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Charity urges dental professionals to talk to their patients about mouth cancer

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> They can leave dentistry at the bottom of the heap or they can step up and provide the first-class service our patients deserve

ROBERT DONALD

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Dr Suzanne Lello, BChD Hons (Leeds 2008), MFDS RCS (Ed), MJDF RCS (Eng), FHEA, MOral Surg RCS (Eng)
Specialist Oral Surgeon, GDC No. 153633

We are delighted to announce that 6 years after the retirement of our colleagues Dr Judith Lello and Professor Glenn Lello, we have another Lello joining our team. Dr Suzanne Lello, Specialist in Oral Surgery (2015), has recently started a dentoalveolar referral clinic. This is a three tiered service with competitive flat fees for routine and surgical extractions, wisdom tooth removal and the option of conscious sedation. Emergencies and same day treatment are available.

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Dr R Philpott, BDS, MFDS, MClinDent, MRD RCS(Ed)
Specialist in Endodontics, GDC NO. 82646

Dr M Brennand Roper BDS MClinDent (Pros), MFDS RCS(Ed), MJDF RCS(Eng), MPros RCS(Ed)
Specialist in Prosthodontics, GDC No. 112806

Dr C Millen BDS, MFDS RCS (Ed), MClinDent (Pros), MPros RCS (Ed), FDS (Rest. Dent) RCS (Ed), FHEA
Consultant and Specialist in Restorative Dentistry and Prosthodontics, GDC No. 85443

Dr G Ainsworth BDS FCS RCPS Glasg, MSc (Ed), MSurgDent RCS (Ed)
Specialist Oral Surgeon, GDC No. 71932

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Editorial

WITH BRUCE OXLEY, EDITOR →
Get in touch with Bruce at
bruce@sdmag.co.uk

LET'S MAKE SOME NOISE

Raising awareness of mouth cancer through different methods

During this year's Mouth Cancer Action Month (MCAM) we took part in a Thunderclap to pledge our support for the Oral Health Foundation's (OHF) annual awareness campaign.

For those that don't know (and this included us just a few short weeks ago...), a Thunderclap is an innovative method of using social media in a coordinated fashion to show support and raise awareness of a specific cause.

Individuals, associations, groups and societies pledge their support for said cause and sign up to release a message on Twitter, Facebook and other social media platforms at a specific time and date.

The idea is to make as much noise on people's social media feeds as possible and get the message out far and wide. The MCAM Thunderclap attracted 355 supporters and reached 667,144 people on social media. Considering the target was 200 supporters, I think this foray into 'crowdspeaking' can be judged a success.

However, the stats about mouth cancer still don't make good reading, despite nearly 20 years of campaigning by the OHF. The latest available figures show that more than 7,500 people are diagnosed with the disease every year. That's 18 people every day and one every 77 minutes.

Mouth cancer kills over 2,000 people each year. That is more than die from cervical and testicular cancer combined. Cases of the disease have increased by a third in the last decade and it is one of the few cancers that is expected to increase in the coming years.

But, it's not all bad news. More people are being treated successfully and living longer. Early detection results in a survival outcome of 90 per cent. This is compared to a delayed diagnosis, which means survival rates plummet to as little as 50 per cent.

So, awareness is absolutely vital. With mouth cancer now a recommended CPD topic, dental professionals should be up to speed on what to look out for and what to do if they spot something suspicious. The key, as explored in the last issue of the magazine ('What am I looking at?', SDM Oct 2017, p46), is one of confidence and empowering patients to come forward if concerned.

Our lead article in the magazine this issue is an interview with two of the trustees of the Scottish charity, Let's Talk About Mouth Cancer. One of the primary aims of the organisation is to get patients, dental professionals and anyone who will listen, talking about the disease.

Mouth cancer kills over 2,000 people each year – more than cervical and testicular cancer combined

So, how are you planning on making some noise?

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1

DAVID OFFORD
(ON MEASURING SUCCESS)
Dr David Offord is a specialist in oral surgery and practice principal at Vermilion, a fully private dental referral clinic in Edinburgh.

2

NICOLA KINGSFORD
(ON IN-PRACTICE RESEARCH)
Dr Nicola Kingsford carries out qualitative research, internal audits, data collection and statistical analysis at Vermilion.

3

ILYAAS REHMAN
(ON WHAT MAKES THE 'IDEAL' SMILE)
Ilyaas Rehman is a final year dental student from the University of Glasgow with a keen interest in academia and restorative dentistry.

4

AISHA SHAFI
(ON OBTAINING VALID CONSENT)
Aisha Shafi is a general dental practitioner with a special interest in cosmetic dentistry and facial aesthetics.

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HAVING HIS SAY →
Arthur Dent is a practising NHS dentist in Scotland
arthurdent@sdmag.co.uk

THE GENERATION GAME

Arthur welcomes his fellow Scottish Dental columnist with a few reflections of his own

My new colleague, a young dentist in the west of Scotland, recently reflected on their time as an undergraduate, wishing they had "worried less, studied more and taken part in more of the extracurricular subjects" (SDM October, p19).

Despite being (I suspect!) twice the age of my colleague, I can't feel my current situation is any different. With the advent of CPD changes, we will inevitably spend more time on reflective practice, and rightly so. Studying sounds great! However, a three-year, part-time MSc which is online distance learning will still cost £6,135. And, if you are working in general practice, time will need to be taken out of practice to study, so the real cost will be much more than that.

There is presently little opportunity for career advancement, or, of course, the holy grail of career change. Even with Margie's suggestions in the current oral health plan, I can't see that specialising in (for example) endodontics will in any way improve the quality of life or practice.

I would love to worry less, but until patient demands become more reasonable, and we are paid fairly, I cannot see this happening. IRMER is to change again in January, but we don't yet know in what way. Audit has changed again, and again we have not been given very much information as to what will be expected of us. And, of course, the practice inspection continues to be time consuming and worrying, even when you know everything is up to date. I am frequently asked why I "don't just get a practice manager". Well, practice owners are responsible for what practice managers do – so I would need to check everything. They would reasonably expect approximately £25k a year – which would bring my income down to £27k a year. With all the hassle, at that point I would be better being someone else's practice manager.

There is presently little opportunity for career advancement, or, of course, the holy grail of career change

I would take issue with my new colleague saying that complaints or the GDC are "silly little things". These are big, important things – not just as learning opportunities – but can also be career-ending events. We are right to worry about them, no matter how good our treatment or our notes may be, complaints will happen, and are certainly a big event for a patient.

I felt a lot of kinship when the author described going from being top of her class at school to being towards the lower end at university. I long ago accepted that even when I try my very best, I will only ever be a very mediocre dentist. No amount of courses will change this, and every profession will have a spread of ability.

What could we do better? The author says they come from a non-academic family – perhaps the dental schools could run a familiarisation course as part of freshers' week to give students more insight into what will be expected from them, as students in general, and into what the course will cover over the next five years.

Extracurricular subjects? These now take the form of family and so-called leisure. And there is precious little time for them.

STRESS AND BURNOUT IN DENTISTRY

Major online study into the mental health and wellbeing of dental professionals is launched across the UK

The BDA, alongside researchers from the University of Cardiff, has launched a major online study into stress and burnout within the profession of dentistry.

The survey aims to shed light on factors such as working conditions, and identify the prevalence of occupational stress and burnout among UK dentists, and the impact this has on general health and wellbeing. The survey is open to all dentists across the UK and will also explore whether there are notable differences across the fields of practice.

The BDA says that it wants to build on its existing body of research to raise awareness of the risk factors of burnout among dentists in all four countries in the UK. The dentists' trade union also wants to identify ways in which to promote the wellbeing of dentists at work and better support dentists who are experiencing mental ill health. The results of the survey will help to inform the BDA on future research and policy development. It takes approximately 20 minutes to complete, and respondents could win a £100 Marks and Spencer gift voucher for taking part.

The association insists that all information provided will be treated confidentially, and the survey will be taken anonymously. Respondents' names will not be asked, and the BDA will not be able to identify you from the information given. Only the research team (at the BDA and the University of Cardiff) will have access to the data.

BDA chair Mick Armstrong, said: "The BDA is well aware of the numerous stresses and strains on dentists' working lives, and in some instances this can push people over the edge.

ABOVE: BDA chair, Mick Armstrong

"We need hard data on the extent of stress and burnout in the profession and also the factors that place dentists at risk, so that we can better help them before they reach this point.

"The BDA is also concerned by the dearth of support services for dentists who are stressed out and are working with others to close this gap."

To take part in the survey, visit www.smartsurvey.co.uk/s/burnout/

SPECIAL CARE FIRST FOR ABERDEEN

A new special care dentistry course, the first of its kind in Scotland, has been launched by the University of Aberdeen.

The postgraduate diploma programme will train dentists with the additional skills needed to treat a wide variety of people who may have extra requirements such as people with disabilities, people with phobias, people with mental illnesses and those who are care resistant.

Course leader and clinical senior lecturer Dr Iain Bovaird said: "This new programme will give dentists practical experience of treating patients with additional needs giving them the skills and confidence they need to treat patients with similar needs in their own practices."

The diploma programme starts in January with students attending the university for 20 study days over an 11-month period.

MORE INFORMATION
For more information, visit www.abdn.ac.uk/pgt/special-care-dentistry

ABOVE: Robert Donald, chair of the Scottish Dental Practice Committee

SCOTTISH DENTISTS ARE AT THE BOTTOM OF THE HEAP

SDPC chair argues that the facts don't tell the whole story

Despite new figures from NHS Digital that appear to show their lot is improving, the fact remains that Scottish dentists remain the lowest earners in the UK.

This is according to Robert Donald, chair of the Scottish Dental Practice Committee, who says that the long-term trend still shows a significant decline in income across a decade, resulting in reduced investment in patient care.

He said: "We remain at the bottom of the heap. Earnings and expense levels for NHS dentists in Scotland have fallen by nearly 30 per cent in real terms since 2009, for both practice owners and associates, while costs of regulatory compliance and registration have gone up by 1,086 per cent in the last decade.

"The 1 per cent uplift on pay for GDPs, doesn't begin to address the decade of underinvestment in dentistry that affects recruitment, retention and investment across the service. For principals, the average taxable income decreased with the percentage of time spent on NHS dentistry.

"Tackling the problem of the growing oral health inequalities in Scotland can only be done with a motivated and adequately remunerated workforce."

Donald argues that in the poorest areas of Scotland, only 63 per cent have seen their dentist in the last two years while registration figures also fail to paint an accurate picture. He says that 1.4 million registered patients haven't attended in the last two years.

"It's Government's choice, they can leave dentistry at the bottom of the heap or they can step up and commit to providing the first-class dental service that we think our patients deserve," he said.

MSPS ARE WAKING UP TO MOUTH CANCER

Motion raised at Holyrood recognises the work of Scottish dental professionals in tackling oral cancer

Nearly 30 MSPs have signed a motion at Holyrood commending the work of the dental profession in raising awareness of oral cancer.

The motion, which was raised by Conservative MSP Adam Tomkins, highlights the fact that Scotland has almost double the incidence of the disease than England and that people from deprived areas are more than three times more likely to be affected.

More members are expected to sign the motion during Mouth Cancer Action Month that takes place throughout November, with the British Dental Association and the Oral Health Foundation urging dental professionals to contact their MSPs to urge them to sign the motion.

The vice chair of the BDA's Scottish Council, David Cross, said: "It's great that MSPs are rallying to our call that much more needs to be done to raise awareness of this most debilitating condition.

"They will be doing a great service if they can help drive home the message that even if you don't have any teeth left you can still get mouth cancer.

"People also need to know the signs and symptoms for mouth cancer that you shouldn't ignore because an early diagnosis can improve a patient's chances of survival from 50 per cent to 90 per cent.

"That's why the BDA wants every dentist and DCP to ask their own MSP to sign this motion. Greater awareness of this condition will save the NHS money and prevent unnecessary distress to patients."

Launching the awareness month's annual Blue Ribbon campaign, the CEO of the Oral Health Foundation Dr Nigel Carter said: "By wearing a blue ribbon, you are making a difference in the fight against mouth cancer by raising vital awareness. We want you to show it with pride so that everyone can see it and learn something about this disease.

"I appeal to you personally, if you were not already planning to get involved in Mouth Cancer Action Month then please reconsider. Even if it is to just buy a blue ribbon badge. It is such a small gesture but can have a momentous effect, thank you."

FULL THROTTLE AT SCED

Glasgow referral centre hosted a special supercar driving experience for staff, patients and referring dentists recently

More than £1 million worth of supercars were on display at a Govan dental practice recently for an exclusive Ferrari driving day.

About 60 referring dentists, patients, staff members and their children attended the event at the Scottish Centre for Excellence in Dentistry (SCED), which was arranged in association with Graypaul Edinburgh.

With two Ferrari 488 Spiders, a Ferrari GTC4 Lusso, and a Lamborghini Aventador on display and available for the adults to drive, there was plenty for even the most avid of petrol heads. Accompanied by experienced demonstration drivers everyone got half an hour to get acquainted with the controls of these top-of-the-range supercars and enjoy a drive around the streets of Govan – making sure to stick to the speed limit!

SCED director Scot Muir said: "These popular car days are a great way for us to say thanks to our patients, suppliers and staff and give them a fun day to experience something unique. And this year it was not just patients and referring dentists enjoying the day as the centres new laboratory team were there to join in the fun – the lab team was set up earlier this year."

After previously hosting Bentley and Tesla driving days in the past, the SCED team hope to arrange other supercar experiences, with Bentley and McLaren on the wishlist for the 2018 event.

Scottish Dental's Tim Power in a Ferrari 488 Spider

FAILURE TO REDUCE ARF CRITICISED

GDC comes under fire from BDA over unchanged registration fees

Dentist leaders have called on the General Dental Council (GDC) to explain its decision to keep the Annual Retention Fee (ARF) at £890 – the highest for any UK health regulator.

The British Dental Association (BDA) claims that the council agreed a budget without sharing it in advance with the profession, including the decision not to reduce the record-high ARF. The association had previously demanded clarity from GDC chair Bill Moyes after noting the ARF for was listed for 2018 at the same level on the regulator's website ahead of the gathering, while it also claims that public papers outlined an "ambitious and seemingly uncosted" business plan.

BDA Chair Mick Armstrong said: "As long as the ARF level stays unchanged it will remain the clearest illustration of the GDC's failure to deliver on needed reforms. Our regulator will struggle to regain the confidence of this profession as long as it seems more concerned with funding pet projects than improving the efficiency or effectiveness of its statutory functions.

"The rationale for the ARF hike was a projected rise in complaint levels and Fitness to Practise cases, which have not materialised. The GDC has used registration fees to improve Fitness to Practise processes, some of which have already borne fruit and demonstrably reduced costs. Registrants now have a right to know what their fees are paying for.

"Yes, we expect the GDC to take reasonable and proportionate steps to manage its finances as Britain prepares to depart from the European Union. But not to repay the profession the 'caution' rating from last year when admitting that the expected reduction in registrants has not taken place is not acceptable, especially while it maintains the most extortionate fee levels of any UK health regulator.

"We have already been asked to pick up the tab for the GDC's financial mismanagement. In 2018, dentists should not be expected to subsidise our regulator's fondness for mission creep or its obsession with holding vast and unnecessary reserves of our money."

CANCER CHARITY TRUSTEE WINS NATIONAL AWARD

Scottish Health Awards recognises work of Fife dentist in raising awareness of mouth cancer

A young dentist from Fife who has been instrumental in setting up and running a mouth cancer charity has been recognised at the Scottish Health Awards 2017.

Niall McGoldrick, a Dundee graduate and one of the main drivers behind the formation of the Let's Talk About Mouth Cancer (LTAMC) charity, was awarded the Young Achiever Award at the glittering awards ceremony on 3 November. The awards, run in partnership between the *Daily Record*, NHSScotland and the Scottish Government, recognise the hard work of healthcare staff from across the NHS workplace in Scotland.

The Young Achiever category is awarded to an individual of 30 years or younger who "has demonstrated outstanding achievement as part of their working life... who has shown initiative, drive and excellent judgement in their work to achieve exceptional results".

After being presented with his honour by Shona Robison MSP, Scottish Cabinet Secretary for Health and Sport, Niall said: "I am completely overwhelmed with this award. This evening has really been special and I feel so privileged to be among all the finalists here tonight. This is not just for me but for all those behind LTAMC, including the other trustees, our volunteers and fundraisers. It is also for everyone who has gone out to Peru with me to help the people there. Thank you!"

MORE INFORMATION

Turn to page 28 of this issue to read an interview with Niall's LTAMC trustee colleagues Ewan MacKessack-Leitch and Stephanie Sammut.

Niall with Shona Robison

BDA URGES ACTION ON KIDS' ORAL HEALTH

NDIP report shows progress but inequalities gap still remains

The BDA has welcomed improvements in child dental health shown in the latest National Dental Inspection Programme (NDIP), but has called on the Scottish Government to do more to close the inequalities gap.

The latest NDIP report shows a continuing improvement in children's dental health – overall 77 per cent of Primary 7 children (aged 11) were found to be free from tooth decay experience, an increase of 2 per cent from the last time this age cohort was inspected in 2015.

However, while there are more children from the most deprived backgrounds who are free from tooth decay – up 1.6 per cent from 64 per cent in 2015 – this is almost exactly the same change as in the least deprived group, meaning that inequalities have not been reduced.

The BDA says that the gap that exists between the most deprived and most affluent Scottish children has remained unchanged in the past four years. The absolute difference (21 per cent) in children who are free from caries in 2017 is exactly the same as it was in 2013 and 2015.

Robert Donald, chair of the BDA's Scottish Dental Practice Committee, praised the effect the Childsmile programme has had on children's oral health in Scotland but said: "Despite this improvement, Scotland is still struggling to close the gap on persistent inequalities that exist between children from the most deprived backgrounds and the most affluent.

"Too many children from our most disadvantaged communities still bear the burden of tooth decay, which is a preventable disease."

BDA AND DENTISTRY SHOW JOIN FORCES

The BDA is joining forces with The Dentistry Show to launch a brand new dental conference and exhibition in May 2018.

The new event will see the BDA Conference and Exhibition combine with CloserStill Media's The Dentistry Show to form the British Dental Conference and Dentistry Show. The new event, which will take place on 18-19 May 2018 at the NEC, means the two events are no longer in direct competition with each other.

In recent years, the BDA Conference and The Dentistry Show have occupied consecutive weeks on the calendar, with some dental companies being forced to choose which one to attend.

BDA Chief Executive Peter Ward said: "We're committed to offering our members and this profession the biggest and best event in the dental calendar. This collaboration with our friends at CloserStill Media will take our landmark event to the next level.

This announcement comes just under a year since George Warman Publications announced that it had agreed to buy the rights to the BDIA Dental Showcase event that is held in October every year.

BIGGEST EVER BDA ELECTION LAUNCHED

Nearly 300 committee positions up for grabs across the UK, as association takes voting online

The BDA has launched the largest election in the association's recent history, with 285 places up for election, including 28 in Scotland.

The election will see each post outside the Principal Executive Committee utilise online voting in an effort to make the process more accessible for both voters and candidates. All potential candidates are invited to submit their nominations online as well.

The BDA's chief executive and returning officer Peter Ward said: "This year is the largest and most modern election the BDA has ever run. We are searching for voices from every corner of dentistry, from every nation and every field of practice to help lead this profession.

"We have transformed the way we run our elections, and are providing the technology to make standing for office or voting for your representatives easier and more accessible.

"From academia to community clinics, from the high streets to the hospitals, dentistry in the UK is under pressure. The successful candidates will be the ones to help us navigate through the challenges ahead."

Vacancies in the upcoming election include:

- 5 seats on BDA's Principal Executive Committee (Eastern region, the North West, Wales, the West Midlands, and one UK-wide seat)
- 16 seats on English Council
- 6 seats Scottish Council
- 3 seats on Welsh Council
- 3 seats on Northern Irish Council
- 72 seats on General Dental Practice Committee
- 30 seats on England Community Dental Services Committee
- 28 seats on Central Committee for Hospital Dental Services
- 34 seats on Central Committee for Dental Academic Staff
- 7 seats on Armed Forces Committee
- 8 seats on Dental Public Health Committee
- 21 seats on Young Dentists Committee
- 11 seats on Scottish Dental Practice Committee
- 6 seats on Scottish Public Dental Service Committee
- 5 seats on Scottish Central Committee for Hospital Dental Services
- 6 seats on Northern Ireland Salaried Dentists Committee
- 12 seats on Northern Ireland Dental Practice Committee
- 6 seats on Welsh Committee for Community Dentistry
- 6 seats on Welsh General Dental Practice Committee.

MORE INFORMATION
For information on standing for office, visit: www.bda.org/elections

DENPRO ANNOUNCES RECORD FIGURES

Sales figures for DenPro, the NHS procurement scheme launched in May 2016, have reached all-time highs, NHS National Services Scotland (NSS) has confirmed.

For the year to date, sales are up 8.5 per cent on last year and for August and September along, DenPro sales were up 22 per cent.

Paul Cushley, NHS NSS director of dentistry, said: "The membership continues to go from strength to strength, building on and extending the original materials and sundries offer with a package of goods and services that now extends to hand piece repairs, engineering services, reduced rates for Dental Buying Group (DBG) services membership and access to discounts on CPD events.

"We have an ever growing range of goods and services in response to the membership's desire to have a one-stop-shop for all dental material sundries and support services at reliable value-for-money prices."

CELEBRATING AN ILLUSTRIOUS CAREER

Paediatric dentist awarded life membership of national society

A Glasgow dentist who once brought Highland cattle to a dental conference at the SECC, has been awarded life membership of the British Society of Paediatric Dentistry (BSPD).

Audrey McClymont was presented with the honour at the BSPD annual conference for her services to the society and the profession in general. During her career she held every role within the western Scotland branch of the BSPD with the exception of secretary. The citation for the award mentioned her "outstanding career as a specialist in paediatric dentistry in the Community Dental Service where she worked for 26 years and Scotland's only associate specialist within the hospital service for the last nine years".

The majority of her working life was spent treating special needs children, first in a mobile van and then in hospitals. She had a particular interest in autism and developed pathways and treatment in Glasgow's Yorkhill Children's Hospital. She was invited to oversee the dental care of children on the oncology ward more than 30 years ago and worked very closely with that ward until she retired.

Audrey said: "I feel very honoured to have been given life membership of the BSPD, a society I have watched grow over the last 30 years and which does such wonderful work promoting children's oral health."

LEFT: Audrey celebrated her honour in style at the BSPD annual conference

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NVDC ARCHITECTS

WESTMINSTER CONSULTATION RAISES MERGER QUESTION

A 'Super Regulator' is one of the options under discussion in regulation reform plans

A government consultation on the future of healthcare regulation has again raised the possibility of a merger between current regulatory bodies.

The General Dental Council's (GDC) Chief Executive and Registrar Ian Brack, welcomed the UK Department of Health consultation saying that "Fundamental reform and modernisation to health professional regulation is overdue" but that "in the absence of firm legislative plans, reform within the existing legislation needs to be at the centre of proposals for change".

Brack insists that the dental regulator is pressing ahead with its own reform plans, first published in January this year, as "crucially, our reform plans are not dependent on legislative change".

However, despite 62 per cent of its members supporting the idea of an amalgamated healthcare regulator, the BDA has warned that it probably wouldn't prove to be a panacea.

Mick Armstrong, chair of the BDA, said: "Dentists have had to contend with the most expensive and least effective health regulator in Britain, but it's unclear if merger is a silver bullet.

"We can understand the appeal of a Super Regulator among ministers. It offers the look of big change, and someone else will pick up the tab. The challenge will be achieving real efficiencies without losing vital expertise.

"It would be easy to gloss over severe systemic problems with a cursory rebrand. Real reform requires a watchdog that really understands the challenges patients and practitioners are facing."

The GDC recently announced that the Professional Standards Authority has concluded that the regulator has now met 23 out of 24 standards following its annual review. The GDC has now got full marks in standards and guidance, education and training, and registration, while nine out of 10 standards for Fitness to Practise have now been met.

Margaret received her OBE at Buckingham Palace

ROYAL HONOUR FOR SENIOR LECTURER

University of Edinburgh staff member receives OBE at the Palace

Margaret Ross, who is the country's only senior lecturer for Dental Care Professionals (DCPs), received her OBE from the Duke of Cambridge at a ceremony at Buckingham Palace recently.

Margaret, who is also the programme director of the BSc (Hons) in oral health sciences at Edinburgh Dental Institute, was awarded the honour for services to dentistry over a career that has spanned more than 40 years. A past president of the British Society of Dental Hygiene and Therapy (BSDHT), she is also a previous recipient of the Dr Gerald Leatherman Award for services to the profession and the BSDHT.

Margaret is chair of the Advisory Board for DCPs in the Royal College of Surgeons of Edinburgh (RCSEd), where she is currently developing two new diplomas for dental hygienists and therapists in paediatric dentistry and implant care. She was awarded the college's Dental Faculty Gold Medal for services to the RCSEd in 2016, which was the first time this prestigious award was made to a non-dentist.

She said: "I was both delighted and humbled by being awarded an OBE earlier this year. When the letter from the Cabinet Office in London arrived last May, I had no idea what it might contain and was overwhelmed to receive news of such a great honour.

"I have been privileged to work with some exceptional people throughout my career, who inspired and encouraged me to fulfil many of my professional aspirations. I intend to retire at the end of this year, so to be recognised in this way after many years in dentistry is wonderful. My Investiture was a marvellous day, and one which I shall always remember."

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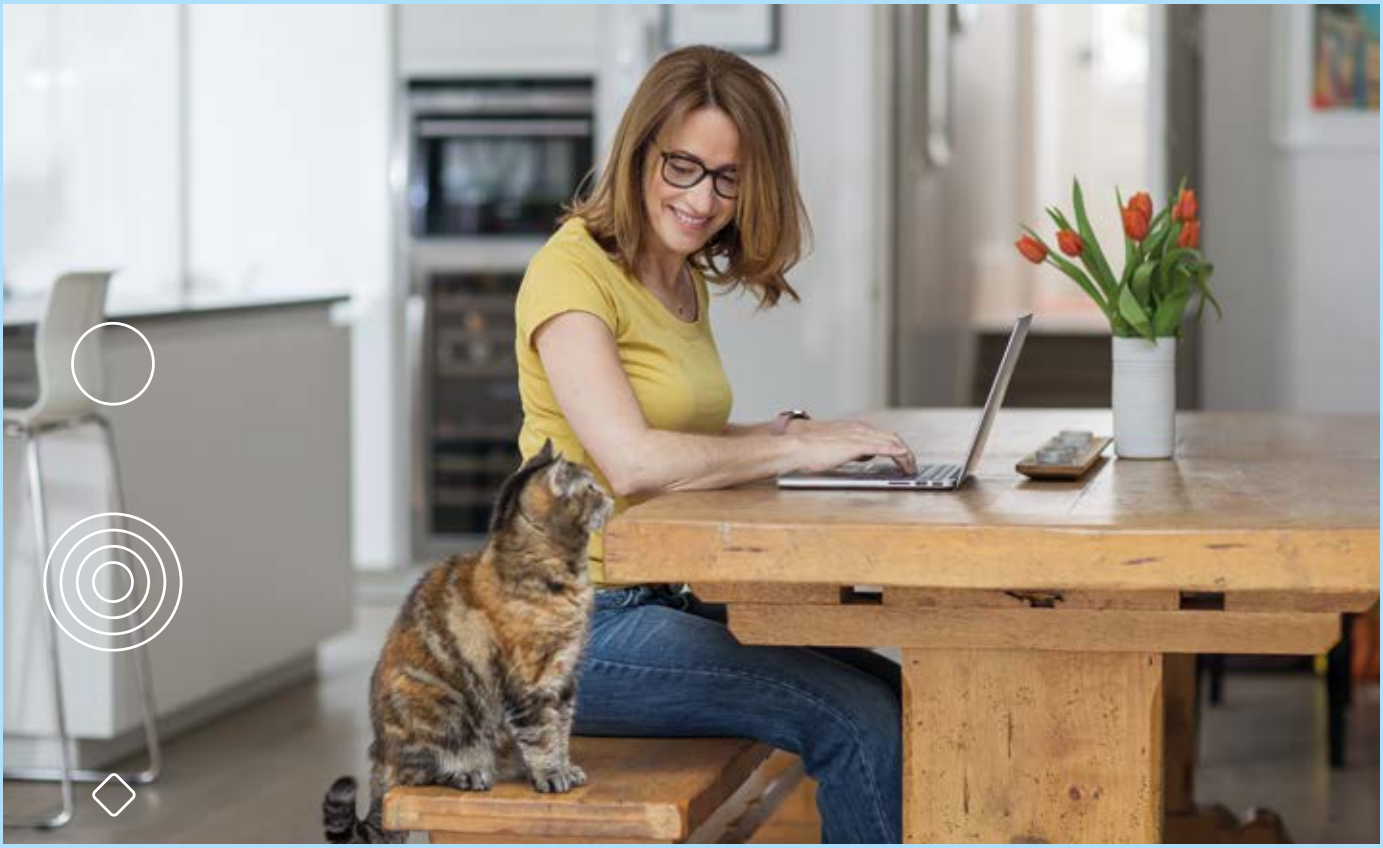

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ANTIBIOTIC CLARIFICATION SOUGHT

CDO asks working group to consider implications of NICE guideline after concerns raised among Scottish dental profession

The Scottish Dental Clinical Effectiveness Programme (SDCEP) has announced that it is working to clarify advice to dentists around antibiotic prophylaxis to prevent infective endocarditis (IE).

Last year, the National Institute for Health and Care Excellence (NICE) amended its Clinical Guideline 64 Prophylaxis Against Infective Endocarditis. The word 'routinely' was added to the recommendation covering provision of antibiotic prophylaxis, to read: "Antibiotic prophylaxis against infective endocarditis is not recommended routinely for people undergoing dental procedures."

NICE explained that this amendment was made to ensure consistency with other recommendations in the guideline and emphasises the responsibility of healthcare professionals to take account of patients' values and preferences when offering treatment options.

However, SDCEP revealed it has been made aware that there is some confusion in the dental community about the implications of the amendment. Following publication of the original NICE guideline in 2008, standard practice has been to not provide antibiotic prophylaxis against IE, even for high risk patients, as there is no evidence it is of any benefit. This has been accompanied by a significant decrease in the number of prescriptions for 3g sachets of amoxicillin in Scotland. There is now concern that there is a risk of variation in practice due to differing interpretations of the amended recommendation.

CDO Margie Taylor has therefore asked the SDCEP to provide advice to help dental practitioners implement the NICE guideline.

Currently, guidance on antibiotic prophylaxis, referencing the 2008 NICE guideline, is included in SDCEP's Drug Prescribing for Dentistry guidance and Dental Prescribing app. SDCEP has convened a short-life working group to consider the implications of the amendment to the NICE recommendation and advice on this topic will be made available in 2018.

This is likely to be published as an update to the prescribing guidance and provided as a download from the SDCEP website, www.sdcep.org.uk and via SDCEP's Dental Prescribing app.

"ANTIBIOTIC PROPHYLAXIS AGAINST INFECTIVE ENDOCARDITIS IS NOT RECOMMENDED ROUTINELY FOR PEOPLE UNDERGOING DENTAL PROCEDURES"

NICE GUIDANCE

NEW GENERAL MANAGER FOR A-DEC UK

A-dec has announced the permanent appointment of Simon Baxter as general manager of A-dec UK. Simon joined A-dec in 2006 as sales and marketing manager before moving to A-dec's international sales organisation in 2009 as regional manager. He subsequently became sales director for Europe, Middle East and Africa and will continue to hold this role while adding responsibility for A-dec UK.

He said: "Our primary goal is to offer our customers a superior experience based on the provision of our high-quality products and services. I believe we are well placed to realise our ambition, particularly in the UK market with our current team and the support of our dealer partners and I am looking forward to the continued success this combination will bring."

NEW ADDITIONS FOR VERMILION

Referral clinic brings on board restorative dentist and launches new 'talking therapy' service

Edinburgh private referral clinic Vermilion has announced the addition of two new clinicians to its team of dental professionals.

Dundee graduate and specialist in restorative dentistry Dr Louise O'Dowd joins the practice's periodontal team. She currently works as a senior clinical lecturer and honorary consultant in restorative dentistry at Edinburgh Dental Institute (EDI). At Vermilion she will diagnose and treat patients referred with periodontal disease.

ABOVE: Dr Louise O'Dowd

The practice also welcomes Dr Fiona Crawford who joins the centre's newly-launched cognitive behavioural therapy service. Dr Crawford, who is a cognitive behavioural therapist, has worked for 35 years in the NHS as a specialist in oral medicine working in the EDI and latterly in the Glasgow Dental Hospital as consultant in oral medicine.

Dr David Offord, Vermilion practice principal said: "I am delighted to welcome Louise and Fiona to the team, both of whom are well known in the local dental community. We have witnessed an increasing demand for our periodontal service at Vermilion and Louise joins Dr Madeleine Murray to ensure that referred patients are seen in a timeous manner.

"We are also delighted to launch a brand new CBT service and I believe Fiona's talking therapy will be a tremendous benefit to patients and referring GDPs and GMPs."

Dr Fiona Crawford

DOUBLE CELEBRATION FOR BOTHWELL DENTIST

After a quarter of a century in charge, Raymond Murphy welcomes a familiar face into his practice family

When Raymond Murphy took over Bothwell Dental Care in 1992 he was an expectant father, with his second child arriving just three months into his tenure as principal dentist.

Fast-forward 25 years and Raymond is not only celebrating a quarter of a century at the practice but he has recently welcomed his daughter Katie as his new associate dentist.

Katie, who graduated from Glasgow in 2015, has grown up around the practice and even spent a couple of summers working as a dental nurse there before deciding to take up dentistry as a career.

She did her VDP training at a practice in Glasgow before starting her dental core training last year. She spent six months in Forth Valley working in the Public Dental Service and, most recently, she has been based at the QEUH doing maxillo-facial surgery.

Raymond explained that he is delighted to welcome Katie to the practice. He said: "I'm immensely proud of Katie but the proudest moment was when I walked her down the aisle a few months ago. So, it is up there with that moment."

Katie said that she has fitted in really well so far: "It's been really good. You feel so well supported in here, the staff are all fantastic and my dad has it all well organised. So, I have found it brilliant working here so far.

"The patients are lovely and I know all the staff as well, so it is not like I am coming into somewhere new and unfamiliar."

And with regards to his 25-year anniversary, Raymond said: "It's been a lot of hard work, it doesn't just happen. I have put my heart and soul into the practice over the last 25 years and hopefully the staff and patients who have been on this journey with me have enjoyed it as much as I have. It's been hard going at times but, overall, it has been very enjoyable. I think the constant change and continuous learning have kept it exciting."

A proud father and now boss

THROW DENTISTS AN INDEMNITY LIFELINE SAYS BDA

After the UK Department of Health announced a government-backed indemnity scheme for GPs, the British Dental Association (BDA) has called for dentists to be given access to the new initiative.

BDA Chair Mick Armstrong said: "We have a broken indemnity market and government is right to step in, but closing the door to dentists will only make this problem worse. We already face steep costs, and undercutting existing providers by taking away a big slice of their customer base may well impact on prices for those that remain.

"This plan is still on the drawing board, but it is imperative that no health professional, whether private or NHS, should suffer as a consequence of this intervention or as a result of continued market failure.

"Patients across the whole NHS are paying the price for access problems, mounting costs and underinvestment. The government needs to offer common solutions to common problems, otherwise it sends a terrible message to dedicated NHS dentists, and will only deepen the crisis facing the service."

HALF OF NHS YOUNG DENTISTS WANT TO QUIT

BDA survey paints depressing picture of working in the health system

More than half of newly-qualified young dentists in the UK are planning on turning away from NHS dentistry in the next five years, according to a new survey.

The BDA-commissioned research asked 1,212 NHS dentists in general practice and assessed their intentions to increase private work, work overseas, retire or move out of dentistry altogether. The results showed that 58 per cent intended to quit the NHS in the near future, with that figure standing at 53 per cent for those aged 35 or younger.

Commenting on the survey Henrik Overgaard Nielsen, the BDA's Chair of General Dental Practice said: "It is a tragedy that a decade of underfunding and failure to deliver meaningful reform now risk shutting off the pipeline of NHS dentists.

"NHS high street practice has become so unattractive, the next generation are now looking to the exit. These young dentists are the backbone of the dental workforce, and losing them at the start of their careers raises existential questions about the future of the service.

"A suffocating system tells dentists from day one that targets matter more than improving the oral health of their patients. We urgently require a new system that recognises and rewards prevention."The traditional career path for high street NHS dentists has gone, and until governments across the UK can offer a viable alternative, this brain drain will continue."

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THE COURSE AT A GLANCE

Module	Date	Venue	Title
Module 1	3rd & 4th Feb	Bothwell Dental Care	Functional Occlusion in General Practice
Module 2	2nd, 3rd & 4th March	New College, Lanarkshire	The Art of Composite - anterior / posterior, direct / indirect Diagnostic / Therapeutic use of Splints
Module 3	21st, 22nd April	New College, Lanarkshire	Smile Design - The Works
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Please confirm in writing, 14 days prior to the course. After this period, additional costs will be incurred. Bothwell Dental Care reserve the right to cancel and/or reschedule the course should unforeseen circumstances arise. Please note the minimum number of delegates the course will run with is 8. In this case the course will be cancelled and the booking and payment can be refunded or transferred.

CELEBRATE IN STYLE

NOMINATIONS FOR THE SCOTTISH DENTAL AWARDS 2018 ARE NOW OPEN, SO GET ONLINE AND START CELEBRATING THE BRIGHTEST AND BEST THE SCOTTISH PROFESSION AND INDUSTRY HAS TO OFFER

We are now accepting nominations for the Scottish Dental Awards 2018, the biggest celebration of its kind in Scotland! We have 16 fantastic categories to choose from including two brand new awards: Dental Trainer of the Year and the Innovation Award.

The Dental Trainer of the Year award aims to recognise those dental professionals who work tirelessly to train and educate at all levels, from undergraduate and post-graduate dentists, to VT trainers, DCP tutors and anyone providing top-quality CPD throughout Scotland. If you know a lecturer, tutor, mentor or trainer who fits the bill, start nominating now.

The Innovation Award is the second new award, and this category is for anyone in the Scottish dental profession and industry who is on the cutting edge. We want to know about new developments in any area, from technology to techniques, from working practices to patient interaction, if you or one of your colleagues is disrupting the industry, tell us about it and they could be a winner.

Nominations for the Scottish Dental Awards 2018 are FREE and you can enter as many times and for as many different categories as you like. The deadline for entries is 16 March 2018 at midnight.

The Scottish Dental Awards 2018 awards ceremony and dinner will take place at the Glasgow Hilton on Friday 27 April and hosted again by Des Clarke, who is back by popular demand after his show-stopping performance last year.

MORE INFO

To see all the categories and to nominate, visit www.sdawards.co.uk

Tickets and tables of 10 are now available to book, for more information, email ann@sdshow.co.uk or call 0141 560 3021

SCOTTISH DENTAL AWARDS 2018 CATEGORIES

1. Best Professional Adviser
2. Best Sales Consultant (previously known as Scottish Dental Representative Award)
3. Business Excellence Award
4. Dental Trainer of the Year – NEW for 2018
5. The Community Award
6. Innovation Award – NEW for 2018
7. Laboratory of the Year
8. Unsung Hero
9. DCP of the Year (previously DCP Star)
10. Business Manager/Administrator of the Year
11. Employer of the Year
12. Dental Team Award
13. Young Dentist Award
14. Dentist of the Year
15. Practice of the Year
16. Scottish Dental Lifetime Achievement Award

• REGISTRATION IS •

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SIGN UP FOR YOUR FREE DELEGATE PASS ONLINE AND YOU WILL GET ACCESS TO A WORLD-CLASS SPEAKER LINE-UP OFFERING UP TO NINE HOURS OF VERIFIABLE CPD

Online registration for the Scottish Dental Show is now open with the 2018 event promising another world-class speaker line-up and more than 140 exhibitors.

Scotland's biggest dental show will take place on 27 and 28 April at Braehead Arena and will mark the seventh year of the award-winning event.

As well as a packed trade show, featuring some of the biggest names in the industry, the show will also see more than 50 lecture and workshop sessions covering all the major CPD subjects.

Delegates can gain up to nine hours of verifiable CPD on topics ranging from composites, digital dentistry, child protection and safeguarding, mouth cancer, radiation protection, decontamination and many more.

The lecture and workshop programme will feature some household names from Scotland, the UK and further afield.

MORE INFO

For more information on the lectures and speakers and to register for the Scottish Dental Show 2018, visit www.sdshow.co.uk/register

KEYNOTE SPEAKER

Monik Vasant, a highly experienced clinician with a special interest in minimally invasive dentistry, has been revealed as the keynote speaker at the Scottish Dental Show 2018.

Having trained under many of the world's leading clinicians, Monik has gained an MSc in aesthetic and restorative dentistry and will open the show on 27 April with two one-hour lectures. The first will cover "composite artistry" and the second will cover digital dentistry and composite.

Monik is the director of Fresh Dental with sites in central London and Greater Manchester. Monik lectures on various postgraduate courses around the UK and overseas on minimally invasive and adhesive dentistry.

His composite course "Totally composite" is held throughout the UK and internationally. He is a global key opinion leader for Coltene and is the clinical lead on the development team for the next generation of their composite materials.

He is also on the European Aesthetic Dentistry Advisory Board and a clinical speaker for Invisalign and an opinion leader for Sirona on digital dentistry.

UPCOMING EVENTS

WE'VE GOT THIS COVERED

8 DECEMBER
British Society for Disability and Oral Health Winter Conference
Royal College of Physicians, London
Find out more at bda.org/events/conferences

6-8 FEBRUARY 2018
AEEDC Conference and Arab Dental Exhibition
Dubai
Visit www.aeedc.com

28 FEB-3 MAR 2018
Academy of Osseointegration Annual Meeting
Los Angeles, US
For more information, visit www.osseo.org/annual-meetings

20 APRIL 2018
Osteology UK
Royal College of Physicians, London
To find out more, visit www.osteology-uk.org

27 APRIL 2018
Scottish Dental Awards 2018
Hilton Glasgow
Visit www.sdawards.co.uk for more.

27-28 APRIL 2018
Scottish Dental Show 2018
Braehead Arena, Glasgow
For more information, visit www.sdshow.co.uk

SCOTTISH DENTAL SHOW 2018

18-19 MAY 2018
British Dental Conference and Dentistry Show
NEC, Birmingham
Log onto bda.org/conference for more information.

20-21 JULY 2018
World Dental and Oral Health Congress
London
Find out more at www.worlddentalcongress.co.uk

5-8 SEPTEMBER 2018
FDI World Dental Congress
Buenos Aires, Argentina
Visit www.fdiworlddental.org/events/fdi-world-dental-congress for more information.

11-14 SEPTEMBER 2018
British Society of Paediatric Dentistry Annual Scientific Meeting
Dundee
Visit www.bspdconference.org to find out more.

4-6 OCTOBER 2018
BDIA Dental Showcase
ExCeL, London
For more information, visit www.dentalshowcase.com

23-24 NOVEMBER 2018
BSDHT Oral Health Conference and Exhibition
Telford International Centre
Find out more at www.bsdht.org.uk/OHC2018

26-27 APRIL 2019
Scottish Dental Show 2019
Braehead Arena, Glasgow
Visit www.sdshow.co.uk for more information

17-18 MAY 2019
British Dental Conference and Dentistry Show 2019
NEC, Birmingham
Log onto bda.org/conference for more information.

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In depth

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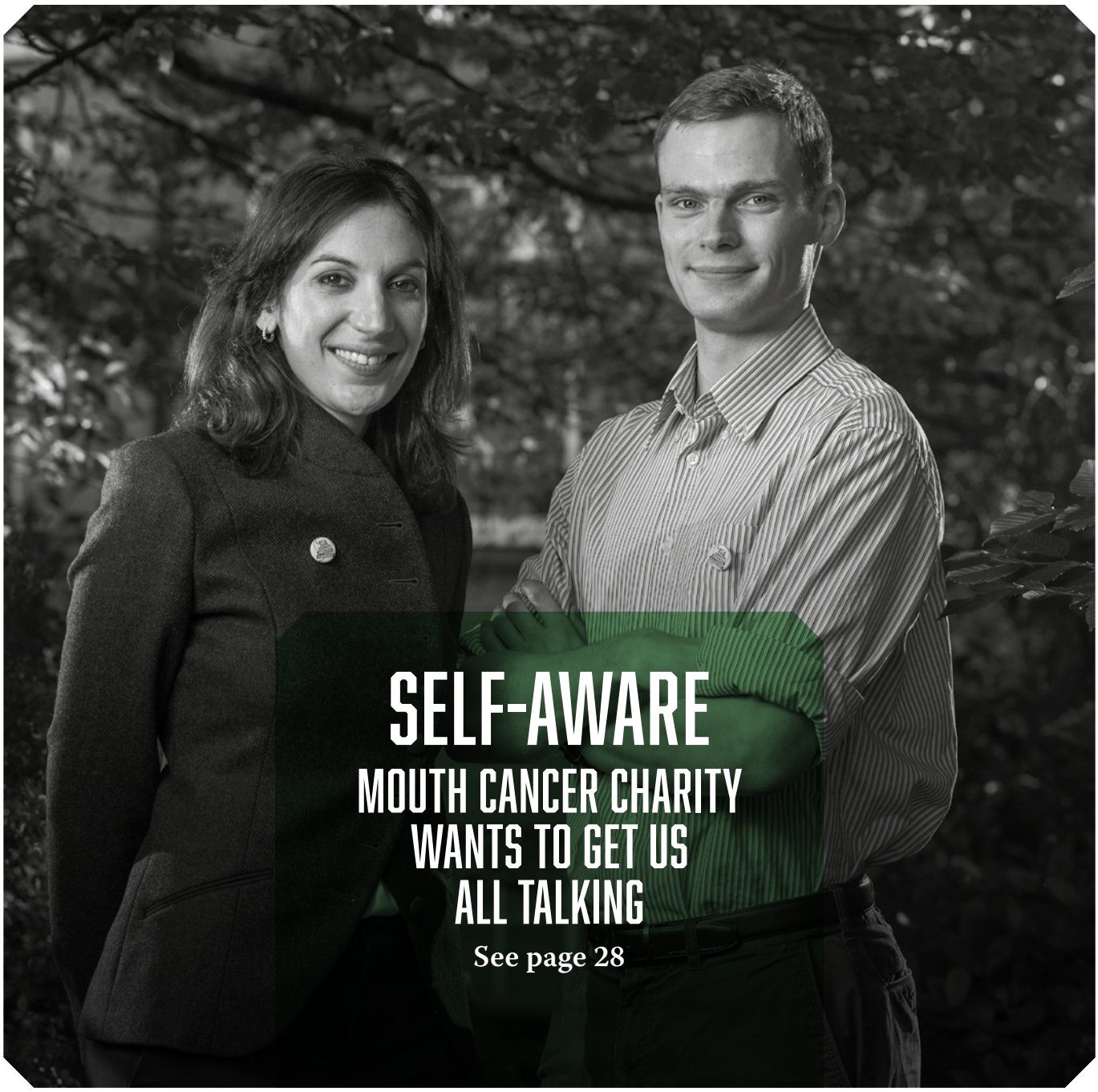

SELF-AWARE

MOUTH CANCER CHARITY WANTS TO GET US ALL TALKING

See page 28

MAKING SOME NOISE

FIVE DENTISTS HAVE COME TOGETHER TO FOUND A CHARITY THAT AIMS TO RAISE AWARENESS OF MOUTH CANCER AND GET PATIENTS, THE PUBLIC AND DENTAL PROFESSIONALS TALKING ABOUT THE DISEASE

BRUCE OXLEY MARK K JACKSON

Checking patients' mouths for signs of cancer is nothing new and, with the subject being a recommended CPD topic, arguably awareness among the profession has never been higher.

However, how often do you actually talk to your patients about mouth cancer? Do they know that the checks you are carrying out are for signs of disease? And, do you tell them what to look out for and to come back if they spot anything unusual?

Well, for one Scottish charity, the perfect starting point is simply talking. Talking to your patients, to your colleagues and everyone else in between.

Let's Talk About Mouth Cancer (LTAMC) started when two junior dental trainees at the Edinburgh Dental Institute (EDI), Niall McGoldrick, a Dundee graduate, and Orna Ni Choileain, from Cork, were paired together as clinical partners. Niall had taken part in the annual Dundee Mouth Cancer Awareness Week, and Orna in Cork's own annual awareness day, and they decided that they wanted to do something similar in Edinburgh.

They asked Ewan MacKessack-Leitch, who was the senior house officer at the time, what he thought and he approached Professor Victor Lopes, head of the oral surgery department, and his registrar, Stephanie Sammut, for their input.

They all decided it was a great idea and set about organising the group's first awareness event.

In February 2014, the group ran its first campaign in Edinburgh's Bristo Square, with the help of a number of colleagues, including third and fourth year hygiene and therapy students and dental nurses from the EDI. They set up a marquee and, as well as speaking to the public and students about mouth cancer, they carried out a number of mouth cancer screenings.

Stephanie said: "We saw and screened nearly 600 people. And, while we had them there in the chair, that was our opportunity to start to talk to them about mouth cancer, the risk factors and looking out for signs in their mouths.

"It was a hugely successful event and raised a lot of enthusiasm within the EDI."

Building on the success

Ewan was coming to the end of his time in Edinburgh and, although Niall and Orna still had another year in the city, they needed to decide whether the event was a one-off or something that they wanted to continue and build upon.

Ewan said: "As we'd had so much success we decided that we wanted to carry on and continue to build it. So, we had a smaller event in the June of that year (2014), at the Canal Festival, doing mouth cancer screening and that was also really positive.

"Then we decided to do another one, during the Edinburgh Festival in August – again we had a marquee and we held a mouth cancer screening clinic in the Meadows. That was a 24-hour screening clinic, we started at 10am and finished at 10am the following day."

By that time, Ewan had moved back to Dundee to do his last SHO year and he spoke to colleagues with a view to incorporating their ideas into the annual Mouth Cancer Awareness Week campaign. It was decided at this point, for a number of reasons, that the LTAMC events needed to move away from public screening.

Ewan explained: "When we originally carried out the screenings, if we picked up something then we had to do something about it, and we would refer on to Professor Victor Lopes at the EDI. But when we moved out of the area we would need to have an agreement with the local unit, and we felt that would be a little bit too difficult."

And Stephanie said: "Screening patients gave us an extra medico-legal problem, so we moved away from screening and we changed our approach. We started promoting mouth self-examination and trying to empower people to pick up any early signs in their mouths which might represent a mouth cancer."

Stephanie and Ewan want to empower patients and practitioners

Working on different levels

Prof Lopes, the group's policy advisor, is still at the EDI as a consultant maxillo-facial surgeon, while Ewan now works as a GDP in Glenrothes, with one day a week at Dundee Dental Hospital and School as a specialty dentist/honorary clinical teacher in paediatrics, as well as being the LTAMC treasurer. Stephanie, who now works as a consultant oral surgeon at Dundee, is the charity's secretary. Niall holds the position of convenor and now works as a specialty registrar in dental public health with NHS Fife. Orna is the research lead for the charity and she moved back to Ireland to study medicine at Trinity College Dublin.

Stephanie explained that the charity currently works on a number of different levels. She said: "Firstly, we work to raise awareness among the public about the disease and the risk factors, what the signs are and to encourage them to check their own mouths and attend their dentist if they find anything strange in their mouth.

"The second element is working with students, the professionals of the future. Here in Dundee every year we run a mouth cancer awareness campaign with the final year students, we do a lot of teaching with them and really try and engage with them. In Edinburgh at the moment we have been able to engage with the hygiene therapy students.

"The third level we work with is established dental professionals. Whenever we run events, whether they have been in marquees in Bristo Square or here in Dundee, we have always held a free CPD evening for healthcare professionals. Mostly, we get dentists and dental nurses, but we invite doctors, pharmacists and anyone else who is interested."

> "WE STARTED PROMOTING MOUTH SELF-EXAMINATION AND TRYING TO EMPOWER PEOPLE TO PICK UP ANY EARLY SIGNS IN THEIR MOUTHS WHICH MIGHT REPRESENT A MOUTH CANCER."
>
> STEPHANIE SAMMUT

Current campaign

Ewan explained that the aim of the charity's November campaign is very much in line with the article that was published in the October issue of *Scottish Dental* (p46-50), which encouraged dentists to be more confident with referrals and also talking more to their patients. He said: "We want to get dentists to talk to their patients so their patients are empowered and they realise that they don't have to wait for the six-monthly check-up. If there is something in their mouth that they are not familiar with, then they should get it checked out."

They are also targeting higher risk groups with a view to spreading the message to specific communities who are more likely to develop the disease. "We are visiting the Dundee International Women's Centre, which has a big South Asian population, some of whom will be betel nut or smokeless tobacco users. It is more common in the men of these communities but we aim to increase the awareness among the community, teach them how to look inside their own mouths and make them aware of what to look out for, as well as the risks of mouth cancer."

LTAMC also has an ongoing collaboration with Caring for Smiles, the joint NHS Scotland and Care Inspectorate oral health project. Stephanie said: "Earlier this year, we were approached by them and asked if we might be able to develop the idea of mouth self-examination for carers in homes, to check residents' mouths for signs of mouth cancer.

"We have developed resources and videos and we have done a training session in Glasgow with the oral health promotors, who are going to go into the care homes to teach carers how to carry out this examination of the residents' mouths."

Advocacy work

Last year all five trustees headed out to New York to attend the first-ever Global Oral Cancer Forum. Ewan explained that the message that they brought home was all about advocacy. He said: "It doesn't matter how many fancy operations there are, the truth is that the five-year survival rate of patients with oral cancer has not changed over the last 50 or 60 years. Highly morbid, complex surgical procedures have never been subject to formal health economic analysis. Surely early diagnosis and treatment is the way forward with

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LTAMC wants to banish the taboo around talking about mouth cancer

The trustees are keen to expand the work of the charity to improve patient outcomes

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lower morbidity of patients and lower costs for healthcare systems.

"So, we came away from New York really enthusiastic and thinking about what we could do in terms of advocacy at a policy level."

The group's first foray into advocacy was around the campaign for HPV Action, trying to get gender neutral vaccination. They wrote a letter to Aileen Campbell, the public health minister and every single MSP in parliament explaining why they felt gender neutral vaccination was the right thing to do. As a result, MSP Bill Bowman lodged a motion on the group's behalf extolling the benefits of gender neutral vaccination, which got support from across the chamber.

They then got involved with a consultation by the Scottish Medicines Consortium. LTAMC argued that nivolumab should be provided on the NHS for late stage head and neck cancer. The drug, which was licensed in 2016, has since been made available on the NHS. As a result of this, the group has been invited to provide a drop-in session at the Holyrood parliament where Prof Lopes and some students and trainees from Dundee will talk to MSPs about their work.

An evening with...

While, so far, mainly as a result of where the trustees have been based, the charity has focused on events in Edinburgh and Dundee, the group are keen to spread the message further afield. Plans are in place to hold CPD evenings and talks in Aberdeen and Glasgow in the near future and they are keen for any LDCs and local groups to get in touch if they are looking for lecturers.

Stephanie explained that for their recent CPD event, they welcomed the husband of mouth cancer victim Jenny Rankin, who died after her cancer went unnoticed for too long. His powerful personal story illustrates what LTAMC is trying to prevent and the charity is eager to bring home the message in as many ways as possible.

Jenny, who hadn't been in contact with the charity before her death, asked for donations to LTAMC at her funeral to raise awareness, and her husband's appearance at the CPD evening provided a moving and heartfelt aspect to the event.

However, the trustees are keen to point out that there are many ways that dental professionals can get involved with the charity outside the awareness month. They will always welcome donations and, in the past, colleagues and friends have abseiled down the Dundee Dental School building, walked from Land's End to John o'Groats and carried out 10,000 step challenges, all to raise money for LTAMC.

Stephanie said: "We do need funds to carry out our campaigns and develop our resources, so if you want to run a marathon or do something to raise money, think about us!"

Going global

The trustees are all very keen to be involved in a second Global Oral Cancer Forum if and when it takes place, but Ewan explained that they are keen to be able to provide evidence that what they are doing is working. He said: "We want to try and see if there is some way that we can validate the approaches, so that if we get to another Global Oral Cancer Forum, we can come back and say that we listened, we took on board the advocacy work, ran the public campaigns and lobbied in parliament and this is working or that is working.

"So, hopefully we can go out to the rest of the world and take our message there, that would be fantastic if we could do that. But, unless we have the evidence to prove it, to back it up, it is just all talk."

While the trustees are aware that they need to start producing the evidence, the act of talking about the disease and risk factors is still absolutely central to their cause. Stephanie said: "That's really what we are about – Let's Talk About Mouth Cancer – let's not make it a taboo.

"But I think our work is also to empower and to give the confidence to these professionals that if they do pick something up, they have the courage and the confidence to say, 'Look, I'm a bit worried about that lesion in your mouth, I think we need to send you up to the Dental Hospital.' It is about being able to do that because, a lot of the time, patients end up coming to see me here and they don't really know why they are here.

"So, one of the main aims of our charity is really to improve the prognosis of disease by catching it early and using mouth self-examination to promote early diagnosis, detection and thus treatment."

MEASURING SUCCESS

AN IMAGINATIVE APPOINTMENT BY AN EDINBURGH REFERRAL PRACTICE HAS HELPED TRANSFORM ITS WAY OF WORKING, INCREASE THE EFFECTIVENESS OF ITS CLINICIANS AND, THROUGH RESEARCH, COULD HELP TO INFLUENCE HOW CERTAIN PROCEDURES ARE CARRIED OUT ACROSS THE PROFESSION

STEWART McROBERT MIKE WILKINSON

Australian academic and scientist Dr Nicola Kingsford joined Vermilion, a specialist referral practice in Edinburgh, in May 2016. Her task is to carry out research and internal audits, both of which are seen as essential components of the clinic's patient safety and quality improvement processes. Her role includes qualitative research (investigating the success of practice procedures and products) and quantitative success (internal audits) as well as obtaining ethics approval, experimental design and planning, data collection, statistical analysis and reporting for internal and scientific peer reviewed publications.

Dr David Offord of Vermilion explained the thinking behind appointing someone with Nicola's specific set of skills. "We are keen to continually improve what we do and how we do it. At the same time we want to make a contribution to the development of the profession. Improvement requires data collection and analysis, which requires time – a luxury you don't have when you are concentrating on carrying out clinical work on your patients.

"The only way I could see to move things forward was to hire someone like Nicola who could devote time and energy to quality improvement and research. It has proved to be a big moment for us in a number of ways."

Research value

Perhaps most significant as far as the wider dentistry community is concerned, Nicola's expertise is allowing Vermilion to build on potentially influential clinical research. The practice recently published its first peer reviewed paper in the *British Dental Journal Open**. As David explained, this pilot study on peri-implant health, clinical outcome and patient-centred outcomes of implant-supported over-dentures in the mandible and the maxilla, was conducted in collaboration with a team from the University of Ghent, Belgium.

> "THE ONLY WAY I COULD SEE TO MOVE THINGS FORWARD WAS TO HIRE SOMEONE LIKE NICOLA WHO COULD DEVOTE TIME TO QUALITY IMPROVEMENT"
>
> DR DAVID OFFORD, VERMILION

"This work began at the Scottish Dental Show in 2014 when Dr Grant Mathieson and I presented our outcomes on implant retained over-dentures, in particular around immediate loading. At the time this was still regarded as fairly adventurous and I ended up sending my data to someone who had published on the subject – Professor Hugo de Bruyn, head of periodontology at the University of Ghent."

The professor was excited by the information David sent and he came to Edinburgh in autumn 2014 with three of

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his colleagues. There, he and his team were able to examine the patients involved and independently assess the radiographic, soft tissue and quality of life outcomes.

The only way to build on this pilot project was to begin a continuing study. However, any prospective study requires ethics approval, which involves a very lengthy process. Here, Dr Kingsford's talents and previous experience were invaluable. She explained: "It all starts with registering online and completing an 80-page form with more than 90 sections, each with its own set of questions.

"As well as setting out the planned experiment in great detail, it's necessary to attract a sponsor and a research expert to oversee things. We have recruited Southern Implants as our sponsor for this study and Professor de Bruyn is our research expert."

Despite having everything necessary in place, the approvals process for the study was lengthy; it began in May 2016 and a favourable opinion from the South East of Scotland Research and Ethics Committee was finally given in August 2017. This approval allows Vermilion to conduct a five-year study on Rough v Hybrid-surface implants for maxillary All-on-4 over-dentures: clinical, patient and cost outcomes. We have started recruiting patients to participate in this study."

David believes it's an important piece of work that will ultimately deliver very powerful data. "At the moment much of the existing material relates to studies conducted in university departments, which can be selective in terms of case selection. In the real world we have to deal with whatever complex cases that come over our threshold."

Notably, with Nicola providing in-house analysis, the team at Vermilion will have greater control than in the pilot study when the researchers at Ghent undertook analysis. Equally important, her role will allow results to be published as soon as they are available.

Practice benefits

As far as the practice is concerned, Nicola's work has had wide-ranging effect. She said: "Since joining I've been able to carry out 12 large audits. One was based on the justification of radiographs. We have to show that the X-rays benefit the patient and the information gleaned is used correctly to guide the treatment plan. I collected information on the radiographs taken and subsequent outcomes."

David confirmed this had a significant impact. "The justification on X-rays has been tightened up and is graded according to diagnostic value. It wasn't until Nicola

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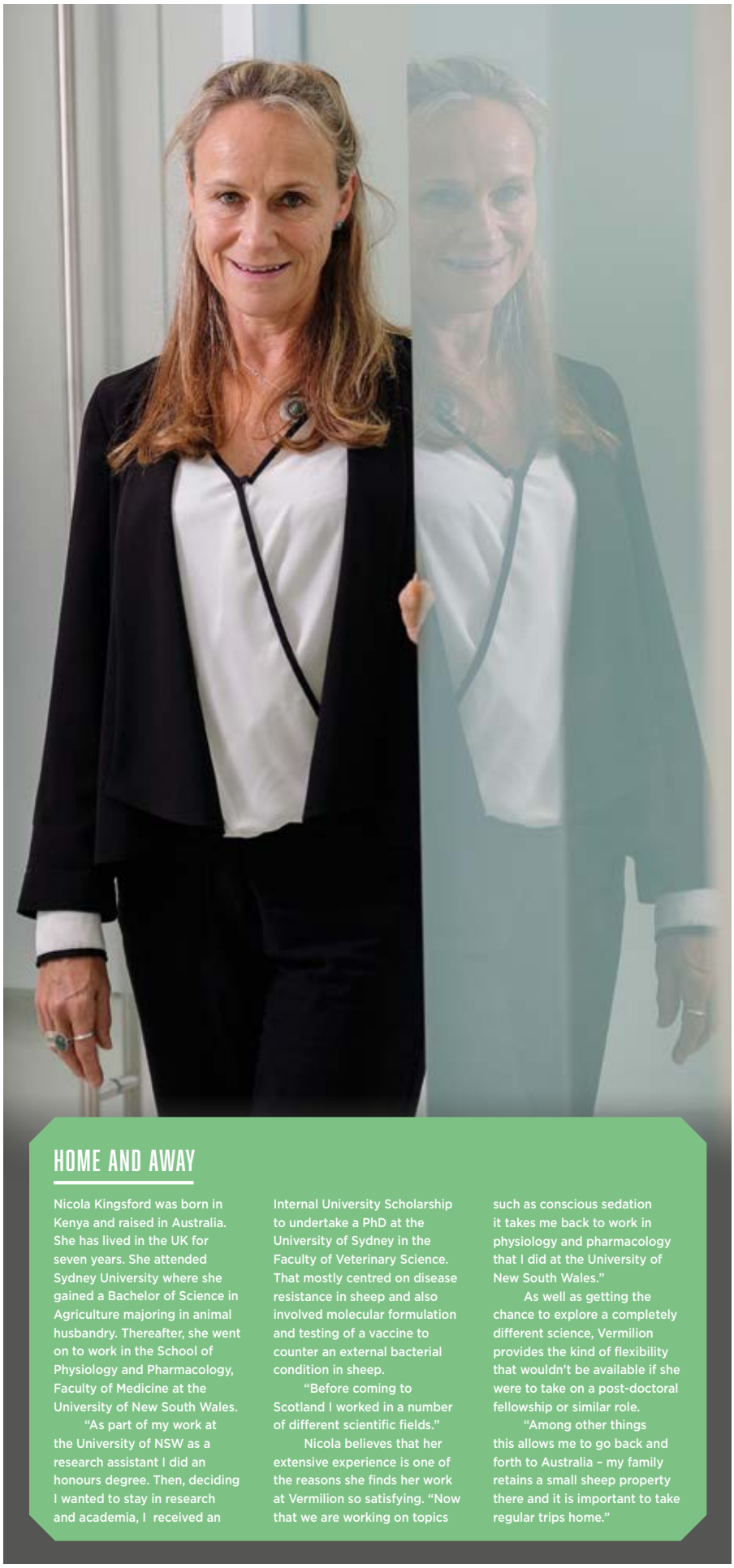

HOME AND AWAY

Nicola Kingsford was born in Kenya and raised in Australia. She has lived in the UK for seven years. She attended Sydney University where she gained a Bachelor of Science in Agriculture majoring in animal husbandry. Thereafter, she went on to work in the School of Physiology and Pharmacology, Faculty of Medicine at the University of New South Wales.

"As part of my work at the University of NSW as a research assistant I did an honours degree. Then, deciding I wanted to stay in research and academia, I received an Internal University Scholarship to undertake a PhD at the University of Sydney in the Faculty of Veterinary Science. That mostly centred on disease resistance in sheep and also involved molecular formulation and testing of a vaccine to counter an external bacterial condition in sheep.

"Before coming to Scotland I worked in a number of different scientific fields."

Nicola believes that her extensive experience is one of the reasons she finds her work at Vermilion so satisfying. "Now that we are working on topics such as conscious sedation it takes me back to work in physiology and pharmacology that I did at the University of New South Wales."

As well as getting the chance to explore a completely different science, Vermilion provides the kind of flexibility that wouldn't be available if she were to take on a post-doctoral fellowship or similar role.

"Among other things this allows me to go back and forth to Australia – my family retains a small sheep property there and it is important to take regular trips home."

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put the numbers together that we realised we had some laxity around that process. It was clear we could improve reporting of our radiographs and recording of our justifications."

Equally influential has been a clinical records audit covering 2015 and repeated in 2016, with the third cycle almost complete for 2017. Analysis of the results and subsequent changes in approach has seen a marked improvement in the way that Vermilion's clinicians collect data. David observed: "There were definitely holes in our note-taking. Everyone can be blind to potential inefficiencies in the way they do things until someone stops them and analyses their records."

In addition, there has been a positive effect on the clinicians' use of equipment. Grant Mathieson a prosthodontist at Vermilion uses the 3 Shape Trios intra-oral scanner to help build prostheses. He has carried out a huge body of work involving 165 patients. One of the aspects of this audit was to look at the time the patient spent in the dental chair as a measure of cost to the patient and the practice. Records showed that over 10 per cent of total time was involved in re-makes and revisions. Now those details are down in black and white the team can concentrate on ways to reduce the remakes, whether that's through recognising the scanner's limitations or modifying processes.

> "I AM REALLY ENJOYING THE WORK. I CAN SEE WHAT I DO IS MAKING EVERYONE THINK HARDER ABOUT THE WAY THEY RECORD THEIR PROCEDURES"
>
> DR NICOLA KINGSFORD

Enjoyment

Nicola is relishing her role. She said: "I'm really enjoying the work. I did think that I might struggle with learning a completely new science and having no dental background at all. However, a lot of reading has helped. I can see that the work I do is making everyone think harder about the way they record their procedures. The fact that there has been a massive change in the way everything is noted, including the introduction of an electronics-based system that allows constant and accurate updates, means we are covering all our bases when it comes to doing analysis.

"Meantime, the research also gets the clinicians thinking about the way they carry out their very difficult and technical procedures."

David is unsure if this arrangement is unique but it's one that members of the practice are very excited about it. "Significantly, it lets the dentists who refer to us know that we take our work very seriously and we care deeply for their patients.

"The audit side throws up a mirror to the work you do and, although that can be quite disconcerting initially, you soon realise its value. The research, and the fact that we are publishing, is so exciting. In the prospective implant study, we have started to acquire long term data from a real-life setting here in Edinburgh. Like other developments that have taken place, this wouldn't be possible without Nicola's presence since she has the expertise and experience to get us over the line."

*You can view the paper at: www.nature.com/articles/bdjopen201717

CONSCIOUS SEDATION ON SHOW

Advanced conscious sedation techniques is a topic that causes much debate, and it's a discussion that David will be adding to when he speaks at the Scottish Dental Show in 2018.

His contention is that when you undertake procedures that last three to four hours – as he regularly does – there is a major difference in the patient outcome when you have a consultant anaesthetist sedating the patient with multi-drug sedation.

Anaesthetist Dr Ross Paterson joined Vermilion in 2015. Dr Nicola Kingsford's analysis showing the results both before and after that time confirm that his presence has helped create a much smoother process all round.

David said: "It's important the dental community keeps in mind that there are practices across the country doing a different kind of dentistry and we can't be limited to the use of just midazolam for sedation. We need to have an open mind as to what works best and what makes for a safer patient experience.

"There have long been calls for more primary care research and we'd love to share this story with people who might embark on a similar route. The fact that we have 'cut our teeth' on this, so to speak, means we would be able to offer some useful insight."

Meanwhile, others interested in the topic can find out much more at next year's Scottish Dental Show, visit www.sdshow.co.uk for details.

SMILES AROUND THE WORLD

ILYAAS REHMAN EXPLORES WHAT MAKES THE 'IDEAL' SMILE IN DIFFERENT PARTS OF THE WORLD AND HOW THIS DIVERSITY, AND VERSATILE DENTISTRY, CAN HELP MEET PATIENTS' EXPECTATIONS

Across the globe, a smile is universally understood as an expression of happiness. However, are all smiles universally accepted? It is ironic that, linguistically, an 'artificial smile' denotes a person who forcedly wears the smile despite having no feeling of joy. However, the smiles that the world drools over are those that are, technically, most artificial!

So, how did we come to our subjective obsession with 'perfect' smiles? This article aims to explore what drives the need for 'perfection', and the factors involved in achieving the 'ideal' smile around the world today.

If the British Academy of Cosmetic Dentistry had existed a few thousand years ago, much of its emphasis would have surrounded extractions, dentures, or the filing of teeth to improve smile aesthetics. The discovery by archaeologist Hermann Junker of two teeth connected by gold in an Egyptian tomb[1] sparked much interest in the dental world – has the practice of dentistry with a cosmetic ethos existed for much longer than we thought? Is the craving for pearly whites not only a thing of the recent past?

It is no surprise that cosmetic dentistry represents the second largest non-surgical beauty industry, after makeup. A study by the American Academy of Cosmetic Dentistry (AACD) gives compelling evidence as to why this is: 96 per cent of adults believe an attractive smile makes a person more appealing to members of the opposite sex and three-quarters of adults feel an unattractive smile can impede a person's career.[2] A further study concluded that having an ideal dentition makes a person up to 4.8 times more likely to enter a relationship.[3] But exactly what is it that makes the smile attractive?

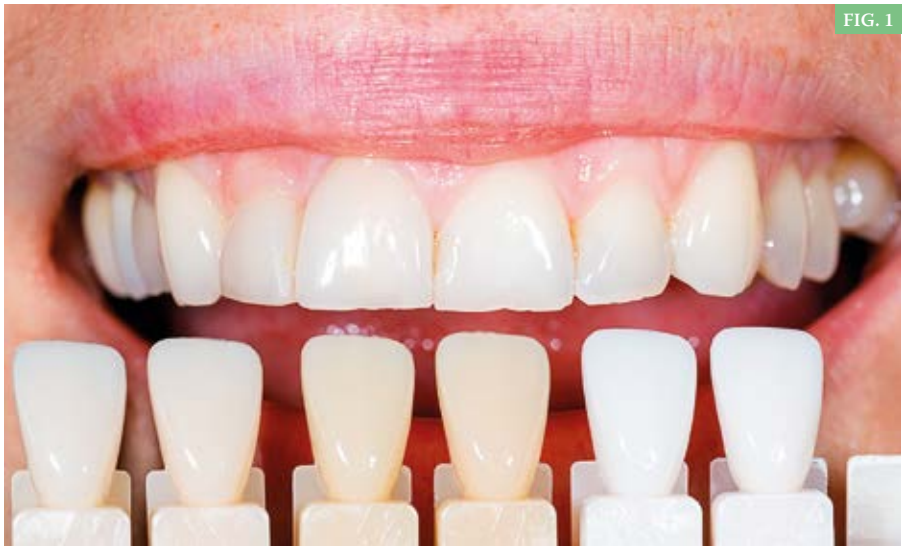

FIG. 1

Several factors will influence the smile image, of which some are given higher preference. The tooth shade is undoubtedly one of the biggest factors (Fig 1): this can be further broken down into the hue, value and chroma as per the Munsell colour system. Teeth are also judged by

FIG. 2

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their spacing or crowding; presence of overbites and overjets; presence of occlusal canting and the dental midline relative to facial planes.

There are also several aspects of the smile that are not tooth-related, which heavily influence the smile aesthetics, for example excessive gingival display gives the classic 'gummy smile' (Fig 2). More recently, the buccal corridor has gained significance as this area of 'blackness' can create an illusion of missing teeth, almost negating the brilliance of the white dentition. Furthermore, the size, shape and symmetry of the lips are crucial in creating the perfect framework for the smile: the classic 'cupid's bow' is often associated with beauty (Fig 3).

It would seem therefore, that if we use these factors to attempt to create an ideal smile, everyone's needs are met. However, this is where the objectivity of ideals, such as Andrew's six keys in orthodontics, clash with the subjectivity of cultural norms. The ancient practice of Ohaguro in Asian countries such as Japan, Philippines, Laos and more is a testament to this: for centuries, women would drink an iron-based black dye infused with cinnamon and other spices to achieve an intensely black tooth colour[4] (Fig 4). This would then signify wealth and sexual maturity. More recently, a craze among Japanese women to request crooked 'fang-like' canines surfaced.[5] The practice, known as the 'yaeba' look, is thought to be an attractive feature among young females. The clash of cultural ideals continues in the controversial practice of dental mutilation. Though it may occur around the globe, it predominates in communities of the Western Cape, South Africa. The deliberate extraction of incisors in youth to create the 'passion gap' is believed to be of significance when entering adulthood.[6] It is becoming obvious now that the Western ideals of beauty may not be shared worldwide. Nor is it a case of us and them – can you remember the nation's disagreement over the 'London look'?

> "GONE ARE THE DAYS OF VENEERS MIMICKING PIANO KEYS OR CROWNS BRIGHT ENOUGH TO JOIN THE CONSTELLATIONS"
>
> ILYAAS REHMAN

We too have come a long way in the Western hemisphere. Gone are the days of veneers mimicking piano keys or crowns bright enough to join the constellations. A much greater preference is given, in most cases, to subtle, undetectable dental work. Introduction of new composite resin materials with nano-hybrid technology, improved bonding systems, stronger aesthetic ceramics such as lithium disilicate, resin pigments and 3D scanning technology have all played their role in bringing us to breathtakingly natural outcomes of restorative dentistry today. So how do we want our smiles to look?

The AACD posed the question back in 2004[2]: "What is the first thing you notice in a person's smile?" to which the consensus was: straight, white, clean, and sincere! The desire for this type of smile cannot merely be attributed to vanity. Research has shown that 70 per cent of people who are unhappy with their teeth say it has negatively affected their lives and a further study shows 78 per cent of women and 63 per cent of men reported that their teeth negatively impacted their mental health.[7]

It comes as no surprise then,

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FIG. 3

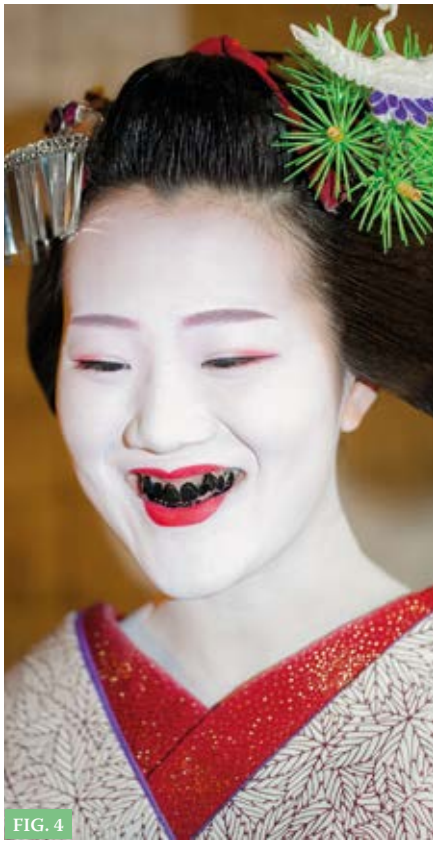

FIG. 4

FIG. 5

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that 75 per cent of orthodontists in the UK report an increase in adults requesting treatment.[8] More recently, lip augmentation has become a popular add-on to complete the smile package. Loss of volume with age causes lips to become flat and thin; injectable dermal fillers are used to restore the youthful appearance (Fig 5). This practice is almost the opposite in other parts of the world, such as East Asia, where lip reduction surgery is more common[9].

Tooth whitening, however, has experienced a spike of interest across the seas. Several new products, such as the popular activated charcoal toothpaste, have attracted support from a wide audience who are looking for a more DIY approach to perfection. Is our profession willing to condone this approach?

The art of dentistry today allows patients to achieve their dream smile with a minimalistic, conservative approach. In fact, in the UK, it has become frowned upon to adopt a treatment plan involving destructive crown and veneer preparations when the same result can be obtained without unnecessary removal of tooth tissue. Experienced clinicians are now able, in some cases, to transform patients' lives in a few hours without the use of local anaesthetic. Contemporary techniques and materials allow the dentists to recreate teeth to the fine details of tertiary anatomy, such as developmental grooves and line angles that reflect light correctly.

In closing, the world in its diversity will never conform to one set of ideals. Despite this, part of the beauty of dentistry lies in its versatility, allowing it to achieve a wide range of outcomes. Though these may not objectively satisfy what we tell ourselves is ideal, the ultimate satisfaction to be gained as a dentist is ethically meeting a patients' expectations. The joyous smile they leave you with will not be artificial (or will it?)

ABOUT THE AUTHOR

Ilyaas Rehman is a final year dental student from the University of Glasgow with a keen interest in academia and restorative dentistry.

ADDED EXTRAS FOR REFERRING DENTISTS

AWARD-WINNING REFERRAL CENTRE OFFERS A LOT MORE THAN JUST CLINICAL EXCELLENCE FOR THEIR DENTAL COLLEAGUES IN SCOTLAND

Scottish Centre for Excellence in Dentistry (SCED) is an award-winning referral Centre, renowned for the extensive range of treatments as well as the excellent service and care, to both referring dentists and their patients.

Arshad Ali and Scot Muir, Directors of SCED, organise events to bring together referring dentists to spend time together in informal and exciting ways. Their recent Ferrari day was certainly one such event. In conjunction with Graypaul, Edinburgh, who provided the three Ferraris and one Lamborghini Aventador for everyone to drive. A total of 40 referring dentists and patients came along and had an amazing time. The directors feel that events such as these are an important part in their

relationships with referring dentists – and the cars were not too bad either!

The range of services offered by the centre for referring dentists is extensive. This includes endodontics, periodontics, orthodontics, a full range of implant treatments and restorative. The centre is also equipped to the highest level to ensure diagnostics and treatments are done with precision.

New for 2017 was the SCED Dental Laboratory, an in-centre lab that is used for restorations for referred patients as well as receiving work from dentists for their own patients.

SCED has a very comprehensive web site with a dentists-only area. There is a section specifically for referring dentists with secure on-line referral forms for ease of referral, full details of the services offered, bios of the team and also details of forthcoming update seminars and courses. The 2018 course programme will be available soon which will include complimentary seminars and also courses in prestigious locations.

Visit SCED at its stand at the FGDP day on Friday 1 December 2017 at the Glasgow Science Centre and take the opportunity to find out more about why so many dentists refer their patients to the centre.

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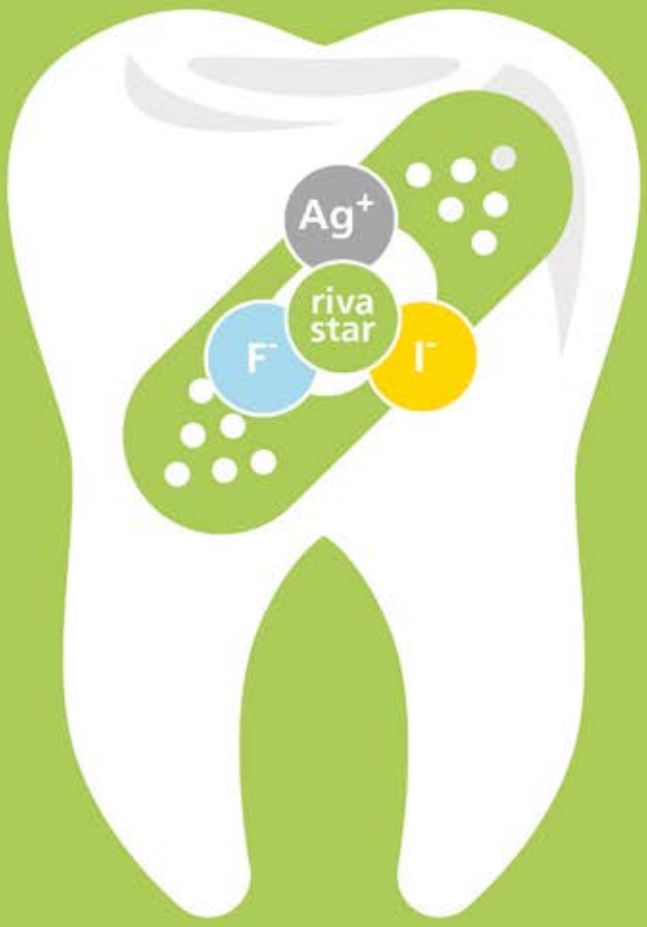

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CARIES PREVENTION

While not a new practice, the evidence shows that the use of silver diamine fluoride is safe and effective in the prevention and treatment of dental caries

MICHAEL DHESI AND CLIVE SCHMULIAN

The use of silver-based compounds as antimicrobial agents has been well-documented and common practice for more than 100 years in both medicine and dentistry. From wound dressings to water purification systems, Ag+ is able to destroy pathogens at concentrations of <50ppm. More recently, the use of silver diamine fluoride (SDF) in dentistry has been increasing with applications including caries prevention, arresting carious lesions and the treatment of sensitivity [1].

There are a vast number of products that have been used to deliver fluoride in the aim of preventing caries including milk, salt, toothpaste and varnish. It is thought that where SDF differs is that the silver salt component has a potent antibacterial effect with the ability to encourage the formation of calcified/sclerotic dentine while the fluoride provides a remineralising effect. As such, SDF has stimulated significant interest in the prevention and treatment of caries worldwide based on its ability to reduce instances of pain, ease of use, affordability, non-invasive nature and minimal clinical time for application [1].

SDF is a colourless topical agent with a large number of practical clinical applications in dentistry including [2]:

1) Prevention and treatment of high caries risk patients including both children and adults.

2) Prevention and treatment of caries in patients who are medically compromised.

3) Treatment of root surface caries.

4) Treatment of dentine hypersensitivity.

SDF is commercially available in the UK as Riva Star by SDI. The formulation is based on two coloured capsules, silver and green, that must both be applied. Application of SDF is a relatively simple process. The teeth must be cleaned with prophy paste to remove plaque debris before being dried and isolated with cotton wool rolls. If applying close to the gingival margin the kit contains a gingival barrier or alternatively some Vaseline can be placed. The silver capsule is applied first followed by green that causes the formation of a white precipitate. Each capsule can be used to treat around five teeth (see Figs 1-3).

Where being used in the treatment of caries it is important that patients are aware that the aim is to arrest the lesion that will result in a dark appearance (Fig 3). Temporary staining of the gingivae is also possible. Repeated application, twice annually, is essential where the aim is to arrest a carious lesion or to treat dentine hypersensitivity.

Caries prevention

A systematic review by Rosenblatt et al. conducted a review of the literature on the use of SDF between 1966 and 2006, identifying 99 papers. The authors were able to conclude that SDF is more effective than fluoride varnish and may be a valuable preventative intervention. They also noted that SDF is a "safe, effective, efficient and equitable caries preventive agent that meets the criteria of the WHO millennium goals"[1].

In 2017, a further review of the literature conducted by Contreras et al. found 33 publications meeting the inclusion criteria that were published between 2005 and 2016. The group were able to conclude that SDF is an "effective preventative treatment in a community setting" and that is "shows potential to arrest caries in the primary dentition and permanent first molars"[3].

Caries treatment

Chu et al. carried out a study on the use of SDF in arresting carious lesions in 370 Chinese pre-school children aged three to five years old. They compared groups of children receiving SDF treatment, sodium fluoride varnish and a control. The children were followed up for 30 months receiving an intervention every three months.

Children in the SDF groups had a mean of 2.8 arrested lesions compared with a mean of 1.5 in the varnish group. They were able to conclude that the application of an SDF solution was more effective in arresting dentine caries in primary teeth compared with sodium fluoride vanish [4].

Similar results are echoed in a study by Lo et al. which followed 375 Chinese pre-school children over an 18-month period comparing groups of children receiving treatment

The authors concluded that SDF was effective in preventing new root caries and arresting existing lesions in elderly patients

with SDF, NaF varnish and a control. They found a mean of 0.4 new carious lesions in the SDF treated group compared with 1.2 in the control. They also found similar results in arresting active carious lesions with a mean of 2.8 arrested lesions in the SDF group compared to 1.5 in the NaF varnish group [5].

Clemens et al. treated 118 active lesions with SDF in a community dental clinic in Oregon. They were able to follow up 102 lesions on a three-monthly recall basis and found that 100 lesions were arrested by the first recall and all lesions by the second recall. The authors also noted no incidence of pain or infection and that the parents had a favourable view of the treatment modality [6].

Adults patients have also found a beneficial effect from SDF treatment. Zhang et al. followed up 227 elderly patients over 24 months who were provided with SDF and oral health education compared with a control group. They found a statistically significant result in that the SDF group had fewer root surface lesions than the control group. The authors concluded that SDF combined with oral health education was effective in preventing new root caries and arresting existing lesions in elderly patients [7].

Treatment of sensitivity

Castillo et al carried out a randomised control trial in 126 adult patients experiencing dentine hypersensitivity to assess the effectiveness of SDF as a desensitising agent. They found a reduction in sensitivity at seven days that was statistically significant ($p<0.001$) compared with the control group and were able to conclude that SDF is a clinically effective desensitising treatment [8].

Guidelines

In October 2017, the American Academy of Paediatric Dentistry issued the first ever evidence-based guideline for the use of SDF in the treatment of dental caries. This followed a systematic review of research between 1969 and 2016. The guideline hopes to lead to a more widespread adoption of SDF as a treatment for dental caries in paediatric and special needs patients [9].

The AAPD describe SDF as the "single greatest innovation in paediatric dental health in the last century aside from water fluoridation" noting the cost effective and pain-free benefits of treatment.

The systematic review on which the guideline is based notes no adverse effects but that a 'downside' is the black appearance of cavities. The potential to reduce the number of paediatric cases requiring sedation or GA is high.

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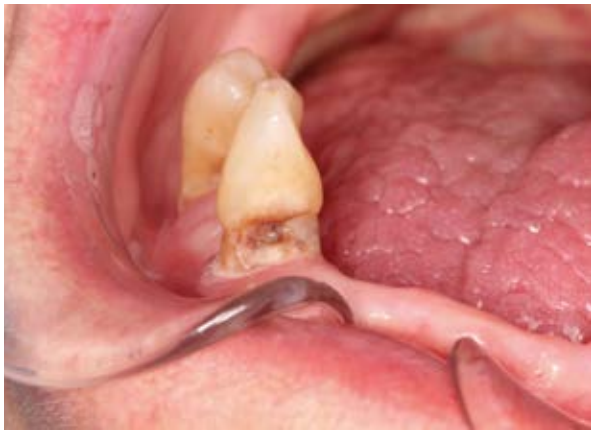

FIGURE 1
Root surface caries

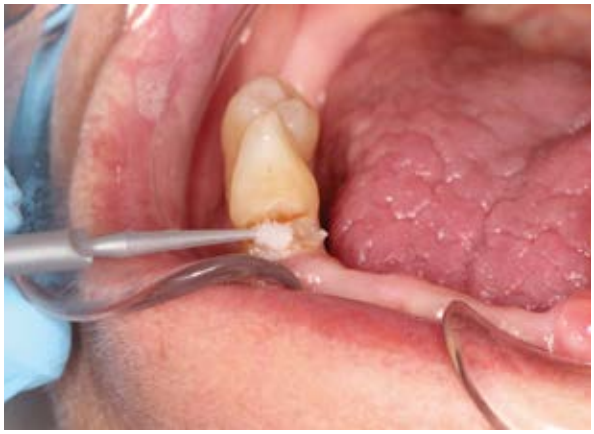

FIGURE 2
Application of Riva Star silver fluoride

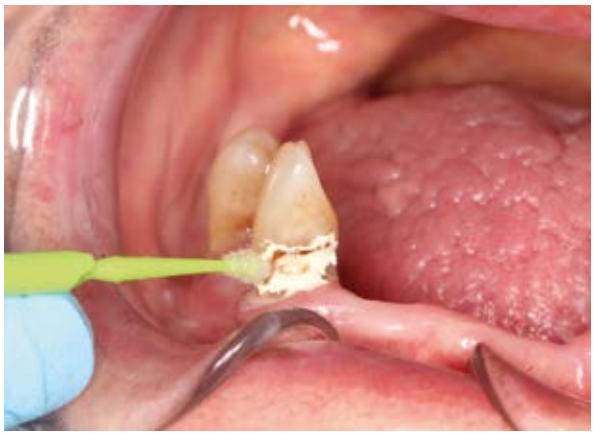

FIGURE 3
Application of Riva Star potassium iodide

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The chairside guide suggests that patients who may benefit from SDF include [10]:

- High caries risk individuals with active cavitated carious lesions in anterior or posterior teeth
- Patients with additional behavioural or medical challenges who present with cavitated carious lesions
- Multiple cavitated lesions that may not all be treated in a single visit
- Patients with limited access to dental care.

The chairside guide also suggests the following criteria for tooth selection [9]:

- No clinical signs of pulpal inflammation or reports of spontaneous pain
- Cavitated lesions not encroaching on pulp
- Lesions are accessible by a brush to apply SDF (orthodontic separators may be used to help gain access to interproximal regions).

Follow-up is recommended two to four weeks after treatment. Arrested lesions can subsequently be restored. However, where lesions are not restored, biannual re-application is recommended.

In conclusion, silver diamine fluoride is safe and effective in the prevention and treatment of dental caries as well as providing a further treatment modality in the management of dentine hypersensitivity. Application twice annually is a minimally invasive, cost-effective treatment that demonstrates a potentially vast benefit to patients of all ages.

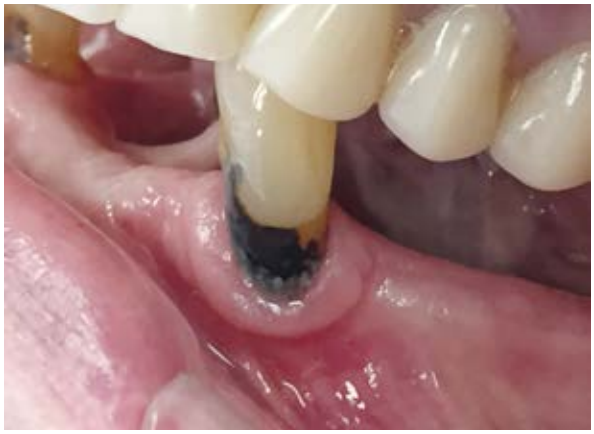

FIGURE 4
Post-treatment root surface

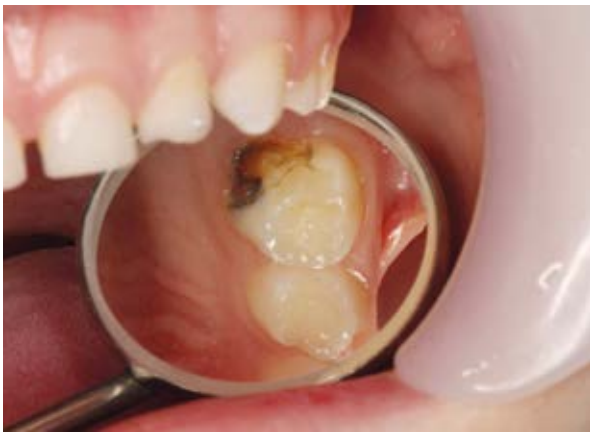

FIGURE 5
Post-treatment deciduous molar tooth

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ABOUT THE AUTHOR

Michael Dhesi is a GDP who qualified in 2012 with BDS(Hons) from the University of Glasgow and has subsequently completed MFDS RCPS(Glasg) and an MSc in Advanced General Dental Practice at the University of Birmingham. Michael's focus is in minimally invasive and adhesive restorative dentistry.

He also has interests in the management of dental anxiety and oral surgery.

Clive Schmulian qualified from Glasgow University in 1993. Throughout his time in general dental practice, he has developed his clinical skills by obtaining a range of postgraduate qualifications, which in turn led him to develop an interest in digital imaging in both surgical and restorative dentistry. He is a director of Clyde Munro.

VERIFIABLE CPD QUESTIONS

AIMS AND OBJECTIVES:

- To describe the various uses of SDF
- To highlight the evidence base supporting the use of SDF
- To demonstrate the potential advantages of using SDF in practice

LEARNING OUTCOMES:

- Have knowledge of SDF and its mechanism of action
- Have knowledge of how SDF can be used to prevent caries
- Have knowledge of how SDF can be used to treat caries
- Have knowledge of how SDF can be used to treat dentine hypersensitivity.

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OBTAINING VALID CONSENT

COMMUNICATION

For general dental practitioners, gaining valid consent and recording it properly is absolutely vital before any treatment is undertaken

AISHA SHAFI

As a dentist working in general practice it is imperative to ensure that valid consent has been obtained for each individual patient. Following on from the judgement in the Montgomery case in March 2015, which brought the law of consent up to speed with what the GDC's ethical and professional guidance expected registrants to do, this article looks at the responsibilities of the general dental practitioner. The importance of excellent communication is highlighted in order to provide sufficient and relevant information to the particular patient you have sitting in your dental chair.

The GDC has set out nine principles in their *Standards for the Dental Team* document. One of the key principles is obtaining valid consent. This document sets out the standards of conduct, performance and ethics that govern you as a dental professional. The guidance applies to all members of the dental team.

Why do we obtain consent?

For a GDP, there are ethical and moral obligations to ensure that your patient understands the treatment proposed and for consent to be valid. Consent is important because any investigation or treatment carried out without a patient's consent or proper authority may be regarded as assault. This can lead to further investigations resulting in criminal proceedings, an action for damages, a breach in the duty of care and a finding of impaired fitness to practise by the GDC. There are cases where this is exactly what has happened.

Adults with capacity

The test for capacity and the ability of a patient to undertake decisions is set out in the Mental Capacity Act 2005 (MCA) and are supported by the code of practice established under the act, which dental professionals are expected to follow.

In the case of a patient undergoing a dental examination, consent is the expressed or implied permission of a patient to undergo this check-up, investigation and treatment. It is essential that consent is given freely and with adequate understanding of the condition to be treated, the procedures involved, other treatment options and the health implications of giving and withholding consent. It is also important to check that the patient understands the information given.

Adults without capacity

When making decisions on behalf of adults lacking capacity there are a number of points to consider. In Scotland, under the Adults with Incapacity (Scotland) Act 2000, a competent adult can nominate a welfare attorney to make decisions on their behalf should they lose capacity to make those decisions themselves. The law also provides general power to treat a patient who is unable to give consent.

The dental professional responsible for treatment must have completed a certificate of incapacity before any treatment is undertaken, other than in an emergency. Put simply, decide what constitutes a patient's best interests by taking into account factors other than just their dental condition – treat the patient holistically. Consider consulting with others, including getting a second opinion from a colleague before starting treatment.

Consent and children under the age of 16

Children under the age of 16 can give valid consent to treatment if they are deemed to be Gillick competent. The ability for a child to give valid consent depends on their maturity and understanding. To be Gillick competent a child must understand the proposed treatment, risks and alternatives, they must be able to retain that information and be able to weigh up the pros and cons of the treatment. The child must be able to communicate that their decision to have the treatment.

If a child is not deemed to be Gillick competent then someone with parental responsibility must provide this

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authority. It is important to note that emergency care should not be delayed in order to prevent serious harm. In deciding whether or not to treat, the child's best interests must be considered. Even if a child is Gillick competent, I always encourage an open dialogue between parents and children when it comes to making decisions regarding their health.

Criteria for consent

It is fundamental that valid consent is obtained before starting any treatment. You must make sure that your patient understands the decisions they are being asked to make and that the consent is valid at each stage of the treatment or investigation. Having good communication with your patients is vital in order to obtain valid consent. The way consent is obtained must be tailored to suit the patient's needs.

As the Standards for the Dental Team states, patients must be given: options for treatment, risks, benefits, why a treatment is necessary and appropriate, consequences and risks of the proposed treatment, prognosis and consequences of not having the treatment, whether the treatment is guaranteed and for how long. Failure to give correct or sufficient information may result in a breach in your duty of care and if proven there was a negligent failure to inform and, as a direct result the patient suffered harm, the patient may take further action.

The cost of any examination, investigation or treatment should also be explained before it starts. It is important to note that a patient who pays the bill has not necessarily consented to treatment. If a patient's condition changes, causing a change in the proposed risks, then consent must be obtained again, any changes in cost must also be reviewed with the patient. Duress of any form, such as influence from someone else can invalidate consent.

The advice from the Dental Defence Union is to ideally have a 'cooling off' period in which the patient can think over their decision and can seek further advice on this if they need to do so. It is best to re-confirm consent with a patient immediately before any treatment. You should also include as much information in your notes about those discussions as possible.

Consent checklist

By developing a logical approach in your daily practice you can ensure that the consent obtained is valid. The patient should be aware of the purpose, nature, and likely effects, risks, chances of success of a proposed procedure, and of any alternatives to it. It is important to note that consent is not open ended and must be obtained again at subsequent occasions. Consent must be obtained for specific procedures, on specific occasions. When the patient is in your dental chair you need to be certain that valid, informed consent has been obtained.

Ask yourself:

- Is my patient capable of making a decision? Is the decision made voluntary and without coercion in terms of the balance/bias of the information given, or the timing or context of its provision?
- Does my patient need this treatment? Remember, if it is an elective procedure then the onus upon a clinician to communicate information and warnings become much greater. The procedural steps, risks and recovery should be discussed in detail prior to the treatment appointment and the patient should be given adequate time to consider the information given.
- What will happen in the circumstances of this particular case – what will happen if I proceed with the treatment? Is my patient fully aware of my assessment in clear terms? Can I predict the outcome accurately? If not, then what are the areas of doubt and what are the possible alternative outcomes?
- What should a reasonable person expect to be told about proposed treatment? In this case, is there anything specifically important or relevant about my patient? (If in doubt then you are not ready to proceed with the proposed treatment).
- Does information for my patient need to be provided in writing or has my patient requested a wish to have written information? Remember, if you are relying on providing

information through marketing material, it is important to make sure that it is presented in a balanced and unbiased manner.

- Accurate and contemporaneous records are imperative. Do my records accurately reflect the conversations with my patient? Will these notes allow me to show what information was given to my patient? On what terms and what was said at what time?
- Does my patient understand what treatment they have agreed to and why? Have they been given the opportunity and adequate time to consider the treatment and its implications, and time to raise concerns and/or have their questions answered?
- Does my patient understand the costs involved? As well as the potential future costs in terms of complications?
- Does my patient need time to consider the treatment options proposed or is my patient wishing to discuss proposals with someone else?
- If I am inexperienced at carrying out the procedure in question, does my patient know that? Is my patient aware that their prospects of a successful outcome if they choose to have the procedure carried out by a specialist or a more experience colleague? Is the technique being used relatively new/ untried and does my patient understand this?

ABOUT THE AUTHOR

Aisha Shafi is a general dental practitioner with a special interest in cosmetic dentistry and facial aesthetics, currently working in clinics based in Glasgow, London and Portsmouth. She was a finalist for Dentist of the Year at the Scottish Dental Awards 2017 and shortlisted for 'Best Professional' with the Scottish Asian Business Awards.

Aisha helps run the British Smile Foundation, a group that actively promotes oral health education in the community and is now pending charity registration with the OSCR.

VERIFIABLE CPD QUESTIONS

AIMS AND OBJECTIVES

- To understand the process of obtaining consent in general dental practice
- To inform readers about obtaining valid consent processes
- To provide readers various resources for following consent procedures such as the General Dental Council guidance
- To encourage dental teams to think through how they treat each individual patient and to highlight in the importance of providing information specific to each individual.

LEARNING OUTCOMES

- To advise on how to gain valid consent within current legal and ethical frameworks and how lack of capacity to consent will affect this process
- Readers will understand what the General Dental Council expects from its registrants in order to obtain valid consent
- Readers will understand the importance of record-keeping and what is required to be documented as part of the records.

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NARROWING DOWN THE OPTIONS

IMPLANTS

Long-term follow-up of 2.5mm narrow diameter implants in premolar and molar areas supporting a fixed prostheses by Eduardo Anitua

EDUARDO ANITUA

A narrow diameter implant is an implant with a diameter less than 3.75mm and is clinically indicated to replace maxillary lateral incisors and mandibular incisors[1]. The availability of interdental space less than 6mm and/or residual bone width less than 5mm are also indicative for the use of narrow diameter implant (NDIs)[1].

NDIs have significantly reduced the need for bone grafting among completely edentulous patients[2]. This would permit the avoidance of complications associated with alveolar bone augmentation such as prolonged healing time, additional costs and increased surgical morbidity[2,4]. In a recent study, Pommer et al. conclude that, while little evidence on patients' preferences towards minimally invasive treatment alternatives as opposed to bone augmentation surgery could be identified from within-study comparison, patient satisfaction with graftless solutions for implant rehabilitation of completely edentulous jaws is generally high[5].

Long-term survival of the narrow implants in posterior areas of the maxilla and mandible is not well documented. A recent study with this type of implants in areas with combination of split crest technique seems to indicate a successful implant survival rate (97 per cent)[6].

Ortega-Oller et al. in a meta-analysis have shown that narrower implants (<3.3mm) have significantly higher failure rates than wider implants (≥ 3.3mm)7. This could be influenced by other variables such as type of prosthesis, implant surface, and timing of prosthetic loading[7]. Klein et al. in a recent systematic review reported that the survival rate of implants with a diameter < 3mm were higher than 90 per cent with a follow-up time of between one and three years[8]. For implants with a diameter between 3.0 and 3.25mm the survival rate was higher than 93.8 per cent (follow-up of one to five years). Those implants with a diameter ≥ 3.3mm had a survival rate of 88.9 per cent to 100 per cent with a follow-up time of one to 12 years. The most common causes of implant failure have been lack/loss of osseointegration and infection[1,9,10].

From the above, NDIs have a comparable success rate as wider implants not only in the anterior region but also in the posterior regions.

For that, this study was conducted to analyse the long-term outcomes of using 2.5mm NDIs as definitive implant for rehabilitation of missing teeth in posterior areas.

For implant survival assessment, implant failure was considered any implant lost due to biological or biomechanical causes

Material and methods

This article was written following the STROBE (Strengthening the Reporting of Observational studies in Epidemiology) guidelines[11] and included patients treated at a single dental clinic in Vitoria, Spain. Patients included in the study fulfilled the following criteria:

- Both genders and over 18 years old
- Patients with totally or partially edentulous jaws who were treated by one or more 2.5mm narrow-diameter implants due to insufficient bone ridge thickness (< 5mm) and/or reduced mesio-distal space (< 6mm)
- Implants inserted before July 2005
- Implants inserted in posterior areas (premolar and molar)
- A retrospective cohort study design was used.

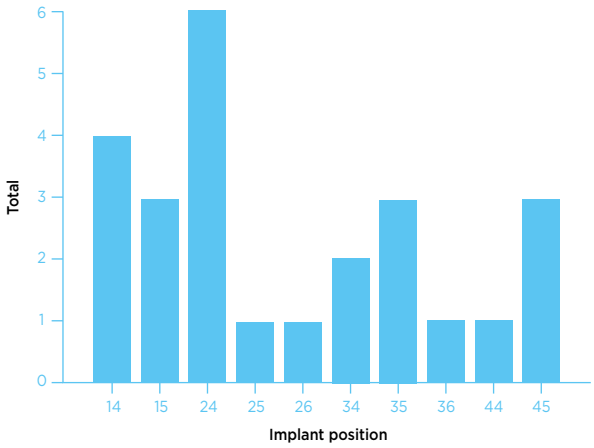

FIGURE 1 Anatomical location of the narrow diameter implants included in this study.

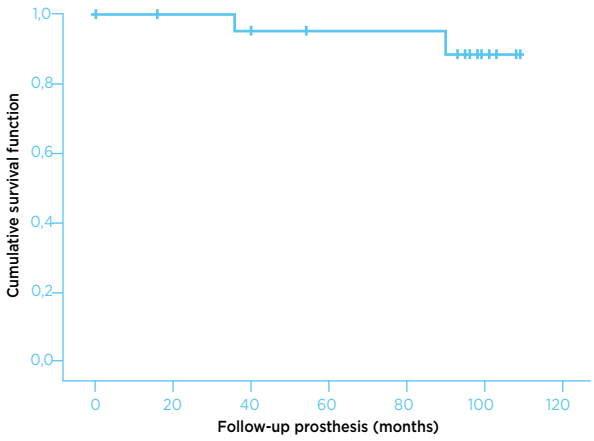

FIGURE 2 Cumulative survival rate of the prostheses.

Data collection

Patient records were analysed to derive demographic data (gender, age), social habits (smoking, alcohol intake), relevant medical conditions, and history of periodontal disease. Then a database was conformed with implants data (length, diameter, and insertion torque) and localisation.

For implant survival assessment, implant failure was considered any implant lost due to biological (failure to achieve osseointegration or loss of acquired osseointegration) or biomechanical causes.

For Marginal Bone Loss (MBL) quantifications, marginal bone levels were measured on the periapical radiograph made just after the surgery and the last available periapical radiograph. The radiographs were obtained using paralleling technique with a film holder (Superbite, KerrHawe, Barcelona, Spain).

Measurements of MBL on the periapical radiographs were performed by computer software (Digora, Soredex, USA), a calibration of the periapical radiograph by a known length (implant length) was performed. Once the radiograph was calibrated to a 1:1 measure, eliminating the possible presence of magnification, measurements were made mesially and distally to the implants, calculating the distance between the uppermost point of the implant platform and the most coronal contact between the bone and the implant. The bone level recorded just after the surgical insertion of the implant was the basal value to compare with subsequent measurements over time.

For prostheses survival assessment, prostheses failure was considered as any complication that led to prosthesis removal (screw loosening/ fracture abutment/ implant fracture/ ceramic chipping and prosthesis fracture).

Surgical procedures

All surgeries were made by two experienced surgeons. Before surgery, patients underwent a routine dental scaling to start the implant treatment with an adequate periodontal health. Radiographic evaluation was also performed to establish the treatment plan.

Patients received 2g of amoxicillin (600mg of clindamycin for allergic patients) 60 minutes before surgery and 1g of acetaminophen, 30 minutes preoperatively. Local anesthesia was achieved by the administration of articaine hydrochloride with epinephrine (1:100,000).

Implant sites were prepared using a low-speed drilling procedure (125 rpm) without irrigation [12],[13]. Before installation, implants were carefully embedded in liquid Plasma Rich in Growth Factors prepared from patient's blood according to a protocol developed by the manufacturer (PRGF-Endoret, Biotechnology Institute BTI, Vitoria, Spain) to bioactivate the implant surface.

Rehabilitations were made by the restorative dentist. In general, healing was allowed for a minimum of three months, after which the healing abutments were fixed. Shortly thereafter, the suprastructure was placed. Immediate loading protocol was applied in four patients (eight NDIs). Implants were loaded immediately only if they achieved an insertion torque of at least 45Ncm.

Post-surgical clinical assessments

Once the surgical phase was conducted, patients were scheduled for a series of periodic evaluations, consisting normally of: one evaluation five to 10 days after intervention, at one month, at three months, at six months, and from this moment ahead, once a year. The post-implant assessment included, at each follow-up visit, different clinical assessments to verify the status of the implant (gingival health, prosthesis mobility, pain, infection, alveolar ridge resorption and any complications).

Moreover, periodic panoramic and periapical radiographs were carried out to verify the implant clinical status in the follow-up period.

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Statistical analysis

Data collection and analysis was performed by two independent examiners (other than restorative dentist and surgeon). The patient was the statistical unit for the statistical description of demographic data, social habits, medical history and history of periodontal disease. Mean values, standard deviations, and ranges were calculated for age, while relative frequency was calculated for the remaining patient-related variables.

The implant served as the statistical unit for the descriptions of implant length, diameter, location, insertion torque, marginal bone loss, survival an prosthetic parameters. Absolute and relative frequency distributions were calculated for qualitative variables and mean values and standard deviations for quantitative variables. The survival of implants and prostheses were evaluated with Kaplan-Meier method. SPSS v15.0 for Windows statistical software package (SPSS Inc., Chicago, IL, USA) was used for statistical analysis.

Results

In this study, a total of 25, 2.5mm narrow-diameter implants placed in 15 patients were included and evaluated. Eighty per cent of the patients were female and the mean age at surgery was 53 ± 9.2 years. Four patients were smokers (20 per cent). The length of the implants ranged between 11.5mm and 15mm. The implants mean follow-up time since insertion was 6.5 ± 3.9 years (range 0 to 9.5 years).

The mean follow-up time of the prostheses was 5.67 years (SD = 36.06). Figure 1 shows the anatomical locations of implants. Fifteen implants (60 per cent) were placed in the maxilla, whereas 10 were placed in the mandible (40 per cent).

Delayed implant loading was performed for 17 implants (68 per cent). The implant loading was performed after eight ± four months since insertion (range: five to 21 months). Five implants (32 per cent) were submitted to immediate loading protocol.

Regarding the type of the prosthesis, 12 implants (48 per cent) were involved in a fixed partial bridges, whereas 12 implants were involved in four screwed complete prostheses (48 per cent), and the one remaining implant was restored with a cemented single crown (4 per cent).

For the assessment of long-term MBL, only those cases where the last available periapical radiograph was performed after at least seven years of insertion were taken into account. Twenty one implants (mean follow-up time of 8.9 ± 0.5 years) that satisfied this requirement were analysed. The mean MBL was 0.64mm at the mesial side (SD = 0.64, range between 0 and 1.95mm), and 0.66mm (SD = 0.62, range between 0.00 and 2.19mm) at the distal side.

The survival rate was 100 per cent for implants. Two prostheses failed during the observation period. The prosthetic complications were porcelain fracture in another patient and connector fracture in other patient. This resulted in prostheses survival rate of 92.0 per cent (Figure 2).

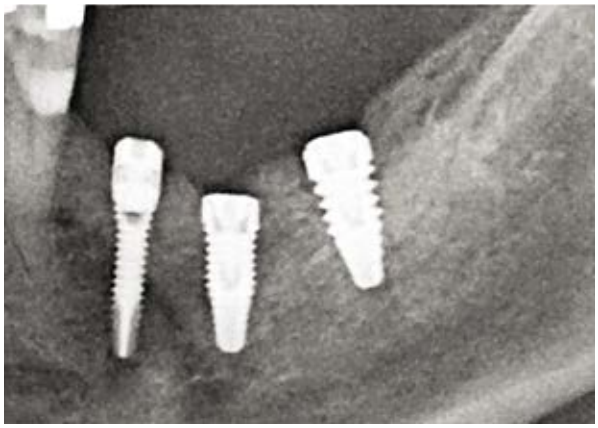

FIGURE 3A Post-operative X-ray at the moment of the insertion of the implants

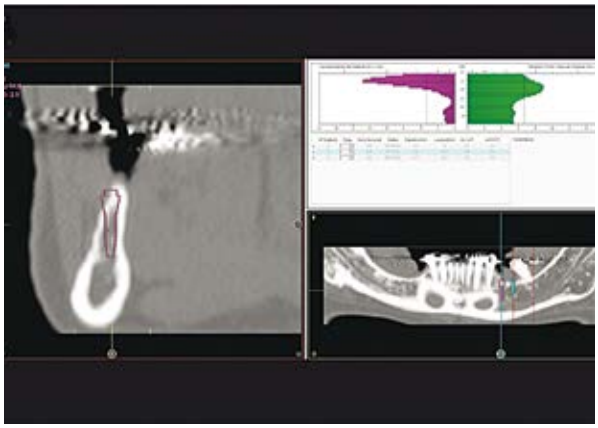

FIGURE 3B Planning in the diagnostic software of the implant insertion

Figure 3 illustrates the clinical situation of a patient involved in the study before and after 10 years of treatment with narrow diameter implants.

Discussion

Eighty seven per cent of the implants were followed for more than three years and 60 per cent for more than seven years. During the follow-up period, no implants have failed resulting in a survival rate of 100 per cent. In a review, Renouard and Nisand reported an implant survival rate higher than 90 per cent for 3mm and 3.3mm implants[14]. Sohrabi et al. have similarly concluded that the survival rate of NDIs is generally higher than 90 per cent and that the failure rate appeared to be higher in small-diameter implants less than 13mm in length [15]. Klein et al. have reported that available studies on dental implants <2.5mm in diameter reported a survival rates between 90 and 100 per cent[8].

In a recent meta-analysis by Ortega-Oller et al. the majority of the analysed studies (implants less than 3.3mm

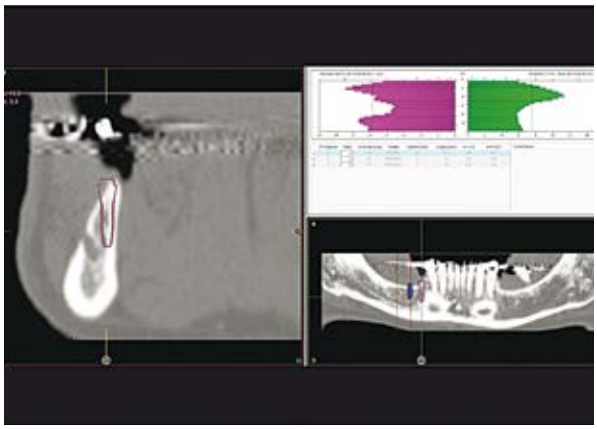

FIGURE 3C Planning in the diagnostic software of the implant insertion

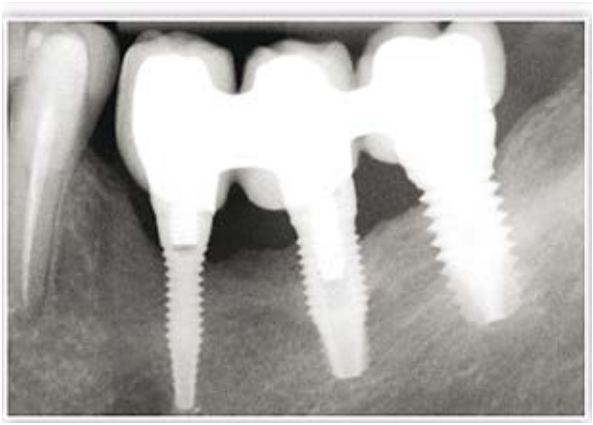

FIGURE 3D X-ray with the final prosthesis at two years.

in diameter) have also reported a survival/success rate higher than 90 per cent[7]. However, the results of the meta-analysis have shown higher failure rates for implants with a diameter <3.3mm when compared to implants with a diameter ≥3.3mm. The authors have related this outcome with the fact that NDIs are usually placed in complicated clinical scenario and they have higher possibility of fracture[7]. Interestingly, according to that review, the failure rate will be more probable if the implants are loaded in a period less than three months since insertion and/or have a smooth implant surface[7].

In the present study, the survival rate of NDIs was comparable to standard implants. The high survival rate of the NDIs could be related to the fact that the implants placed in this study had a roughened surface. Furthermore, 26 implants were loaded after eight months (± four months) since implant insertion and no one of these had failed.

Abutment screw loosening is one of the most common prosthetic complications that was being reported by clinical studies on NDIs [8]. This complication could be the result

Eighty seven per cent of the implants were followed for more than three years and 60 per cent for more than seven years. In the follow-up period, no implants have failed

of different factors such as component misfit, inadequate tightening, settling of the screw, inadequate screw design and excessive loading [16]. The absence of screw loosening in this long-term follow-up could related to the fact that all implants (except one) were splinted by a fixed prostheses.

Splinting multiple implants has been reported to minimise the lateral force on the prosthesis, to enhance force distribution, and to reduce the stress on the implants [17,18]. Thus, splinting of 2.5-diameter implants would protect the implants from excessive loading and prevent implant/abutment screw fracture.

In this study, all the implants were inserted in posterior areas. In this type of rehabilitation, the risk of 'fatigue' fractures of the implants exists [19,20]. Freitas-Junior et al. have concluded in a biomechanical study that a single NDI is less reliable than a standard implant or two NDIs to support single crown in the molar region[21]. In our study, the survival of implants were 100 per cent and there were no biomechanical complications with the implants.

The measurement of marginal bone loss around the NDIs had a mean value below 1mm for the implants with follow-up time more than seven years since insertion. This would indicate the absence of excessive mechanical loading on the 2.5mm diameter implants. Similar results have been reported by Wang et al.[22].

This study suffers from the limitation of a retrospective study design and the small sample size. The retrospective study provides evidence of lesser strength than the evidence derived from prospective or randomised clinical trial. There is also a dependency on the availability and accuracy of medical/dental records.

Conclusions

The use of narrow diameter implants in narrow alveolar ridges in posterior areas could constitute a minimally invasive alternative to bone augmentation surgery. NDIs of 2.5mm have resulted in a high survival rate in a long-term follow-up. This outcome could be related to the fact that these implants have all been splinted to other implants by a fixed prosthesis. This prosthetic configuration may have minimised the probability of implant and prosthesis failure.

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ABOUT THE AUTHOR

Eduardo Anitua DDS, MD, PhD graduated with a degree in medicine and surgery from the University of Salamanca and gained his PhD in medicine from the University of Valencia. He holds a specialism in stomatology from the University of the Basque Country (UPV/EHU).and a diploma in prostheses and occlusion from the Pankey Institute (Florida, USA).He is a visiting professor at more than 20 universities in the USA (Harvard, Boston, Tufts, Pennsylvania, New Orleans), Germany (Berlin), England (Bristol), Italy (Milan, Turin), India, Mexico, Brazil, Portugal, Argentina, Colombia, Venezuela, Uruguay and Spain (Seville, Madrid, Barcelona, Murcia).Dr Anitua has published more than 200 papers in national and international journals, is the author of eight books and co-author of seven books and chapters translated into various languages. He has 37 international patents developed in regenerative therapy and oral implantology.

VERIFIABLE CPD QUESTIONS

AIMS AND OBJECTIVES:

- Long-term evaluation of the survival of narrow diameter implants (two-piece implants) with a diameter of 2.5mm
- Explain how to assess the stability of marginal bone
- Explain how to assess the prosthetic complications.

LEARNING OUTCOMES:

After reading this article, you will:

- Be able to identify milestones in the developing of a treatment plant that involve narrow diameter implants
- Be able to adapt the prosthesis design to minimise implant overloading
- Understand the advantages of two-piece narrow dental implant.

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ROOT FRACTURE

CASE FILES

The following case from the archives of MDDUS describes what happened when a retained root was not removed and later became infected

AUBREY CRAIG

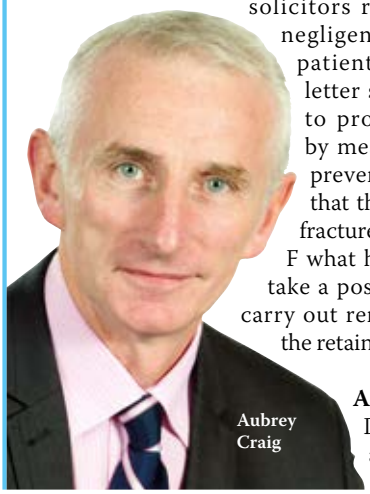
Mr F attends his dentist – Dr K – complaining of a tender upper premolar at UL4. On examination it is found that the tooth has fractured. Six months previously, Dr K had root-treated the tooth which had been giving Mr F problems for the last couple of years. It had been filled twice but with recurrent infections requiring antibiotics until definitive care could be provided.

Five days later, the patient re-attends the practice and the two root canals at UL4 are located, gutta-percha (GP) removed and dressed with Ledermix. However, after two days, Mr F is back in the surgery with the tooth now very tender to touch. The canals are opened and blood is found to be oozing from the buccal canal. Dr K leaves the tooth open to drain and prescribes antibiotics.

A few weeks later, Mr F calls in sick from work with an "agonising" toothache and makes an emergency appointment with Dr K. The dentist informs the patient that the tooth is chronically infected and needs to be extracted. This is done with the patient's consent and the procedure is routine with no complications noted in the patient records. No post-extraction radiograph is taken as in the opinion of Dr K, the procedure was uneventful.

Two years pass and, having moved to a new town, Mr F registers with a local dental surgery and attends complaining of pain around UL4. The new dentist takes a radiograph and this reveals the presence of a retained root at UL4, which has become infected. A further appointment is made and the root fragment is surgically extracted.

Six months later, Dr K receives a letter of claim from solicitors representing Mr F alleging negligence in the treatment of the patient's tooth. In particular, the letter states that the dentist failed to protect the root-treated UL4 by means of an onlay or crown to prevent fracture. It further alleges that the dentist failed to record the fracture of the root and to inform Mr F what had happened. Nor did Dr K take a post-extraction radiograph and carry out remedial treatment to remove the retained root, or refer appropriately.


Aubrey Craig

Analysis/outcome

Dr K contacts MDDUS and an adviser reviews the letter of claim and patient records along with the dentist's account of the treatment. An expert report is commissioned from a GDP and lecturer in restorative dentistry. The expert offers an opinion on each of the allegations.

With regards to the failure to protect the root-treated tooth from fracture with an onlay or crown, he states that the need for such a measure is determined by the size of the cavity in the tooth and degree of occlusion. In his opinion there is no evidence to conclude UL4 was at risk of fracture, so it cannot be said that placement of an onlay or crown was essential.

The expert reviews radiographs taken by Mr F's current dentist and notes the presence of a retained root prior to its extraction. Nothing in the notes recorded by Dr K shows that he was aware of the retained root. The expert expresses the view that there was no breach of duty in a root fracturing during extraction and remedial treatment being required. Such an occurrence is always possible even when appropriate skill and care is taken during an extraction.

However, he believes the size of the root fragment was such that Dr K should have been aware it was there and further confirmed by a radiograph. A decision could have been made then either to remove the fragment or delay for a surgical procedure to be carried out on a later date, either by Dr K or with referral to a specialist. The expert states that in his opinion this failure did constitute a breach of duty of care.

With regards to causation, the expert states that, in his view, there is no claim in regard to the loss of UL4 or for the value of any prosthetic replacement. But, the need for a later surgical procedure and the discomfort associated with this and the infection caused by the root fragment could have been avoided. In view of the potential weaknesses in defending the case, MDDUS decides with the agreement of the dentist to settle the claim for a small amount with no admission of liability.

Key points

- Ensure that any extracted teeth are carefully examined for potential retained fragments
- Add clinical justification in the notes for all key clinical decisions
- Complications during clinical procedures do not necessarily constitute negligence if appropriate skill and care have been taken.

ABOUT THE AUTHOR
Aubrey Craig is head of dental division at MDDUS.
For more information, go to www.mddus.com

FABRICATING A CUSTOMISED SEMI-PERMANENT RESTORATION

DR DANIEL FARHAN MSc PRESENTS A LUXACROWN CASE STUDY

DANIEL FARHAN

Indirect restorations are used regularly in prosthetic dentistry and can be differentiated in various ways. One of the areas in which they can be differentiated is their retention period in the mouth.

On the one hand, there are temporary measures worn for a short period of time which are used to protect the underlying tooth until the final restoration is inserted and, on the other, there are long-term temporaries, often used in the treatment of teeth which might be at risk.

These are either used only to guarantee the prognosis of the tooth to be restored with a crown for a certain period, often three to six months, or in cases where a risky situation is essentially undergoing 'final' restoration.

Thus, figuratively speaking, these assume the same functions as a final restoration, which increases the demands placed on the materials used when it comes to marginal seal, resilience and long-term stability.

This gives rise to the question of whether long-term temporaries can remain in the mouth for an unlimited period in special indication groups.

In this article, a clinical example is used to illustrate the use of the innovative new crown composite (LuxaCrown) for the fabrication of a long-term temporary with an as yet undefined lifespan. The materials used (StatusBlue, LuxaPost, LuxaCore Z, LuxaCrown, Luxatemp-Glaze & Bond) are manufactured by DMG (DMG, Hamburg).

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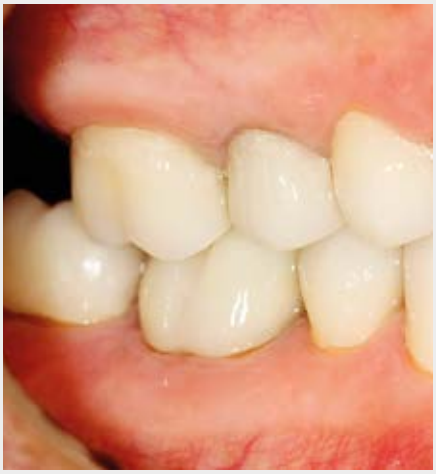

FIG. 1 Intra-oral initial situation

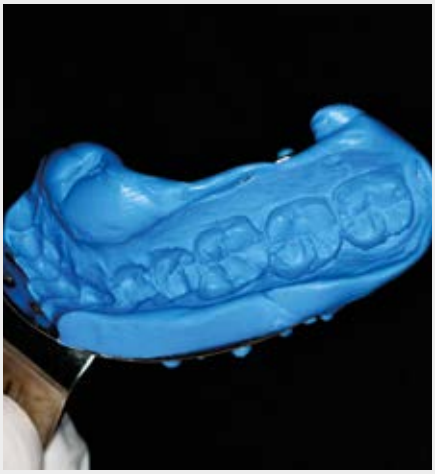

FIG. 2 StatusBlue impression

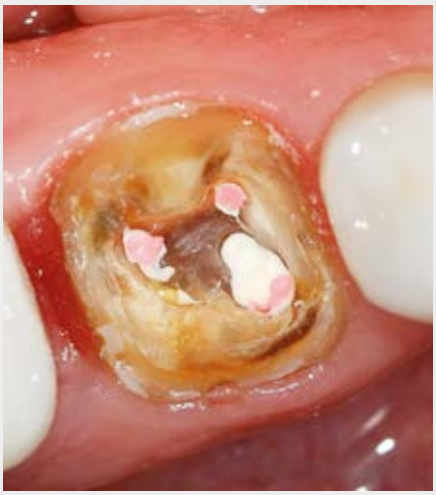

FIG. 3 After root canal treatment

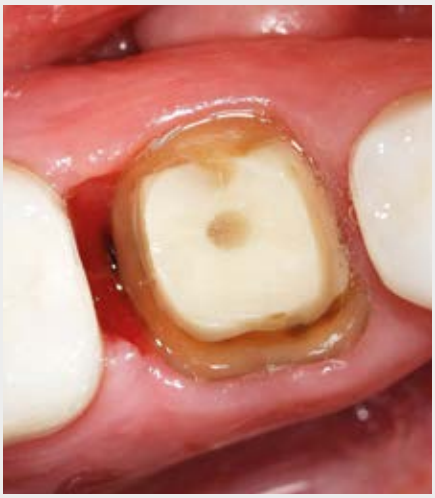

FIG. 4 After post and core build-up

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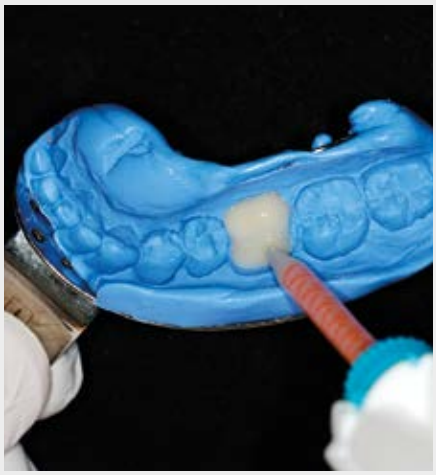

FIG. 5 Filling the impression with LuxaCrown

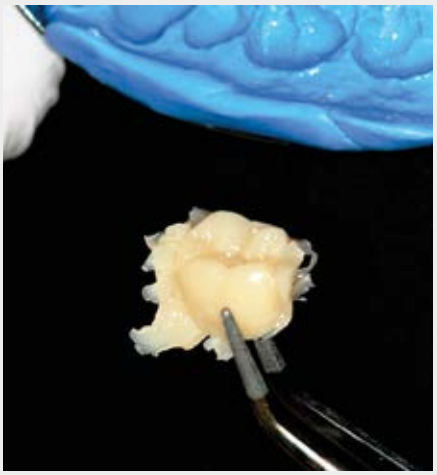

FIG. 6 Removing the LuxaCrown from the impression

FIG. 7 Final polishing with a rubber polisher

FIG. 8 Final polishing with a polishing brush

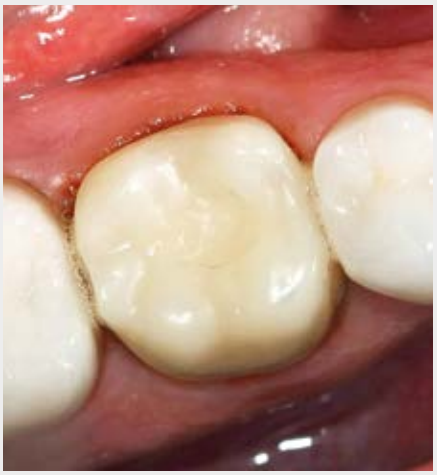

FIG. 9 LuxaCrown intra-oral, occlusal view

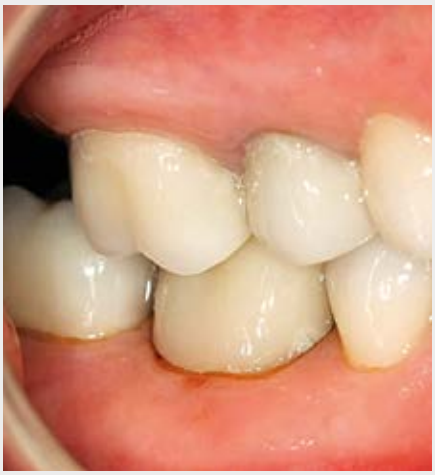

FIG. 10 LuxaCrown intra-oral, side view

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CLINICAL CASE

A 63-year-old male patient presented himself at our dental practice with significant pain in tooth 46 (Fig 1).

Following examination and diagnosis, the tooth received endodontic treatment. In this specific case, we decided to remove the existing crown following a preliminary impression with A-silicone StatusBlue, in order to allow as bacteria-free an endodontic treatment as possible (Fig 2). This was to prevent any compromise to the subsequent endodontic result due to an insufficient marginal fit and any resulting coronal leakage.

The plans for the final restoration included a customised semi-permanent chairside restoration in a direct procedure using the innovative crown material LuxaCrown. This material makes it possible to restore the tooth for the long-term without compromising on the marginal fit, resilience, shade stability or aesthetic reconstruction.

Following successful root canal treatment, the severely damaged tooth was reconstructed using an adhesive post and core (LuxaPost and LuxaCore Z) before undergoing standard preparation for incorporation of a single crown (Figs 3 and 4). After checking for undercut areas the core was isolated with Vaseline.

The impression produced with StatusBlue was then filled with LuxaCrown (Fig 5) and the tray was repositioned in the patient's mouth 30 seconds afterwards, at the latest. During the elastic phase of the material, which spans a period between 90 seconds and two minutes 20 seconds, the impression must be removed. The semi-permanent restoration achieved its final hardness after five minutes.

After removing the crown from the impression (Fig 6), the rough excess was removed with crown shears and the crown was placed on the core to check the fit.

Afterwards, final finishing was performed extra-orally using stones and rubber polishers as well as polishing brushes (Figs 7 and 8).

Finally, the crown was cemented with Ketac Cem according to the manufacturer's instructions.

The intra-oral result was more than satisfactory as far as the fit and aesthetics were concerned (Figs 9 and 10).

ABOUT THE AUTHOR

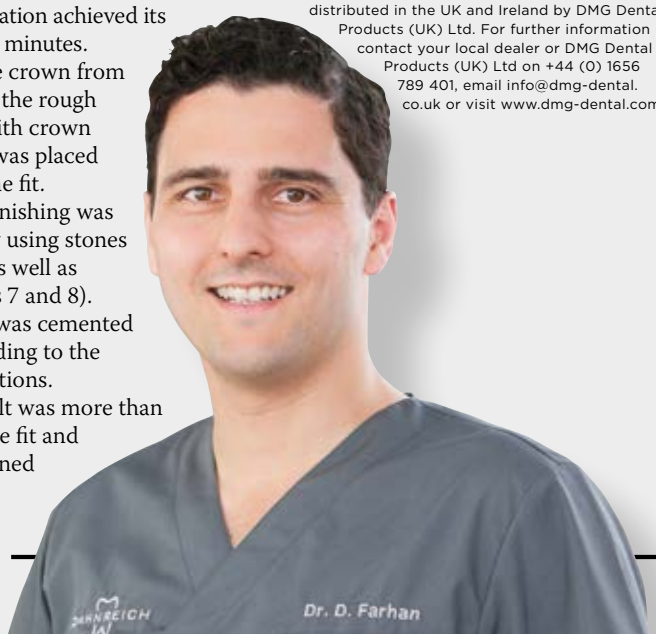
Dr Danial Farhan is a specialist in prosthodontics (DGPro) with a clinical focus on implants, dental prosthesis and root canal treatment. He also carries out maxillofacial diagnostics and therapy, as well as cases involving dental aesthetics and dental phobic patients.

A graduate of the University of Heidelberg (2008), he completed his doctorate of dental medicine from the University Medical Center Hamburg-Eppendorf in 2009 and gained his MSc in dental prosthetics from the University of Greifswald in 2013.

In July 2015 he took over the Zahnreich dental practice in Heidelberg with his colleague Dr Rolf Weickum.

ABOUT THE PRODUCTS

The complete DMG range, including LuxaCrown, is distributed in the UK and Ireland by DMG Dental Products (UK) Ltd. For further information contact your local dealer or DMG Dental Products (UK) Ltd on +44 (0) 1656 789 401, email info@dmg-dental.co.uk or visit www.dmg-dental.com



Management

PRACTICAL INFORMATION FOR PRACTICE MANAGEMENT PROFESSIONALS

BE THE BOSS

DO YOU HAVE WHAT IT TAKES TO BE A GOOD MANAGER?

See page 63

HOW TO BE A GOOD MANAGER

SUSIE ANDERSON-SHARKEY TALKS ABOUT THE QUALITIES AND BEHAVIOURS NEEDED TO BE A SUCCESSFUL MANAGER OR BOSS

SUSIE ANDERSON-SHARKEY

This issue I'm going to look at some of the vital qualities needed to be a good manager (or boss). It doesn't matter what business you are in, these qualities are vital right across the board.

Firstly, it is imperative that as managers we listen to what our staff are saying to us. Don't just sit and nod, or frown, or agree/disagree, but really listen to what they are trying to tell you. Very often what they don't say is as important – or more important – than what they do say. So, take time, learn to read between the lines and really give them time to explain without looking at your watch, tapping your pen on the desk, scrolling though emails or jumping in to interrupt. Give them your undivided attention, whether it is for five minutes or 25 minutes, and let them know that what they are saying is important to you.

Remember, a good manager leads by example. If you don't want grumpy staff, don't be a grumpy manager. Set the tone and the staff will follow. We can all have off days, but your general mood should be steady, consistent and fair and, if you're having a bad day, don't take it out on your staff. They are here to work for (and with) you, and they have their fair share of problems too. The staff shouldn't have to be whispering to each other: "What kind of a mood is he/she in today?" If you think for a moment that that's what your staff are saying then it's time to do some soul searching and make appropriate changes. It really will make a huge difference to the whole atmosphere of your business.

I mentioned the word fair. How often have we heard "that's not fair"? As a business manager we need to treat our staff fairly, and that doesn't always mean treating them all the same. Let me give you an example. This is a real-life, current situation happening to someone I am acquainted with.

A member of staff has worked in this particular business for many years. It is a small business, and in this case the owner also happens to be the manager. The staff member found themselves in a truly life-changing situation that is going to impact hugely on their lives. The owner/manager chatted with the employee, assessed the situation and realised that 'carry on as normal' was not going to be an option. This individual told the staff member to take time off, put them in touch with professionals who could help them and he also made sure that the time off was on full pay. He gathered the other members of staff together, explained the situation and basically asked if they would take up the slack until the situation was resolved.

To my mind the boss/manager treated all the staff fairly; he gave help to the member of staff where and when it was needed and he also spoke to all the other members of staff so no one was left in the dark. I'm sure all of the staff realise that if they find themselves in a similar situation that the manager will treat them as fairly as he did that employee.

> "VERY OFTEN WHAT THEY DON'T SAY IS AS IMPORTANT – OR MORE IMPORTANT – THAN WHAT THE DO SAY. SO LEARN TO READ BETWEEN THE LINES"

As a manager, give the staff room to grow and develop. This will not only help them, but it will help you too. Learn the art of delegation, give your staff ownership of an area of the business and they will feel valued and respected. A good manager doesn't do it all themselves. He/she is wise in delegating various tasks, once you know, of course, that the individual is capable of the task. This may initially involve some extra training, which is time well invested in the staff as you will soon reap the benefits. Resist the urge to scratch the itch and micromanage.

Once you know they are able, leave them to get on with it and don't jump in to try to help, look over their shoulder or constantly check the work has been done. Building trust is a two-way process.

From time to time I carry out random spot checks, but I've learned that the staff work best when they are left to get on with what they have been entrusted to do; and don't forget to praise and thank them for a job well done.

There are many qualities necessary to be a good manager and I have only been able to list a few in this article which will hopefully give you a starting point if you are a new manager.

So, to summarise: Listen, lead by example, set the mood, be fair, don't micromanage. Good luck to all my fellow managers who try to steer the ship in what can be, at times, very rough waters.

MANAGING THE PRACTICE FINANCES

IF YOU HAVE RECENTLY OPENED A NEW DENTAL PRACTICE, TAKEN OVER A PRACTICE, OR HAVE BEEN RUNNING ONE FOR A WHILE AND WOULD LIKE TO GET A BETTER HANDLE ON THE FINANCES, THIS MONTH'S INSIGHTS ARE FOR YOU

JAYNE CLIFFORD

IN today's world, with everyday life becoming more digital and interactive, managing your accounts and tax is no different. The online cloud accounting environment is growing exponentially with a range of programs, add-ons and apps available to assist you in streamlining your dental practice and its operations. The flexibility of use, ease of information available and all-round slicker delivery puts cloud software miles ahead of the more traditional desktop versions and endless spreadsheets.

Cloud accounting systems can be accessed anywhere (the practice, at home, on a train or even on the beach if you can't switch off...) and simple tasks like creating and sending invoices, matching payments and reconciling your bank can be done by a few clicks on your smartphone or tablet. You should speak to your accountant about the best package and apps for your practice. Ensuring that you have the bookkeeping in hand is often overlooked when setting up and growing the practice (especially if you have little financial knowledge) but this is one of the key controls that should be implemented from the outset – either completed internally or by engaging a bookkeeper.

Compliance

Running a dental practice brings with it a certain amount of compliance in terms of the accounts and tax. Company accounts require to be submitted to Companies House within nine months of each financial year end. HMRC also requires payment of Corporation Tax in the same nine month period. Sole traders and partnerships are required to pay taxes twice a year in January and July. Your accountant will generally prepare the submissions on your behalf.

Your accountant should also meet with you to develop your tax-planning strategy taking into account your business, personal and family circumstances – it's never too early to consider inheritance tax and creating a tax plan for your life (and beyond). The government's directive that all businesses offer workplace pensions brings an additional compliance burden upon principals both from a financial and admin perspective.

Managing cash and controlling costs

Cash flow will be the biggest challenge when opening a new practice. Unless you are in the fortunate position of having a significant amount of capital to invest, managing the cash position of the practice could be the main task as the practice grows. Some suppliers may not offer you favourable credit terms in the early stages until you build up a payment history with them. So, it is important that cash movements are forecasted as much as possible to ensure that the practice is operating within its means.

Review costs on a regular basis to ensure that you are not overspending and look for areas where you can actively reduce costs – all this will go towards effective cash management. Ideally, you should be thinking at least six months ahead in terms of operational activity and planning to ensure that all cash commitments can be met in line with expected income etc. It is also worth considering a "safe" balance in your practice i.e. what is the level of cash to be retained at any one time. This safe balance should be enough to cover short-term commitments like payroll should activity not go as planned.

Measuring performance

It's important for dentists to understand the numbers side of the business so that they can gauge whether or not they are making good returns. As with all businesses, principals of dental practices need to recognise and be alert to trends and learn when to make changes to their operations and strategies. NHS income should be monitored monthly and will highlight whether the practice's volume is expanding or contracting. It is also useful to look at the income to payroll ratio and your gross profit percentage.

Return on assets/capital employed – are all of your assets supporting income? Your premises, surgery equipment and fixtures and fittings should all be supporting income. This measure calculates what return you are generating from the assets and capital you have invested in the business. You should set a target each year and measure progress against it.

Your accountant should be reviewing these and a few additional key measures with you on a regular basis. If you choose to go with one of the cloud accounting packages, a great deal of the above is automatically calculated and graphically presented thereby enabling you to keep an eye on the practice's key numbers, trends and, ultimately, your business success.

ABOUT THE AUTHOR
Jayne Clifford is a director at Martin Aitken & Co. To contact Jayne, email jfc@maco.co.uk

Should you DIY your tax affairs?

AS THE WINTER NIGHTS START TO DRAW IN, SOME OF OUR THOUGHTS TURN TO THOSE ODD JOBS AROUND THE HOUSE. BUT SHOULD YOU DIY WHEN IT COMES TO TAX?

IAN MAIN

It's a popular misconception that you need to outsource your tax affairs to an accountant and it is perfectly acceptable to undertake the compliance yourself. But is it wise to do so? It is, of course, your choice but to do so may see you miss out on tax breaks available or may result in compliance errors and added scrutiny from HMRC.

Also, is it really the best use of your leisure time "sweating over the books"? For the average cost of three of your chairside hours, you can employ an expert and spend your precious time on better activities.

When searching for the right accountant or tax adviser, there are a number of "golden rules". You should look to choose a specialist firm who understand the Scottish dental profession in depth. They should be genuinely pro-active and supportive (and be able to demonstrate this with practical examples/case studies).

In general, there are only a handful of firms in the country who can lay claim to being truly specialist in dental matters. Those who are specialised will understand the Statement of Dental Remuneration, superannuation and will "talk your language". They will be able to offer specialist services throughout your full career and support you to buy/sell a practice if that were your ambition.

Most importantly, you should be able to have a good rapport and working relationship with your chosen adviser. This will help them to be close to your goals and help where required.

As with everything, the costs are relevant; however, that should be way down your list of needs as, rest assured, their service will be value for money if you pick the right advisor.

Now then, those shelves won't put themselves up!

MORE INFO
To contact Ian, call 0131 248 2570 or email ian@starkmaindental.co.uk

Restrictive covenants

RESTRICTIONS CAN HAVE A HUGE IMPACT ON THE VIABILITY OF YOUR NEW PRACTICE

PATRICK CAMPBELL CORCORAN

The running of a dental practice can be fraught with difficulty. Not only does the principal dentist require to be an expert at their profession, they may also find that they require to be a bookkeeper, accountant, lawyer, and human resources expert.

An additional area that all dentists should be aware of is the law of restrictive covenants.

These can be particularly contentious, and taking professional advice can have huge benefits for you and your business.

A restrictive covenant is, at its most basic, a clause in a contract that provides that a dentist will not work in a certain area, or treat certain clients.

The clauses are most important in two circumstances.

Firstly, where an associate is leaving a practice. If they have a restrictive covenant clause in their contract, they may find that they are not entirely free to go to pastures new. Our award-winning employment law department has published a brief overview of these clauses on our website (www.mshblegal.com/restrictive-covenants.html).

Secondly, they are crucial when you are buying, or selling, a practice. It is in the buyer's interest to ensure that the seller – who may be a popular local dentist with a loyal following – does not take all of the practice's clients and open up a rival practice nearby. Obviously, that could have a huge impact on the viability of the buyer's practice.

If you are affected by, or wish to enforce, a restrictive covenant, it is crucial that you take advice early, as they can have very serious repercussions. For instance, if you breach an enforceable restrictive covenant, you might find that you are served with a court order (an interdict) preventing you from working before you even knew that there was a live court action.

MORE INFO
Patrick Campbell Corcoran is an associate solicitor with Miller Samuel Hill Brown LLP. To contact Patrick, email pca@mshblegal.com

Who is investing in Scottish dental practices?

DEMAND FOR ACQUISITIONS IN SCOTLAND HAS NEVER BEEN HIGHER, BUT WHO IS ACTUALLY IN THE MARKET AND HOW CAN YOU ACHIEVE THE BEST PRICE?

PAUL GRAHAM

There has been encouraging evidence recently to suggest that we should maintain our confidence in the dental practice sector for this forthcoming year given that, since 2013, the average movement in prices in the dental sector have been on the rise.

This is promising news for Christie & Co as the demand for dental practices has never been so high. However, this begs the obvious question of who exactly are the investors that are driving these prices? Are there dominant sector players looking for sector consolidation, or is investment largely coming from corporates and emerging private equity?

Dental practices are, and continue to be, a good investment for buyers. First-time buyers have a desire to secure their future and are being assisted with family money to buy a practice.

These buyers are willing to look at practices in locations where the decision is based on opportunity and future strategy.

The bad news for these aspiring purchasers is that, while corporate chains control only about 12 per cent of the UK market, the financial muscle and competitive nature from private multi-practice owners is still prevalent.

For example, a recently completed sale just west of Glasgow attracted this profile of purchaser: a private business owner, with an existing portfolio.

After 22 viewings received within a four-week marketing campaign, an offer nearly six figures above the actual asking price was achieved. This is not uncommon in the market place and, for sellers considering an exit strategy and looking for a similar result, then it is important to afford the time to prepare for a sale in order to maximise proceeds.

Like many other sectors, you will be unsurprised to learn that the dental sector is highly fragmented, a quality rendering it greatly attractive to first time buyer but particularly to multiple practice owners and investors looking to make acquisitions across the industry.

MORE INFO

To discuss how Christie & Co might help you achieve your future plans, contact Paul Graham, associate director at Christie & Co on 0131 524 3416.

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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

t. 01904 670820 | e. martyn.bradshaw@pfmdental.co.uk | www.pfmdental.co.uk

*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

HOW TO AVOID INHERITANCE TAX

ALTHOUGH YOU CANNOT AVOID DYING, JON DRYSDALE EXPLAINS HOW YOU CAN AT LEAST ESCAPE THE DREADED 'DEATH TAX'

Dentists tend to be among the minority of the population with sufficient accrued wealth to be affected by Inheritance Tax (IHT). IHT is one of the most unpalatable taxes ever devised (it is often referred to as the "death tax") but one that can be avoided with a little forward planning.

IHT receipts in 2016/17 were £4,840 million, 4 per cent higher than in 2015/16. Without adjusting for inflation, this is the highest that IHT receipts have been since the current Inheritance Tax system was introduced in March 1986.

HOW BAD COULD IT BE?

To give you an idea of how your estate could be affected by IHT, the table below shows a typical situation.

The example assumes that only one nil rate band (NRB) of £325,000 is available. Most IHT liabilities occur on the second death of a couple so it is likely that an additional £325,000 will be available. In the example (below right), this reduces the amount chargeable to IHT to £1,100,000 and the subsequent IHT charge to £440,000.

WHAT A RELIEF

Practice owners might be interested to know that they qualify, in most circumstances, for Business Relief on IHT. This exempts 100 per cent of a trading business (either partnership sole ownership or limited company) and usually 50 per cent of related property from IHT. There are some conditions to take note of, as follows.

First, on the business you can't claim relief where the business:

- mainly deals with securities, stocks or shares, land or buildings, or in making or holding investments
- is a not-for-profit organisation
- is being sold, unless the sale is to a company that will carry on the business and the estate will be paid mainly in shares of that company
- is being wound up, unless this is part of a process to allow the business of the company to carry on.

On the above basis, a dental practice is likely to qualify for relief.

Considering business assets, you can't claim relief if the asset:

- wasn't used mainly for business in the two years before it was either passed on as a gift or as part of a will
- isn't needed for future use in the business – for example, if you own a flat above the practice this isn't likely to qualify.

SONS AND DAUGHTERS

While Business Relief may sound an attractive exemption, the rules exist largely to allow the transfer of small businesses from one generation to the next, where otherwise the IHT would bankrupt or cause the break-up of the business. Most dental practices are not family concerns and dentists tend to liquidate the value by selling the business on or before retirement. Once the business is sold, it is more than likely that the proceeds will be subject to IHT. Business Relief can be claimed if the owner dies while the business is still trading but not if death occurs after the business has been sold.

In the event that your children are in a position to take on ownership of your practice and you feel inclined to gift it to them, Business Relief may also be applicable. This is an important point, as otherwise a gift of this value could suffer IHT for two potential reasons:

1. Gifts are subject to the potentially exempt transfer rules whereby it technically remains in your estate for a period of seven years
2. If it were a gift to a trust, there would be an immediate charge to IHT of 20 per cent above your nil rate band of £325,000.

Neither of these apply due to Business Relief.

However, there are complex rules about passing on businesses in this fashion, not least requiring the business to continue trading – you can't simply gift it then it immediately be sold.

PLAN BEFORE YOU SELL

In the normal course of events, you will sell your practice and deposit the proceeds – this is likely to inflate your IHT liability. The once exempt business value falls immediately into your estate for IHT purposes and is subject to a potential charge of IHT at 40 per cent.

It is at this point that mitigating action is necessary – the business sale releases cash which can be deposited somewhere 'IHT friendly'. Some pro-active planning for this should be undertaken ahead of the sale.

In the next issue, I'll detail more ways to reduce or avoid the IHT bill.

ABOUT THE AUTHOR
Jon Drysdale is an independent financial adviser for chartered financial planners, PFM Dental, which has offices in Edinburgh and York. Go to www.pfmdental.co.uk

Jon Drysdale

ASSETS	VALUE
Main residence	£500,000
Practice sale proceeds (cash)	£750,000
Investments	£400,000
Other assets	£100,000
TOTAL	**£1,750,000**
Less nil rate band (NRB)	£325,000
Estate value chargeable to IHT	£1,425,000
40 per cent IHT charge	£570,000

First-class business procedures

EQ HEALTHCARE DISCUSSES SOME BEST PRACTICE PROCEDURES THAT CAN HELP TO IMPROVE YOUR FINANCIAL FUNCTION

LOUISE GRANT

Practices that operate efficiently and profitably are those that are well managed by a committed, hard-working team who follow formal and structured processes, managed by the practice manager. Their role can quite often be over stretched by having the responsibility of admin, HR, marketing and finance duties.

Management Information (MI)
Decisions made by practice owners tend to be made with reference to management accounts. Generally MI is made up of a profit-and-loss account, balance sheet and narrative to support the numbers. Monthly MI should be reported to the practice owners by the end of the month to ensure the information does not become out of date.

Systems
Many dental practices are moving away from the traditional desktop accounting system and adopting a cloud-based system. Cloud accounting packages ensure all financial information is up to date and can be accessed from the practice, home and even when on holiday!

Payroll
Payroll has become more complex than every before. Not only are employees being paid their basic wage/salary, but they are receiving bonuses, overtime, claiming for expenses, etc. Are you aware whether these adjustments are taxable or non-taxable, do they form a benefit that should be reported through a P11D form?

In addition to payroll, you also need to consider auto-enrolment. Most businesses should have staged for auto-enrolment, but if you are still to set up a pension scheme, ensure you get professional advice to ensure the scheme meets your needs.

Locum cover under the new IR35 rules
Are you aware that HMRC introduced new IR35 rules from April 2017? Historically, any locum cover would have been paid to the locum and it was their responsibility to record their income and pay taxes accordingly. However, new rules indicate that the practice should now pay the locum as an "off payroll"worker. Before agreeing terms with a locum, it is important for you to understand these new rules.

MORE INFO
EQ Healthcare can provide assistance, or take control of your financial function to ensure your business procedures are first class. Get in touch with our EQ Healthcare team to discuss how we can support your practice, on 01382 312 100 or by emailing louise.grant@eqaccountants.co.uk

A REWARDING CAREER

PUTTING A SMILE ON THE FACE OF YOUNG PEOPLE IS OFTEN CITED AS ONE OF THE MOST SATISFYING ASPECTS OF ORTHODONTICS

Orthodontics can be one of the most rewarding areas of clinical dentistry. Orthodontists and dentists with a special interest in orthodontics are working day in day out with young people who are often lacking in confidence and self-esteem at the start of treatment. However, by the time treatment is completed, the young person will often have grown physically and mentally as their malocclusion is corrected and their confidence returns.

The changes in appearance and personality can be quite striking and, as much as this can be attributed to the young patient growing up and even maturing during treatment, the effects of the clinical work shouldn't be underestimated.

The rise of short-term orthodontics has also brought simple orthodontic principles within the range of the average GDP and within the budgets of adults who have a desire to improve their smile. This area of dentistry is not without controversy and there are any number of online courses and 'quick fixes' that both dentists and patients can get caught up in.

As with anything in life, if it seems too good to be true, it often is. Short-term ortho has a place in dentistry, but it has its limitations and these need to be respected. There is no substitute for experience when it comes to complicated cases, such as impacted teeth, extractions and other surgery. Experience is also useful in the diagnostic stage – knowing when to refer can be a skill in itself.

MORE INFORMATION
If you are looking for more information on how to get involved in orthodontics, visit www.bos.org.uk

THE POSSIBILITIES ARE LIMITLESS

INVISALIGN IS LEADING THE WAY IN DIGITAL DENTISTRY AND PROVIDING BENEFITS BEYOND IMPROVED AESTHETIC STYLE

Aesthetic Dental Surgeon Monik Vasant, who successfully runs the Freshdental clinics in Central London and Greater Manchester, has trained under many of the world's leading clinicians to become a leading advocate of minimally invasive dentistry and anterior alignment orthodontics.

It was therefore no surprise that Dr Vasant was invited to lecture at the BDIA Showcase in the Dental Update Theatre recently to explain his ethos of minimally invasive aesthetic dentistry, the role of the Invisalign system in this and how this makes a difference to his practice and ultimately his patients.

Dr Vasant started by looking at how orthodontics was defined and raised the question as to whether anterior alignment orthodontics was in fact a branch of aesthetic and restorative dentistry rather than orthodontics. He confidently stated that having the skill to move teeth in the future was a far more useful skill than the ability to prepare a tooth for a crown. Listing the main reasons to have treatment; from aesthetic correction, pre-restorative alignment, functional/occlusal improvement and improved oral hygiene.

The case studies Dr Vasant presented illustrated how moving away from traditional cosmetic dentistry to an ethos of minimally invasive aesthetic dentistry using the Invisalign system and adhesive dentistry was completely instinctive for him, and ergo could be for his peers. He showed how the modality offers a number of benefits beyond improved aesthetics; but mainly the preservation of tooth structure, the health of the pulp, and the ability to have a relatively retrievable problem in the event of failure of the work. For the practitioner the benefits are compelling and he considered that the Invisalign technology makes orthodontic treatment predictable; it is not labour intensive when planned correctly and, more importantly, helps him and his patients visualise the end result of their treatment before it has started.

Dr Vasant asserted that a high number of patients would consider their general dentist when seeking orthodontic treatment, either not realising they offer

these treatments or thinking it is beyond their scope of practice. Recognising this, Align Technology recently introduced the Invisalign Go system, which was designed for GDPs, and the new methodology has already helped more than 1,000 general dentists develop their clinical expertise and treat their patients with confidence using Invisalign clear aligners.

Commenting on the new Invisalign Go system, Dr Vasant said: "The risks are minimal and the support is significant, including the 24/7 Aligner Consulting Mentoring Service which provides the advice of Invisalign experts, including specialist orthodontist input and guidance from case selection to finishing treatment. There is also a referral procedure if a case is identified as too difficult for a GDP to embark on."

Addressing aspects of aesthetic treatment planning, Dr Vasant advocated the adoption of digital scanning as a necessary adjunct for the forward-looking practitioner, cited the iTero digital scanner's outcome simulator as his favourite function.

From a business perspective, Dr Vasant described his cases with the Invisalign system as his "bread and butter" as they are so easy to treat and make such a dramatic change to the end result. He conceded that a first glance at the Invisalign system costs could raise doubts about its profitability. However, a practice owner comparison cost table he shared with the audience highlighted areas where substantial savings could be made using the Invisalign system when factoring in the absence of emergency appointments, the overall lower chairside time compared to fixed appliances, the predictable end result and ease of finishing, in addition the delegation of tasks to dental therapists and staff members – including treatment co-ordinators and orthodontic therapists to redistribute the workflow – could save further overall chair time. Dr Vasant stressed his patients are not all people with generous disposable incomes and that the relatively lower overall cost of Invisalign and composite work compared with traditional crown and veneer smile makeovers means people from all walks of life can afford it.

He concluded by showing a remarkable case which featured a very complex initial presentation. He showed step by step how he treated the case, by first using Invisalign's ClinCheck software to carry out a virtual simulation, and using this as a consent and communication tool, then carrying out Invisalign treatment, followed by tooth whitening and composite bonding to create a stunning result. "Without predictable orthodontics, restorative treatment can be very invasive. If you embrace it along with digital technology the possibilities are limitless," concluded Dr Vasant.

MORE INFORMATION

For more information on the next Invisalign Go course near you, please visit www.invisalign-go.co.uk

For additional information about the Invisalign system or to find an Invisalign provider in your area, please visit www.invisalign.co.uk

For additional information about iTero digital scanning system, please visit www.itero.com

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GOING FROM STRENGTH TO STRENGTH

GLASGOW PRACTICE IS PROUDLY CARRYING ON 45 YEARS OF SPECIALIST ORTHODONTIC CARE IN FINNIESTON

Providing both NHS and private orthodontic treatment, the owners of Park Orthodontics, Andrew McGregor and Edward McLaughlin, have built a strong support team to help deliver excellent service to patients and referring dentists alike.

A POSITIVE PATIENT EXPERIENCE

The practice is easily accessible by car or public transport and offers late night, early morning and Saturday appointments. Inside, the stylish waiting room relaxes patients before attending the private, individual clinics. From there, Andrew, Eddie and the team of highly trained dental nurses carry out comprehensive assessments and record-taking, allowing them to discuss the full range of options available to patients. Administrative staff are also on hand to co-ordinate treatment, discuss interest-free finance and arrange appointments. Throughout the patient journey, emphasis is placed on helping the individual feel at ease to make the right decision for their needs.

WORKING WITH DENTISTS

As well as making patients happy, the team like to work closely with referring dentists to keep them smiling too. By discussing the treatment options and working to the referring dentist's preferences, each patient can return with a healthy occlusion that potentially lasts a lifetime.

Probably the biggest area of growth within the practice has come from lingual braces. Andrew has been using these appliances for more than five years and, as patients become more aware of the types of brace available to them, he is finding more and more patients opting for truly invisible tooth alignment.

MORE INFORMATION

Getting in touch with the practice couldn't be easier. Dentists can message via email, website, phone or post and there is always an open invitation for anyone wanting to pop in for a visit if they are in the area enjoying the delights that Finnieston has to offer.

ANDREW MCGREGOR

BDS, MSC, BSC MFDS RCS, MORTH RCS
GDC: 80505

Andrew graduated from Glasgow Dental School in 2002 and went on to specialist training in orthodontics in 2007 at the University of Newcastle upon Tyne. He worked in hospitals and family dental practices for five years before moving to Australia to teach dental students at the University of Sydney.

In 2010, he attained his MSc in orthodontics along with the MOrth qualification from the Royal College of Surgeons in Edinburgh. Since then he has worked at Park Orthodontics and bought into the business in 2012.

Over the last three years, Andrew and his team have transformed the practice from a purely NHS orthodontic provider into a modern clinic that offers all types of orthodontic treatment.

Andrew is a member of the British Orthodontic Society, Scottish Orthodontic Specialists Group and British Lingual Orthodontic Society.

THE ORTHODONTIC CLINIC

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Winner of Best Dental Team Award
(Scottish Dental Awards 2017)

Winner of Health & Wellbeing
(Life With Style Awards 2017)

Winner of Most Improved Practice
(Dentistry Scotland Awards 2016)

The Orthodontic Clinic - Multi Award Winning Clinic

Highly Commended - Best Employer
(Dentistry Scotland Awards 2017)

Finalist - Best Team
(Dentistry Scotland Awards 2017)

Winner - Life with Style Award
(Health and Wellbeing), Aberdeen

Winner - Best Dental Team
(Scottish Dental Awards 2017)

Finalist - Best Employer
(Scottish Dental Awards 2017)

Finalist - Style Award
(Scottish Dental Awards 2017)

Winner - Most Improved Practice
(Dentistry Scotland Awards 2016)

Finalist - Best Team
(Dentistry Scotland Awards 2016)

Finalist - Best Team Scotland
(Dentistry UK Awards 2016)

The Orthodontic Clinic is a specialist practice in Aberdeen, originally established in 2006, but bought over and redesigned by Directors Dr Lisa Currie (Clinical Director) and Ivin Tan (Managing Director) in 2014. The ground floor suite of an office building was completely renovated to create a modern clinic with the installation of 4 dental surgeries, separate LDU room, xray room, dental laboratory, office and dedicated staff room.

Clinical Director/ Consultant Orthodontist, Dr Lisa Currie, has many years of hospital and practice experience in the specialty. She gained her BDS with Honours at Dundee Dental School in 1996. After various hospital posts and vocational training, she completed her specialist training (MOrth RCSEd), with an MSc from the University of Edinburgh for her research in sleep apnoea. Lisa then worked as a Fixed Term Training Appointment (FTTA) at Birmingham Dental Hospital/ University of North Staffordshire Hospital. Following this, she gained her Fellowship in Orthodontics (FDS Orth RCSEd) and accreditation as a Consultant Orthodontist.

She was Consultant Orthodontist at Borders General Hospital/ Edinburgh Dental Institute from 2006-2010. She has received an honorary appointment as Senior Clinical Lecturer at the University of Aberdeen (Aberdeen Dental School). Lisa has lectured extensively and been involved in training and examining at all levels, including of general dentists, undergraduate and postgraduate dental students, as well as dental care professionals and still continues to do so with great enthusiasm.

Managing Director, Ivin Tan, has owned several design and printing companies, based in South-East Asia and her training has been in Art and Design. Her business acumen has been key in our clinic's growth and her design background is reflected in the modern interior and style of the clinic.

- **The latest techniques for teeth straightening**
- **Children and adults**
- **NHS and private**
- **Consultations are complimentary**
- **Easy pay options**
- **Invisible braces**

We are the only specialist practice in Aberdeen to have a full time specialist orthodontist that has undergone further higher training to qualify as a Consultant Orthodontist. We believe that this and the renowned clinical expertise of our team make us the recognised clinic choice in Aberdeen for referral.

The integration of Orthodontic Therapists is one of the most important ways that we provide a holistic care for our patients.

We truly believe in our team - they are our best asset and by investing in them and being dedicated to continuous professional development, we give our best to our staff and likewise, our patients.

PRODUCING EXCELLENT RESULTS

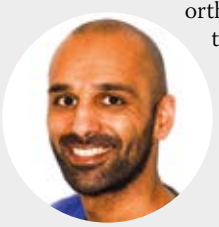
A Q&A WITH ORTHODONTIC SPECIALIST AMAN ULHAQ FROM VISAGE DENTAL IN GLASGOW

Aman Ulhaq completed his undergraduate training in 2004 and since then has worked in both the hospital service and in general dental practice. Following this, he as undertaken specialty training in orthodontics and his clinical practice is now limited to orthodontics.

WHAT ATTRACTED YOU TO VISAGE?
Visage has a great team here already with excellent clinicians and support staff. Everybody here pays a lot of attention to detail which is essential in providing a high-quality service.

WHAT ARE YOUR AREAS OF EXPERTISE?
I am experienced in providing treatment for both adults and children with a variety of presentations.

WHAT ARE THE KEY BENEFITS OF SENDING A PATIENT TO VISAGE?
At Visage we have the clinical expertise to deal with patients requiring a combination of orthodontic and restorative treatment. We are able to provide an approach which is tailored to the patient's needs.



WHAT TREATMENTS DO YOU OFFER?
We offer the full range of contemporary orthodontic appliances depending on the patient's wishes and treatment aims. More and more adult patients are seeking orthodontic alignment and we can provide ceramic brackets, aligners, or lingual appliances.

WHAT ASPECT OF YOUR ROLE DO YOU ENJOY THE MOST?
For me, it's a pleasure working with colleagues who have a similar ethos based on producing excellent results. It's really rewarding to provide patients with the outcome they've been seeking and it's great to see the positive difference that makes.

COSMETIC DENTISTRY & FACIAL AESTHETICS

Dental Referral Service at Visage

We aim to offer a service second to none, providing the highest quality of dentistry using the latest advancements in technology, in a professional yet relaxed environment.

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Our referral services include:

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- Complex RestorativeTreatments
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- 3D Cone Beam Scanning with Sirona Orthophos XG 3D

Dental Referral Service at Visage

Based in our modern and luxurious clinic in central Glasgow,we would like to welcome Mr Aman Ulhaq. Having graduated with a BDS (Hons) in 2004, Aman was appointed as a Consultant in Orthodontics at the EDI and Honorary Senior Lecturer for the University of Edinburgh in 2016.

Aman will be offering the following treatments at Visage:

- Fixed orthodontics (ceramic bracket system)
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What our patients say

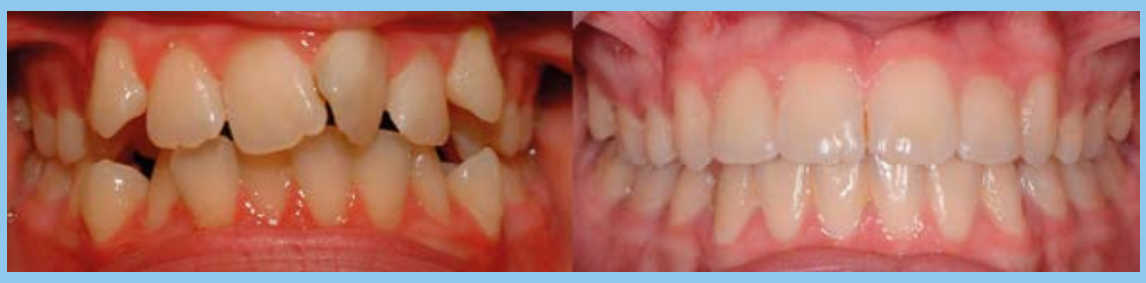
I just wanted to take this opportunity to thank Gavin and all the amazing ladies at Gavin Caves orthodontist for putting up with my amateur dramatics over the past 18 months! Anyone who knows me knows the fear I had about dentistry but thanks to Gavin.... I finally got my smile back! From the bottom of my wee heart thank you so much for your patience and your kindness: you made me feel so at ease and I couldn't be happier with the results!! Professional, friendly, supportive and all round amazing!!
Sonia Allen

Can't thank Gavin and his team enough for the fantastic job they have done with making my teeth look amazing! 17 months of hard work has definitelypaid off! I would highly recommend Gavin for any treatment he is very professional and takes good care of his clients! Thanks again to everyone at the practice and keep up the fantastic work you all do!
Amy Mckenna

Not long finished my treatment with Gavin and I couldn't recommend him and the staff enough! Gavin is extremely thorough, polite, knowledgable, smiley and experienced Orthodontist. I am so pleased with my results and as an adult patient I was so worried about having braces but I would never look back now! I have already recommended Gavin and will continue to do so.
If you're an adult considering having braces or a parent looking to have your child fitted with braces please give Gavin a call!
Heather Anderson

Very pleased with my lovely straight teeth & balanced mouth! Gavin was very professional throughout and all expectations where laid out honestly and fulfilled as hoped. Can't recommend highly enough. Excellent.
Chris Young

After 30 years of having crooked teeth I finally plucked up the courage to get them fixed! Had a consultation with Gavin, he fitted me with a brace and 18 months later I have the perfect set! Delighted and would thoroughly recommend Gavin Caves. Extremely professional and friendly in a beautiful clinic in Haddington.
Eilidh Aitchison



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ONE-ON-ONE TRAINING

FACIAL AESTHETICS TREATMENTS ARE NO LONGER SEEN AS A RARITY IN THE DENTAL PRACTICE. HOWEVER, EXPERT TRAINING IS ESSENTIAL TO OFFER THE BEST SERVICE FOR YOUR PATIENTS

Have you ever wondered how to introduce facial aesthetics treatments into your practice but not known where to turn for training and advice? If you want one-on-one training from an expert in the field, then look no further than The Ever Clinic.

Dundee graduate Dr Cormac Convery heads up The Ever Clinic's training division. In a career which has seen him work in general practice and develop a passion for medical aesthetics, Dr Cormac has undergone extensive specialist postgraduate training, including completing a masters degree (MSc with distinction) in aesthetic medicine at Queen Mary University of London (QMUL) and the Blizard Institute at Barts and The London School of Medicine.

On completion of his studies, he was invited to join the aesthetic medicine faculty at QMUL as an honorary faculty member and is now the lead in the advanced techniques module. He has also featured in, and tutored on, the online learning platform on advanced toxin indications.

He has lectured in London and Calabria, Italy, for the QMUL faculty as well as hosting training in the use of Teoxane – advanced indications including tear-trough – and Schuco – PDO threads and plasma device.

Dr Cormac is a member of the Aesthetics Complications Expert working group development of educational content, as well as protocols for the avoidance and management of complications. He is actively pursuing academic research and raising of standards in aesthetic practice. As a result, he has been involved in a number of recent publications, including *The Use of Hyaluronidase in Aesthetic Practice* (co-authored by M King and E Davies), and *Aesthetic Treatments and Herpes Simplex Virus*.

Dr Cormac's training sessions are small group or one-on-one, at Ever Clinic's Glasgow base, allowing him to dedicate and fully tailor the day's learning to your specific needs. With introductory as well as advanced training available, there is something for all levels of clinician.

So, if you want to introduce, or improve your delivery of treatments, then get in touch today.

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DIGITAL DENTISTRY
LECTURES PROGRAMME
WINTER / SPRING 2018

DIGITAL DENTURES

TUE 23 JAN

Tuesday 23rd January 2018
Clyde Dental Centre, Glasgow

The final frontier of digital dentistry, this presentation will explore the latest developments in dentures:

- digital denture workflow
- milled and 3d printed dentures
- Avadent digital denture solutions
- PEEK partial dentures

3D PRINTING IN DENTAL PRACTICE

THU 22 FEB

Thursday 22nd February 2018
Clyde Dental Centre, Glasgow

3d printing is "disrupting" work patterns in many industries. In health care, dentistry is at the forefront of adopting this technology. This session will:

- provide an introduction to 3d printing and the FormLab2 printer
- offers hands on laptop teaching with Mesh mixer
- make 3d printing work in your practice

ADVANCED MESHMIXER

TUE 27 MAR

Tuesday 27th March 2018
Clyde Dental Centre, Glasgow

This hands-on course is aimed at Meshmixer users who already have experience with the software and wish to develop their knowledge of the 3d modelling programme:

- Importing and working with tooth libraries
- Digital tooth wax up with sculpting tools
- Advanced editing techniques

LECTURES BY CLIVE SCHMULIAN

BDS, DGDP(UK), FFGDP(UK), MGDS, DipImpDent RCS, FDS RCS(Ed) has over 15 years experience of providing Implants in general practice.

CBCT IN DENTAL PRACTICE

TUE 10 APR

Tuesday 10th April 2018
Clyde Dental Centre, Glasgow

Lecture by Kirstyn Donaldson, dental maxillo-facial radiologist

Oral and maxillo-facial radiologist, Kirstyn Donaldson will outline the role of cone beam computer tomography (cbct) in dental practice:

- An introduction to cbct, 2d vs 3d imaging
- Indications for cbct
- Guidelines for the using of cbct
- Imaging software for viewing scans

3D PRINTED SURGICAL GUIDES

THU 24 MAY

Thursday 24th May 2018
Clyde Dental Centre, Glasgow

The combination of optical and cbct scans using planning software to 3d print drill guides, facilitate accurate implant placement. This permeation will be of interest to dentists undertaking both surgical and restorative stages of implant dentistry and will include:

- Scanning: cbct & intra oral optical scans
- Planning: 3D Shape implant studio and Blue Sky Planner
- Guides: pilot and full guided

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A FIRST FOR DENTAL NURSING IN SCOTLAND

INDUSTRY-LEADING PARTNERSHIP DEGREE COURSE FOR DENTAL NURSES LAUNCHES AT NEW COLLEGE LANARKSHIRE

A university-validated degree has launched at New College Lanarkshire – the first of its kind for the profession in the UK. The BSc Dental Nursing course has been created by New College Lanarkshire and University of the West of Scotland (UWS) in response to demand from industry professionals to provide a programme of study for dental nurses to future-proof their career and place them at the same level as other professional groups within the dental team.

The partnership offers the opportunity to study the university-validated degree-level qualification within the vibrant and innovative college environment – with features including its industry-leading dental facilities, which opened in February 2016. The degree programme is offered to students who have an HND or equivalent in dental nursing in partnership with UWS – the first model of its kind for its School of Health, Nursing and Midwifery. The course is part-time and held over two academic years. Learners attend New College Lanarkshire's Coatbridge Campus for one day a week over the two academic years, allowing students to study while on the job. Training within the College's dental facilities, students learn advanced dental nursing practice while putting their skills to use in a practical environment.

Those who take on the degree will have the qualifications to work at an advanced level and employers will benefit from having staff who are qualified in Dental Nursing as well as in leadership skills, health promotion and the latest technology.

MORE INFORMATION
To find out more about the course or to apply, visit: www.nclanarkshire.ac.uk/courses/dentalnursing

Staff and students at the Coatbridge Campus

MARKETING YOUR PRACTICE IN THE 21ST CENTURY

DR DERRY ROGERS EXPLAINS A FEW SIMPLE TIPS AND TECHNIQUES THAT CAN INCREASE YOUR PATIENTS' UPTAKE OF COSMETIC PROCEDURES

DERRY ROGERS

Modern day dental practice is changing in the eyes of the consumer. Practices that want to expand their range of services need to allow patients to see that they have the skills to deliver them, and this occurs through internal marketing and advertising. The appearance of the reception and clinic room is important as patients make buying decisions on the basis of visual cues around them as they move through the practice.

Traditional dental practices have been a venue for check ups, fixing broken teeth, and pain management but patients are interested in the appearance of their smiles whether it be simple bleaching, replacement of discoloured front fillings, orthodontics or their new smile design, most of this is driven by the media and celebrity magazines.

Patients need to have visual references that create a wish-list for themselves. The wall behind the receptionist's desk and the clinical areas all need to reflect the possibility of smile improvement.

When the attending patient sees the visual cues they are often moved to comment: "I would love to have a smile like that." This is the opportunity for the receptionist or nurse to respond with: "Let me ask Dr X to discuss with you the ways in which we can help to achieve that."

Whether it is simple bleaching or all the way through to smile makeovers, it all starts by sowing the seeds of desire for a better smile in the minds of patients through visual cues.

It is less expensive to market to your existing patients than it is to spend money on advertising to attract new patients, although as existing patients become aware of new procedures that make them happy with their dental experiences, they will tell friends and family so new patient flow develops anyway.

In this age of scientific awareness of the link between gum health and systemic diseases, encouraging patients to address these issues is a first step to improving their general health. This is best achieved by using the Gum Health Evaluation brochure, which explains the diagnosis of gum therapy and has a print out of their periodontal charting attached inside. That serves as an excellent motivating tool for patients to consider gum therapy. This is the first step in the education pathway that enables patients to become involved in the management of and responsibility for their own dental health.

Combined with the knowledge provided in the Gum Health Evaluation, the development of a strong and reliable recall system provides the opportunity to regularly reinforce the message of gum health and reminders of needed dental treatment that have previously been discussed. The use of the Recall Card System, hand written by the patient and mailed out one month prior to their recall appointment, reinforces the patient's commitment to their own dental health.

Many dentists are not aware of the value of the recall appointment as a practice builder, whether it is carried out in the hygienists' room or in their own room. Many assume it just makes them busier, eating up valuable treatment time. The easiest way to address this is to employ a hygienist or dental therapist and refer all hygiene/gum treatment to these invaluable support staff, thus creating another revenue stream as well as freeing your time up to do the procedures you prefer to deliver.

The use of a 'before and after' smile album placed strategically in the waiting area creates the desire in patients' minds to ask about what can be done to improve their smile.

The use of a new patient pack, including a welcome to the practice letter, a beautiful smile booklet, with a business card attached to the back cover, as well as an address map, goes a long way to increasing the perceived value of the practice. It is this increased perceived value that enables patients to understand and accept the costs of dental treatment, especially when it is underpinned by effective dental education and sowing the seeds of how their general health and smile contributes to their self esteem.

MORE INFORMATION

To find out more on how to market your practice in the 21st century, please visit www.dentalpracticemarketing.uk

Create the practice you've always wanted.

Our dental marketing products:

Create an environment where patients feel comfortable asking about their smile improvement.

If you are looking for a specialist supplier of dental marketing products that are simply the most effective communication products available, look no further.

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FLOOD, SWEAT AND TEARS

ALL THE HARD WORK AND STRESS IS STARTING TO PAY OFF FOR BUSINESS PARTNERS AND PRINCIPAL DENTISTS AT SPRINGBURN DENTAL PRACTICE

BRUCE OXLEY

The life of a practice owner can be hectic and often stressful, but for business partners Clare Murphy and Stewart Nicolson, the hard work and perseverance is starting to pay off.

Having graduated together from Glasgow in 2004, they both completed their VT years in Kilsyth, albeit a year apart.

Clare then spent a year as an associate in Cardonald before joining a practice in Partick. Stewart joined the same practice a year later and worked in their second branch, just up the road.

After six years as associates, the two friends decided that they were ready to make the step up to practice owners and, rather than going it alone, they agreed to join forces.

Clare's surgery

However, making that initial decision seemed like the easy part as they realised they didn't know where to start. They looked for adverts for practices for sale and, for some reason, there didn't seem to be any on the market at that time. As so many young dentists have before them, they put a call into Trisha Munro, at Strictly Confidental Ltd, and she met up with them to discuss their needs. She opened up a world of possibilities for Clare and Stewart and, within a few months, they had taken over Springburn Dental Practice in Glasgow's east end.

A long-established practice, having been in operation in the same premises for decades, the new owners realised within their first year that they would need to modernise or move premises if they were to fully realise their ambitions.

Clare said: "Access to the practice was via a rather dark and dingy lane, it wasn't direct from the main street and, as it was a listed building, we couldn't put any signs up. So, we were really restricted in attracting new patients and had to rely on recommendations and word of mouth."

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Reference: 1. New technology compared to current Cavitron systems. Reference: 2. Steri-Mate 360 available on G139 Integrated unit only. Cavitron and Steri-Mate are registered trademarks and Cavitron Touch is a trademark of DENTSPLY International and/or its subsidiaries.

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FROM PREVIOUS PAGE>

Situated on the first floor of a high street tenement block, the premises were also less than ideal for disability access and the opportunities to expand were severely limited, with a bank on the ground floor and residential properties on the two floors above them.

However, almost as soon as they had started thinking about relocating, the Scottish Government stopped new applications to the Scottish Dental Access Initiative and their hopes of a prompt relocation were dashed. They decided that, without any external grant money available to them, they would need to put their heads down and work hard to build up the practice with a view to moving in a few years.

Stewart said: "We had been looking for new premises for the best part of the last three years, and we looked at a lot of properties. We looked at places in the local shopping centre, a lawyers' office, a pub and even had our measuring tapes out and started plans, but none of them were quite right."

But then, in May 2016, the Scottish Parliamentary elections threw up a rare opportunity for the Springburn dental duo when local Labour MSP Patricia Ferguson lost her seat and her constituency office

CONTINUED OVERLEAF>

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Stewart's surgery at the front of the practice

FROM PREVIOUS PAGE>

suddenly became available. The office, a former tanning salon, was just along the road from their existing practice, but faced the main road and was on the ground floor. Stewart explained that they were so keen to see the place that they went to measure up and get a look at the office even as the MSP's staff were still moving out their desks and computers.

However, despite registering their interest and starting negotiations in the summer of 2016, it wasn't until June this year that they were in a position to be able to sign the lease. Work then began in earnest and over the next 10 weeks the former office space was transformed into a bright and modern dental practice.

Clare's father, who had experience of project managing construction projects, oversaw all the renovations, which included stripping the interior back to the bare shell and installing new internal walls to partition off the two surgeries, the reception and waiting room, LDU, staff room and toilets. The ceiling was lowered to incorporate air conditioning and clever internal windows were installed high up the wall of the internal second surgery to allow borrowed natural light to penetrate from the neighbouring surgery, which faces onto the street.

While the finishing touches were being carried out on the new practice, and two weeks before they were due to move, Clare and Stewart received a phone call that no practice principal relishes – their existing practice had been flooded overnight and all the electrics were out. Stewart said: "It was probably the final sign that we might have made the right decision to move. Someone on the top floor had fallen asleep while running a bath and the whole building was flooded. We had to close and take emergencies at the local health centre."

"I THINK WE ARE ALL JUST HAPPY TO BE IN – IT IS SUCH A NICE ENVIRONMENT TO WORK IN, MUCH BRIGHTER AND A LOT MORE WELCOMING. NO MORE WALKING DOWN THE DARK LANE..."

After all this, they explained, the actual physical move into the new practice went as smoothly as hoped. All the stock, equipment and sundries, as well some major equipment, from the LDU, the X-ray machines and the two Belmont Clesta II treatment centres, was moved over a long weekend just before opening.

Clare said: "We had only bought the new Belmont treatment centres a year earlier, as the old ones were falling apart. We might have waited if we had known that we would be moving them so soon, but the chairs are fantastic, a real step-up from what we had previously, so I'm actually glad we didn't wait.

"And the big move went without a hitch. The guys from Wrights removed and reinstalled the chairs with no fuss. I thought it might have been stressful, but it turned out to be one of the easiest aspects."

Clare and Stewart both take referrals for IV sedation on the NHS and Clare does facial aesthetics at the practice. They are also soon to start offering extended opening hours, including late night appointments, with a view to bringing on board an associate at some point in the near future.

Now that they are all moved in and up and running Stewart explained what a difference the move has made. "I think we are all just so happy to be in – it is such a nice environment to work in, much brighter and a lot more welcoming. No more walking down the dark lane and up the stairs."

And Clare said: "It is such a relief to be in and working. We are incredibly busy, which is great, but we now need to start setting aside time to actually see one another! There can be days where we don't see each other all day, and we need to find time to discuss admin and other important issues. But, at least we have a great new practice to do that in – we are all really happy here."

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SAY HELLO TO YOUR SMART TOOTHBRUSH – WITHOUT SAYING GOODBYE TO YOUR ORDINARY ONE...

Brushlink, a revolutionary healthtech startup, is on a mission to disrupt the UK's £1 billion-a-year oral care market. The company is looking for £570,000, through equity crowdfunding platform Seedrs, to build on its existing technology, enter into the children's market with Brushlink Junior and fund international expansion.

Brushlink is the brainchild of Dr Dev Patel, a multi-award-winning young dentist. After two years of technical development, the British startup has embarked on a mission to transform everyone's ordinary toothbrush into a smart toothbrush. Invented by a team of medical and dental professionals, the Brushlink device clips onto any toothbrush and pairs via bluetooth to a mobile app. The result? Real time, tailored analysis of brushing angulations which helps users to improve their oral hygiene habits over time.

Following a brushing session, users are rewarded with a brushing score based on the duration and quality of their brushing. Customers who subscribe to Brushlink Rewards or are registered to certain dental insurance providers will be eligible for financial rewards by accumulating Brushlink points. Put simply: the better you brush, the more you save.

Currently trialling with Simplyhealth Professionals (formerly known as Denplan) who purchased more than 200 devices pre-launch, Brushlink has ambitious international growth plans

Most smart toothbrushes on the market cost over £100, making them more than three times more expensive than Brushlink (£29.99).

CEO and co-founder Dev Patel said: "The UK's oral care market is ripe for disruption and has so much potential for innovation. I am extremely excited to ensure that our product becomes a feature in every UK household as we set out to hit aggressive growth targets this year.

"It's not feasible for consumers to spend hundreds on 'techy toothbrushes'. You don't have to say goodbye to your old toothbrush to say hello to a better way of brushing!"

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Introducing John Wibberley

John Wibberley began his career in dental technology in 1978 when he qualified from Manchester Polytechnic. He worked initially at the department of prosthetics at Manchester Dental Hospital before moving to North Manchester General Hospital gaining more experience in a maxillofacial unit.

After gaining his advanced City and Guilds in crown and bridgework, he joined the RAF dental branch in 1980 for two years.

In August 1985 John set-up Portland Ceramics, covering crown and bridge, prosthetics and implantology. After the acquisition of Portland Ceramics by Boots Dental Care, John delivered lectures nationally and internationally.

John continues to lecture regularly on the topic of implant-retained dentures and denture stabilisation. He has a special interest in the 'All-on-4' concept, an innovative solution for replacing a full set of missing teeth using dental implants and the immediate placement of xed teeth, all within a single day.

In recognition of his hard work and positive influences in the industry, John was awarded with the title of Fellow of the British Institute of Dental and Surgical Technologists in June 2005. He also served some time on the board of The Dental Laboratory Association, as Director of Education where his enthusiasm and energy made a significant impact.

John is extremely passionate about dental technology and in 2010 he enrolled at the University of Central Lancashire to obtain a Diploma in Clinical Dental Technology, meaning he can make and prescribe denture related treatment directly to the public.

After recent extensive training in Japan with Professor Jiro Abe, John became an international instructor in the Lower Suction Denture Technique, one of only a few clinicians worldwide.

John is a renowned dental technician and CDT and we are delighted to welcome him to the Philip Friel Advanced Dentistry as a further addition to our growing, multi-disciplinary team. John welcomes referrals for complex denture cases and is also happy to input and interact with dentists on an advisory basis.

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The new toothpaste contains a patented calcium chlorophosphosilicate that releases chloride ions as opposed to fluoride ions. Chloride ions are already present in all body fluids. It may also help protect teeth, reduce sensitivity and diminish the risk of initial tooth decay.

For more information, see www.biomin.co.uk

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Mr Andrew Gatecliff, practice manager at The Limes Dental Practice in Doncaster, describes why they decided to purchase Planmeca's Compact Classic Dental unit. He said: "The main features for us when making the decision to purchase the Planmeca unit were how easy the unit is to keep clean and how everything we require is provided in one package. We were also pleased to know that we could look at various options and add-ons to the unit and tailor our unit to best suit our needs. We chose to have the arm rests added on our chair to increase the comfort of our

patients getting on and off the chair and during their treatment.

"We have been extremely happy with our unit's performance since purchase and it's simplicity – it just works! The training Planmeca have provided has been excellent over the years and continues to be."

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"The incredible reliability of the A-dec 500 chair is definitely one of its main advantages. That reliability means the workday is less stressful not only for myself, but also for my patients," says military dentist Major Tom Konarzewski, who has become accustomed to using A-dec chairs for the last seven years.

"The A-dec 500 chair is easy to use, and I like the fact that I can set the speed and it remains in position with no problems. There is also the excellent adjustability, especially of the headrest, which is something that is important because we have

a large number of tall people in the military. I've really never had a patient complain about the chairs; in fact, they tell me they find them comfortable. I've never experienced any problems."

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"BRILLIANT EverGlow is a very pleasant material to use and handles very well to help produce a truly anatomical restoration that integrates well," said Dr Minesh Patel a dentist in Surrey.

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"This feature along with the choice of additional opaque, translucent and bleach shades

makes BRILLIANT EverGlow an excellent choice for anterior restorations as well."

The BRILLIANT EverGlow next generation universal composite from COLTENE is an ideal solution for any dentist looking to provide enduring first class restorations.

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Ross Henderson
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BDS MJDF RCS
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Helen Young
GDC: 53030
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LIVING UP TO ITS PROMISES

Essex dentist Dr Reginald O'Neill explains why he uses Coltene's Fill-Up composite: "I chose the Fill-Up bulk fill composite because of the dual cure that is like a luting cement with the advantage of excellent marginal adaptation. It is better aesthetically than other bulk fill materials that are more translucent.

"It works well with finishing veneer layers of BRILLIANT EverGlow. With dual cure present in the material, polymerisation at depth is reliably achieved compared to alternative light cured composites.

"It really stands out for its versatility, either for its dual cured core material or as a flowable composite, and it is kinder to the pulp with reduced risks of unpolymerised areas contributing to post-restorative sensitivities. Its versatility means it can be used in all posterior teeth."

Visit www.coltene.com, email info.uk@coltene.com or call 01444 235 486.

ARTISTS CHOICE

"For cases that require a highly aesthetic solution, I prefer to use MIRIS 2, a multi-shade nano-hybrid composite by COLTENE," says Dr Monik Vasant.

"Anyone who has attended my two-day 'Totally Composite Course' will tell you how phenomenally good it is – it truly is the best layering material.

"Among other things, MIRIS 2 offers beautiful handling and a unique shade system based around the natural layering concept, which is predictable, easy to blend and much more natural in appearance compared to other products on the market.

"Using MIRIS 2 I know that I can achieve outstanding results every time, even in highly complex cases. We now have over nine year follow up on cases with the material, so I can't recommend this product highly enough."

To find out more, visit www.coltene.com, email info.uk@coltene.com or call 01444 235 486.

HELP ERADICATE HPV-RELATED CANCER

Oral-B wants dental professionals to see the benefits of their products at first hand and it is inviting dental professionals to participate in a 'Patient Evaluation Programme' (PEP) for their new Gum and Enamel Repair Toothpaste.

The PEP is simple to run. Simply select three patients you think would benefit from using the product, assess and record their oral health status at the start of the programme and then again three-months later. Each kit contains 10 75ml tubes of toothpaste (three per patient, plus one for your own use) and a simple tick-box assessment sheet.

Oral-B will donate £5 to HPV Action for every completed form returned by the end of March 2018. Not only that, but it is also supporting the BSDHT and BADT's 'Next Steps to Exemptions' initiative and will donate £5 to the campaign for each form received from a hygienist/therapist.

BIG ISN'T ALWAYS BEAUTIFUL

Size isn't everything, and the compact size of Durr Dental's VistaScan Mini image plate scanner belies the power of its performance.

This tiny scanner enables the efficient and timesaving digitisation of image plates. Its large touch screen simplifies operation and since the device is capable of wireless connectivity, its positioning and applications are really flexible. Its size also makes it portable; should you do a visit to a care home, for example, you can simply take the unit with you.

All intraoral image plate formats can be processed and it can work independently of the IT network. The images are temporarily placed in the internal memory, which can later be transferred to the database.

For more information, contact Durr Dental on 01536 647 566.

MAKING CONNECTIONS

DTX Studio from Nobel Biocare is a single digital platform designed to connect the modern dental professional with the latest technologies.

DTX Studio easily connects with imaging devices in the practice, for quick and easy viewing of 2D, 3D, intraoral or extraoral images. Planning can be completed using NobelClinician and all components can be ordered directly from the DTX Studio software.

DTX Studio can be tailored according to your specific needs and adapts to practice growth. It also provides one central repository for patient information, so all authorised clinicians and staff can access the appropriate information from the practice or an external location.

It also fosters a strong connection with the patient, as clear diagnostic and planning images can easily be shared for effective communication.

For more information about Nobel Biocare, please call 0208 756 3300, or visit www.nobelbiocare.com

Nobel Biocare DTX STUDIO

THE FIRST DENTAL BIOLOGIC

The all new CALCIVIS imaging system utilises a unique photoprotein which, when introduced to the surface of an actively demineralising tooth, chemically binds with free calcium ions to create a flash of light undetectable to the naked eye. The system captures this bioluminescent signal, producing an on-screen map of active demineralisation.

What makes this system so effective is that CALCIVIS photoprotein will only react with free calcium – which is only present if active demineralisation is taking place.

CALCiViS

This ease of capture and predictability means that it can help clinicians identify, assess and plan earlier minimal intervention treatments before restorative intervention is required.

To find out more, contact the expert CALCIVIS team at www.calcivis.com

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Dr Tif Qureshi
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"Heraeus' Venus Pearl is a great product. It handles really well and doesn't stick to instruments..."

Dr Jason Smithson
Pure Dental Health & Wellbeing

"I like Venus Pearl for its excellent handling and predictable outcomes. Finishing is easy with a simple polishing routine..."

Dr Nik Sisodia
Ten Dental Health

"Venus Pearl offers superb performance and aesthetics" "...polished with ease to a high, long lasting lustre."

Dr Sanjay Sethi
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Dr Matthew Holyoak
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" Venus Pearl is simply one of the best handling materials that I have used. It's easy to sculpt and contour without any pull-back..."

Dr David Bloom
Senova Dental Studios

"I need a composite that exhibits: easy handling, strength, excellent aesthetics and a high lustre. Venus Pearl ticks all the boxes!"

Dr Anoop Maini
Aqua Dental Spa

All testimonials were given by the clinician in goodwill, as individually, they enjoy using Venus Pearl.
No inducements whatsoever, were made to obtain these statements.

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