in patient care, using the very latest technology and is proud to be one of the very few places in the UK to have the InMode machine. It provides a wide range of treatments all on one platform, including radio-frequency skin tightening and body contouring, IPL skin resurfacing and diode laser hair removal. This revolutionary technology gives patients amazing results with very little or no discomfort.

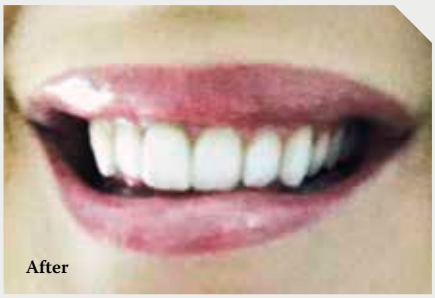
Dr Muir provides a range of cosmetic treatments including wrinkle reducing injections to improve the appearance of frown lines, forehead lines, crow's feet and lines on the lower face and neck. This treatment allows the skin to rest by relaxing and softening the muscle activity that causes the skin to crease and produce ageing lines. The solution used in this treatment is a purified protein which is injected using a very fine needle resulting in minimal discomfort. She also offers other specialist treatments such as lip repositioning, with remarkable results as displayed in the pictures right.

Other popular treatments offered by Dr Muir include mesotherapy and chemical peels. With mesotherapy, microinjections are used to deliver "medicinal bullets" of conventional or homeopathic medicines, vitamins, minerals and amino acids into the mesoderm (middle layer of the skin). It can be used to hydrate and plump the skin and restore the appearance of vitality.

Chemical peels improve and smooth the texture of the facial skin using a chemical peel that causes the dead skin to slough off and eventually peel off. The regenerated skin is smoother and can be less wrinkled than the old skin. Pigmentation and texture are improved and a youthful glow restored.

Another benefit of the centre is that it is based on a business park in South Glasgow. The quiet location is away from the busy city centre streets and so allows patients to leave discreetly without many people around.

Referring to the centre is a simple process which is done via an online referral form or by calling the centre for more information. Referring dentists are also very welcome to visit the centre at any time to meet the team and see the facilities.



Above: lip repositioning treatment

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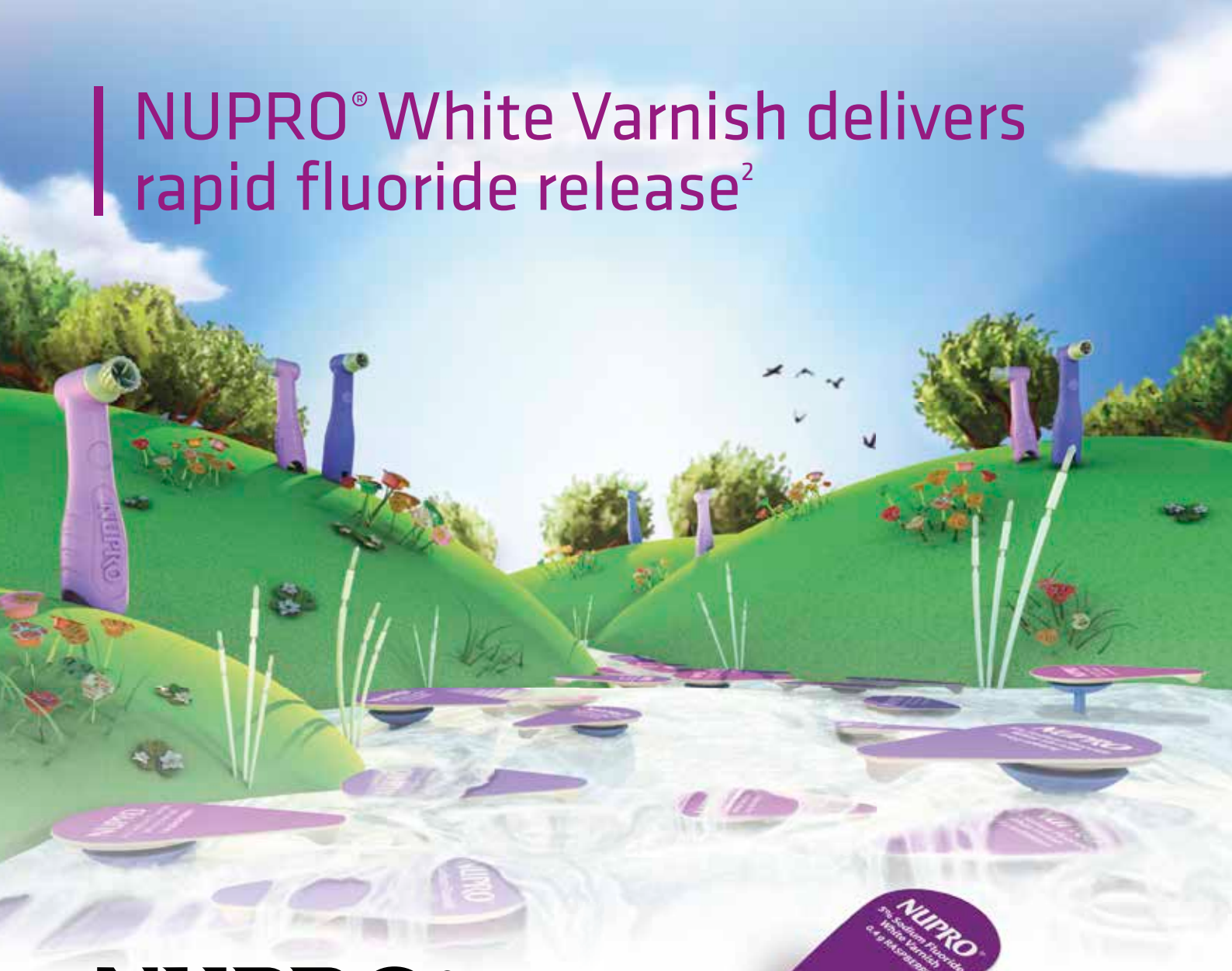

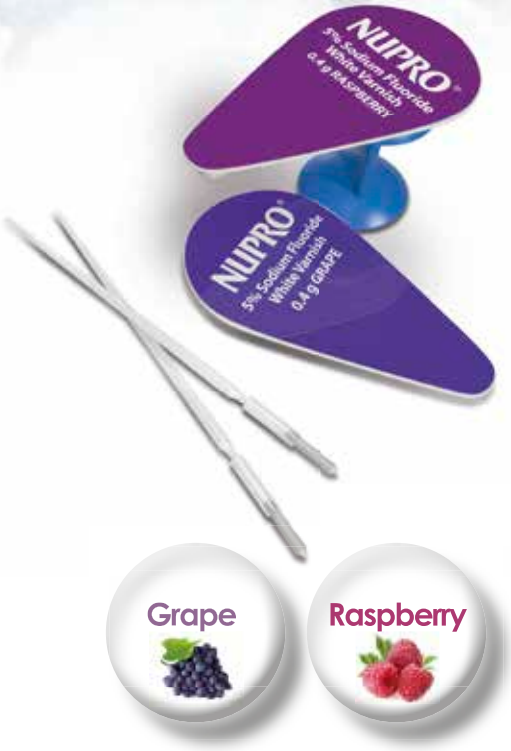

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References:
1. Data on file, Dentsply Professional.
2. Compared to competitive varnishes. Data on file.

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Image: Berkeley Clinic, Glasgow. UK Dental Practice of the Year 2013

PARTNERSHIP FOR SUCESS

THE LAUNCH OF THE NEW BRITE DENTAL CLINIC IN PAISLEY ACTS AS A SHOWCASE FOR THE BRITE DENTAL WAY. GORDON MATTHEW ADMITS THAT THEY NOW HAVE A FACILITY 'WORTHY OF THE GREAT CARE THAT WE DELIVER'

Gordon, along with partner Jamie Bissett, may only have moved their Brite Dental Paisley practice 350 yards up the road, but the difference in the look and feel of the practices is miles apart. Formerly housed at eight and 18 Neilston Road, the new practice is situated at number 47 and houses eight surgeries and top-of-the-range clinical equipment and facilities.

Gordon bought number 18 in 1995, 10 years after graduating from Glasgow Dental School and he expanded to include number 8 in 2002. However, despite being different premises in the same tenement block and separated by four doors, they were technically the same practice as far as the health board was concerned. Then again, when it came to practice inspections, they were regarded as two practices.

Aside from the logistical difficulties, including walking instruments up and down the pavement from the LDU in one building, to the surgeries in the other, the tenement buildings provided a limited scope for refurbishment and Gordon explained he had been looking for new premises for some time.

In 2013, Gordon had been looking for a way to take his clinic to the next level and build a true legacy. He approached Brite Dental through a recommendation from a colleague and so the process began in transforming his dental business. Brite Dental partner with principal dentists offering a full suite of support services. From compliance, management and technical support through to marketing and clinical training pathways. Gordon was on board from day one, with the immediate decision being to find a new location worthy of a state-of-the-art dental clinic.

This happened when Gordon was literally walking past a newly-boarded up car showroom within sight of his current practices when he realised it would be the

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perfect location for a new dental practice. By partnering with the team at Brite Dental, the whole process of designing and building the new facilities was taken care of. "Along with the immense work put in by the Brite Dental design team, our lawyers Harper Macleod were invaluable with their legal, tax and IP advice," said Gordon.

At the same time, the vision was to recruit a new partner to carry the mantle forwards as potential retirement was on the horizon for Gordon. Jamie Bissett, Gordon's partner in the clinic, came on board in late 2013 after approaching Brite Dental for a partnership opportunity. Jamie had qualified from Glasgow in 2006, did his VT in Govanhill and stayed for a couple of years before moving to a practice in Clarkston. Jamie had become restless working as an associate but realised the ever-increasing demands being placed on principal dentists and saw that autonomy with enhanced support might be the best way forward. The success story at Brite Paisley is a phenomenal one.

The two immediately set about designing the new practice with input from Jamie Newlands at the Berkeley Clinic and the design team from Brite Dental. While Gordon and Jamie Bissett own the Paisley practice, being under the Brite Dental umbrella means that they can take advantage of the full range of support that Brite offers. From recruitment, HR, accountancy, compliance support, clinical support and procurement.

Jamie explained that the new practice is a showcase for what 21st century dental care can be. As a former car showroom, the new premises provided plenty of space and gave them the opportunity to create eight surgeries of similar size, each with the same equipment meaning that the dentists and other staff could switch between surgeries with minimum hassle.

One of the key elements of the design was to create a space that felt open and bright and friendly. Every last nail and screw was accounted for in how the clinic was laid out to run.

Work started on the new practice in January and took a full eight months to fit out and furnish. Gordon explained that they weren't helped by some opportunistic thieves who stole the lead from the roof of the rear section of the building while the red tape was being tackled, meaning that the building had to be stripped back to the bare bones due to water ingress.

However, this allowed for a clean slate for the design and it has produced a stunning facility, designed by award-winning architects GRAS, with clean lines, clever use of lighting and a minimalist feel in the surgeries. Each chair has a television screen above and in front, for patient information and viewing of radiographs etc. The waiting area features a kids corner and comfortable seating with a large reception desk that can seat three members of staff to deal with the busy times and ensure no one is kept waiting too long.

The main corridor into the surgical areas sees the surgeries positioned along the left hand side with LDU, store rooms and on-site denture lab in the central section. The flow of staff and patients comes full circle and ends with staff room and offices before it rejoins the main thoroughfare back into reception.

Gordon, Jamie and the Brite support team consulted with the staff when it came to the patient journey and asked them for their input. Jamie explained that the dentist collects the patient from the waiting room and afterwards the nurse takes them back to reception. And, rather than making sure they don't get lost, the idea is that they will feel looked after and valued throughout their visit, reducing anxiety and providing opportunity to build relationships with the patients.

Jamie explained how proud he is of the new practice: "When I qualified I didn't think I would get the chance to work in a practice like this and I am very proud. I really feel that we have achieved something special. Without our partnership with Brite Dental I am positive we would not be in this wonderful clinic today.

His thoughts are echoed by Gordon. He said: "I have not heard a single negative comment from patients or staff since we have moved and that is a source of real pride for me.

"I'm from Paisley and I feel that together with Brite Dental we have delivered something for my home town and for the community, it will be a great legacy I think. We have made the investment and I know that the staff are as proud of the new practice as we are. We just need to make sure we deliver the service to match the surroundings."

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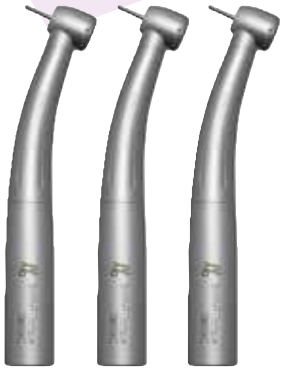

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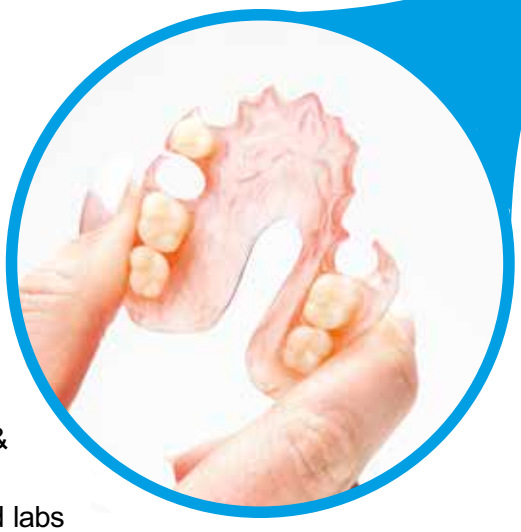

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Dental Showcase is the number one dental show in the UK and is therefore a natural partner for Oral-B, which is once again the Headline Sponsor (Stand I10).

Much interest is expected in the new power toothbrush, Oral-B Genius. By combining motion sensor technology in the brush, and video recognition using a smartphone's camera, all areas of the users mouth can be tracked so that they know where they've brushed and where they've missed! Patients receive feedback on the brushing via the Oral-B App 4.1. The mechanical benefits of Oral-B's power toothbrushes compliment the chemical efficacy afforded by their Pro-Expert toothpaste. It's the inclusion of stabilised stannous fluoride (SnF2) that makes the difference. Stannous fluoride was the first scientifically recognised fluoride and has been stabilised to provide additional protection.

Visit Oral-B on Stand I10 at the BDIA Dental Showcase.

COMPLEMENTARY TREATMENT CENTRES

Belmont invites you to take a seat on one of its stunning treatment centres. The flagship Cleo II features a unique folding leg rest, which has a much smaller footprint than a conventional chair and is also far more familiar in design to patients.

For those requiring the flexibility of an ambidextrous unit, there's either the tbCompass or the Voyager III. With Belmont treatment centres you also have a huge array of colours from which to choose – 48 in total! There's an option for standard or luxury ultrasoft upholstery, so you can co-ordinate perfectly with the rest of your interior.

With your patient perfectly positioned, you need an operating light that will provide a flooded area of illumination, with minimum heat transfer and white light, which most closely matches daylight. The 900 LED light from Belmont does just that and its elegant design complements their treatment centres perfectly.

Visit Belmont at the BDIA Dental Showcase, stand L50.

TECHNOLOGICAL INNOVATION AND UNBEATABLE PROMOTIONS

W&H look forward to welcoming you on Stand G60 at BDIA Dental Showcase for the latest news and special offers on handpieces, surgical and decontamination products with options available to suit individual budgets and requirements.

W&H is pleased to launch the all new easy-to-use Implantmed with exciting new features including the optional wireless foot control and integration of the Osstell ISQ diagnostic system for determining implant stability and osseointegration. Also being launched is the exciting new range of MS sterilisers; the Synea Vision range of turbines; the Assistina range, ideal devices for cleaning and lubrication of all handpieces; and an exciting range of surgical units and handpieces which will be on promotion at low prices.

Visit W&H on Stand G60 for unbeatable show promotions For more information, call 01727 874990, follow us on Twitter at '@ WH_UKLtd or visit www.wh.com

PRACTICAL AS WELL AS FUNCTIONAL

Oral-B's latest power toothbrush really does cover both the practical and functional aspects of brushing. In terms of functionality, performance is enhanced through the use of Precision Detection Technology.

By combining motion sensor technology located in the brush, and video recognition using a smartphone's camera, all areas of the users mouth can be tracked so that they know exactly where they've brushed and where they've missed! Guidance on pressure applied and brushing duration is also reported.

Oral-B Genius incorporates several great features. The travel case charges both the brush – which features a lithium-ion battery for at least two weeks of brushing – and a USB device, with a single plug for any voltage to make travelling easier than ever.

For more information, contact your local dental dealer.

START CHRISTMAS EARLY WITH KEMDENT

Kemdent are delighted to announce their traditional and popular Christmas Hamper Promotion for 2016. This year, the free hampers are brimming with festive treats. All you have to do is spend just £150 +VAT on Kemdent products during November 2016,

Customers can take advantage of Kemdent's multi-product package, buy five 20/box Diamond Rapid Set Capsules and two 5L ChairSafe Alcohol Free Disinfectants for only £150 + VAT (RRP: £274.44 + VAT). Diamond Rapid Set Capsules are user friendly, pre-dosed glass polyphosphonate restorative material and are a real alternative to posterior composites and amalgam.

For information on the Christmas Hamper promotion or to place an order, contact Kemdent on 01793 770256. E-mail sales@kemdent.co.uk or visit www.kemdent.co.uk

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SUPERVISED BRUSHING

If you've been successful in getting your patients motivated enough to brush regularly, it must be so demoralising for you (and them) that their efforts aren't always rewarded with good oral hygiene.

Brushing for two minutes, twice a day won't be sufficient if areas of the mouth are being missed. With Oral-B's new Genius power toothbrush a patient's technique will almost certainly be improved. Using it is like supervised brushing!

Oral-B research has revealed that up to 80 per cent of people spend insufficient time brushing in

at least one zone in their mouth. Now, when paired with the Oral-B App 4.1, the Position-Detection Technology in Oral-B Genius tracks brush position, and shows the user how to brush all zones in the mouth equally and evenly. Now there's no excuse for non-uniform brushing. Genius? It certainly is!.

TRYCARE APPOINTED EXCLUSIVE DISTRIBUTOR FOR BIOMINF

BioMin Technologies Ltd, the spinout company from Queen Mary University of London established to commercialise their mineral-releasing Bioglass technology, has appointed Trycare as its exclusive distributor of BioMinF toothpaste for UK and Ireland.

BioMinF toothpaste is designed to provide long-lasting protection through continuous low-level release of calcium, phosphate and fluoride ions for many hours after brushing. These minerals combine rapidly to form a fluorapatite rich surface on the teeth that has enhanced resistance to acid dissolution.

Richard Whatley, CEO of BioMin Technologies, said: "As the fastest growing dental supplies company in the UK, Trycare is ideally placed to introduce BioMinF toothpaste to the general public and dental practices throughout UK and Ireland. The initial responses from user trials have been extremely encouraging and we are convinced many people will benefit from the regular use of this product."

For more information about BioMinF toothpaste, please contact Trycare Ltd on 01274 881 044, visit www.trycare.co.uk or purchase online at www.dentalshop.co.uk

THOROUGH, NOT AGGRESSIVE BRUSHING

Overzealous brushing is likely to have devastating effects on a patient's hard and soft tissue and can be so demotivating for the patient who thinks that, by being fastidious with their oral hygiene, they're doing a good job.

Oral-B's new Genius power toothbrush protects gums from over-aggressive brushing by visually indicating when too much pressure is applied, automatically slowing down the brush head speed, and stopping the pulsations. This ingenious device also has groundbreaking Position Detection Technology. By combining motion sensor

technology located in the brush, and video recognition using a smartphone's camera, all areas of the users mouth can be tracked. Patients receive instant feedback on the brushing of each zone of the mouth via the Oral-B App 4.1, including guidance on pressure applied and brushing duration.

EXCELLENT SERVICE

Dr Bala, director of Smile Dental Spa in Dewsbury, has been working with Wrights for more than five years.

He said: "Wrights provides us with a wide range of top-quality dental services from equipment and cabinetry to materials, as well as a brilliant engineering and repair service. With such high-quality delivered every time, this is why we use Wrights for more than 80 per cent of our ordering.

"All in all the products are great value for money and the team provides superb customer care from start to finish. What's more, Wrights is extremely helpful

and proactive with resolving any problems or issues."

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The Restorative Course

An evidence based approach to restorative dentistry with seminars and hands-on practicals demonstrating how to put proven restorative techniques into practice to deliver great results.

The **14 day** Restorative Course delivers a step-by-step programme, a perfect balance of 60% theoretical and 40% practical, delivering the foundation for restorative dentistry. Prof. Tipton and his team will teach you proven techniques to improve the quality of your results, reduce your failure rate and, increase your confidence to take on more complex work.

What our delegates say

"Before the course I averaged between £3-5k of private income per month. Now, nearing the end of the course, I am averaging between £10-12k per month on top of my NHS fees." ***Greg Paysden***.

STARTING OCTOBER 2016 **(limited seats available)**

Manchester £499+ VAT Per Day
London £575 + VAT Per Day
Plus £250 +VAT registration fee

The Cosmetic & Aesthetic Course

A course designed to give you a full understanding of cosmetic and aesthetic dentistry, along with how to improve your skills and technique with more hands on cosmetic work.

The **13 day** course introduces an abundance of new treatment options for you to offer to patients. It will help you to identify how the techniques in aesthetic dentistry can be best applied in your practice and how you can improve the level of patient satisfaction.

What our delegates say

"The Cosmetic & Aesthetic course has opened my eyes to a whole new revenue stream and increased my knowledge and confidence in everyday dentistry." ***Andrew Rees***.

STARTING MARCH 2017

Manchester £499+ VAT Per Day
London £575 + VAT Per Day
Plus £250 +VAT registration fee

The Implant Course

One of the UK's longest established implant courses that will help cement the relationship between the prosthodontist, implant surgeon, dental laboratory and implant system provider to achieve the best results possible.

As part of our **14 day** implant course, delegates are invited to treat their own patients under the supervision of our experienced implant surgeons, learning to place and restore implants. These surgical days are immensely stimulating. Some dentists place and restore their first implants with us, others learn more complex procedures.

What our delegates say

"I have placed more than 30 implants on the course. I am now doing the Part 2 Implant course and I have already started taking up complex cases." ***Nadine Skipp***.

STARTING JANUARY 2017

Manchester £399+ VAT Per Day
London £499 + VAT Per Day
Plus £250 +VAT registration fee

The Phantom Head Course

Using phantom heads, you will increase your clinical skills and develop techniques required to prepare and restore teeth for both basic and advanced restorative procedures, which you can implement into practice straight away.

The course is based on 10 modules running over **12 days**, with two days e-learning free of charge. The application of webinars to the course, provides you with a broader learning experience and means that we don't have to compromise time spent on practicals.

What our delegates say

"My private income has increased dramatically, so much so that I have purchased my own practice now. I am now one of the youngest private practice owners in the UK, and I owe this to Tipton Training" ***Dr P Shah***.

STARTING FEBRUARY 2017

London £625 + VAT Per Day
Manchester £575+ VAT Per Day
Plus £250 +VAT registration fee
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