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The new dean of the Dental Faculty at the RCSEd talks about his hopes for the future

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I am determined to give our members the strongest possible voice at Holyrood, and to ensure all Scots can enjoy effective oral health

NEW BDA SCOTLAND DIRECTOR PHIL GRIGOR

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CONTACT DETAILS

Managing editor: David Cameron
david@connectcommunications.co.uk
Editor: Bruce Oxley
Tel: 0141 560 3050
bruce@sdmag.co.uk
Advertising sales manager: Ann Craib
Tel: 0141 560 3021
ann@connectcommunications.co.uk
Design: Scott Anderson
Sub-editor: Nigel Donaldson
Subscriptions: Alasdair Brown
Tel: 0141 561 0300
info@sdmag.co.uk

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MEET OUR TEAM OF CLINICIANS...

Professor L Sennerby DDS, PhD
Professor in Oral Implantology,
GDC No. 72826

Prof Sennerby has been a part of the Edinburgh Dental Specialist team since 2011. Not a UK specialist, he is one of a handful of clinicians in the world who has the title "Professor in Implantology". Prof Sennerby is one of the foremost authorities on dental implants. He has worked with Prof Branemark in Gothenburg for over fifteen years and has published in excess of 300 papers, reviews and book chapters on bone biology and dental implants. He is frequently invited to lecturer at international meetings and conferences, and has supervised 18 Ph.D. theses, mainly on clinical and experimental aspects of dental implants. Prof Sennerby is co-founder and co-Editor-in-Chief of Clinical Implant Dentistry and Related Research.

Dr K A Lochhead BDS, MFGDP RCS(ENG)
Clinical Director and Specialist in Prosthodontics, GDC No. 62945

Mr M Paley BDS, MB ChB, FFDRCSI, FRCS, FRCS(Ed)(OMFS)
Consultant Oral and Maxillofacial Surgeon, GDC No. 64778, GMC No. 4398217

Dr C Tait BDS Hons, MSc, MFDS RCS(Ed), MRD RCS(Eng) FDS RCPS (Glas)
Specialist in Endodontics, GDC No. 62862

Dr D Thomson BDS, FDS RCS(Ed), FDS RCPSG, DDRRCR
Specialist in Oral and Maxillofacial Radiology, GDC No. 70079

Dr P Coli DDS, PhD
Specialist in Periodontics and Prosthodontics, GDC No. 104397

Dr P Hodge BDS, PhD, FDS RCS(Ed)
Specialist in Periodontics, GDC No. 56503

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

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

Dr M Brennand Roper BDS, MClinDent (Pros), MJDF RCS (Eng), MFDS RCS (Ed), MPros RCS (Ed), FDS (Rest. Dent) RCS (Ed)
Consultant and Specialist in Restorative Dentistry, Specialist in Prosthodontics.
GDC No. 112806

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

Dr Suzanne Lello, BChD Hons (Leeds 2008), MFDS RCS (Ed), MJDF RCS (Eng), FHEA, MOral Surg RCS (Eng)
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Editorial

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

PUTTING THINGS INTO PERSPECTIVE

The story of Ken Glass is a sobering one but it has a positive end

There are some stories that really put into perspective what matters and brings home what is important in life. The story of Forres GDP Ken Glass, which starts on page 32 of this issue, is just one of these stories. I won't ruin the narrative, but (spoiler alert) thankfully it does have a happy ending.

Every dental professional should be up-to-date on medical emergencies. It is a key part of the undergraduate curriculum and the GDC has highlighted it as a recommended topic for every registrant.

However, if you were faced with an emergency in the practice or in the street, would you know what to do? And, perhaps more importantly, would you be confident to act appropriately?

In many ways it is an impossible question to answer, but by maintaining your training in BLS and ILS, you will at least give yourself the best chance possible of being able to make a difference.

Ken talks at length about the effect his brush with death has had on him physically and emotionally. He was keen to get back to work but his priority was showing his daughter that he was okay, that he wasn't irreparably changed by the experience.

He has since put this positive energy into starting a campaign to introduce more public access defibrillators (PADs) into his local Moray community and it is starting to bear fruit. All NHS dental practices in Scotland have AEDs installed but what happens when the practice is closed?

PADs are accessed using a code from the emergency services and the heated box they are kept in isn't cheap. However, they could be the difference between life and death.

I hope you will find Ken's story engaging and maybe it will inspire you to brush up on your medical emergencies training or even help spread the word about Ken's campaign to your area of the country.

Elsewhere in this issue we have an interview with Fraser McDonald, the new dean of the Dental Faculty at the Royal College of Surgeons of Edinburgh (RCSEd). He lays out his ambitions for the Faculty, which includes dispelling the myth that it is an "old boy network" and his determination to encourage the next generation to get involved with the RCSEd.

As we were going to press, the Scottish Government published its new Oral Health Improvement Plan (page 8). We will be focusing on this in much more detail in the next issue and hope to include an interview with Chief Dental Officer Margie Taylor about what it means for dentists and their teams in Scotland. Please get in touch if you have any thoughts on this...

He was keen to show his daughter that he was okay and that he wasn't irreparably changed by the experience

WE COULDN'T HAVE DONE IT WITHOUT...

1

FRASER MCDONALD
(ON THE RCSED DENTAL FACULTY)
Fraser McDonald is the new dean of the Dental Faculty at the RCSEd. He holds a chair in orthodontics in relation to oral biology at Kings College, London.

2

KEN GLASS
(ON BEING 'DEAD' FOR 19 MINS)
Forres GDP Ken Glass has launched a campaign to provide more public access defibrillators into his community in the wake of his own traumatic experience.

3

LAUREN ANDERSON
(ON WINNING BIG)
Glasgow University graduate Lauren Anderson qualified as a specialist orthodontist just six years after graduation.

4

SUSIE ANDERSON-SHARKEY
(ON BECOMING A MANAGER)
Susie Anderson-Sharkey is the practice manager of Dental fx in Bearsden. She has previously worked as a dental nurse and an oral health educator.

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Insider

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

BE CAREFUL WHAT YOU WISH FOR...

Arthur speculates on the unexpected results of well-meaning actions and what to do when referrals are sent back

The law of unintended consequences is something we are all familiar with. Festively, acting delighted with a present of Black Magic from a sister-in-law will result in being given this gift in perpetuity. Rory Sutherland of Ogilvy UK recently wrote in the *Spectator* about this in relation to marketing – which way does causation run? Do people do big shops because they have to, or because that's what you do when shops are big?

The change in drink-driving laws in Scotland has resulted in a downturn in the restaurant trade. The smoking ban has happily resulted in fewer people smoking – but with less revenue to HMRC, and these people living longer only to still die of an expensive smoking-related illness.

Several US states have adopted laws requiring young people to wear a helmet when riding a bicycle. These laws increased helmet use and reduced youth fatalities from cycling accidents almost 20 per cent. However, the amount of cycling carried out by young people was reduced as a result. The 1980s requirement to wear a seatbelt when driving resulted in an increase in RTC injuries – because fewer people were killed. This then had a negative effect on organ transplant waiting lists – they increased as fewer organs were available.

That is not to say these were poor public health measures – but perhaps not the intended ones. Adding Childsmile into the SDR has, I suspect, resulted in fewer Childsmile claims and, therefore, less money for the government to pay out! But what of all the DCPs who received good, and expensive training to carry this out themselves? Very few are now doing so, and I suspect most dentists are not doing it to the same standard the nurses were.

ABOVE: stiffer drink-driving regulations have had a negative effect on the restaurant trade

This brings me on to my main concern. I overheard a conversation with a consultant who was complaining about inappropriate referrals sent in with the referring GDP saying the treatment was "outwith their competence". The consultant felt that very many of these cases should be within the realm of treatment for the average GDP. Why are they seeing this upswing? We are all worried that the GDC will accuse us of acting beyond our abilities, and we are worried about patient complaints. If anything untoward occurs (even when the patient was warned about the possibility), a patient is quick to ask why they had not been referred to a specialist. It is even harder to have told a patient that their excessively curved root canal is beyond our ability, but to have the referral returned by our NHS secondary care provider insisting we carry out the treatment. If I were the patient I would not be in a hurry to have this done!

So what is the solution? Perhaps consultants should take responsibility if we are, in fact, unable to carry out the treatment they have requested? Or perhaps they should consider we are our own best judges of where our competence lies? I may be competent to carry the treatment out, but not within a timescale that makes it viable in a practice setting. Certainly students are graduating from dental school with very limited hands-on experience, and a single year of vocational training is unlikely to address all the issues.

A BIG THANK YOU

Unfortunately, this will be Arthur's last article as he has decided to hang up his quill and retire from the *Insider* column. I would like to take this opportunity to thank him for all his efforts over the last few years – his valuable insights into practice life, occasional rants and tongue-in-cheek humour have livened up this page no end.

We are in talks to replace Arthur as I type but if you would like to throw your hat into the ring, I would be delighted to speak to you and hear your thoughts. The nom de plume Arthur Dent has been used by two GDPs so far and they have used the anonymity provided by Arthur to write from the heart. They have both felt that it has given them the freedom to express their honestly held opinions and ask difficult questions, without fear of retribution or censure.

Of course, we try our very best to ensure that nothing written is actionable, so it is not a licence to say absolutely anything you like! However, this anonymity would happily be extended to any potential future columnists.

So, if you want to set the dental world straight, let me know.

Bruce Oxley, editor,
Scottish Dental magazine
Get in touch at bruce@sdmag.co.uk

INTERVIEW ON PAGE 26

We try to engage with the whole world, and standardise things across the globe

FRASER MCDONALD

NEW ORAL HEALTH PLAN LAUNCHED

Scottish Government sets out strategy to reduce oral health inequalities and improve care provision

The Scottish Government has revealed its new roadmap for the future of oral healthcare in Scotland. The new Oral Health Improvement Plan focuses on reducing oral health inequalities, prevention and addressing the needs of the ageing population.

Launching the publication, Health Secretary Shona Robison said: "Record numbers of Scots have access to NHS dentists, and as a nation our oral health is improving. But poor oral health is entirely preventable, and we need to ensure we do all we can to tackle it and break the link between oral health and deprivation.

"The Oral Health Improvement Plan will support the profession to spend more time on what they do best – providing excellent care for the patients who need it most. We will continue to work closely with them as the recommendations are implemented. It will ensure people get the personalised care they need, when and where they need it.

"We will reach out beyond dental practices to support communities to find innovative ways to support people to lead healthier lives – particularly in deprived areas or among older people."

Professor Lorna Macpherson, Glasgow University Dental School, said: "The Oral Health Improvement Plan – with its focus on prevention, community initiatives and services for older people – is exactly the dental public health approach Scotland should be adopting."

Valerie White, chair of the Scottish Consultants in Dental Public Health Group, said: "The publication of the Oral Health Action Plan for Scotland marks an important step in developing a preventive approach within NHS dental services. It also presents an opportunity to maximise the contribution that dental teams can make to the general health and wellbeing of the population of Scotland."

Among the recommendations is a new scheme aimed at treating the elderly in their own homes as well as a Community Challenge Fund of up to £500,000 to allow organisations to bid for funding to promote oral health in deprived communities.

Shona Robison MSP

NOW TRENDING 2019

The Scottish Government has promised that the new population health improvement body, to be established by 2019, will recognise oral health as a priority*

* Oral Health Improvement Plan 2018

BDA SCOTLAND DIRECTOR

The British Dental Association's new Scotland Director is Phil Grigor, who has joined from the University of the West of Scotland, where he served as head of strategic planning.

A former academic, Phil has worked extensively in policy for the Scottish Health Department, NHS in Scotland and at Audit Scotland, where he served for 10 years managing a range of projects on national and local level including transport, health inequalities and education. Phil replaces Pat Kilpatrick who left office at the start of September last year.

Phil said: "I am proud to be joining the BDA as its new Scotland Director. We face funding shortfalls, low morale and oral health inequalities. However, with the Scottish Government's Oral Health Improvement Plan due to be published, this is also a time where we can really look to shape future oral health policy. I am determined to give our members the strongest possible voice at Holyrood, and to help to ensure all Scots can enjoy effective oral health."

Derek Harper, a practice owner in Kirkcaldy, Fife, and member of the BDA's Principal Executive Committee said: "Dentistry in Scotland is under huge pressure. Phil has worked across the public sector, including at the heart of Scottish Government, and comes equipped with the insight and experience to help us win the argument for a sustainable service. We were hugely impressed with his strategic approach and are delighted to have him join the team."

Phil Grigor

SCOTTISH PRESIDENT FOR NATIONAL ORAL HEALTH FOUNDATION

Edinburgh graduate Professor Liz Kay MBE has been elected as the new president of the Oral Health Foundation.

Prof Kay was inaugurated in December and will take on the role for a full two-year term. She will combine her presidency of the Foundation with her role as Foundation Dean of Peninsula Dental School in Plymouth.

She said: "I have supported the Oral Health Foundation for very long time and I am honoured to be elected president. I believe my appointment comes at a time of transition for oral health. I sense real possibility of an important shift in the profile of oral disease; it's possible we are on the cusp of recognising oral health as a window to the rest of the body, a predictor of future general ill health.

"This will be a key time for the Oral Health Foundation, where its role in raising awareness of the importance of oral health will really come to the fore, I hope to see this during my time as president."

DISTINGUISHED BY EXCEPTIONAL CONTRIBUTIONS

Two Scotland dentists honoured for their outstanding work for the profession

Two dentists in Scotland have been honoured by the BDA for their exceptional work in governing dentistry and working to improve the working lives of dentists.

Adrian Hart has been awarded Distinguished Membership of the BDA for his outstanding work in helping to govern the BDA and his personal commitment to the profession, while former BDA Scotland Director Andrew Lamb has been awarded Fellowship of the BDA for his outstanding and distinguished service to the profession and to celebrate his illustrious career in dentistry.

Adrian Hart

Adrian qualified in 1981 in London and moved to Scotland in 1996 as consultant orthodontist at the NHS Highland Health Board. His long service to the BDA includes his roles as chair on the BDA Scottish Country Council, chair on the Scottish Committee for Hospital Dental Services, and a member of Central Committee for Hospital Dental Services. He has also been a BDA representative on the British Medical Association's Scottish Consultants' Committee.

He has many years' experience of teaching clinical assistants and senior house officers in orthodontics throughout the Highlands.

Andrew qualified in 1972 and worked as a dentist for more than 30 years, before taking on the role of BDA Scotland Director, a post he held for nine years. His previous experience included working as associate dean for dental education in the University of Glasgow for five years and an honorary consultant and senior lecturer there from 1984 to 2003. He was a member of the BDA's Dental Academic Staff Committee between 1982 and 2003 and was its chair between 1997 and 2003.

Adrian Hart was also honoured at the BDA's Scotland Office and Scottish Council annual dinner in December, when he and Robert Donald were recognised for their long service and contributions to the BDA.

Both Adrian, who chairs the Scottish Council, and Robert, who is chair of the Scottish Dental Practice Committee, are standing down from their roles.

Guests at the dinner in Dunblane included BDA President Peter Dyer, BDA Principal Executive Committee Chair Mick Armstrong, and Vice Chair Eddie Crouch and the chairs and vice chairs of all the BDA's Scottish Committees, as well as Chief Dental Officer for Scotland Margie Taylor, CBE.

Andrew Lamb

NEW YEAR HONOURS LIST RECOGNISES DENTISTRY WITH AWARDS FOR LEADING LIGHTS

Dentistry was recognised in the 2018 New Year Honours List, with six leading lights of the profession being awarded honours.

In Scotland, Professor Jeremy Bagg of Glasgow Dental School was appointed Officer of the British Empire (OBE), for his services to dental education, while Gillian Ward Milne, senior dental nurse, Department of Oral and Maxillofacial Surgery, Ninewells Hospital, Dundee, was awarded the British Empire Medal (BEM), for her services to maxillofacial surgery patients in Tayside.

Prof Bagg said: "Since 2005 I have been privileged to work with an outstanding team of staff and students at Glasgow Dental School and with support from both the University of Glasgow and NHS Greater Glasgow & Clyde we have built a vibrant and strongly performing school. This award reflects the hard work and commitment of a large number of colleagues and friends and I see it very much as a team result."

John Bernard Roger Matthews, trustee of the charity Heart Your Smile and former chief dental officer of Denplan, was appointed Member of the British Empire (MBE) for services to dentistry, as was Wendy Jane Smith, community engagement strategic lead, Peninsula School of Dentistry, for her services to oral healthcare and dental education in the South West of England.

British Empire Medals were also awarded to young Welsh dentist Yasmin Allen, Health Education England clinical fellow, for services to oral health, and Dr Chaim Olmer for his services to Holocaust education. Dr Olmer was sent to Buchenwald concentration camp in 1942 when he was 15. He survived and went on to qualify as a dentist after arriving in Glasgow in 1945.

HIGH-PROFILE CANCER AWARENESS CAMPAIGN BY DUNDEE STUDENTS

Let's Talk About Mouth Cancer charity spreads message in communities and at Holyrood

Lobbying at Holyrood: back (l-r) Yasmine Coll, Ian Rankin, Mark Cairns, and patron Scott Hastings. Front Emma Findlay and Vinay Mistry.

Scottish charity Let's Talk About Mouth Cancer returned to partner with students from University of Dundee Dental School for Mouth Cancer Action Month in November 2017.

Building on successful collaborations in recent years, the campaign reached further and wider into the community this November.

After intensive tutorials and campaign design, the teams of final-year students and core trainees, instilled with their newly gained confidence and knowledge about mouth cancer, went out to meet identified high-risk groups.

These included ethnic minority women at the Dundee International Women's Centre, homeless people at an afternoon church drop-in session and care workers at local residential elderly care homes. The teams imparted the skills and knowledge to empower these target groups to identify common early signs and symptoms of mouth cancer in their own mouths and those of care home residents.

Inside Holyrood: (l-r) Miles Briggs MSP, Emma Findlay and Yasmine Coll

On Thursday 16 November, a small team travelled to the Scottish Parliament where, joined by charity patron Scott Hastings, they lobbied and impressed upon MSPs the urgent challenge that mouth cancer presents, and explained how simple risk reduction and early detection by mouth self-examination can save lives. Additionally, the pressure for gender-neutral HPV vaccination was further applied to parliamentarians.

An evening CPD lecture 'What Am I Looking At?' hosted by the BDA Dundee and Perth Section saw charity trustees cover early detection and referral for mouth cancer. This was again emphasised by the live interview with local man Ian Rankin whose wife Jeni recently lost her fight against mouth cancer.

In addition, the Dundee Dental Students Society held lunchtime stalls on the university campus to reach out to other young people who are one of the fastest growing groups to be affected by mouth cancer. Then they raised £674 for the charity through an "Oral Cancer" pub quiz and later an acoustic night.

The charity has ambitious plans for 2018 – CPD lectures, further undergraduate teaching and other public engagement events are being prepared.

MORE INFORMATION
For more information please see www.ltamc.org

DENTISTRY MOURNS LOSS OF A MAN OF 'ENORMOUS INTELLECT AND GREAT HUMANITY'

The world of dentistry has lost an internationally renowned and respected figure with the death last November of Professor Jimmy Steele CBE at the age of 55.

A leading authority in his discipline, he made an immense contribution as a clinician, academic, researcher and educator, and helped to change the way that dental services are provided in the UK and abroad.

In a distinguished career, he was head of Newcastle University School of Dental Sciences from 2009 until 2016, held Fellowships from the Royal College of Surgeons in Edinburgh and London and was honorary consultant in restorative dentistry at Newcastle NHS Foundation Trust Hospitals.

The pinnacle of his career came with the publication of the Steele Review – an Independent Review of NHS Dentistry in 2009 commissioned by the Department of Health, which aimed to ensure patients received the best and most effective care possible.

Jimmy was born and educated in Edinburgh before studying dentistry at the University of Dundee, graduating in 1985. He then worked at Perth Royal Infirmary and Glasgow Dental Hospital before taking up an appointment at Newcastle University in 1989 as clinical lecturer, and by 2003 he was professor of oral health services.

In 2012 he was appointed CBE for services to dentistry and oral health, and last year he was awarded the prestigious John Tomes Medal by the British Dental Association for scientific eminence in dentistry – a rare honour, seldom bestowed.

BDA Chief Executive Peter Ward said: "Jimmy was a man of enormous intellect and of great humanity. For a man of such insight and wisdom it was remarkable that he never lost touch with the grass roots of his profession. His passing will leave a void in the UK dental profession."

More than 200 were captivated by Mark Robb's presentation

PERTH SYMPOSIUM FOCUS ON SERVICE EXCELLENCE HAS THEM HOOKED

Blackhills Clinic's annual event welcomes renowned international speaker for a day of engaging education and entertainment

Nearly 200 dentists attended Blackhills Clinic's free symposium at Perth Racecourse recently to see a day-long presentation from internationally-acclaimed speaker Mark Robb, co-founder of Positive Reframe and the current Vistage Speaker of the Year.

Paul Stone, Blackhills clinical director, welcomed delegates to the symposium and gave a brief summary of the range of specialist services offered by the multi award-winning referral clinic, including some of the ground-breaking developments and treatments available.

He then introduced Mark to the delegates, which included dentists, nurses, therapists/hygienists, receptionists and practice managers. He spoke for the rest of the day on "Growing your practice by creating a culture for service excellence". Mark's clients include Coca Cola, Specsavers, Clarks, Sony, P&O Cruises, Costa Coffee and the Foreign Office. Over the day's four sessions he used a blend of engaging stories, cutting-edge research and case study examples to inform and entertain the audience in this essential aspect of dental business management.

Mark Robb

Feedback from delegates following the event was excellent. One dentist remarked: "Just wanted to say a massive thank you for the best symposium/CPD event I've ever been to! I'm still buzzing."

Mark flew down to London that evening where he was on the judging panel for the UK Business Awards the following day.

Speaking after the event, Paul said: "The team at Blackhills Specialist Dental Clinic would like to thank everyone who took time out of their practice to attend the symposium and for their very kind comments. We hope to see you all at our 2018 Symposium."

TURN TO PAGE 32

> She had to call my business partner and say I won't be in tomorrow and I might well never be back
>
> KEN GLASS

GLASGOW DENTIST ELECTED ADI PRESIDENT

Scottish implantologist takes on top job at UK-wide implant association

Glasgow implant dentist Abid Faqir has been elected as the new president of the Association of Dental Implantology (ADI).

Abid, who works at the Scottish Centre for Excellence in Dentistry in Govan as well as being group chairman at L&T Dental Group, was installed at the ADI Members' National Forum in Manchester on 25 November.

Abid said: "I am honoured and delighted to have been elected President of the Association of Dental Implantology.

"The opportunity to lead such a prestigious body is both humbling and an achievement for me. I can assure you that my remit for the next two years is to continue to build the association from strength to strength. To those committee members that are continuing on the board and to the new board members, I will look upon you to continue to keep the ADI as the go-to organisation for all those that are involved with implant dentistry in the UK.

"I CAN ASSURE YOU THAT MY REMIT IS TO CONTINUE TO BUILD THE ASSOCIATION FROM STRENGTH TO STRENGTH... TO KEEP THE ADI AS THE GO-TO ORGANISATION"

ABID FAQIR

"To all the members, you can be assured that your association is in good hands and I will continue to lead it with only the ADI's interests in mind at all times.

"Finally, I would like to congratulate my friend Craig Parker on what has been an excellent and extremely successful presidency, on behalf of the ADI we thank you for your dedication and hard work."

Outgoing president Craig Parker, who is the principal dentist at Primley Park Dental Implants in Leeds, said: "It was a pleasure to hand over the presidency of the Association of Dental Implantology to my great friend, the wonderful Abid Faqir.

"I've had a glorious two years and I hope he enjoys it as much as I have. Onwards and upwards for this esteemed organisation, things just keep getting better!"

Abid joins an illustrious group of Scottish – and Scottish-based – former presidents of the ADI including Philip Friel (2013-15), Stephen Jacobs (2009-11) and Paul Stone (2003-2005).

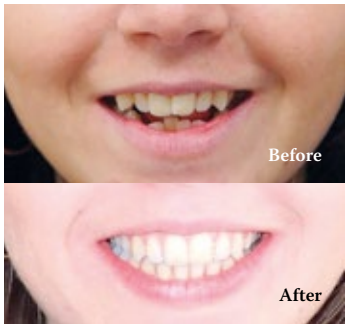
BEATING THE ODDS

A Dunfermline orthodontist is celebrating after one of his patients was named as runner-up in the UK-wide Against the Odds competition for 2018.

Colin Chambers, who works at Dunfermline Orthodontics, treated trainee chartered accountant Roshannah Cox for her severe openbite. The severity of her condition meant that she had been on a hospital waiting list for more than two years but, after moving back to Fife, her new dentist referred her to Colin. He was determined to treat her without surgery. He said: "I told her we would give it our best shot. We could not change the structure of her bones but, by using the miniscrews and elastics, we could make her teeth meet. She was really chuffed with the result."

Roshannah said: "I am so happy with the result of my treatment. It's beyond what I wished for. My teeth are straighter than I thought was possible and I finally have a closed bite."

The Against the Odds competition is run by the British Orthodontic Society and its judges included Professor Tim Newton from King's College London and Stephen Hancocks, editor of the *British Dental Journal*. They were both impressed at the way Roshannah and her orthodontist worked together over nearly two years to get such a good result.



MORE INFORMATION
For more information on the competition, visit www.bos.org.uk/ATO

JABS FOR THE BOYS

A new campaign has been launched to raise awareness of the human papilloma virus (HPV) and its potential impact on millions of men and boys in Scotland every year.

The new initiative, dubbed Jabs for the Boys, follows a nationwide study that found fewer than one in four Scots realise that HPV affects men – such as head and neck cancer, anal and penile cancer. Many people thought that HPV only affects women with people four times as likely to associate the infection with cervical cancer.

Peter Baker, campaign director of HPV Action, the group behind Jabs for the Boys, said: "HPV is as likely to occur in men as it is in women – with around 80 per cent affected at some point in their lives. Yet, for many, the risks to men seem to be slipping dangerously under the radar.

In the UK, schoolgirls have been vaccinated for HPV since 2008 and women over 25 have access to free cervical screening. However, boys are excluded from free of charge HPV vaccination by the NHS while older men are without any form of screening programme for HPV-related diseases.

MORE INFORMATION
To find out more about the campaign, visit www.jabsfortheboys.uk

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Denplan from Simplyhealth Professionals

INTERVIEW ON PAGE 38

"I think dentists and dental care professionals need to be recognised more for the positive work they do"

LAUREN ANDERSON

DANGERS OF SNACKING FOR CHILDREN'S TEETH

Toothbrushing alone cannot stop decay in children who are prone to snacking, says new study

Researchers from the Universities of Edinburgh and Glasgow have found that toothbrushing alone is not enough to protect children's teeth from decay caused by sugary foods and drink.

The study looked at nearly 4,000 pre-school children and found that the snacking habit was the behaviour most strongly associated with decay.

Children were significantly more likely to have dental decay by the age of five if they consumed soft drinks more frequently and if they ate sweets or chocolates once a day or more often. Compared to children who, at the age of two, mainly ate meals and did not snack much, those who snacked all day but had no real meals had more than twice the chance of dental decay by the age of five. Also, children who at two were using a toothbrush less often were more likely to have dental decay at five, and the study found that there was an incremental association between a decreasing frequency of tooth-brushing and higher chances of dental decay.

Lead researcher Dr Valeria Skafida, of the University of Edinburgh's School of Social and Political and Sciences, said: "The findings somewhat follow general common sense and intuition, in that frequent snacking and consumption of sugary drinks and foods was associated with higher chances of dental decay in young children. The same holds for children who brushed their teeth less often.

"In terms of how oral hygiene and diet work together, brushing teeth frequently (twice per day or more) somewhat attenuated the detrimental effect of poor diets on children's teeth, but not completely. Children who persistently consumed sweets and chocolate more frequently at both age two and age five had a more than a three-fold chance of dental decay compared to those who consistently ate such foods less often at both ages two and five. This suggests both diet and oral hygiene require attention in order to ward off dental decay in young children.

"One should not assume that good brushing habits can neutralise the damage that very frequent snacking and consumption of sugary foods and drinks has on children's dental health.

"Finally, children from more disadvantaged backgrounds were far more likely to experience dental decay. Even with targeted policies that specifically aim to reduce inequalities in children's dental decay it remains an ongoing challenge to reduce social patterning in dental health outcomes."

VERMILION BREAKING NEW GROUND IN THE BORDERS

Vermilion – The Smile Experts, a private dental referral clinic based in Edinburgh, has begun construction of a specialist referral clinic in Kelso.

Scheduled to open this spring, the clinic on the Pinnaclehill industrial estate will feature three fully-equipped surgeries with views looking south over rolling fields, and a denture laboratory. The site was selected following extensive research and stood out for its strategic location and ample parking space for patients, assuring ease of accessibility.

Vermilion is collaborating with Galashiels-based architect Camerons, local builder Cruickshanks & Co Ltd and Duns-based Fleming Homes to build a clinic that will create nine local jobs when it opens. The clinic will operate solely on a referral-only basis inviting complex cases from general dental practitioners based in the Scottish Borders. Vermilion's Edinburgh-based operation has noted an increase in patients travelling from the Borders and the new clinic will mean significantly less travel time and reduced stress for many patients. The Kelso outlet also aims to reach out to dentists based in Northumberland.

David Offord (left) with architects and building crew

Dr David Offord, practice principal and oral surgeon, said: "We know that dental implants can dramatically enhance our patients' lives for the better and there is demand for this in the Borders. We will continue to collaborate with our Borders-based referrers and offer ongoing clinical support and educational opportunities at the new clinic to continue to enhance the quality of dentistry in the Borders."

ORAL SURGERY SPECIALIST

Vermilion is delighted to welcome Dr Verena Toedtling to its team.

Following graduation in 2007, Verena worked in general practice before moving to broad- based postgraduate training posts in community and hospital settings across various specialties in Scotland. During this time she obtained her Membership of the Faculty of Dental Surgery from the Royal College of Surgeons of Edinburgh.

She also gained further postgraduate experiences while working as an oral and maxillofacial surgery senior house officer in Aberdeen before moving to the University of Manchester and Central Manchester University Dental Hospital and Foundation Trust in 2012 where she began her higher surgical training in oral surgery.

She completed this four-year clinical and academic training programme, which provided specialist training in all aspects of oral surgery with a certificate of completion of specialist training. Verena's clinical practice at Vermilion incorporates all aspects of oral surgery.

A FRESH APPROACH TO DENTAL DESIGN

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The project comprised the design of a bespoke orthodontics practice with focus on the creation of a bright and contemporary environment.

"Through working in partnership with NVDC we now have a really well designed, modern looking practice that incorporates all our functional needs."
Dr Fern Stewart, Glasgow Southside Orthodontics, Thornliebank

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NVDC ARCHITECTS

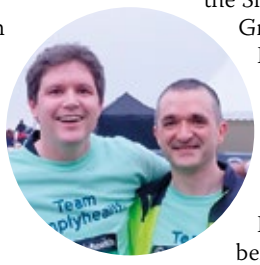
WINTER RUN IS A SIMPLE AFFAIR

Dentists and dental staff take part in Edinburgh run to raise money for mental health charity

Dentists, dental staff and dental clients were among those that ran to raise funds for MIND

Five members of the Clyde Munro Dental Group were among 3,000 runners taking part in the Simplyhealth Great Winter Run in Edinburgh recently.

Simplyhealth rebranded from Denplan in February last year and this event marks the second year it has been the main sponsor of the 5k run. Roman Abdin, the company's CEO, announced mental health charity MIND as Simplyhealth's charity partner for 2018, with all money raised during the Edinburgh event and those taking place throughout the UK going to the organisation.



The 5k was followed by the Simplyhealth Junior Great Winter Run, and the Simplyhealth Great Edinburgh International Xcountry.

Runners were set on their way by Scottish running legend Liz McColgan, before heading up Arthur's Seat and passing Dunsapie Loch. They then crossed the finish line near to the Palace of Holyroodhouse on their return to Queen's Drive.

Clyde Munro director Clive Schmulian was joined on the run by clinical director Stuart Davidson, director of clinical strategy Isabel Diamond, area manager Stephanie Watt and integration manager Jodi Wallace.

Jodi said: "I thoroughly enjoyed the run, the scenery was beautiful, the pipers and spectators were very motivational when running up Arthur's Seat.

"Every now and then you would hear someone shout your name and it gave you that little push to keep going. A little boy at the start was holding a poster saying 'it's only a little hill they said' and that made me laugh."

Stuart Gunn, Simplyhealth's key client consultant for Scotland, said: "I ran the 5k race with my two colleagues John McAviney and Alan Tumilson along with 22 of our dental clients from across Scotland. While it was a typical Scottish January morning temperature wise, everyone turned up eager to take part and this created a great atmosphere throughout the race.

"I'll confess I don't run regularly but the day has encouraged me to start training for future events and I know our clients really enjoyed taking part. I'd encourage anyone to get involved in our millions moving campaign by entering one of the Great Run events as it's a truly fun challenge from the start to finish line."

NEW PATRON FOR BRITISH ORTHODONTIC SOCIETY

University of Edinburgh graduate David Birnie 'honoured and humbled' by new role

Scottish orthodontist David Birnie has been named as the new honorary patron of the British Orthodontic Society.

A graduate of the University of Edinburgh in 1970, David currently works as a part-time consultant orthodontist in Newcastle. He is also an examiner for the MOrth and the diploma in orthodontic therapy at the Royal College of Surgeons of Edinburgh as well as for the college's conjoint MOrth with the FCDSHK College of Dental Surgeons of Hong Kong.

David has been a member of the British Orthodontic Society since its inception in 1994 and prior to that date belonged to the British Society for the Study of Orthodontics. Speaking about his new role, David said: "It is a great honour and I am very humbled by the trust and faith placed in me by the trustees and the membership of the Society – it is a role I never dreamt would have been offered to me. I look forward to working closely with the president, Jonathan Sandler."

David Birnie

TRULY WORLD CLASS

THE SPEAKER LINE-UP AT THE SCOTTISH DENTAL SHOW 2018 FEATURES A DAZZLING ARRAY OF LECTURERS FROM ACROSS SCOTLAND AND THE UK

There are nine hours of verifiable CPD available at the Scottish Dental Show 2018, which is promising to be the biggest and best yet.

The 2017 Show saw more than 2,000 people come through the doors at Braehead Arena in Glasgow and pre-registrations for 2018 are already way ahead of last year. As well as 140 exhibitor stands, there will be more than 50 lecture and workshops sessions from another world-class speaker line-up.

Aesthetic dental surgeon Monik Vasant will be presenting the keynote lectures on the Friday morning which will be entitled 'Composite artistry' and 'Composite and digital dentistry'. Monik, who runs the Freshdental clinics in Central London and Greater Manchester, has trained under many of the world's leading clinicians to become an advocate of minimally invasive dentistry and anterior alignment orthodontics.

The lecture programme will also feature all the main CORE CPD topics with talks on radiation protection, oral cancer, medical emergencies, child protection and safeguarding, and an update on infection control and decontamination. There will also be three lectures from the defence organisations with Aubrey Craig from MDDUS, Helen Kaney from Dental Protection and Angela Harkins from the DDU covering regulatory issues, the GDC and complaints issues.

Other speakers include David Offord from Vermilion in Edinburgh and Ross Paterson, a consultant in critical care at the Western General Hospital, who will be presenting a lecture on advanced sedation techniques. Arshad Ali of the Scottish Centre for Excellence in Dentistry in Glasgow, will give a lecture on the immediate replacement of teeth, while Kevin Lochhead and Pierluigi Coli will be looking at peri-implantitis in their Friday lecture.

We are also welcoming two speakers from Aberdeen Dental School to the 2018 Show in the form of George Cherukara and

Ekta Gupta. Both speakers are academics with George presenting on 'Tooth surface loss' and Ekta looking at her area of focus 'How to improve the oral health of the elderly in UK care homes'.

There will also be a busy business stream at the Show with talks covering buying and selling practices, tax issues as well as valuable financial and accounting advice. Adam Morgan and Ashley Latter will also be returning to the Show providing their high-energy business advice and new ways of thinking.

The workshop programme at the Show will be online in the coming weeks, with full-day programmes planned from Philip Friel Advanced Dentistry and the Scottish Centre for Excellence in Dentistry covering various topics such as implant placement, restoration, maintenance and business advice among other things. Topics covered will also include IRMER and smoking cessation as well as composite workshops from the ever-popular Professor Brian Millar. Prof Millar will also be presenting a lecture on the Saturday morning entitled 'All right on the bite (Splint therapies)'.

MORE INFO

For more information on these and all the other CPD sessions at the Scottish Dental Show 2018, visit www.sdshow.co.uk

SCOTTISH DENTAL AWARDS 2018

HAVE YOU NOMINATED YET?

With 16 categories to choose from, there is something to celebrate and recognise every single member of the dental team.

The nominations deadline for the Scottish Dental Awards 2018 closes on 16 March at midnight so, if you haven't nominated yet, what's stopping you?

Among the 16 categories, there are two brand new awards and two that have been renamed for 2018. The DCP of the Year category was previously known as DCP Star and we are looking for the dental nurse, hygienist, therapist, technician or other registered professionals who have made an outstanding contribution to dentistry in the last year. The Scottish Dental Representative Award has been renamed Best Sales Consultant and this category aims to celebrate the reps and business consultants who look after practices across Scotland.

The two new categories include the Dental Trainer of the Year category which has been introduced to recognise all the dental educators from undergraduate teachers and lecturers to hosts of postgraduate courses. If they are involved in dental education at any level, we want to know.

The Innovation Award has also been introduced especially for the 2018 Awards to acknowledge those practices, individuals or companies who are breaking new ground in Scottish dentistry. This can be anything from embracing new technology, equipment or techniques to new ways of working and innovations in teamwork that make a real difference to patients and staff.

Categories such as Dentist of the Year, Dental Team Award, Practice of the Year and the Scottish Dental Lifetime Achievement Award 2018 are still up for grabs so get online and start nominating. It is free to enter and you can enter as many categories as you like and nominate as many colleagues as you wish.

The Scottish Dental Awards Ceremony and Dinner will take place on Friday 27 April at the Glasgow Hilton Hotel. A champagne reception will be followed by a three-course meal and entertainment, all hosted by comedian and radio presenter Des Clarke.

MORE INFO

To nominate for the Scottish Dental Awards 2018, visit www.sdawards.co.uk

To book your table for the Awards Dinner, call Ann on 0141 560 3021 or email ann@sdshow.co.uk

YOUR SDM CPD IS CHANGING

THIS IS YOUR CHANCE TO GIVE US YOUR VIEWS ON HOW WE TAKE THE VERIFIABLE CPD CONTENT FORWARD IN THE MAGAZINE – AND YOU COULD WIN A YEAR'S ONLINE SUBSCRIPTION WORTH £120!

We have provided verifiable CPD articles in *Scottish Dental* magazine for the last three years providing hundreds of dentists with thousands of hours of vCPD.

However, the popularity of the clinical section and our commitment to offering the best CPD content and most efficient service, has meant we needed to make some changes. As a result, we have decided to join forces with a leading global provider of specialist continuing education to provide a CPD portal that truly complements the content we have been offering.

The World Continuing Education Alliance (WCEA) built the world's first truly global network of CPD in a variety of industries including dental, veterinary, and nursing. Its stated mission is to "bridge the gap between the best educators and professional learners – no matter where in the world they live".

We plan on launching all the content from Scottish Dental magazine into a dedicated portal that will also include access to hundreds of online courses from many of the top universities, training organisations and thought leaders from around the world. The SDM portal will offer a high quality resource of up-to-date dental CPD and there will also be an 'Education Tracker' tool which automatically records your learning activities to help you monitor your progress towards compliance. You can also add external education to your tracker providing you with a single location for all your online studies.

However, we need your feedback to make sure that we provide the best and most relevant CPD portal for the Scottish dental profession. Fill in our online CPD questionnaire and you could win a year's worth of online CPD worth £120. Head to: **www.surveymonkey.co.uk/r/SDMCPDquestionnaire**

CPD QUESTIONNAIRE

1. Where do you currently get most of your CPD from?

a. Online courses
b. Live courses and lectures
c. Dental publications – such as *Scottish Dental* magazine
d. Dental companies – product demos, lunch and learns etc
e. Conferences and events
f. Other.

2. Have you ever gained CPD through *Scottish Dental* magazine?

Yes
No

3. How could we improve the experience?

4. For you, is completing CPD requirements primarily about:

a. Achieving compliance
b. Learning new skills
c. Improving career prospects
d. All of the above.

5. What CPD dental topics are you most interested in?

6. How much would you be prepared to pay a month for access to thousands of online vCPD courses via a dedicated SD mag CPD portal?

7. Do you subscribe to any other online CPD portals or pay for regular CPD?

Yes
No

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Academy of Osseointegration Annual Meeting
Los Angeles, USA
For more information, visit www.osseo.org/annual-meetings

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

26 APRIL
IDA Annual Conference
Galway, Ireland
For details, visit www.dentist.ie

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

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

18-19 MAY
British Society for Restorative Dentistry, 50th Anniversary Meeting
Waterfront Hilton Hotel, Belfast
Visit www.bsrd.org.uk for more information.

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

17-21 JUNE
94th European Orthodontic Society Congress
EICC, Edinburgh
Find out more at www.eos2018.com

20-23 JUNE
EuroPerio9
Amsterdam
For more information, visit www.efp.org/europerio

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

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

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

27-29 SEPTEMBER
British Orthodontic Conference 2018
Queen Elizabeth II Conference Centre, London
Find out more at www.bos.org.uk

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

23-24 NOVEMBER
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

2-4 MAY 2019
ADI Team Congress 2019
EICC, Edinburgh
Visit www.adi.org.uk

17-18 MAY 2019
British Dental Conference and Dentistry Show 2019
NEC, Birmingham
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DIGITAL DENTURES

TUE 23 JAN

Tuesday 23rd January 2018
Clyde Dental Centre, Glasgow

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- 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

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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

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- Guides: pilot and full guided

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In depth

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SAVING LIVES

FORRES GDP LOOKS TO MAKE A DIFFERENCE AFTER CLOSE CALL

See page 32

MCDONALD'S OUT TO DELIVER

IN OCTOBER LAST YEAR, FRASER MCDONALD BECAME DEAN OF THE DENTAL FACULTY AT THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

STEWART MCROBERT MATT FOWLER

It might seem strange that a born-and-bred Midlander, who has always been based in the south, has taken over this role, but his name betrays his Scottish roots (Fraser's father was from Paisley) and he has links with the College that date back over 30 years.

He has a great appreciation of the College's unique character, and a simple aim – "to get the next generation motivated to engage with the College".

As well as the College's promotion of rigorous professional standards, he wants younger people to consider its ability to help them to gain a holistic view of the profession, and relish their place in it.

"Many young people see the Royal Colleges as an old boy network or believe they have no value. Similarly, the number of people applying to work as volunteers at the College is reducing," he said.

"I'm keen to put in place a structure to encourage people to work with the College and show them that monetary reward is not everything. Enjoying your job is equally, if not more, important.

"Our diploma ceremonies have a certain pomp and circumstance, and provide spectacle, but they also give people the chance to reflect on the hard work that has gone into gaining a qualification."

He believes Edinburgh stands out in several ways, not least with its outward-looking ethos. "We try to engage with the whole world, and standardise things across the globe. That means that as people move between countries, assuming they've taken one of our exams, we can be sure about their level of competency."

And he said people in Scotland are extremely polite. "I cycle frequently and in some other work environments when I've turned up in cycling gear I've been told to go round the back for deliveries! If you turn up at Edinburgh College in biking clothes they say 'Good morning, sir. Did you have a good cycle?"

> "I'M KEEN TO PUT IN PLACE A STRUCTURE TO ENCOURAGE PEOPLE TO WORK WITH THE COLLEGE AND SHOW MONETARY REWARD IS NOT EVERYTHING"
>
> FRASER MCDONALD

GIVE IT A TRY

The fact that Fraser ended up with a career in dentistry was more providential than carefully planned. He explained: "My generation didn't have the work experience opportunities that young people get these days. It was very much a case of looking for role models and I remember my parents saying that our neighbours' son was a dentist and seemed to be enjoying himself – they suggested I give it a try, and that was it."

Qualifying at Birmingham in 1980, he joined with fellow graduates in seeking a house officer post. "I remember selecting from three very good on-call hospitals and ending up as a house officer at Worcester."

Back then, he noted, the generally accepted idea was that "you'd learn how to take out wisdom teeth and then settle into practice". Sure enough, after 12 months of duty in Worcester hospital

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"IF YOU SUGGEST TO UNIVERSITIES THEY TAKE A REGISTER OF ATTENDEES AT DENTISTRY LECTURES, THEY GET VERY UPSET"

FROM PREVIOUS PAGE>

he went into practice in Cheltenham.

Within six weeks he'd realised it wasn't the right decision for him. "I've every respect for practitioners who spend 40 years in practice, but it wasn't something I could see myself doing."

His next move saw him come into contact with the Edinburgh College for the first time. "To get back into a hospital post I had to sit the primary FDS exam and did so at Edinburgh."

Subsequently, he took up a position at Basingstoke Hospital where a consultant encouraged him to try for a training post in orthodontics taking place at the Royal Dental School in Leicester Square. It was, in fact, the last course to run before the School closed soon after and the start of his career-long specialisation.

Soon after starting to practice orthodontics, Fraser was asked by his then boss, Professor William Houston who also had links with Edinburgh, if he was interested in academia. He took his first steps and before long was teaching physiology and orthodontics at Guy's – then known as the United Medical and Dental Schools of Guy's and St Thomas's incorporating the Royal Dental School, or UMDS for short.

The links with Edinburgh College were strengthened when Professor Murray Meikle became Fraser's new head of department at UMDS. "He took me under his wing, gave me new responsibilities and encouraged my ties with Edinburgh – he had a long association with the College and in becoming dean of the dental faculty I've followed in his footsteps."

When Murray retired, Fraser took over as head of department at King's College London, formerly UMDS, which was subsequently taken over by King's College London.

PERSPECTIVES

His wide-ranging experience has given him specific perspectives.

"Unfortunately, universities now see students as customers. They bring in cash and few universities have the capacity or framework to remove a student from a course if he or she doesn't want to go."

Meantime, he argued, modern trends in higher education can militate against requirements in dentistry. "For example, dental students need to be taught essential information on radiation and radiographs – it's a must if you want to get on the register. However, mandatory attendance at university lectures seems increasingly rare. If you suggest to the university that they take a register of attendees at dentistry lectures in order to meet regulatory obligations, they get very upset. I find that baffling."

According to Fraser, the Royal Colleges, which were originally established to help develop post-graduate education qualifications for those in the medical and dental fields, remain crucially independent arbitrators.

"They emphasise quality and maintain standards by giving great opportunities for progression. They do so in a way that's inclusive and welcoming. The pro bono work they are involved in setting up gives those involved a great sense of satisfaction."

CONTINUED OVERLEAF>

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PROFESSIONAL APPROACH

He is very keen to promote the sense of professionalism in the sector, believing that these days it's much more difficult for professionals to gain respect from the public.

"Many politicians aren't professional – they've been caught making inappropriate expenses claims. People are starting to question the whole need to act professionally, which is sad and worrying.

"People have access to all sorts of information online, some of that reliable, but a lot of it unreliable. As a consequence there are some ambulance-chasing organisations who provoke patients into pursuing claims against dentists that are often without merit.

"As a result we now have to make sure we lecture students on professionalism and its implications."

On a similar theme, he noted the GDC's recent review of the area of fitness to practice. "Unfortunately, the existing available data is very much a blunt tool for finding solutions and taking things forward. It would be good if we could find a way of using data collected by bodies such as the Medical Defence Union and the Medical Protection Society."

Fraser believes they are sitting on very valuable information and, so long as it was accessed in a way that maintains confidentiality and doesn't lead to finger pointing, it could help shape teaching to address any problems that exist. "However, I fully recognise the sensitivities around this area and the reluctance of organisations to release carefully guarded data."

DEFICIT TO SURPLUS

His progress to dean comes on the back of some notable administrative successes at Edinburgh College. "Among other things, I became chair of the orthodontic board in 2012. At the time we had a lot of diets in a lot of countries and it was costing the College quite a bit of money.

"On looking at the set-up it was clear to me that there were many areas where we were good and others where we were inconsistent and could tighten up. With a few simple changes it was possible to turn a deficit into a surplus."

As board chair he was keen to reduce the travel undertaken by international candidates by delivering exams online. "We had some very good exam team members and helped them develop their skills in areas such as question setting and modern assessment techniques.

"While I was doing that it became clear that other specialties were looking for the same thing. I thought the post that would allow me to help would be exams convener. Therefore, I took that on and we are now applying the principles developed in orthodontics to those other areas."

Now, he has taken on the role of dean to help the faculty move ahead, and he's sure he'll get the required support. "In other places when you want to take things forward it seems there is always someone ready to tell you it can't be done, but at Edinburgh they say, 'Well, we might not be able to do something right away, but we can pursue this option and work out a different way to get to the end goal'.

Since assuming the post, Fraser says his feelings have swung from nervous to excited. He said: "Some days I think 'Oh my word, what have I walked into?' However, on others I think 'Let's see what we can do here and make changes that will benefit the patients, the College and everyone concerned.'

"Luckily, the latter thoughts tend to appear more often than the former."

POSITIVE BEARER OF BAD NEWS

Unusually, Fraser McDonald embraces the necessity to break bad news on exams to students. That might seem counter intuitive but he sees it as an opportunity. "If you deliver bad news in a way that gives the individual concerned the chance to turn things around you can help someone who's struggling become a competent person who thinks independently. That is very rewarding.

"At Edinburgh College I had the role of exams convener and it was very rewarding to give feedback to people who had failed an exam, but do it in such a way that they could put in place the appropriate revision structure and to succeed in the exam the next time they sat it."

Fraser's attitude goes back to an early experience with Edinburgh. He failed the primary FDS exam at first time of asking. However, the College wasn't nasty or belittling. "Instead, they broke the news in a very constructive way," he said, "and I had the chance to go back and be successful second time around."

‘DEAD’ FOR 19 MINUTES

FORRES GDP KEN GLASS HAS USED A TRAUMATIC PERSONAL EXPERIENCE TO KICK-START A CAMPAIGN TO INTRODUCE PUBLIC DEFIBRILLATORS INTO HIS LOCAL COMMUNITY

BRUCE OXLEY

Ken Glass knows he is one of the lucky ones. Every year, the Scottish Ambulance Service is called out to nearly 9,000 people who have suffered an out-of-hospital cardiac arrest (OHCA). Of these, only 3,000 result in a resuscitation attempt and only six per cent of these will survive to a hospital discharge.

In February last year, Ken was effectively dead for nearly 20 minutes after suffering an OHCA. He survived thanks to the quick actions of his friend Dave Chapman who kept him alive until the ambulance arrived. Now Ken, a GDP in the Moray town of Forres, is leading a campaign to get more public access defibrillators (PADs) into the Moray community initially, and help spread the word about the importance of life-saving training and education as far as possible.

DRAMA OFF THE PITCH

Ken graduated from Glasgow in 2004 and headed up north to Forres to do his VT year. Between 2005 and 2007 he worked part-time in the salaried service in Inverness and at a practice in Elgin before taking up the opportunity to buy into his old VT practice.

He became a VT trainer himself in 2014 and, in the summer of 2015, rebranded to Forres Dental Care and moved premises to a purpose-built, five-surgery practice on the edge of town. The practice now has five dentists – two partners, one associate and two VTs – as well as two hygiene therapists and a hygiene therapy VT.

A keen amateur footballer, Ken had played since childhood and regularly turned out for teams at university and latterly on a local pitch in nearby Findhorn on Sundays. In February last year, he was out on the grass playing a 10-a-side match with friends when his life was suddenly turned upside down.

He said: “My wife was at a course locally, so I had our eight-year-old daughter Alex with me along with a couple of her friends

who were playing beside the pitch. I also brought my friend Dave to play that day. We were playing football and the kids were happy in the play park."

About an hour into the game, one of the players took a shot and, being a committed defender, Ken stuck out his head and "obligingly blocked the shot with the side of my head". He continued: "Immediately I felt I had a concussion. This is not abnormal for me, as I've had concussions before. So, I left the pitch and rested at the side for a bit to wait for it to pass. It didn't. I went off a wee bit to be sick and at this point realised it would be sensible to be checked out medically – I give that advice often enough when folk have had trauma.

"So I spoke to my mate Dave and asked him to drive me in my car to the hospital. He was probably glad to get off playing the rest of the game but little did he know the exercise I had in store for him!"

The kids were bundled into the back of the car and Dave set off with Ken in the passenger seat. At this point Dave, who is the supervisor at the local swimming pool and who was fortunately up-to-date with his CPR training, was asking Ken questions to try to assess the state of his head injury. He covered symmetrical movements, speech ability, time/date/place awareness, vision and it appeared all was fine.

But then, suddenly, all was not fine.

About five minutes into the journey, Ken's heart stopped. He said: "No chest pains. No sense of impending doom. No drama. My heart just stopped."

DEAD FOR 19 MINUTES

Ken explained that what follows has been put together for him by Dave, passersby and all present as he has no recollection from this point on. "Because, essentially I was not present," he said.

Dave immediately realised the seriousness of the situation and quickly pulled over to the side of the road and tried to get Ken to respond. He then got out and dragged his friend from the passenger seat and onto the pavement, at the same time calling 999 with his phone tucked between his ear and his shoulder. Understandably, the kids in the back were extremely upset but Dave managed to somehow concentrate on the task in hand.

He began CPR and was helped by a number of passersby who, in turn, took over the 999 call to enable Dave to concentrate on compressions and others who then took turns giving CPR until the ambulance arrived. A passing child therapist also got into the car to help calm the children and her partner managed to co-ordinate everyone. One of the players from the earlier game, a local GP, then turned up and, along with Dave, performed "textbook CPR".

From Ken's heart stopping to the ambulance arriving was 19 minutes and upon arriving the paramedics, realising that CPR was being provided by trained individuals, had time to get organised before taking over the attempted resuscitation. They gave Ken five shocks on the ground and were unable to achieve ROSC (return of spontaneous circulation). At this point, the

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paramedics realised the children in the back were witnessing the whole episode and that the prospect of an unsuccessful outcome was growing more likely with each failed shock, so they moved him into the back of the ambulance. They gave a further two shocks there and, on the seventh attempt, ROSC was finally achieved.

The ambulance blue-lighted to Dr Gray's Hospital in Elgin while Dave had the unenviable task of phoning Ken's wife Deirdre.

Ken said: "This is when Dave was left holding my world in his hands. He looked after my daughter and he made that phone call to my wife. He picked her up, kept her calm and brought her to the hospital. Alex's friends' dad collected them from hospital and my daughter was then held by close friends on and off for a couple of weeks while I was in hospital. I'm not sure how much these folk will ever know what they did for us."

ROAD TO RECOVERY

At Gray's, Ken was given a CT scan to check for bleeds caused by head trauma, which was thankfully all clear. The assumption at that point was that he has suffered a massive heart attack at the age of just 36. He was sedated, intubated and placed on a ventilator before being transferred 80 miles to Aberdeen Royal Infirmary (ARI).

En route to the ARI he arrested a "number of times" but hospital and paramedic staff managed to reestablish a rhythm and, on a couple of occasions, his heart was able to restart itself.

In Aberdeen, he had an angiogram that showed his heart was healthy and showed no signs of pathology. His arteries were even described as "pristine". The cause of the cardiac arrest was put down to takotsubo cardiomyopathy – a condition which causes the left ventricle to stop contracting. It is also known as acute stress-induced cardiomyopathy, broken heart syndrome and apical ballooning syndrome. It was first reported in Japan – takotsubo means 'octopus pot' in Japanese, as the left ventricle changes shape and resembles the pot, which has a narrow neck and a round bottom.

Ken continued: "So this all happened on Sunday and my wife then had the task of making the phone call to my dad, to her family and to our friends to try to explain what was going on. She then had to call my business partner and say I won't be in tomorrow and might well never be back. Bombshells landing all over the place.

"You don't realise the lives you touch until your touch is gone.

"I was kept sedated until Thursday when they stopped the sedation and removed my intubation which, it seems, I removed myself in a less than helpful way. Then I'm back in the room. It took a good 24 hours for the meds to fully wear off.

"I had multiple cracked ribs and sternum – thanks Dave! I had inhaled my own vomit – thanks Dave! I also had a crazy chest infection and still needed high-flow oxygen for 48 hours which is almost impossible to sleep with. Fortunately, my sister-in-law had sent over a Discman and my wife had brought down some CDs so I was able to indulge in some Matchbox 20 and Bon Jovi without anyone tutting!"

Because of the takotsubo, Ken was fast-tracked into the Aberdeen University MRI scanner as part of a research project. "I was so grateful that what was originally talked about of months in hospital could

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Ken with Alex and Deirdre

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"LYING IN THE HOSPITAL BED, I LOOKED INTO HER TEAR-FILLED EYES AND REALISED I HAVE TO MAKE THIS COUNT FOR SOMETHING, SOMEHOW"

FROM PREVIOUS PAGE>

reduce to weeks – I'm not a great patient," he said.

He was offered genetic testing to see if he – and potentially his daughter – was predisposed to the condition. To his relief it came back clear but he was told he needed an internal defibrillator fitted. Once that was in place and he had suitably recovered, he was released a little over two weeks after the incident.

BACK TO NORMALITY AND CAMPAIGNING

Ken explained that, as well as concentrating on recovery and getting back to normality, he was conscious that he now needed to prove to his daughter that he really was okay again. After a fairly traumatic experience for all involved, he was determined to show her he was back and nothing had really changed.

He said: "I needed to show her I am fine. So, walks in the woods. Making dinner. Being around and playing and behaving like usual was my only ambition. That and getting back to work as soon as possible.

"After getting out of hospital I took a further four weeks to establish myself again. My system was pretty shocked, fatigued and open to infections and bugs. My immune system was shot for a further six months anyway, but I got back to work full time."

With plenty of time to reflect during his recovery, Ken admits he struggles to put into words how much his friend Dave, and what he did that day, means to him and his family. He said: "People tell me I was lucky. I prefer the word fortunate. I love Dave, and not just for what he did for me and my family. He has been a great friend for many years – he came to my wedding dressed as Batman – but, to me, he's a real-life superhero."

His reflections on his experiences didn't end with his gratitude to his friend. He said: "Lying in the hospital bed coughing up thick, black, bloody sputum with my wife holding a cup for me, I looked into her tear-filled eyes and realised I have to make this count for something, somehow.

"It was when I got home and was around the town and got to thinking about PADs that I realised Forres is lacking in them. Looking at the rural communities around us, some have self-funded PADs, some haven't, and some haven't even considered it as a possibility."

Ken found out that in Grampian in 2016, 448 people had an OHCA and only 18 survived. He admits that some might not have been saved by a defibrillator, but he also argues that many could have.

"The need for CPR is more important than the PADs," said Ken, "but our intention is to install multiple PADs, get communities talking and raise awareness. Then we can provide CPR training, ideally at no charge to anyone who wants it. In my opinion, kids should have this in their curriculum from when they are in primary one."

FUTURE PLANS

Ken has met with community groups and many have jumped on board to support his campaign 'Defibs For Moray'. Some have raised money over a couple of weeks and some have taken longer, but, so far, the fledgling group has managed to install four PADs in the area. More groups are applying for funding and the hope is that they can start to make a real difference in the local area before looking further afield.

Ken said: "I have a life. I have a family. I have a business. I have friends. I have a drive and desire to ensure that if anyone has to go through what my family has gone through then we want to stack the odds in their favour and that their outcome can be as good as mine.

"Ideally, we will lead by example and there will be politicians and NHS bigwigs that recognise the benefits of having multiple PADs available, realising the cost saving in terms of the in-hospital care and post-hospital care of survivors if they have had prompt and effective CPR and AED placement.

"Who knows, maybe the Scottish Government will start providing some community CPR training and installing PADs nationwide?"

Ken (right) with Dave and one of the PADs that they have helped install in the local area

MORE INFO

To find out more about Ken's campaign, email info@defibsformoray.com or visit www.defibsformoray.com

Defibs for Moray will be attending the Scottish Dental Show in April (27 and 28, Braehead Arena) to raise awareness and to collect donation for their campaign. Register now at www.sdshow.co.uk

STRAIGHT TALKING

WITH JUST UNDER TWO MONTHS UNTIL THE NOMINATIONS DEADLINE FOR THE SCOTTISH DENTAL AWARDS 2018, WE TALK TO 2017 YOUNG DENTIST AWARD WINNER LAUREN ANDERSON

BRUCE OXLEY SCOTT RICHMOND

When Lauren Anderson's name was read out at the Scottish Dental Awards on Friday 19 May 2017 she became the third recipient of the Young Dentist Award. Lauren, who graduated from Glasgow in 2010, works at Milngavie Orthodontics and spoke to *Scottish Dental* on her career so far and how dental awards provide much-needed recognition and acknowledgment for dental professionals.

WHY DID YOU DECIDE TO STUDY DENTISTRY IN THE FIRST PLACE?

Growing up, I would frequently sneak to the ice-cream van without my parent's permission to buy sweeties, which unfortunately resulted in frequent visits to the dentist! I was fortunate to have a lovely dentist, Stewart Paul, who looked after me and I think it was through my admiration of his care that I first became interested in dentistry.

As well as this experience, my older brother had go into hospital to have some dental treatment under general anaesthetic. I remember going to the ward to keep him company as he recovered and I was always intrigued by the profession. I didn't realise that there were so many different aspects of dentistry.

DESCRIBE THE JOURNEY TOWARDS PRACTISING AT MILNGAVIE ORTHO

I qualified from Glasgow University in 2010 and completed my vocational training in a mixed NHS and private practice. I loved providing dentistry in practice. I enjoyed the variety of treatments and the fast-pace style of working. However, I knew that I wanted to find out more about orthodontics and that if I wanted to follow a training pathway then I would need to apply for Dental Foundation Training (Dental Core Training).

> "I THINK IT IS SO IMPORTANT TO BE RECOGNISED. DENTISTRY CAN BE A CHALLENGING JOB AND THE FOCUS CAN SOMETIMES BE NEGATIVE"
>
> LAUREN ANDERSON

I started this training in 2011, and I worked in various dental settings including special care dentistry, inhalation/intravenous sedation, paediatric dentistry, domiciliary care and primary care. I worked in the maxillofacial unit at the Southern General Hospital (now the Queen Elizabeth University Hospital) and then in multiple roles as a senior house officer at Glasgow Dental Hospital in oral medicine, oral surgery, paediatrics, orthodontics and restorative dentistry. During this time I was successful in the MFDS exam and was participating in audits, presentations and publications.

Once I had the necessary three years post-graduate experience, I was able to apply for specialty training in orthodontics through the London Deanery.

I applied for orthodontic training in 2013 and the recruitment process was very competitive. Candidates apply through national recruitment, which meant that if I was offered a job 500 miles from home then I had to accept it. I was matched with a post in Newcastle and completed the three-year MSc in orthodontics at Newcastle University and was also successful in gaining the Membership in Orthodontics (MOrth) at the Royal College of Surgeons in Edinburgh. I finally qualified as a specialist orthodontist in June 2016.

WHY DID YOU DECIDE TO FOCUS ON ORTHODONTICS – WAS IT ALWAYS AN AREA OF INTEREST?

I had adult orthodontics during university and having that treatment sparked an interest. I gained so much confidence from treatment that I wanted to help others. To learn more about the specialty, I sought work experience in an orthodontic practice and I absolutely loved it. It seemed like a very clean job (no blood and no needles!). I was curious as to how it all worked, so I continued to learn more about the specialty and my friend, who was a few years ahead, was also applying for specialty training in orthodontics, so I was also able to learn through her.

HOW DID YOU HEAR THAT YOU HAD BEEN SHORTLISTED FOR THE AWARDS AND WHAT WAS YOUR REACTION?

I was so surprised, I did not expect it at all. I received the telephone call just as I was boarding a plane to go on holiday (I am a nervous flier) so I have to admit that the news of being shortlisted was a very welcome distraction!

"I WAS IN TOTAL DISBELIEF AS MY NAME WAS READ OUT. IT WAS A HUGE PRIVILEGE"

CAN YOU DESCRIBE YOUR REACTION ON THE NIGHT WHEN YOUR NAME WAS READ OUT?

I was in total disbelief as my name was read out as I didn't anticipate that I would win the award. It was a huge privilege to be in a category with so many accomplished dentists and the support from everyone was amazing. It was such a lovely atmosphere; everyone was excited for each other. I was so surprised and overwhelmed!

WHAT HAS BEEN THE REACTION OF FRIENDS, COLLEAGUES AND PATIENTS TO YOUR WIN?

My family were totally delighted; I don't know if they are happier that I have won an award or have finally decided to stop studying. My husband was also absolutely delighted. We had just got engaged when I found out I was matched with the Newcastle post. He relocated to Newcastle with me and was absolutely delighted that all the years of studying (and student debt) had been recognised in winning the award.

The reaction has been incredible, so many of my patients have been coming into the practice to congratulate me, which is really overwhelming. The local newspaper heard about the award and published a lovely feature about it a few weeks ago. I am also delighted that Milngavie Orthodontics has been recognised through the award.

WHAT DO YOU MOST ENJOY ABOUT DENTISTRY?

For me, I love working with people, so I mostly enjoy meeting the patients. I also

CONTINUED OVERLEAF>

Lauren receives her award from Clyde Munro's Jim Hall

ABOVE: (top) 2017 Awards host Des Clarke will be back for the 2018 event and (bottom) Lauren's name is read out last May

Lauren with Milngavie Orthodontics principal Geoff Glass and colleagues

FROM PREVIOUS PAGE>

love the treatment planning involved in orthodontics. Treatment planning is the most important part of the job – if the plan is sound, then the mechanics should fall into place. I am definitely spoiled in orthodontics because patients want to come to see you (the more they see you the quicker their brace comes off).

I also enjoy that it is such a dexterous job and it is incredibly fulfilling. The majority of patients I treat are young people, and they provide lots of fun to my working day. I am also enjoying that more adults are requesting orthodontic treatment and wanting different types of appliances, so my days are varied.

WHAT ARE YOUR AMBITIONS AND DREAMS FOR THE FUTURE?

I feel extremely fortunate to be in the position I am. I have been surrounded by wonderful dentists throughout my training who have helped me achieve my ambition to become an orthodontist. I hope to pass it forward and help anyone else thinking of orthodontics as a career.

In terms of ambitions for the future, I would love to eventually have my own practice and use the same ethics and morals that my practice principal, Geoff Glass, has used in building Milngavie Orthodontics.

HOW IMPORTANT DO YOU THINK DENTAL AWARDS ARE IN RECOGNISING ACHIEVEMENTS?

I think it is so important to be recognised. Dentistry can be a challenging job and sometimes the focus can be negative. As a profession, we are always faced with time restraints, funding restraints, patient expectations as well as ensuring we are keeping up to date with continuing professional development and the latest evidence.

I think the Scottish Dental Awards provides a platform to bring some much-needed light relief to the profession and where hard work can be acknowledged. I think dentists and dental care professionals need to be recognised more for the positive work they do.

WHAT WOULD YOU SAY TO ANYONE LOOKING TO START STUDYING DENTISTRY? ANY ADVICE?

The advice I would give anyone looking to start dentistry is to get as much work experience as you can. I was very fortunate to find a dentist who offered me a Saturday job in his dental practice, where I nursed chairside and was able to see what dentistry was like as a profession. I continued to work as a dental nurse throughout university and it helped so much with the clinical aspects of training. I would also recommend to future applicants to gain confidence with speaking to people to develop and enhance their communication skills, which is really important in dentistry.

I am extremely honoured to have been given this award and I am always keen to help anyone who is thinking of applying for specialty training. Glasgow Dental School provided excellent undergraduate training and NHS Education for Scotland provided fantastic training opportunities to further my career towards orthodontics.

If I can help anyone or provide any information, please do not hesitate to get in touch. I am also extremely thankful to the panel at the Scottish Dental Awards who selected me as a winner; there were so many other fantastic dentists in the category so it couldn't have been easy. Thank you.

MORE INFO

If you want to get in touch with Lauren email the editor Bruce Oxley bruce@sdmag.co.uk and he will pass on your message.

To find out more and to nominate for the Scottish Dental Awards 2018, visit www.sdawards.co.uk

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CROWN-TO-IMPLANT RATIO

RESTORATIVE

Marginal bone stability around extra-short implants supporting a fixed partial prosthesis in posterior mandible

EDUARDO ANITUA

Short and extra-short implants are a powerful tool in oral implantology these days[1]. The use of these implants facilitates the rehabilitation of very resorbed edentulous ridges with a simple approach. The principal problem with the short implants, and most commonly with extra-short implants, is the crown-to-implant (CI) ratio. The high space to rehabilitate and the longitude of these implants creates an unfavourable prosthesis on the basis of the CI ratio.

The CI ratio is a term imported by the general odontology, and the use of these parameters in implants is used in a similar way. The use of the concept in general odontology translates to the use of implant prosthesis, and while they have similar points they also have some big differences. The most important difference is the biomechanical behaviour of the implant-prosthesis conjunct and the way to convey the stress to the crestal bone. The absence of periodontal ligament and the anchylotic union between the bone and the implant may generate a great force in the crestal bone and we can think how this increase produces a major bone resorption.

In relation to these differences between the length of the restorations and implants it would appear to indicate a bad biomechanical behaviour of the assembly with impact on the marginal bone loss and increasing the rate of failure. To analyse the studies published in relation to this topic, they do not show how a greater bone loss in high crown-implant ratios and ratios higher than two has been considered a safe and predictable therapeutic option[2-5].

The aim of this study was to evaluate the effect of the CI ratio on the marginal bone stability around extra-short implants supporting a fixed-partial prosthesis in posterior mandible. The secondary outcome was to the implant survival.

Material and methods

This manuscript was written according to the STROBE (Strengthening the Reporting of Observational studies in Epidemiology) guidelines[6]. All described data and treatments were obtained from a single dental clinic in Vitoria, Spain. Patients' records were retrospectively reviewed to identify patients that fulfilled the following inclusion criteria:

- Aged over 18 years old
- Placement of extra-short (length ≤ 6.5 mm) implants before December, 2010
- Placed in posterior mandible.

The principal outcome was the marginal bone loss and the secondary outcome was the implant survival rate.

Patients or implants that did not meet any of these criteria were excluded from the study. Prior to surgery, and in order to make a proper treatment plan, all patients underwent standard diagnostic protocol consisting of reviewing the medical and dental history, diagnostic casts, and radiographic evaluation.

To assess the principal and secondary outcomes, implants were followed clinically and radiographically to identify the crestal bone loss and implant failure (failure to achieve osseointegration or loss of acquired osseointegration).

The measurement of the marginal bone loss was performed on the most recent radiograph. To do that, known implant length was used to calibrate the linear measurements on the radiograph. Then, the distance between the uppermost point of the implant platform and the most coronal bone-implant contact was measured mesial and distal to the implant by computer software (Sidexis, Sirona, USA). The bone level recorded just after the placement of the provisional prosthesis served as a reference for the measurement of the marginal bone loss. The bone loss was measured mesially and distally to the implant. Finally, a mean of the two measurements were reported due to the absence of statistically significant differences.

The crown-implant ratio was determined by two measurements: the crown was measured from the tip of the highest cusp to the platform of the implant, along a perpendicular line. The implant was then measured at the centre, from the platform to the end of the apex (Figure 1).

In all patients, the same surgical protocol was followed. Before surgery, patients underwent a routine dental scaling to start the implant treatment with adequate periodontal health. Radiographic evaluation was also performed to establish the treatment plan. All patients received prophylactic antibiotic medication before and after surgery. An infiltrative anaesthesia was applied and incisions were made to elevate a full-thickness flap.

Implant sites were prepared using a low-speed drilling procedure (125 rpm) without irrigation[7,8]. Before installation, implants were carefully embedded in liquid Plasma Rich in Growth Factors (PRGF) 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.

For placing the dental implant, the surgical motor was set at 25 Ncm and the implants were finally seated manually

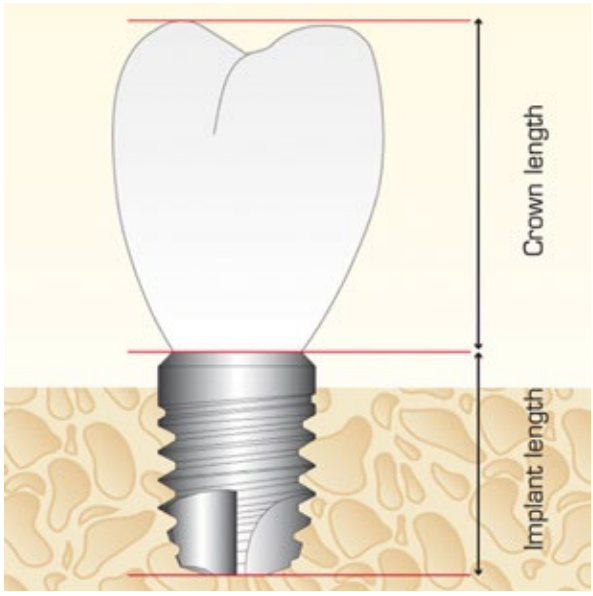

FIGURE 1. Diagram representing the measurements of the implant and crown to the posterior calculation of the CI ratio: The crown was measured from the highest cuspid of molars and premolars occlusal side, to the top of the implant platform, along a perpendicular line. The implant was measured at the centre, from the platform to the end of the apex

by a calibrated torque wrench. The final insertion torque was annotated in the patient's record.

A prosthodontist performed the prosthetic rehabilitation of the patients. Impression copings were placed and an impression was made with polyether impression material (Impregum Penta; 3M ESPE) and the open-tray technique at three months after implant insertion.

The follow-up visits were scheduled for a series of periodic evaluations, consisting normally of visits at one week after intervention, at one month, at three months, at six months, and from this moment ahead, once a year.

Statistical analysis

Data collection and analysis was performed by two independent examiners. The patient was the statistical unit for the statistical description of demographic data, social habits and medical history. The implant served as the statistical unit for the descriptions of implant length, diameter, location, insertion torque, marginal bone loss and survival of the implants. Absolute and relative frequency distributions were calculated for qualitative variables and mean values and standard deviations for quantitative variables. The Shapiro-Wilk test was selected to check the normal distribution of the data.

The cumulative survival rate of implants were analysed using a life-table analysis (Actuarial method). SPSS v15.0 for Windows statistical software package (SPSS Inc., Chicago, IL, USA) was used for statistical analysis.

Results

In this study, 32 patients participated with 46 implants with a Crown-implant ratio higher than 1. The patients' mean age was 68 ± six years (range: 55 to 74 years) at the time of surgery and 78.3 per cent of the patients were females.

Three patients were smokers (4.8 per cent), and none of

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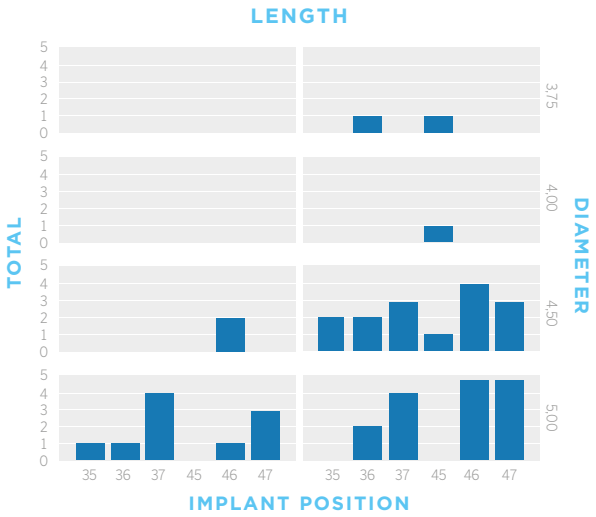

FIGURE 2. Location, diameter and length of the implants included in the study

To assess the outcomes, implants were followed clinically and radiographically to identify crestal bone loss and implant failure

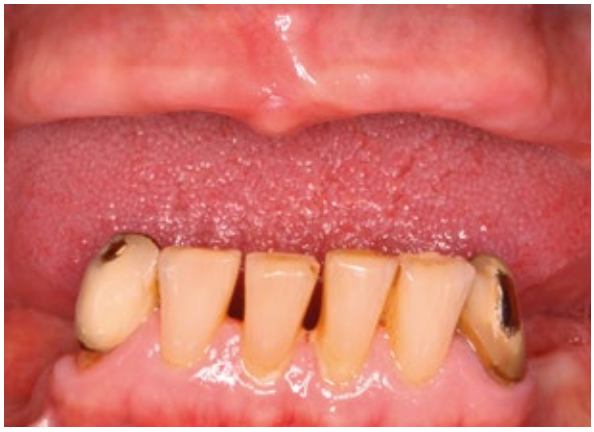

FIGURE 3A. Intraoral pictures of the patient. In these images we can see the partial edentulism in mandible and total edentulism in the maxillae. A) front view B) lateral view

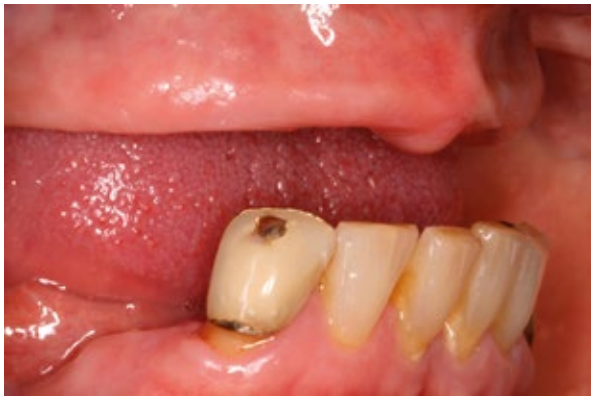

FIGURE 3B. Intraoral pictures of the patient. In these images we can see the partial edentulism in mandible and total edentulism in the maxillae. A) front view B) lateral view

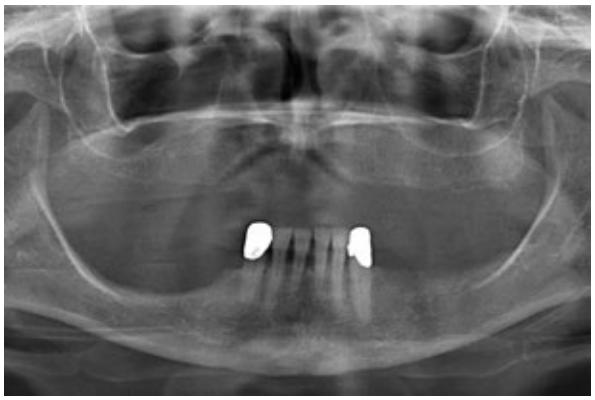

FIGURE 4. Initial panoramic X-Ray

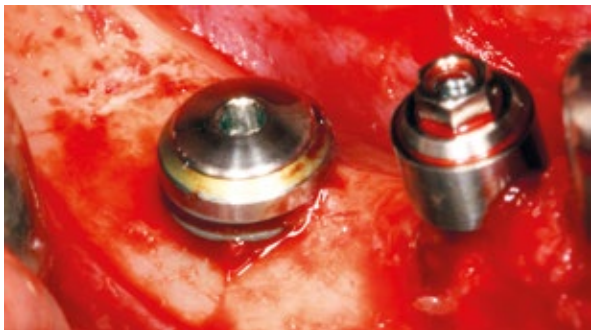

FIGURE 6. Image of the implant surgery where we can see the insertion of an implant extra-short in the most distal area of the fourth quadrant. The extreme bone resorption at this level requires the implementation of a technique of vertical growth

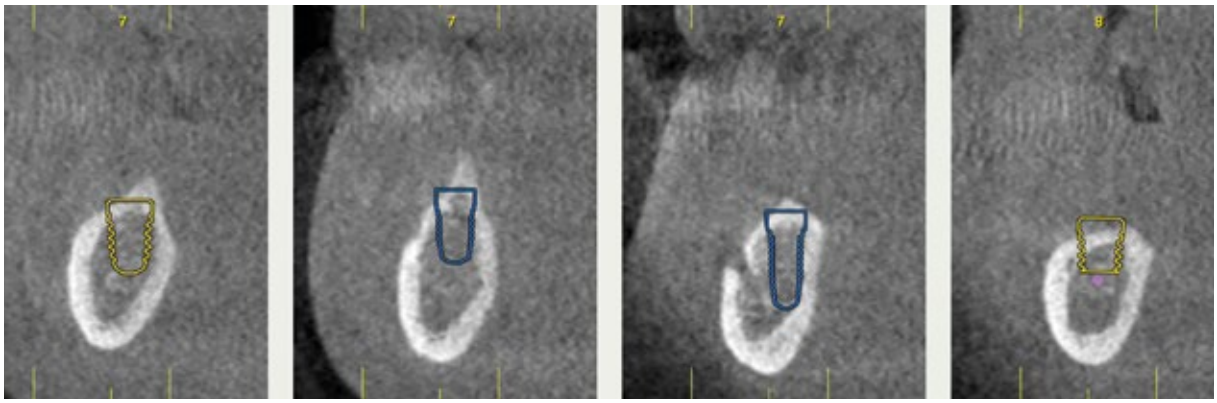

FIGURE 5. Planification of dental implants in the cone-beam with the software BTI-Scan III

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them referred alcohol habits. One of the patients was diabetic (1.6 per cent), seven patients had previous periodontal disease (11.1 per cent), one patient had previous radiation (1.6 per cent).

The diameter, length and position of the implants included in the study are shown in Figure two. The mean of the follow-up was 23 ± eight months (range 14 to 43). The mean crown-implant ratio was 2.4 ± 0.47 (range 1.50-3.64).

Regarding the type of prosthesis, all patients were rehabilitated using fixed-partial prosthesis. In total, 67.4 per cent of the restorations were screw-retained prosthesis and the rest were cemented.

The measurement of marginal bone loss (MBL) was performed at 12 and 24 months of loading. The mean of mesial bone loss was 1.04 ±0.70 mm and the mean distal bone loss was 0.94 ± 0.71 mm. There was no statistically significant difference between the MBL measurements at different follow-up times ($p > .05$), indicating that bone level around implants under functional loading was stable over time. No significant influence was found between the CI ratio and MBL, even considering separately CI < 2 and CI ≥ 2.

The overall survival rates of short implants and prosthesis were 100 per cent for the implant and patient-based analysis, respectively, at the end of the follow-up time. In figures three to 10 we show a case of the patients included in the study.

Discussion

The prosthetic rehabilitations in which short implants are involved often lead to imbalances between the lengths of the crowns and the implants. It has been suggested that disproportionate prosthetic restorations could induce poor biomechanical behaviour with a potential impact on MBL and reduced implaent survival rate [9]. In this study, no associations between CI ratio of implant-supported prostheses in extra-short implants and MBL were found. Previous studies in which short implants were used have evaluated the influence of CI ratio on marginal bone loss (MBL) [10-12]. In general, most of these studies concluded that no relation may be established between an unfavourable CI ratio and MBL, independently of the type of prosthetic rehabilitation [10-12].

All the implants included in this study were splinted restorations. Short and extra-short implants have shown better biomechanical behaviour when the prosthesis have been splinted. An additional rationale for splinting implant crowns together is to favourably distribute the non-axial loads, minimising their transfer to the restoration and supporting bone, and increasing the total load area [13,14]. Splinting the crowns reduced the peri-implant bone stress under horizontal load in a finite element analysis model especially recommended for implants surrounded by poor-quality bone [13,15].

When placing extra-short implants, it is necessary to carry out adequate planning and the splinting implants are a correct protocol in these cases [16,17].

Conclusions

Within the limitations of this study, the results show that an increased crown-to-implant ratio in extra-short implants has no significant influence on crestal bone loss and implant survival. The limitations of this study include its retrospective design, the small sample size and short follow-up time. Further studies with more extra-short implants followed for a longer period of time are necessary to establish sound conclusions about the effect of increased crown-to-implant ratio on implant survival.

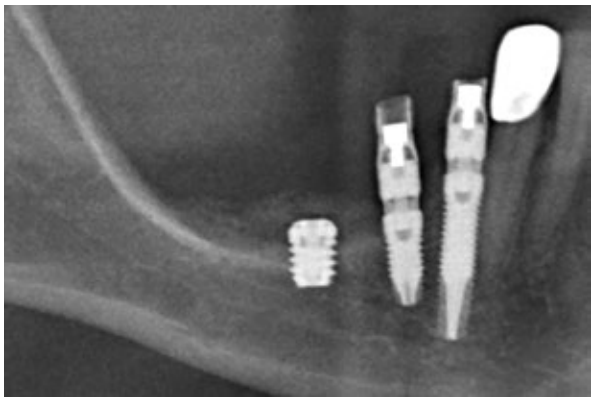


FIGURE 7. Post-operative Rx. In the area of the extra-short implant we can see the bone volume used for the vertical growth

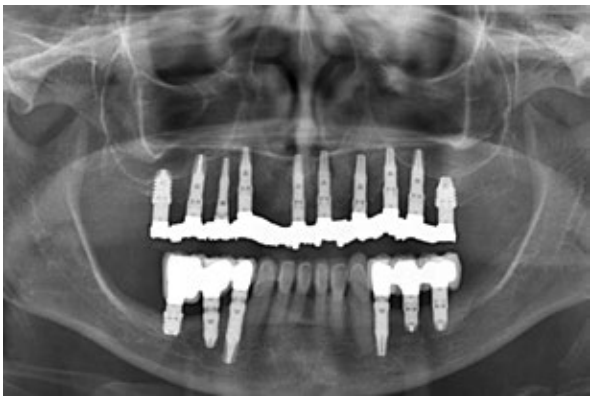
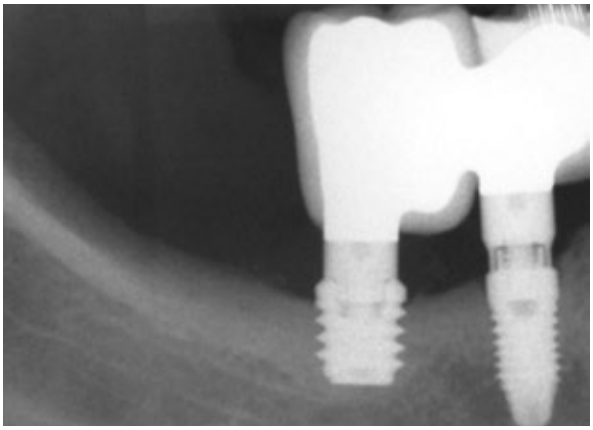


FIGURE 8. Panoramic X-Ray at one year follow-up post loading. In the fourth quadrant we can observe the crown-implant ratio of the extra-short implant

FIGURE 9
X-ray of the follow-up to seven years. We can see the stability of the bone at crestal level



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.

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VERIFIABLE CPD QUESTIONS

AIMS AND OBJECTIVES:

- Assess the marginal bone stability around extra-short implants
- Assess the influence of increased crown-to-implant ratio on the marginal bone loss
- Assess the survival of extra-short implants placed in atrophic alveolar ridge.

LEARNING OUTCOMES:

- Surgical alternatives in the treatment of atrophic alveolar ridge
- Definition of the implant crown-to-implant ratio
- Predictability of extra-short implants to support a fixed prosthesis.

EXAMPLE QUESTION:

To measure the crown-to-implant ratio, the following measurements are needed:

A. The crown length
B. The implant length
C. A and B
D. None of the above

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A RAPIDLY GROWING INTRAORAL LESION

ORAL SURGERY

A case study looking at a patient who presented with a long-standing swelling which was diagnosed as non-malignant peripheral odontogenic fibroma

COLM HICKS, AMANDA WILLIS, JOHN MARLEY

Gingival swellings are one of the most frequently encountered lesions in the oral cavity[1]. Many different conditions can present as swellings, which in some cases can make diagnosis difficult. These can range from the benign un-concerning fibro-epithelial polyps to potentially life threatening malignant lesions such as squamous cell carcinomas.

Peripheral odontogenic tumours are a group of benign rare neoplasms that occur in the mouth[2]. Peripheral odontogenic fibroma is the most common type of peripheral odontogenic tumour[3,4] and presents as a benign, slow-growing, exophytic growth of soft tissue usually involving the gingiva.

We present a case of a peripheral odontogenic fibroma mimicking common gingival swellings. The article aims to discuss a systematic approach to managing this case as well as highlighting other possible differential diagnoses. Table 1 provides an overview of swellings affecting the oral mucosa that may aid diagnosis.

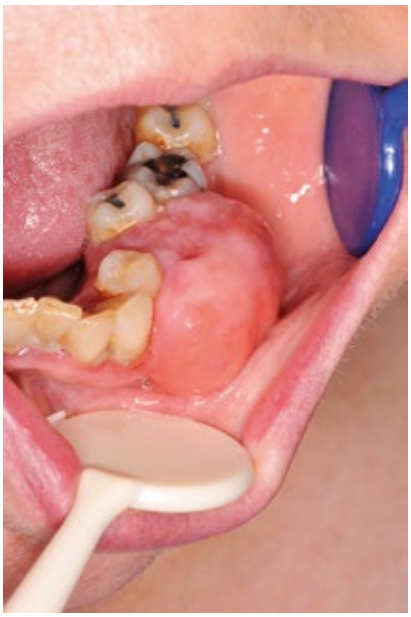

FIGURE 1: Pre-operative image of the lump

Clinical case

A 62-year-old woman presented with a rapid increase in size of a long-standing swelling (Fig 1) affecting the lower left alveolus, which had been present for approximately six months. There was no associated pain or paraesthesia. Medically she had a diagnosis of atrial fibrillation, valvular heart disease and vertigo, which were managed appropriately. This included warfarin for her atrial fibrillation.

She was an ex-smoker of approximately 15 years and had occasional alcohol.

Extra oral examination revealed asymmetry of the left mandible. There was no lymphadenopathy. Intraorally the patient was partially dentate, had poor oral hygiene and clinical and radiological evidence of periodontal disease (Fig 2).

A large 2-3cm swelling was noted involving the lower left alveolus in the premolar region. Both the lower left first and second premolar were grade II mobile. The swelling was firm to palpate, fixed and with normal overlying mucosa.

Differential diagnosis

There are many causes of intraoral swellings and use of a surgical sieve approach provides a structured list of aetiological groups for systematically identifying potential causes of a presentation. These have been summarised in Table 1.

Management and outcome

Due to the sudden increase in the size of the swelling, urgent mapping biopsies of the lesion were taken. This confirmed an initial diagnosis of fibro-epithelial hyperplasia with no evidence of malignancy.

The patient was referred to the oral surgery department for removal of the residual swelling and the periodontal involved lower left premolar teeth. This was undertaken in the day procedure unit under local anaesthesia. Prior to undertaking surgery a pre-operative INR (2.12) test was carried out. The swelling and lower left premolar teeth were successfully removed under local anaesthetic. Haemostasis was achieved with cautery and the surgical site was dressed with both BIP (bismuth subnitrate, iodoform and paraffin paste impregnated gauze) packing and a suck-down vacuum splint for the first 24 to 48 hours.

At review one month post-surgery, the excision

An open mind should always be advised when managing many oral medicine/surgery cases. The oral cavity is a dynamic environment

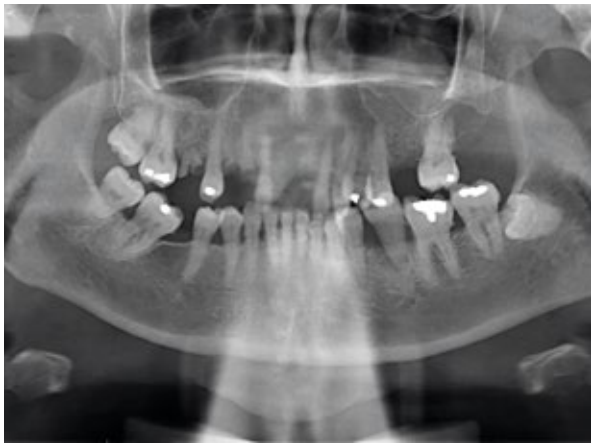

FIGURE 2: Orthopantomogram

site was healing satisfactorily (See Fig 3). The final histopathology confirmed a diagnosis of a peripheral odontogenic fibroma. The patient will be reviewed on a three to six-month basis to monitor for recurrence. Further surgery may be required in the future.

Discussion

Peripheral odontogenic fibroma is the most common peripheral odontogenic tumour followed by the ameloblastoma and calcifying odontogenic tumour [3], [4]. The most common location is the attached gingiva, usually in the molar/premolar area with even distribution between the jaws [5].

Peripheral odontogenic fibroma is an uncommon, benign, focal unencapsulated exophytic gingival mass, composed of fibrous connective tissue derived from mesenchymal origin [6]. It may be pedunculated or sessile, red or pink, usually with a smooth surface and in some cases the overlying mucosa may be ulcerated. The lesion is usually firm to palpation, non-tender and could be mistaken for other more common exophytic gingival lesions, such as fibrous hyperplasia, pyogenic granuloma, or peripheral giant cell granuloma.

In the case above, the patient had been referred with a suspected oral cancer due to the rapid increase in size of a pre-existing swelling. During examination and periodontal probing, poor oral hygiene and periodontal disease could be justified for the possible cause of mobility of the premolars. An orthopantomogram radiograph did confirm bone loss consistent with periodontal disease. However, there was no periapical or bony pathology suggestive of a possible cystic, giant cell or aggressive lesion.

Due to the history of a rapid increase in swelling urgent mapping incisional biopsies were undertaken to give a better histological representation of the swelling.

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Table 1. Main conditions which may present as swellings or lumps in the mouth

NORMAL ANATOMY	• Pterygoid hamulus • Parotid papilla • Lingual tonsil
DEVELOPMENTAL	• Unerupted teeth • Odontogenic cysts • Eruption Cysts • Developmental cysts • Haemangioma • Lymphangioma • Mandibular, palatal tori • Hereditary gingival fibromatosis • Lingual thyroid
INFLAMMATORY	• Abscess (periapical/periodontal) • Cellulitis • Pyogenic granuloma • Cysts • Sialadenitis • Chronic granulomatous disorders ‣ Orofacial granulomatosis ‣ Crohn's disease ‣ Sarcoidosis
TRAUMATIC	• Fibro-epithelial polyp • Haematoma • Denture induced hyperplasia • Mucocele • Surgical emphysema
NEOPLASMS	• Benign ‣ Fibroma ‣ Peripheral giant cell granuloma ‣ Central giant cell granuloma ‣ Neurofibroma ‣ Odontogenic tumour –e.g. peripheral odontogenic fibroma, ameloblastoma ‣ Minor salivary gland tumours • Malignant ‣ Squamous cell carcinoma ‣ Lymphoma ‣ Leukaemia ‣ Kaposi sarcoma ‣ Myeloma ‣ Salivary gland neoplasms ‣ Others
FIBRO-OSSEOUS	• Cherubism • Fibrous dysplasia • Paget's disease
HORMORNAL	• Pregnancy epulis/gingivitis • Oral contraceptive pill gingivitis
METABOLIC	• Amyloidosis
DRUGS	• Anticonvulsants – e.g. Phenytoin • Immunosuppressants – e.g. Cyclosporine • Calcium channel blockers – e.g. Nifidepine
ALLERGIES	• Angioedema
VIRAL	• HPV – papilloma, verruca vulgularis, condyloma acuminatum

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On the basis of this malignancy was excluded. A planned excision was arranged due to the size of the swelling and the patient's complex medical history.

Conclusion

An open mind should always be advised when managing many oral medicine/surgery cases. Many gingival lumps and swellings have similar clinical presentations and may mimic that of something more sinister. The oral cavity is a dynamic environment. This, alongside ever more complex medical histories, presents the general dental practitioner with a puzzle of information.

Despite a myriad of aetiologies, gingival swellings and lumps can often be diagnosed by a careful history. Simple factors such as presence of local irritants such as calculus could be a primary cause. By carrying out routine full head, neck and intraoral examinations and managing plaque control potential development of lesions may be prevented.

Should further management such as biopsy, biochemistry or histological examination be required, it is important that the clinician makes an appropriate referral, providing all the essential information to enable effective, efficient and safe management of the patient.

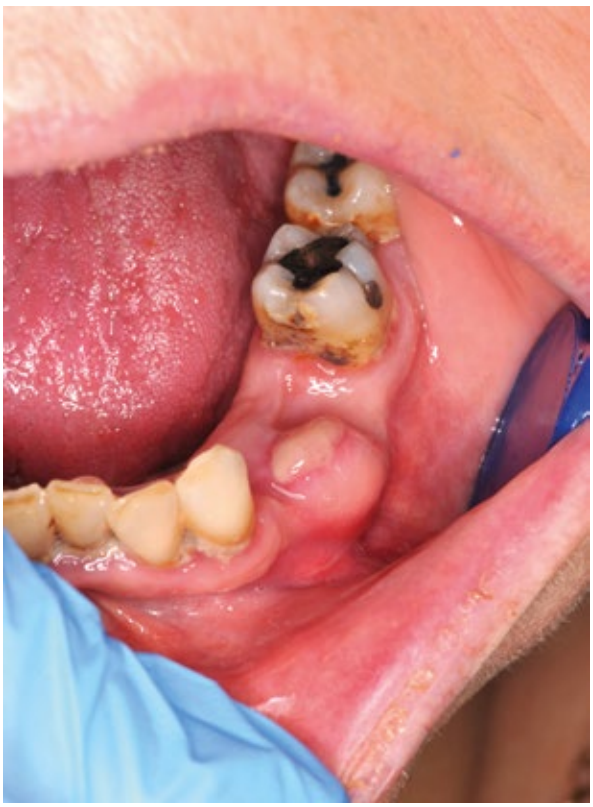

FIGURE 3: Image one month following excision

ABOUT THE AUTHOR

Colm Hicks, BcHD, MFDS RCSEd; Amanda Willis, BDS, BMedSci (Hons), MMedSci PHD, MJDF RCSEng, PGCE, FDS (OM) RCPS(Glasg); John Marley, BSc BDS, PhD, FDS (OS)RCS Eng, FFDRCSI.

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VERIFIABLE CPD QUESTIONS

AIMS AND OBJECTIVES:

- To discuss the signs and symptoms associated with a peripheral odontogenic fibroma
- To inform readers of the management of lesions such as a peripheral odontogenic fibroma
- To inform readers of other potential differential diagnoses for similar intraoral presentations.

LEARNING OUTCOMES:

- Readers will be able to gain an accurate history associated with such intraoral lesions
- Readers will be able to make a differential diagnosis for similar intraoral swellings.
- Readers will be able to inform their patients better of potential diagnoses and the future management of such intraoral swellings.

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CASE FILES

Aubrey Craig describes a case where a dentist's failure to prescribe an antibiotic after an extraction led to 'serious complications' and resulted in the patient's prolonged recovery and loss of earnings

AUBREY CRAIG

Mr D is a 48-year-old self-employed lorry driver. He attends the dental surgery complaining of severe pain in his lower right jaw.

The dentist, Ms J, examines the patient and notes a large restoration in LR5 and that the tooth is tender to percussion. A periapical radiograph a reveals an extensive periapical abscess. Ms J discusses treatment options with the patient and Mr D opts to have the tooth extracted. The tooth is removed uneventfully with haemostasis achieved and the patient sent home with instructions on routine post-operative care.

Three days later the patient returns to the surgery for an emergency appointment having already been to see his GP. He is suffering submandibular swelling with trismus and difficulty swallowing and breathing.

Ms J checks that the patient has not already been prescribed antibiotics and then urgently refers him to the local A&E. He is admitted to hospital to have the area incised/curetted and is treated with IV antibiotics. The infection is slow to clear and Mr D is out of work for three weeks.

Two months later the dental surgery receives a letter of complaint from Mr D claiming that Ms J's failure to prescribe an antibiotic after his extraction led to "serious complications" resulting in his prolonged recovery and loss of earnings. He demands compensation.

Analysis and outcome

Ms J contacts MDDUS and a dental adviser provides assistance in drafting a reply to the complaint.

First, the dentist expresses regret at the suffering and inconvenience experienced by Mr D, and then she explains the accepted protocol she has followed regarding prescribing antibiotics – which are considered appropriate for oral infections where there is evidence of spreading infection (cellulitis, lymph node involvement or swelling) or systemic involvement (fever, malaise).

Mr D is advised that the prophylactic antibiotics are not routinely prescribed after extractions and this protocol is based on well-accepted clinical guidelines.

She further states that nothing in Mr D's clinical presentation suggested that his symptoms would not resolve with extraction of the tooth and the (relatively) rare complication suffered by the patient could not be attributed to any negligence in her part.

The letter concludes with advice on contacting the health ombudsman if the patient feels the complaint has not been resolved to his satisfaction.

Nothing more is heard from Mr L on the matter and he remains a patient at the practice.

Key points

Ensure guidelines are followed when prescribing antibiotics but be amenable to amend guidelines for each patient and justify your actions.

Be vigilant for any signs of spreading infection when treating dental abscesses.

ABOUT THE AUTHOR
Aubrey Craig is head of dental division at MDDUS.
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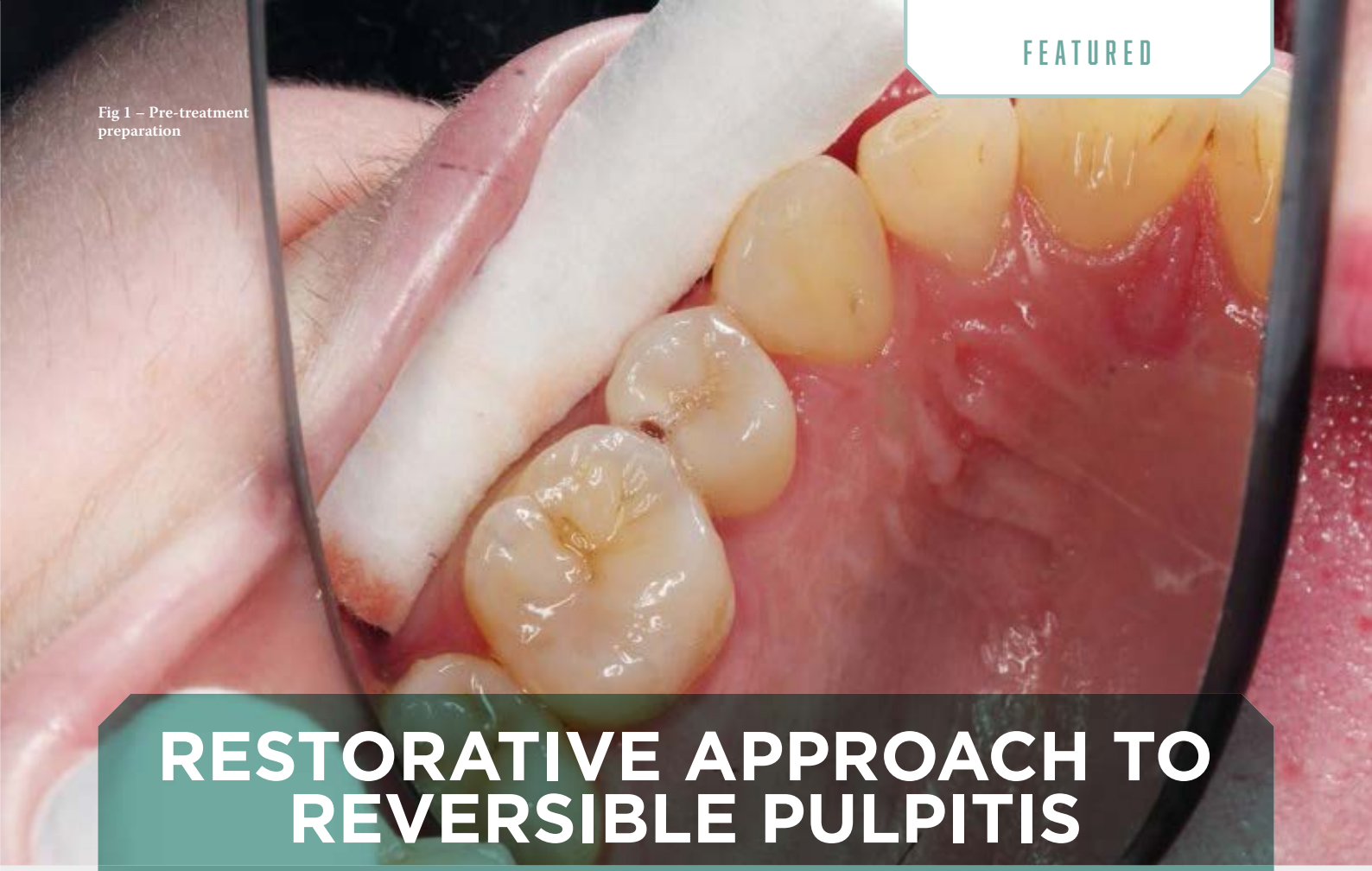

Fig 1 – Pre-treatment preparation

RESTORATIVE APPROACH TO REVERSIBLE PULPITIS

A RESTORATIVE CASE DETAILING THE COMPROMISED TREATMENT DELIVERY IN AN EMERGENCY PATIENT

STEPHEN DENNY

A female patient in her early 30s presented to the practice as an emergency with symptoms of reversible pulpitis. She had been suffering from bursts of short and sharp pain triggered by thermal stimuli, which the patient said had peaked in the 48 hours or so prior to attending the practice. The hypersensitivity was particularly noticeable after hot food and drinks.

Alongside this, the patient reported having felt something break a couple of days previously, though was unable to provide any further clarification or pinpoint the exact area of breakage. Her medical history showed an allergy to latex as well as metronidazole. She was using a Ventolin inhaler for mild asthma as required.

EXAMINATION AND DIAGNOSIS

An intraoral examination revealed a large disto-occlusal carious lesion in the UL4 which, upon further investigation, tested positive to ethyl chloride. It must be noted that this was exaggerated when compared to both the UL3 and UL5. Radiographs confirmed the presence of the carious lesion and revealed that it was positioned in close proximity to the pulp. Other than that, the tooth

was negative to percussion and had no significant periodontal defects. A diagnosis of reversible pulpitis was made.

TREATMENT OPTIONS AND PLAN

Given the nature of the diagnosis, a number of treatment options were discussed, with information provided on the advantages and disadvantages of each. The treatment options provided were as follows:

1) Exploration and temporisation with a sedative dressing.

2) If a carious exposure was present, then an emergency access for root canal treatment or a direct pulp cap if minimal carious exposure would be initiated.

3) Definitive restoration with either amalgam or composite if the carious lesion in UL4 remained unexposed. The patient was warned that this treatment pathway could lead to the tooth becoming non-vital long term, which would require further root canal treatment.

However, as the patient was due to go travelling for an extended period very soon after this appointment, she elected to move straight to the definitive restoration, and was accepting of the risks that a loss of vitality would pose. Again, the patient was presented with a choice of either an indirect composite inlay or direct composite, though it was recommended that she proceed with the inlay due to its improved natural appearance, polishability, and reduced issues surrounding polymerisation shrinkage and possible post-operative sensitivity.

An informed decision was made

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by the patient to move ahead with the indirect composite inlay.

TREATMENT PROCESS

Following local anaesthesia, a latex-free rubber dam was carefully placed with a retraction cord and polytetrafluoroethylene (PTFE) tape to ensure accurate exposure of the distal margin. Caries was then excavated, and though no direct exposure was found, the lesion was very close to the pulp as the pre-treatment radiographs on UL4 had indicated.

For optimal results, a resin-modified calcium silicate liner was placed to act as a protective base, before scanning the tooth with a Sirona CEREC Bluecam to take digital impressions for the BRILLIANT Crios – a reinforced composite bloc made by Coltene that combines all the advantages of an innovative submicron hybrid material with those of a CAD/CAM fabrication process. A high translucent shade of A2 was chosen to match the aesthetics of the patient's surrounding teeth, which was sent to the in-house milling machine to be milled.

At this stage, shades and tints can be added to the restoration for even better aesthetics; however, given the emergency nature of this appointment this was not carried out.

The inlay was cemented using DUOCEM Adhesive and ONE COAT 7 UNIVERSAL, also by Coltene, completed by the application of a liquid strip to ensure complete polymerisation of the margins. Alternatively, in cases where inlays are under 2mm in thickness, Coltene's BRILLIANT EverGlow composite can be used as the bonding material allowing excellent aesthetics. To finish, the restoration was polished using the DIATECH ShapeGuard Polishing Kit followed by a final check of the patient's occlusion.

OUTCOME AND CRITICAL APPRAISAL

Two years on, the patient recently presented to the practice for her latest check-up. As part of this check-up, a close inspection of the restoration was carried out. The appointment was very positive, showing well-sealed margins and no sign of secondary caries progression. Best of all, UL4 is still displaying normal signs of vitality and the patient is very happy with the overall appearance of the tooth. I too am very happy with the result of this case, though at the time I was concerned about whether the tooth would maintain vitality. So, while the restoration would not have been my first choice due to the risks involved, I am pleased to see that the results have been successful.

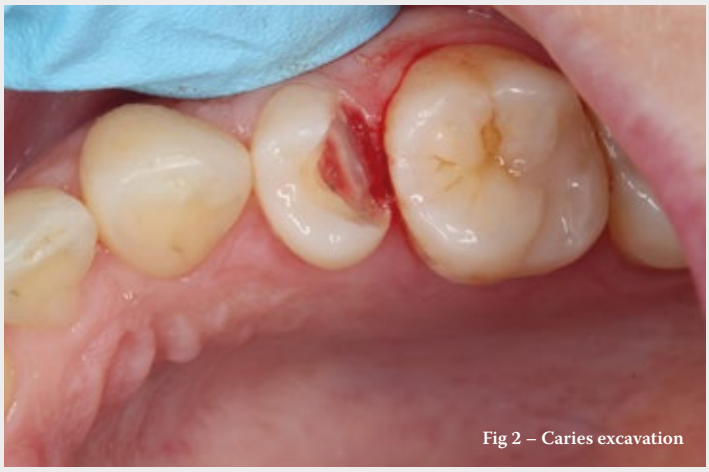

Fig 2 – Caries excavation

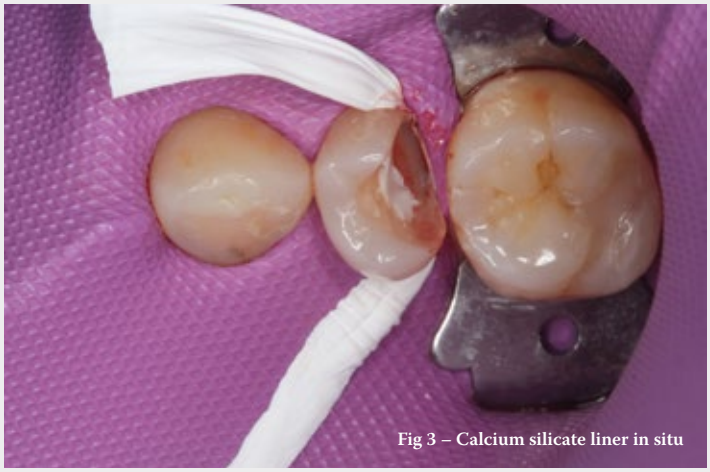

Fig 3 – Calcium silicate liner in situ

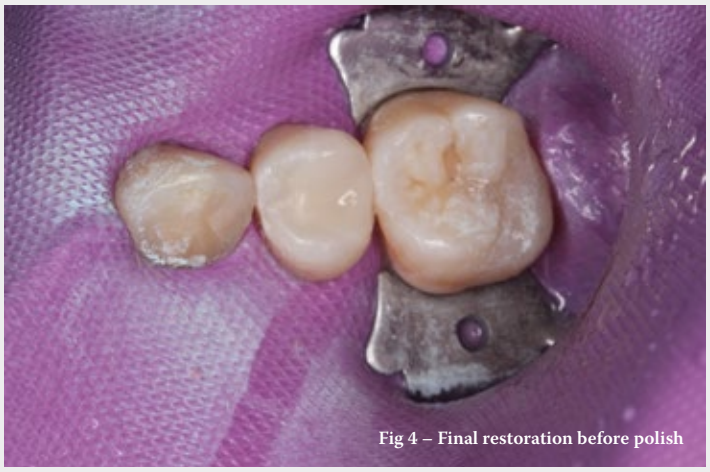

Fig 4 – Final restoration before polish

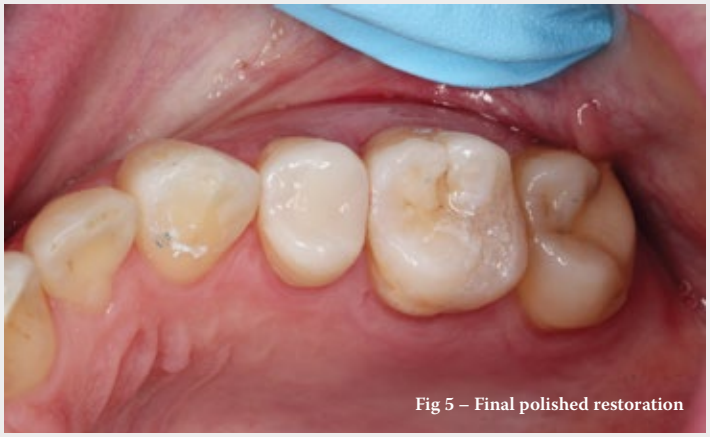

Fig 5 – Final polished restoration

ABOUT THE AUTHOR

Dr Stephen Denny, BChD (merit) MJDF (RCSEng) FAIDFE, is a general dental practitioner at Honesty Dental Care in West Yorkshire.

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HYBRID CERAMICS FOR CHAIRSIDE RESTORATIONS

RESTORATIVE

Initial experience with SHOFU Block HC, a CAD/CAM material for chairside restorations providing efficient fabrication of single-tooth restorations in one appointment

ILA DAVARPANAH

The last 30 years have seen tremendous advances in CAD/CAM dental restorations, making this technology increasingly popular in daily practice. Above all, improvements in intraoral cameras, leading to powder-free scans, true-colour displays, and smaller camera heads, have substantially simplified the clinical handling of CAD/CAM systems.

The latest software solutions allow dental professionals not only to operate these systems intuitively after a relatively short learning curve, but also to use largely automatic restoration designs [1]. All these aspects have made chairside restorations more efficient in terms of data collection and design procedures. Further innovations have been achieved in the field of CAD/CAM restorative materials. Two directions of development can be observed here.

One approach has been to develop new high-strength ceramics minimising the risk of material-related restoration failure. Both high-strength glass ceramics (lithium disilicate, zirconia-reinforced lithium silicate) and partially stabilised zirconia have gained acceptance. However, due to their increased strength, these materials usually need to be first milled in a pre-sintered state and then finally sintered in a separate firing process giving them their definitive strength. These processes require additional equipment (furnaces) in dental practices and make restorations more time-consuming [2].

Another approach has been to combine ceramics and polymers into a new material type known as hybrid ceramics [2,3]. This group of materials is also described as CAD/CAM high-performance polymers. The materials (e.g. SHOFU Block HC, SHOFU Dental GmbH, Ratingen, Germany; Lava Ultimate, 3M Espe, Seefeld, Germany; Cerasmart, GC, Bad Homburg, Germany) are made by embedding nano-ceramic particles in a very hard polymer matrix [4].

The industrial polymerisation process of this matrix, using both light and heat, significantly improves material properties. The mechanical properties of hybrid ceramics range between those of traditional glass ceramics and light-cured composite materials [2-4]. Their filler loads vary between approx. 60 and 80 per cent by weight, depending on the manufacturer, and their flexural strengths have been found to be 120 to 200 MPa in various studies [5,6]. Their moduli of elasticity range from 9 to 14.5 GPa, coming relatively close to the E-modulus of natural dentin (17-29 GPa) [2-7].

A special hybrid material has been developed by infiltrating a fine-structure ceramic network with an acrylate polymer mixture (Vita Enamic, Vita Zahnfabrik, Bad Säckingen, Germany). This material, which is also described as a hybrid ceramic, has

Ila Davarpanah is a dentist from Hanau in Germany

The low hardness of hybrid ceramics makes milling easier and processing times much shorter

filler loads of up to 86 per cent by weight, leading to a flexural strength of 140 MPa and a modulus of elasticity of 28 GPa[5-7].

Since the modulus of elasticity of hybrid ceramics comes closer to that of natural dentin, restorations can be expected to distribute stresses more homogeneously [2]. Besides, a "damping effect" has been postulated for hybrid ceramics, thanks to the favourable combination of a dentin-like modulus of elasticity and lower hardness [4]. Moreover, the low hardness and very good polishability of these materials clearly reduce antagonist abrasion, as compared to traditional ceramics [3,4,8,9]. And the low hardness of hybrid ceramics also makes milling easier and processing times much shorter, as compared to ceramics.

What is more, the flexibility of hybrid ceramics is considerably higher than that of traditional ceramics, reducing the risk of marginal chipping during the milling process. This is particularly beneficial when restorations with thin parts have to be made [2]. Besides, it helps to greatly reduce tool wear. Tools may need to be changed after 15-20 units when milling ceramics, whereas more than 50 restorations can be made with one set of instruments when milling hybrid ceramics [2-4]. Like glass ceramics, hybrid materials also show a chameleon effect facilitating shade matching. And the shades of hybrid-ceramic restorations can be relatively easily and quickly individualised using light-cured stains.

Hybrid ceramics are particularly suitable for chairside restorations, since they combine favourable mechanical properties with quick milling and polishing, so that processing times are short [2-4]. On the basis of the in-vitro data currently available, hybrid ceramics are recommended for use as inlay, partial crown and veneer materials. Besides, all hybrid ceramics on the market, except Lava Ultimate, are indicated for anterior and posterior crowns. At present, all hybrid ceramics require adhesive cementation, after surface conditioning by either sandblasting at reduced pressures (1-1.5 bar) or etching with hydrofluoric acid. Irrespective of the conditioning method used, a chemical primer (silane) needs to be applied [10].

Case report

This case report describes the chairside production of a posterior crown with the aid of the Cerec system (Omnicam + Cerec MC XL, Sirona Dental Systems GmbH, Bensheim, Germany), using the hybrid-ceramic material SHOFU Block HC (SHOFU Dental GmbH, Ratingen, Germany).

A 38-year-old male patient presented for restoration of tooth 46 with a crown after successful endodontic

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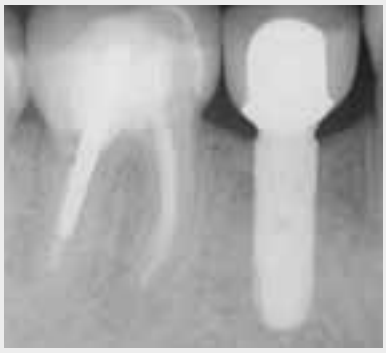

FIGURE 1 – Post-endodontic restoration with an adhesively cemented zirconia post (CeraPost, Komet Dental, Lemgo, Germany)

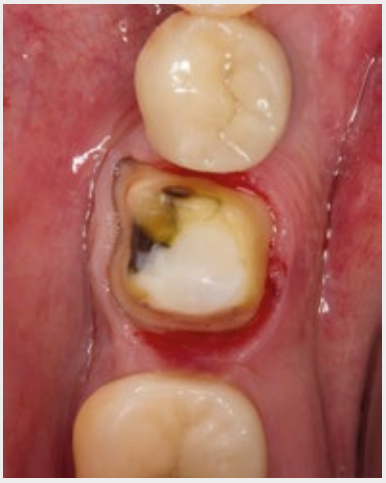

FIGURE 2a – Placement of Adstringent Retraction Paste (3M Espe, Seefeld, Germany) prior to preparation

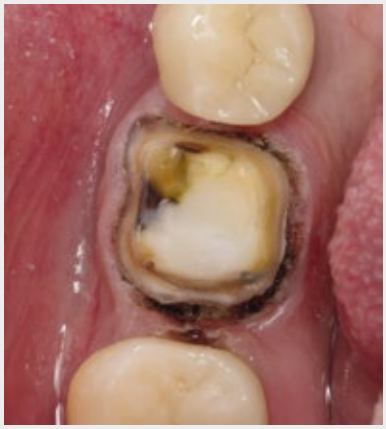

FIGURE 2b – Placement of Adstringent Retraction Paste (3M Espe, Seefeld, Germany) prior to preparation

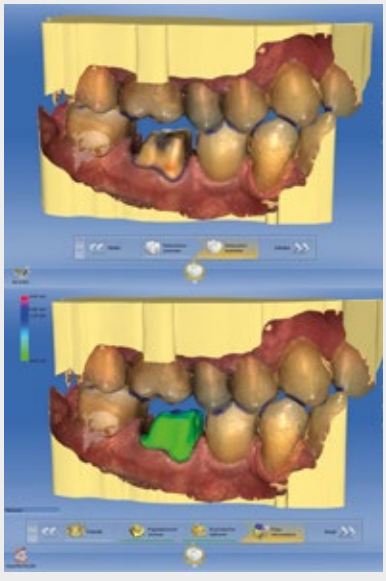

FIGURE 3 – Assignment of partial jaw scans through lateral scan and preparation analysis

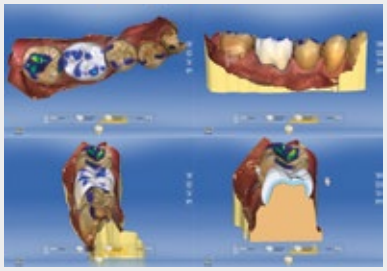

FIGURE 4 – Restoration design using the Cerec software (Version 4.4.4)

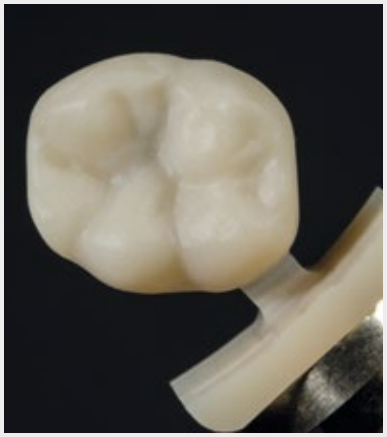

FIGURE 5 – Molar crown milled from the hybrid-ceramic material SHOFU Block HC (SHOFU Dental, Ratingen, Germany)

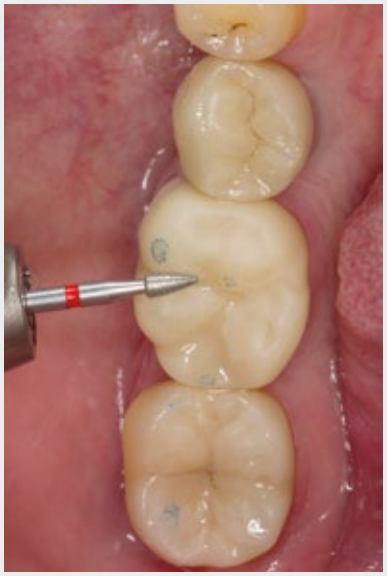

FIGURE 6 – Try-in and occlusal adjustment of the restoration

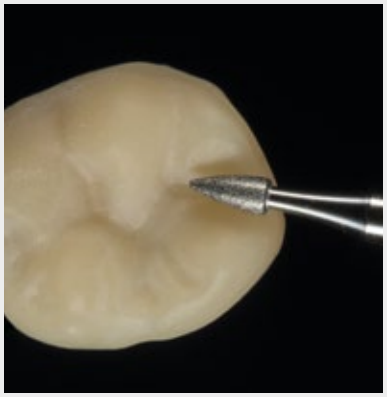

FIGURE 7 – Finishing the occlusal fissure relief with a suitable fine-grit diamond bur (8390.104.016, Komet Dental, Lemgo, Germany)

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treatment. It was decided to fabricate a monolithic crown chairside with the Cerec system. The material used was SHOFU Block HC, a hybrid ceramic which has been an option for the Cerec software since its Update 4.4.3. This restorative is available with matching cementation and polishing systems.

After post-endodontic restoration with an adhesively cemented post (CeraPost, Komet Dental, Lemgo, Germany) and an adhesive core build-up (CoreXflow, Dentsply Sirona Restoratives, Konstanz, Germany) (Fig 1), a circular chamfer was prepared (1.0 mm reduction), and the occlusal surface was reduced by 1.5 mm. The transitions between axial and occlusal surfaces were rounded, to suit this material.

For digital impression with a powder-free scanning system (Cerec Omnicam, Sirona Dental Systems GmbH, Bensheim, Germany), Adstringent Retraction Paste (3M Espe, Seefeld, Germany) was applied around the prepared tooth to temporarily displace the soft tissues and effectively control the bleeding. The paste was thoroughly rinsed off with water after being left undisturbed for three minutes, and the preparation was carefully dried (Fig 2a-b). Complete bleeding control and soft tissue displacement allowed us to intraorally scan the lower jaw. This was followed by data collection in the first quadrant and lateral scanning for assignment of the two partial jaw scans (Fig 3). After automatic assignment of the three scans to a virtual model set, the preparation margin was marked, and the insertion path of the restoration was determined.

The preparation analysis confirmed sufficient material reduction, so that we proceeded to the next step, i.e. restoration design (Fig 4). A minimum material thickness of 1 mm was specified as a restoration parameter. The occlusal milling offset was adjusted to -100 µm, and marginal reinforcement was reduced to 40 µm. For traditional ceramics, 70 µm would be recommended, in order to prevent any marginal chipping. However, since SHOFU Block HC is easier to mill and more flexible, this value could be reduced. The reduction of marginal reinforcement decreases the risk of over-contouring the restoration and the effort needed to finish and polish it after milling.

The design suggestion required only minimal corrections at the mesial and distal marginal ridges, plus corrections of the lingual and buccal cusp tip heights. Finally, the occlusal and interproximal contacts were corrected. Ideally, all contact surfaces should appear in light blue. Based on clinical experience, intraoral adjustments are minimised when using these digital design parameters.

The material used, SHOFU Block HC, is available in two sizes; each size comes in six low-translucency shades

The new group of hybrid-ceramic materials allows dentists to efficiently fabricate single-tooth restorations in a single appointment

(W2-LT, A1-LT, A2-LT, A3-LT, A3.5-LT, B3-LT), three high-translucency shades (A1-HT, A2-HT, A3-HT), and two enamel shades, OC (Occlusal) and 59 (Incisal). In this case, an A3.5-LT block was selected to match the shade of the adjacent teeth as accurately as possible.

The crown was made using a wet milling unit (Cerec MC XL), set to the 'fine' mode. It was milled in just under 10 minutes and then prepared for the first intraoral try-in (Fig 5). The only step required was to remove the holding pin from the crown with a rotary diamond bur (835.104.014, Komet Dental, Lemgo, Germany). The crown was tried in, and since no further adjustment of the interproximal contact points was needed, we directly checked the occlusal contacts. After the patient had marked the occlusal contacts by carefully biting on articulating foil, the necessary adjustments were done with a fine-grit diamond bur (8390.314.016, Komet Dental) (Fig 6).

The adjusted restoration was then finished and polished. After finishing the fissures with a suitable diamond bur (8390.105.016, Komet Dental, Lemgo, Germany) (Fig 7), 'Brownie' and 'Greenie' silicone polishers (Amalgam Polishing Kit, SHOFU Dental GmbH, Ratingen, Germany) were used at speeds of 5,000-7,000 rpm (Fig 8a-b). Finally, diamond polishing paste (Dura-Polish DIA, SHOFU Dental GmbH) was used with a brush at a maximum speed of 15,000 rpm to achieve a perfect high-gloss polish (Fig 9).

Restoration shades can be individualised with light-cured composite stains. Surfaces to be characterised are first roughened with fine-grit diamond burs and then cleaned (alcohol/steam cleaner); after applying a special primer (SHOFU HC Primer), suitable stains (LiteArt, SHOFU Dental, Ratingen, Germany) can be used for characterisation. Before cementation, SHOFU Block HC restorations should be thoroughly cleaned using ultrasonic or steam cleaners. Restorations made of hybrid ceramics always require adhesive cementation.

Conditioning can be done by sandblasting with alumina (30-50 µm) at reduced pressures (1.0-1.5 bar) or etching with hydrofluoric acid (5 per cent, for 30 seconds). Irrespective of the conditioning method used, a chemical primer (HC Primer, SHOFU Dental, Ratingen, Germany) needs to be applied (Fig 10). The product of choice for adhesive cementation of crowns is a resin cement system with a self-etch bonding agent (ResiCem, SHOFU Dental GmbH, Ratingen, Germany).

The use of a self-etch bonding agent eliminates phosphoric acid etching and subsequent rinsing. This is particularly beneficial in the case of crown preparations with equigingival or subgingival margins, where etching and rinsing may cause renewed bleeding. When using self-etch bonding agents, crown cementation can begin directly after the bonding step. And, usually, relative isolation should be sufficient for cementation. This is very important, because absolute isolation of full crown preparations with a rubber

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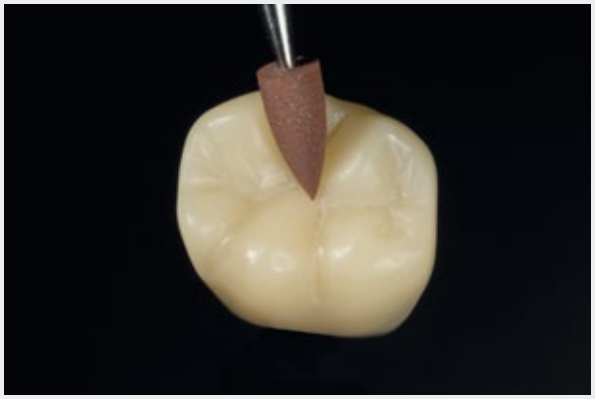

FIGURE 8a –
Polishing the restoration with 'Brownies' and 'Greenies' (Amalgam Polishing Kit, SHOFU Dental, Ratingen, Germany)

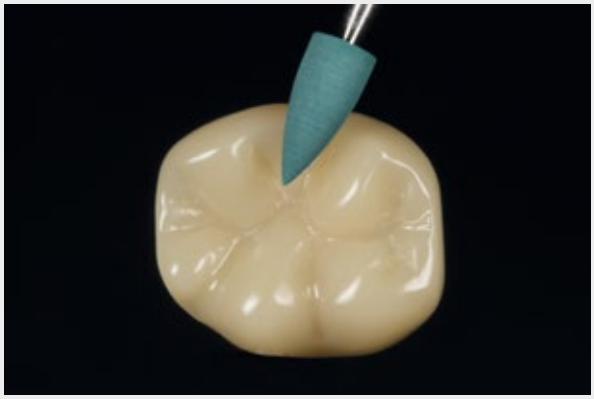

FIGURE 8b –
Polishing the restoration with 'Brownies' and 'Greenies' (Amalgam Polishing Kit, SHOFU Dental, Ratingen, Germany)

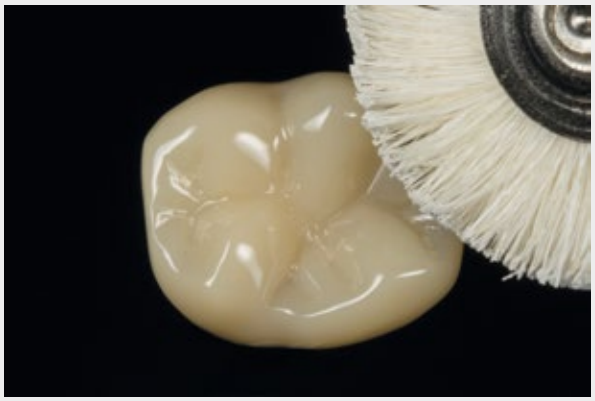

FIGURE 9 –
High-gloss polishing with diamond paste (Dura-Polish DIA, SHOFU Dental, Ratingen, Germany)

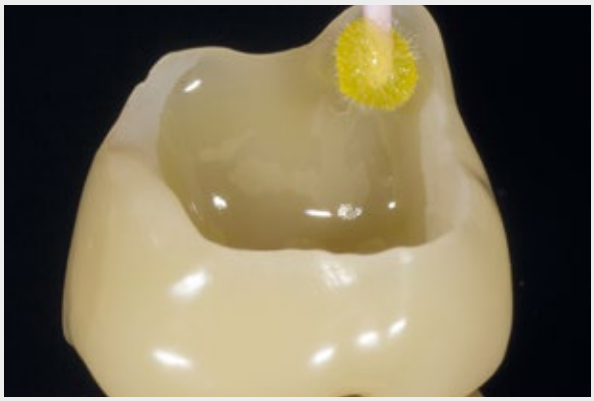

FIGURE 10 –
Surface conditioning by roughening (sandblasting/etching) and application of a special primer (HC Primer, SHOFU Dental, Ratingen, Germany)

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dam is quite difficult, as compared to partial crown and inlay preparations.

Prior to adhesive cementation with ResiCem, a retraction cord was placed to avoid pressing any excess cement into the sulcus. Then the tooth was cleaned with a fluoride-free paste and dried. The components of the self-etch bonding system (Primers A and B) were mixed at a ratio of 1:1 and applied to the prepared tooth surfaces. Finally, the dual-cure cement ResiCem was applied to the inner surface of the crown directly from the automix syringe.

The restoration was seated and checked for correct fit, and the excess cement was tack-cured from the lingual and vestibular aspects for two to three seconds. This led to a rubber-like consistency facilitating excess removal. After removing all the excess cement and checking the interproximal spaces for patency, the restoration was fully light-cured from the lingual/occlusal and vestibular aspects for 40 seconds each. If the final inspection had shown any need for further occlusal adjustments, fine-grit diamonds, 'Brownies' and 'Greenies' could have been used again for this purpose (Fig 11).

Discussion

Thanks to favourable properties, such as good millability and polishability, the new group of hybrid-ceramic materials allows dentists to efficiently fabricate single-tooth restorations in only one appointment. Additional benefits include dentin-like elasticity and low antagonist abrasion. Current in-vitro data regarding mechanical characteristics, abrasion behaviour and discoloration tendency seem to be promising. However, it should also be taken into account that there is still a lack of long-term clinical data, which would be indispensable to any further scientific assessment of this innovative material category.

So, for the time being, it will be absolutely necessary to observe the restricted indications for use given by the manufacturers, and also the recommended preparation methods and minimum material thicknesses, when using hybrid ceramics in clinical practice. Besides, the use of hybrid ceramics for single-tooth restorations can be advised only in combination with a suitable adhesive cementation system.

Credit

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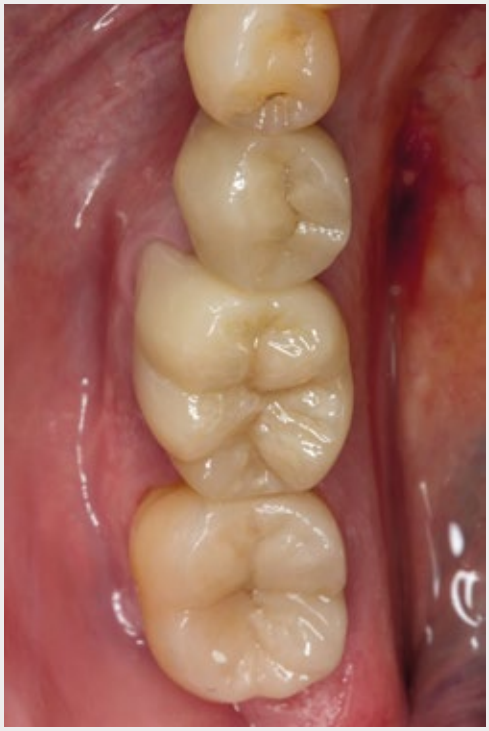

FIGURE 11 –
Crown made of the hybrid-ceramic material SHOFU Block HC (SHOFU Dental, Ratingen, Germany) after shade individualisation and adhesive cementation

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Management

PRACTICAL INFORMATION FOR PRACTICE MANAGEMENT PROFESSIONALS

ON THE PATH

BECOMING A PM IN PRACTICE – WHAT YOU NEED TO KNOW

See page 66

THE PATHWAY TO PRACTICE MANAGEMENT

SUSIE ANDERSON-SHARKEY LOOKS BACK ON HER CAREER AND GIVES ADVICE TO WOULD-BE PRACTICE MANAGERS AND THEIR PRINCIPALS

In my earlier years as a practice manager, from time to time people used to ask me how I got into the role. My personal story is that it was purely by accident – it wasn't a career that I had ever thought about and it found me rather than the other way round! That was probably a blessing because if I'd realised all the sweat, blood and tears (at times literally) it would be, I probably would have looked elsewhere for an easier life. I went into a practice one day to 'help out' on reception, and here I am, more than 25 years later, trying my best to pass on my pearls of dental wisdom to anyone who feels inclined to listen!

My first diploma was in hotel management, so I did have a management qualification when I came into the dental industry way back in 1991. I then did my dental nurse training as I was keen to learn the clinical side of dentistry as I felt it would give me a clearer understanding of the dental practice as a business, which indeed it did and has been invaluable throughout the years. I also trained as an oral health educator and worked in an orthodontic practice for a couple of years but the main focus of my working life has been on the management side of things.

There are definite advantages to coming into practice management from a business background as opposed to a nurse in the practice being promoted to practice manager just because they are the longest-running member of staff. The basic principles for running a business are the same, no matter what sector you work in, and as a qualified business manager, our skills are transferable to any other outwith the dental industry.

> "THERE ARE DEFINITE ADVANTAGES TO COMING INTO PRACTICE MANAGEMENT FROM A BUSINESS BACKGROUND"
>
> SUSIE ANDERSON-SHARKEY

Most of the practice managers I am in contact with already have a dental background (as a nurse or receptionist in the practice) or are the spouse to the principal dentist. I only know a handful of managers who have come to the role from a background in management.

By far the most common route into dental practice management is to be a dental nurse or receptionist in a practice where the position becomes vacant. I know of a practice who advertised externally for a practice manager, couldn't find anyone they considered suitable so gave the position to one of the nurses in the practice… poor soul!

There is a huge difference between nursing chairside, ordering some stock to running a dental practice. The new PM will need much guidance in the coming weeks and

months as he or she comes to grips with a whole different reality that is practice management. Practice finance, wages, business development, HR, health and safety, marketing and IT are just a few of the roles that pop into my head when I think of what we do on a daily basis. And, at times, you have to perform all those duties on the same day!

It's a great way to progress your career to gain a promotion such as this, but with it comes a whole new range of responsibilities that are hitherto unknown to most dental nurses, and they will need a lot of encouragement and reassurance when stepping up to the plate. As a principal who promotes a nurse to manager, send the nurse on as many relevant business courses as possible. These don't have to be dental-related because, as I've said previously, a qualified business manager's skills are transferable to other businesses.

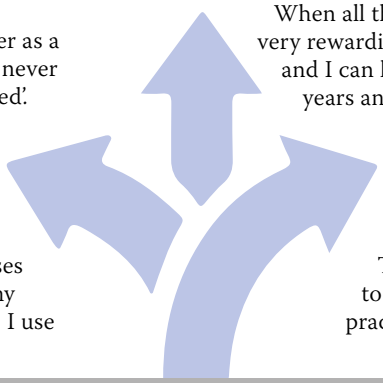
One of the most important areas of work your manager will be conducting on a day-to-day basis is that of counsellor/mentor/adviser/agony aunt or uncle and much more, to the staff he/she is leading. Have you given them to tools to carry out these tasks quietly and efficiently? Have you allowed time for them to be trained in people management/problem solving/conflict management situations? Were they able to do this as a nurse? No? Then what makes us think they will be able to carry out these tasks just because we place the tag 'practice manager' on them?

Practice managers need to be trained, coached, mentored in practice management as well as gaining the all-important day-to-day working experience. We owe it to them to invest time and finance to give them the best possible chance to be the best possible PM they can be.

Throughout my career as a practice manager, I have never taken the view 'I've arrived'. I'm always striving to be a better version of the manager I am just now. I believe in life-long learning and, to this end, I seek out courses that will be relevant to my role as practice manager. I use the internet to read, learn, keep my CPD up to date and am constantly pushing the boundaries to further my education and knowledge. I am very grateful to my principal, Stephen Jacobs, who has given me opportunities throughout the years the progress my career and expand my knowledge base.

To sum up, there is no tried and tested pathway to becoming a dental practice manager. As a manager it is vital you are constantly learning and keeping up to date with business principles. As a principal, it is vital you support your manager and provide them with the tools to perform the tasks you expect of them.

When all that is said and done, it is a very rewarding and worthwhile career and I can look back on the last 25 years and say that, if I had life to live over again, I would probably do the choosing rather than the choosing being done for me! The very best of luck to all would-be, aspiring practice managers.



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WHAT ARE YOUR OPTIONS?

MARTYN BRADSHAW RECOMMENDS EXPLORING ALL AVENUES TO GET THE BEST PRICE FOR YOUR PRACTICE WHEN YOU DECIDE TO SELL

With such a buoyant market, most dentists probably know someone interested in buying their practice. However, does selling to that one person really ensure you are getting the best price, best terms and best overall sale?

It's much better to choose from a larger number of prospective purchasers. To do so, you need to know what sort of people are seeking to buy dental practices and may be interested in your practice in particular. That can depend on your reasons for selling.

While each of my clients has different reasons, the two most common ones are dentists wanting to sell and retire immediately and those wishing to sell their practice and continue working for some years to come. Perhaps, because they are 'cashing in' while values are so high, they wish to relieve themselves of the administrative burden and concentrate on dentistry or to semi-retire.

Each scenario is likely to attract a different type of buyer. Who are the main people looking for practices?

BUYER TYPES

1. Principal owners

We sell most practices to dentists who are looking to come in and work at the practice. This generally means there needs to be space for the incoming principal, thus replacing either the outgoing principal or one of the existing associates at the practice. The benefit with this type of buyer is that they will build their livelihood on the success of the practice and generally look after the practice in a similar vein to the previous owner.

It is very rare for a principal owner purchaser to request a tie-in of the current principal, and no retentions (money held back from the sale) would be applicable.

2. Body corporates

These are the large corporates that we all know. As they are not a dentist who will be working in the practice, they can be a huge attraction for someone looking to sell and remain as a dentist. Corporates are usually keen to build up the number of practices that they own. This comes with pros and cons. The corporate may also request certain tie-ins, retentions of sale price and may put in a penalty for any personal or practice underperformance in the few years after purchase. All of this can be costly and should be compared with a 'clean break' offer without such clauses.

3. Clusters/groups

These are becoming more popular. A dentist in a certain area will purchase five to 20 practices and run them like a small corporate. As they are keen to get practices within a certain area, my experience is that the tie-ins and retentions of the body corporates are not required – newly purchased practices are supported by others in the group.

HOW TO GET THE BEST DEAL

Typically, most people use a dental practice sales agent who will have easy access to the body corporates and a significant database of dentists who are looking for dental practices to purchase. A good dental sales agent will invest a lot of time speaking with potential buyers, which means that as soon as you take the plunge and put your practice on the market, they should be able to identify and contact people who will be interested in your practice.

As a vendor, you will be encouraged to see as many potential purchasers as possible, as each will have slightly different offerings. With a number of offers, you will move to a 'best and final offers' position, whereby offers are often generally above the asking price. One important aspect to consider is that selling your dental practice is not like selling a house, in that you have staff, patients and the business, all of which you have a relationship with. Most, if not all of our clients, want to ensure that they have a purchaser who they feel will make a success of the practice – to ensure the staff and patients are looked after post-sale.

Although it is possible to go it alone, in my experience this is a false economy as you will be unlikely to benefit from the widest number of potential buyers and offers. An experienced agent can also guide you on certain points for your specific requirements, saving you significant tax or problems later on during the process.

ABOUT THE AUTHOR

Martyn Bradshaw is a director of PFM Dental, which offers a number of services including dental practice valuations, accountancy, finance negotiations, finance projections and independent financial advice. It has offices in Edinburgh and York. Go to pfmdental.co.uk for more information.

(L-R) Jane Clyne, Louise Grant and Eleanor Ferguson

FROM SELF-EMPLOYED TO BUSINESS OWNERS

MAKING THE TRANSITION FROM ASSOCIATE DENTIST TO PRACTICE PRINCIPAL CAN BE A DAUNTING ONE. THAT'S WHY IT HELPS TO HAVE EXPERT ADVICE TO SMOOTH THE WAY

For many self-employed dentists, buying their own dental practice is a dream, the ultimate career goal. However, it is also a journey riddled with pitfalls, risk and uncertainty.

For dentists and University of Dundee graduates Jane Clyne and Eleanor Ferguson, the onset of a new year marks the start of their second full year owning Broughty Ferry Dental Care in Dundee, having bought the business in August 2016.

In that time, the practice has expanded, with two additional dentists appointed and staff numbers increasing from 13 to 18. Jane and Eleanor are also currently building another surgery within the practice.

Of course, behind any successful business is a supportive team of financial and business advisors.

Already trusting EQ Chartered Accountants in Dundee with her tax affairs, Jane, previously an associate with the practice, was keen to explore the feasibility of buying the premises with her friend Eleanor, an associate with another practice in Angus.

Keen to get the ball rolling, the pair began talks with EQ partner and head of the healthcare team Louise Grant. With the company's portfolio of dental clients doubling in the past 12 months, the team has secured more than £3.2 million of finance for dental practices, allowing new dental associates to realise their dreams of owning their own practice.

> "EQ REALLY UNDERSTAND THE MINUTIAE OF THE SECTOR WE OPERATE IN, WHICH CAN BE VERY COMPLICATED AND CHALLENGING"

Louise went on to work with Jane and Eleanor on the valuation, funding application and subsequent purchase of the business, as well as all operational matters once the purchase was made.

Jane said: "Making the transition from a self-employed dentist to a business owner is a huge step. However, EQ really understand the minutiae of the sector we operate in, which can be very complicated and challenging. EQ's wealth of experience in dental circles allowed us to visualise our dream more clearly, to see that it was possible. They supported us throughout, from the early planning stages through to having the business valued and all aspects of the purchase.

"We didn't expect the level of assistance which we received, particularly when it came to putting us in touch with solicitors, banks and financial advisors who also understood the dental sector, giving us a variety of options and advice along the way on everything from pensions to employee contracts.

"On a day-to-day level, they also trained our team on the implementation of new, in-house accountancy software which allows us to stay on top of our complex financials as we move forwards. We now consider EQ, and especially Louise Grant, a key part of the team."

Louise said: "I applaud Jane and Eleanor for making the move from self-employed dentists to business owners. It's a huge commitment both professionally and personally and I am delighted to be supporting them on their journey."

MORE INFORMATION

For more information on how EQ Healthcare can turn your dreams into reality, contact our Healthcare specialists via healthcare@eqaccountants.co.uk, visit www.eqaccountants.co.uk or call our offices.

For more information about Broughty Ferry Dental Care, telephone 01382 477 562.

Next steps

ARE YOU CONSIDERING THE SALE OF YOUR DENTAL PRACTICE IN 2018? IF SO, THERE ARE A FEW THINGS YOU NEED TO THINK ABOUT

PAUL GRAHAM

Are you considering the next steps in your career, sorting out your finances and thinking about your work/life balance? If you're a dental practice owner, the New Year is when buyers start seriously scoping out opportunities so, whatever type of practice you own, it is worth investigating how much your business might be worth.

The only way to guarantee that you receive the best price for your practice is by inviting parties to offer on a competitive basis. There is a growing list of buyers looking for all types of dental practices throughout Scotland, and demand is outstripping supply in many regions. On average, Christie & Co gets 10 qualified viewers for every practice marketed, and in the last year we sold or valued in excess of £90 million worth of practices. One significant transaction at the end of 2017 included the sale of Avsan Holdings to Bupa Dental Care.

Established more than 30 years ago, Avsan is made up of 16 practices (nine in Scotland and seven in England).

We were approached by Avron Smith of Avsan to value the group, position it for sale, negotiate terms and project-manage the transaction, working with his management team. Having acquired Oasis Dental Care in February and with money to invest, Bupa was a natural choice of buyer.

The deal demonstrates the appetite in the market for well-run, profitable small and mid-sized groups. The acquisition will particularly strengthen Bupa's portfolio in Scotland.

Avron Smith, Avsan founder and owner, said of the deal: "It's been a privilege and joy growing Avsan over the past 30 years. With a great management team and a fantastic group of clinicians and support teams, we have created a dynamic dental group committed to cutting edge dentistry and the highest standards of patient care, and I know that in the Avsan group of practices joining Bupa, our loyal patients across the UK will continue to benefit from quality oral healthcare for years to come."

The dental market in Scotland continues to perform well, and we expect momentum to continue throughout 2018. If you would like to talk about your options or want to understand the current market, get in touch for free and confidential advice.

MORE INFO

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

Monitor and maximise practice performance

THE ADVENT OF CLOUD ACCOUNTING MEANS THAT KEEPING TRACK OF YOUR PRACTICE'S FINANCIAL PERFORMANCE IS EASIER THAN EVER

MAIRI MACIVER

Many practice owners have already made the conversion of their manual or desktop accounting records to cloud-based accounting software, and are now starting to reap the efficiencies and benefits of real-time financial information at their fingertips.

Gone are the days of delivering the practice year-end books and records to the accountant to prepare the accounts as cloud accounting enables a collaborative 24/7 approach with the accountant. From the year-end accounts, you will of course know the overall net profit of the practice, but you will not be receiving an explanation and understanding as to the real underlying performance of the practice.

With the significant reporting and tracking capabilities of a cloud-based accounting software that links in with the practice's own practice management software, it allows for the setting up of key financial performance indicators that can quickly and easily highlight where the practice could become more efficient. It can also help identify key areas for development and change, which once addressed can result in an improved overall bottom line profit for the practice.

By tailoring the practice's cloud accounting software to allocate and categorise each transaction into meaningful monthly financial reports which can then be used to help make ongoing informed decisions within the practice. For example, tracking income per hour per dentist, material and lab fees ratio to monitor waste or overstocking and if you have associates, it can also help the practice principal understand what overall profit contribution the associates are making to the general overheads of the practice.

It is clear that performance monitoring is a vital component to a practice's success and embedding these within the practice's financial routine by using cloud accounting to its full capabilities is key.

ABOUT THE AUTHOR
Mairi MacIver is an accounting services senior manager at Anderson Anderson & Brown LLP, one of the UK's leading independent firms of chartered accountants and business advisors.

Buying and selling dental practices

THE MARKET FOR PRACTICES IN SCOTLAND IS INCREDIBLY STRONG, AND HAS BEEN FOR SOME YEARS – BUT WHAT DOES THE FUTURE HOLD?

MICHAEL ROYDEN

Of course no-one has a crystal ball, but all the signs suggest that the coming year is going to see just as much activity, and demand for practices according to the dental team from Thorntons Law.

There are a number of reasons for this. The key is demand from purchasers, with a large group of potential buyers keen to get in on the action. These range from associates looking to buy their first practice, to the large corporates who see real value in Scottish practices, with the Scottish NHS system being a real attraction compared to the challenges of the NHS contract down south. The competition for practices has led to further strengthening of goodwill values.

This has in turn been the impetus for some practice owners to sell now rather than risk waiting until a point in the future when the market may not be as favourable to a seller. They may sell and retire at the same time, or in some cases sell but stay on as an associate for a period of time, which is helpful to some buyers.

So what does the future hold? However much we would like to, we can't predict the future. The Thorntons dental team have, however, experienced an incredibly busy year, acting in practice sales and acquisitions with an aggregate value in excess of £25 million.

The end of 2017 suggests that 2018 will be just as busy, with a number of practice deals being agreed for completion in spring, and another group of clients beginning the marketing of their practice now.

Whatever the next year will bring, the dental team at Thorntons is looking forward to another year of intense activity.

MORE INFO
Michael Royden is a Partner in the Thorntons Law Dental Team. He can be contacted on 01382 346222 or mroyden@thorntons-law.co.uk

Take the taxing out of tax

TAX LOAN SPECIALISTS BRAEMAR FINANCE ALLOW DENTAL PROFESSIONALS TO TAKE CONTROL OF THEIR FINANCES

With tax bills about to arrive, there are finance options available to both individuals and businesses to help to spread the cost of any tax liability. And never has this been more important because, following amendments to the pension rules, tax payments could be on the rise for independent practitioners.

Changes in the pension savings annual allowance rules mean some people could see an extra £20,000 added to their tax bill – the message is that consultants and other professionals need to prepare early and expect higher tax payments.

Tax loan specialists, Braemar Finance, have an established product that allows professionals and business owners to take control of their cash flow through manageable monthly payments.

"Our non-secured tax loans give you the option of spreading the cost of your tax demand into more affordable monthly payments," explained Aileen Boyle, managing director, Braemar Finance.

"We have found that this time of year can be incredibly stressful for business owners because no-one enjoys the thought of having to deal with the impact that paying out a lump sum to HMRC has on a firm's cashflow.

"Because we understand our clients' concerns, the Braemar Finance tax loan was designed to help business owners avoid any HMRC penalties and daily interest charges for late submission.

"We fund personal, business, corporation, capital gains and cross-over tax demands and will consider consolidation of existing agreements. With flexible repayment terms and fixed monthly payments, the payment can be made directly to HMRC or your bank account by electronic faster payment.

"The application process is very simple – tell us the amount of your tax bill and the term you would prefer. We will tailor the tax loan to suit your circumstances with fixed payments over the agreed repayment period."

BENEFITS OF A TAX LOAN

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Monday morning problems that can ruin your day

BEING DISORGANISED AND UNFAMILIAR WITH DETAILS OF PARTNERSHIPS, LEASES AND AGREEMENTS CAN BE A COSTLY MISTAKE

MICHAEL DEWAR

The following are examples of the phone calls I typically receive two or three times a year, typically on a Monday morning:

"I retired three years ago but my name was left on the lease."

"I thought I just had to hand in the keys and the lease would end but now my landlord has sent me another invoice for rent."

"Quite out of the blue the landlord has sent us a repairs notice."

All too often, dentists – and many other professionals – neglect the detail of their partnership agreement and leases. It's entirely understandable, as contracts such as leases can run for many years and, frequently, the dentist in the practice who negotiated the lease terms at the outset may have left the practice altogether.

The penalties, though, for practices that are not well organised or familiar with, in particular, their lease obligations are high:

- If a partner's name has not been removed from the partnership agreement, s/he may remain liable for the partnership's liabilities even after they have resigned – including liability to a landlord under a lease
- If no-one sends a notice to end the lease, then the lease may automatically stay in force for a further year
- An unanticipated landlord repair notice could involve many tens of thousands of pounds of unforeseen repair costs.

The key to unpleasant surprises is, of course, to be organised – by entering critical lease dates into a practice diary, by periodically reviewing the partnership agreement and by budgeting for future repair liabilities.

My firm has developed its own web software reminder service and allows our dental practice clients to prepare some of their more routine documents by themselves – but equally, a paper diary, a pen and discipline to carry out a frequent audit can work just as well!

MORE INFO
Michael Dewar is a partner at CCW Business Lawyers Limited. Contact Michael on 0845 22 33 001 or visit www.ccwlegal.co.uk

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- Planning and explaining treatment
- Breaking bad news / handling complaints
- Medical history and managing emergencies

The course will also include session covering communications, ethics and the law.

The course concludes with an afternoon of mock OSCE exams to give you the opportunity to practice your OSCE skills under exam conditions, and receive feedback from the examiners on your performance.

MFDS Part 2 Preparation course dates

9-10 March 2018
Manchester

17-18 April 2018
Glasgow

2018 MFDS Part 2 exam dates

Exam date: 15-16 May 2018
Closing date: 16 February 2018

Exam date: 22-23 November 2018
Closing date: 07 September 2018

Glasgow and Manchester

* Affiliate membership is £30 and offers a range of resources and opportunities to support you through training, including access to the Dental Update app, scholarship and awards funding, and discounted rates on courses and conferences.

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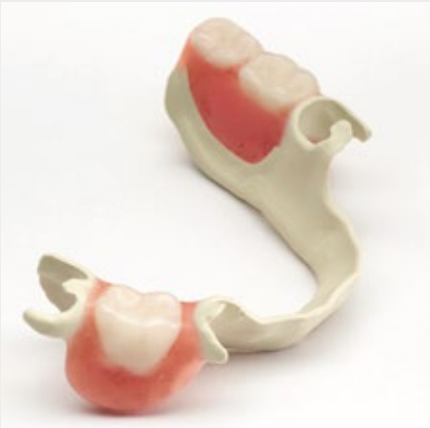
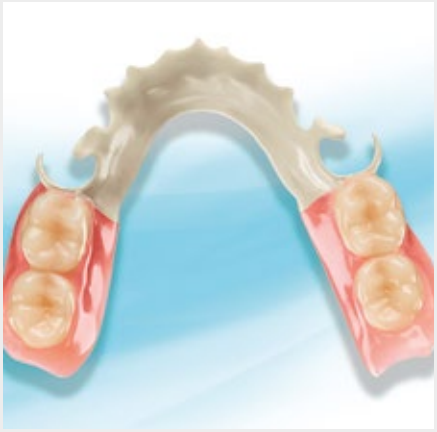
Scottish_Dental_MFDS (12/17)

LECA PEEKS INTO THE FUTURE...

GLASGOW LABORATORY INTRODUCES NEW PEEK HIGH PERFORMANCE POLYMER FOR REMOVABLE PARTIAL DENTURES





It's hard to believe that through all the advances in digital dentistry in recent years, not much has actually changed with removable partial dentures (RPDs) – until now that is.

Biocompatible dentures bring an exciting new material that is set to revolutionise the way that labs and dentists service their patients, and it is fast making its mark in the industry.

With consumer demand for affordable, yet biocompatible, aesthetic restorative solutions at an all-time high and patients becoming more and more aware of the effects of metal, Leca Dental is delighted to be driving forward the industry by manufacturing high-performance PEEK (polyether ether ketone) polymer partial dentures.

Scottish Dental caught up with Martin Leca, director at Leca Dental, to talk about this latest innovation and to find out how Leca Dental is using this to further enhance the patient experience.

CAN YOU TELL US A BIT ABOUT WHAT MAKES PEEK PARTIAL DENTURES SO DIFFERENT FROM THE MORE TRADITIONAL RPD'S?

The most obvious thing is that these products provide an aesthetically pleasing, biocompatible alternative to metal, while reducing the risk of potentially uncomfortable dentures. Once an RPD is designed and fitted with PEEK, adjustments should not be necessary, and one main selling point is of course that patients will never need to complain about the taste of metal ever again.

The results that we are experiencing here so far have shown that these dentures fit precisely, feel light and natural in the mouth and need minimal, if no adjustments at all.

HOW HAS THE DEMAND FOR THIS PRODUCT CHANGED OVER THE LAST 12 MONTHS?

We are certainly seeing a rapid rise in the number of requests for this material. Increasingly, we are being asked to take full advantage of our digital capabilities to meet rising demands for metal-free prosthetics. We have now manufactured a number of cases with biocompatible frames.

These frames are digitally designed via our CAD/ CAM software and then sent for milling which obviously improves on the lead time and cuts down on errors. This system is very predictable and so far we have had a 100 per cent fit-first-time rate. The feedback from both dentists and patients is that this is a really great product and they are delighted with the results.

HOW DO YOU THINK THE MARKET IS RESPONDING?

The popularity of the product is rising all the time and we believe that within the next 12 months there will be an even higher demand for these biocompatible frames. Patients care a lot about appearance and aesthetics, and these frames appeal as they have no visible metal, no metallic taste and actually have similar properties to natural bone, so are incredibly comfortable. Dental labs will have to invest in the milling technologies to stay competitive, as maximising digital workflow efficiency will be key to supplying these products.

HOW WILL PEEK HELP YOUR DENTAL LAB SUCCEED IN THE FUTURE?

At Leca we are currently investing heavily with this product, as it is becoming increasingly obvious through demands from our dentists that patients are enjoying the benefits. Our aim is to extend our existing offer by providing the full range of products and services available with this material and we look forward to keeping you updated with future developments.

MORE INFO

To find out more about Leca Dental Laboratory, visit www.lecadental.com

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WELCOME TO THE FUTURE

NEW PERTH DENTAL LABORATORY INVITES DENTISTS AND THEIR PATIENTS TO DISCOVER THE TRUE POWER OF A GREAT SMILE AT ITS STATE-OF-THE-ART PREMISES

SK Dental Design Studio Ltd in Perth is a modern and progressive dental laboratory that takes a great deal of pride in being able to give people back their smiles.

Led by Mike Stalker and Natalie King, who have been friends and colleagues for nearly 20 years, the laboratory combines fresh ideas, new technologies allied to years of professional experience.

Mike and Natalie have nearly 50 years' of experience in the dental industry between them, Mike having qualified as a dental technician in 1993 and Natalie as a dental nurse in 1999. Their newly-opened dental lab is a joint venture bringing together their shared vision of quality, service and professionalism.

Natalie started her career as a trainee dental nurse straight from school at the young age of 16, studying at Dundee Dental Hospital where she qualified in May 1999. Once qualified, she went on to work for the community dental health service where she gained vast experience working with young, elderly and disabled patients.

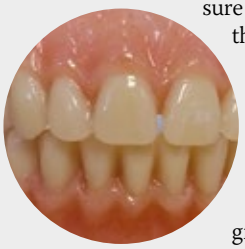
During her time with the NHS, Natalie qualified as a dental nurse radiographer, and her position grew from chairside to taking oral radiographs to support the dentists in the diagnosis and treatment planning by providing good diagnostic radiographs when prescribed.

Natalie then joined a busy dental lab and used her skills in a different direction. This is where Natalie met Mike. Natalie's role with communications and administration saw her and Mike's technical role become a strong working relationship. Her ability to communicate effectively with clients and patients meant that more time could be spent on producing quality dental appliances. Natalie soon realised that dentistry was an ever-expanding sector and she focused on patients' needs and wellbeing.

Mike qualified from Edinburgh's Telford College in 1993. He worked in a local lab in Perth until 1998 when he set off for Vancouver, Canada. Mike worked with a variety of excellent technicians learning new technologies and materials that have served him well over the following years and gave him valuable experience. It was in Vancouver that Mike took the first steps into the world of dental implants, notably Nobel Biocare systems. On his return to Scotland in 2001 he was asked to return to the original lab in Perth and he worked his way up to general manager.

In July 2017, Natalie and Mike left their positions in order to come together and set up their own dental lab studio in the heart of Perth, bringing together their collective experiences and focusing all their energy in making SK Dental Design Studio the future lab of Perth.

Mike said: "We are open-minded with techniques and methods and always on the lookout for new materials. We are determined to invest heavily to achieve a smooth professional digital workflow."



And Natalie said: "I'm passionate about client and patient contact. My job is to make sure everything runs smoothly from the moment the patient or job enters the studio until the job is complete and the patient is over the moon. I will be there every step of the way ensuring the perfect smile is achieved."

The new lab features a large ground-floor space, including a bespoke consultation room. Natalie said: "Having the consultation room gives our clients a relaxed space to have a chat and provide all the information we need to give them a natural happy smile.

"Patient care and services is our priority we have great plans for our consultation room and large downstairs space. Our future aim is to work closely with specialists to offer facial aesthetics wrinkle treatments, lip fillers, derma fillers, facial peels and all beauty treatments to coincide with the beautiful smile we will provide our clients."

Mike continued: "Wellbeing is also at our forefront and our future plans are to help patients feel better with a range of therapies. We hope to bring on board a focused professional to provide the highest standard of treatments and therapies to ensure sustainable results. We share a common vision and holistic approach to health and wellbeing and strive to deliver this with a smile."

MORE INFORMATION

Mike has specialised in private prosthetics for a number of years. He is also a Straumann platinum-approved technician and it is his mission to supply the best job possible for every single patient.

SK dentaldesignstudio

SK Dental Design Studio Ltd is a brand new dental lab combining fresh ideas, new technologies with lots of industry experience.

Directors, Mike Stalker (technical) and Natalie King (communications) are both Perth locals. With a combined experience of over 48 years in the dental industry and having been friends and worked together for the past 17 years we bring a strong working partnership with the same vision of quality, service and professionalism.

Our aim is to share our qualities and knowledge with our dental partners and teams around the country.

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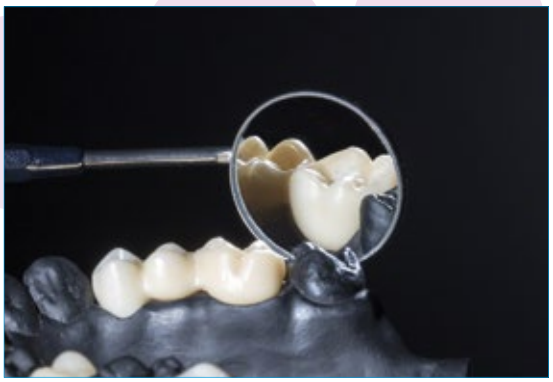

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REP PROFILES – KULZER DENTAL

DONNA MORRISON HAS REJOINED THE COMPANY WHERE SHE STARTED HER DENTAL SALES CAREER, JOINING SUZANNE CASEY AT KULZER DENTAL

Kulzer Dental has welcomed the return of Donna Morrison to the company, increasing the company's service level in the Scottish and Northern Irish markets. Donna joins existing technical sales representative Suzanne Casey, who has worked with the company for 10 years.

Scottish Dental took the opportunity to speak to both Donna and Suzanne about working for one of the leading dental supply companies in the world.

HOW DID YOU GET INTO DENTISTRY IN THE FIRST PLACE?

Donna – I started as a dental nurse in 1988 after leaving school. It was meant to be a stop gap as I had applied to college to train to work with patients with special needs. However, when the acceptance came through I realised I really enjoyed dentistry, and I worked with a fabulous dentist – Laura Milby, who was then an associate in Kilsyth. I nursed for 15 years in three different practices the last I was there for nine years and returned as practice manager.

Suzanne – I have worked in the dental industry for my whole working life, since leaving school in 1995. I initially started as a trainee dental nurse with Tom Lamont in East Kilbride, and this is where I learned my trade. I attended Langside College in the evenings and qualified as a dental nurse in 1997.

WHAT PROMPTED THE MOVE FROM DENTAL NURSING INTO SALES?

D – I had moved practice and had worked with the same principal for nine years. He was fantastic and his work was exceptional. But when he started talking about retirement I started thinking about my future. At the time I discussed this with Tom Clark, who was our Claudius Ash rep, and he said: "You could do this."

> "NOW I'M BACK WHERE I STARTED. I HAVE GONE FULL CIRCLE"

I laughed, but the more I thought about it I thought: I've got product knowledge and I'm prone to a blether. He mentioned the following week that Hereaus Kulzer were looking for someone and the rest is history. I worked there for four years. I returned briefly to practice as a manager before returning to the trade on the dealer side. And now I'm back where I started. I've gone full circle, but David Miller (Kulzer's managing director) and Neil Heyes (sales manager) have been amazing. Working alongside Suzanne will be a phenomenal opportunity and I'm sure customers will reap the benefits.

S – After 13 years working in the clinical environment between NHS, private, implant and orthodontic practice, I felt I had gained an enormous amount of dental knowledge and felt ready for another new challenge (as in this time I had also embraced motherhood)!

I noticed a position had come up with Kulzer Dental and thought that this was an amazing opportunity to further develop my career in the dental world.

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WHAT WERE YOUR FIRST IMPRESSIONS OF THE COMPANY?

D – Having previously worked for the company I am pleased to say, and it is a credit to David and the management team, that the changes have all been positive. I think this really makes them a force to be reckoned with – they are very knowledgeable, super keen, fun loving and they welcomed me back like a member of the family. Amazing.


Suzanne

S – I joined Kulzer in June 2008 and couldn't believe how much I was welcomed into the UK Kulzer family. Everyone was very enthusiastic and a joy to be around. It was a pleasure to be working with such a strong, knowledgeable and supportive team.

I have learned so much from each and everyone at Kulzer Dental. I was excited to be learning about all of products that Kulzer are known for such as Provil Ibond and Venus.

WHAT DO YOU ENJOY MOST ABOUT YOUR ROLE?

D – That's an easy one. Customers. They always come first!

S – I enjoy so many different things about my role. Building strong relationships with customers and dealer representatives, the continuous learning about new products and technologies and meeting all of our fabulous customers. I also enjoy the challenges that come with the nature of selling, as well as being actively involved in one of the biggest and longest running hands-on learning courses in the UK with Ian Macmillan and international lecturer Jason Smithson.

And that's not to mention being able to actively promote the Kulzer brand with our large portfolio of market leading products.

"I COULDN'T BELIEVE HOW MUCH I WAS WELCOMED INTO THE UK KULZER FAMILY. EVERYONE WAS A JOY TO BE AROUND"

WHAT IS THE BEST PIECE OF ADVICE YOU HAVE BEEN GIVEN?

D – My Dad has always said since I was little that "every day is a school day" and he's right. I think every day is an opportunity to learn something new be it in work or home life. Thanks Dad.

S – Never make assumptions and you have two ears and one mouth for a reason – thanks to David for those wise words!

HOW HAVE YOU SEEN DENTISTRY CHANGE IN YOUR TIME IN THE INDUSTRY?

D – There has been huge change. We live in a digital word and seen incredible changes. We have just launched a new 3D printer called Cara, just amazing and definitely the future. The things it can do, it just makes life easy.

The demands that are put on practice to comply with various regulations and the financial implications are immense. And there is now the world of the corporate and I'm sure there are mixed views out there on this.


Donna

S – One advance I have seen is the huge rise in dentists looking to practice more minimally invasive dentistry, where clinicians need good modern materials like Venus Pearl to achieve the highest aesthetics possible to meet the growing demands of the patient.

Social media has become the norm with dentists showcasing their work, asking peers for advice, and there are now more adult patients demanding a 'perfect smile'. Adult orthodontics has become very popular, with Kulzer supporting these hands on learning courses all over the UK and Ireland. Also, the digital revolution is exciting – having the technology now available for 3D printing at Kulzer. So exciting times ahead as we go forward!

WHAT ADVICE WOULD YOU GIVE TO SOMEONE WHO IS JUST STARTING OUT AS A REP?

D – Best advice: listen. Always tell the truth – if you don't know the answer, say so and get back to the customer. Also always sell your product on its feature and benefits and don't mention your competition. It's that simple.

S – Try to learn something new each day and ask lots of questions. No question is a silly question. Learning about not only your products but all products that are in the market place. Be ethical.

WHAT ARE THE MOST IMPORTANT PERSONALITY TRAITS FOR A SUCCESSFUL REP?

D – A thick skin as not everyone will like you. A good ear. But the most important thing is a sunny disposition. A smile gets you through most days. Oh, and you need to be a good singer because you sit at a lot of traffic lights!

S – Be passionate about your role and be approachable. You'll need a good knowledge of the industry you wish to work in and be focused and organised. And, as in most walks of life, you definitely require a good sense of humour!

WHAT ARE YOUR HOPES FOR THE FUTURE – PROFESSIONALLY AND PERSONALLY?

D – Professionally, to retain the knowledge and hopefully expand in my role. Do the best I can. Personally, to continue to be a good wife and mummy and pay the mortgage off. And, most importantly, trips to Italy with my family and making memories.

S – To have a happy, healthy and successful family. To continue to grow the Kulzer business in Scotland. To meet many more new customers and introduce them to our fabulous market leading products.

MORE INFORMATION

Kulzer is one of the world's leading impression material and restorative dental manufacturing companies. With both Donna and Suzanne offering local support through it's market leading products such as Venus Pearl, iBOND and Provil, Kulzer is well positioned to support the dentists of both Scotland and Northern Ireland

Donna Morrison
Email: Donna.morrison@kulzer-dental.com
Tel: 07825 343 920

Suzanne Casey
Email: Suzanne.casey@kulzer-dental.com
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Dr Nik Sisodia
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"Venus Pearl offers superb performance and aesthetics" "...polished with ease to a high, long lasting lustre."

Dr Sanjay Sethi
Square Mile Dental Centre

"If you only want to buy one composite, Venus Pearl is an excellent all-round material."

Dr Chris Orr
Advanced Dental Practice

"Venus Pearl allows superior aesthetic results in a simple layering technique. It is non-sticky, handles well..."

Dr Matthew Holyoak
Woodlands Dental

" 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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We are delighted to have been the main contractor for this project and would like to wish Peter, Sally and the team all the very best for the future

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WORTH WAITING FOR

INVESTING IN TRAINING AND PEOPLE FOR 15 YEARS HAS PAID OFF FOR A WEST LOTHIAN PRACTICE AS IT MOVES INTO BREATHTAKING NEW PREMISES

BRUCE OXLEY

Peter Buchan makes no secret of the reasons behind the success of No 9 Dental Practice in West Lothian. His mantra is that if you focus on teamwork and invest in training, both for your staff and yourself, then everything else will fall into place.

The practice has recently relocated from Broxburn – its home for more than 15 years – to brand new premises in nearby Uphall with staff, patients and referring dentists delighted at the results. Peter said: "One of my dental friends said to me after he visited the new practice that we now have a beautiful practice to complement the dentistry we are carrying out, which was nice."

After graduating from Edinburgh in 1993, Peter spent two-and-a-half years in the hospital service, first at the Edinburgh Dental Hospital doing oral surgery and restorative and then maxillo-facial at Monklands. He then did his VT year at a general practice in Edinburgh before taking an associate position at a practice in Pumpherston, West Lothian.

During his three years as an associate, Peter became a VT trainer, but he had started to look towards life outside of the NHS and, in 2002, he bought a mixed practice in nearby Broxburn to start his life as a practice principal. When he initially saw the practice, Peter admits that he was less than impressed but, along with wife and soon-to-be business manager Sally, they quickly realised the potential of the practice.

Despite being on the first floor and having only one working surgery, Peter and his team transformed the space into a modern dental practice. He said: "I would say to any young dentist who is looking to start their own practice, if you are prepared to put the work in and build a good practice, then the patients will come, regardless of your location.

"It took a lot of hard work, but we managed to build a beautiful practice in the heart of West Lothian."

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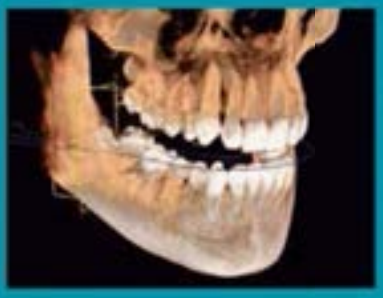
Visit us on stand G11 at the Scottish Dental Show 27 & 28 April at Braehead Arena



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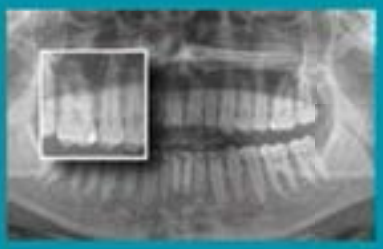

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The practice started out as a 50-50 mixed practice, but in 2006 Peter decided to make the transition to becoming fully private and stopped accepting new NHS patients. The practice still sees children for free but they only have about 100 NHS adult patients and these are people who have been with the practice for many years. Peter explains that he continues to honour their wishes even if he sometimes makes a loss on the treatment he provides for them.

The next big transition for No 9 came about when the practice's associate left six years ago, and Peter made the decision to replace the outgoing dentist with a dental therapist. "It has been one of the best things we have ever done and I think we were one of the first practices in Scotland to do it," he said.

Sally explained that with a therapist the practice works as one big team and the list isn't divided between dentists. She said: "Before, we had two separate surgeries working pretty much independently and there wouldn't need to be much communication between dentists unless a second opinion was needed."

No 9's therapist Erika Morrison carries out all anterior and posterior composite as well as all the routine hygiene and maintenance. Peter explains that he still oversees all the major treatment and will pop in and say hello to the patients, but his time is now freed up to concentrate on the more complex treatments and implant work.

Artwork in the large upstairs waiting room

But the innovation doesn't stop there. At No 9 two of the dental nurses have trained as treatment co-ordinators meaning that they build the rapport with the patients, spend time understanding what they want from their dental treatment and explain the various options. Peter then oversees this and either delegates to Erika, or carries it out himself.

Sally explained: "We worked out how

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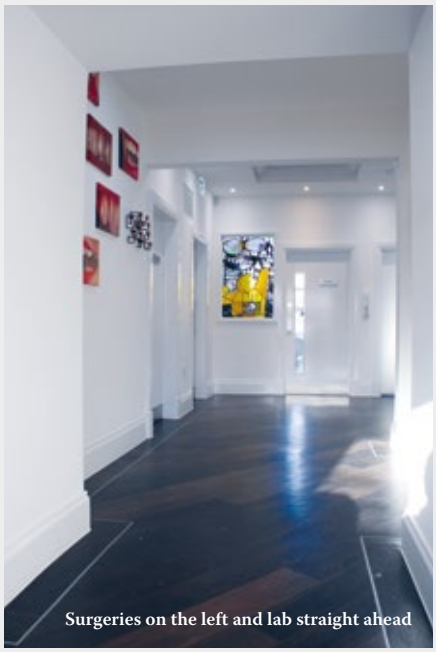

Surgeries on the left and lab straight ahead

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much time Peter spent talking to patients and finding out what they needed and wanted from their dental visit, as well as the diagnosis and treatment planning and it was a significant part of his day.

"Now, Peter has an oversight of all the patients and he approves all treatment, but he has delegated some of the more time-consuming elements of patient interaction, while elevating the role of our dental nurses."

This approach means that the whole team are involved with the patient journey from first visit, through regular check-ups and onto planning, diagnosis and treatment. And Peter and Sally believe that, with three nurses working across two surgeries, the support and service that they are able to offer their patients is second to none.

Peter said that the investment in training, both for himself and his staff, has been invaluable. He said: "A friend said to me about eight years ago to set aside an annual training budget for yourself and one for your staff, it will encourage you to get out and train, which in turn will make you a better dentist.

"That investment has made a huge difference to our practice. If you spend money on yourself, you can provide better treatment. It's as simple as that."

It was clear from relatively early on at the previous premises that they would eventually have to move as space was really at a premium. They were on the first floor, so any patients who developed mobility issues could no longer be seen. The staff room was cut in half when the LDU was built and the office that Sally worked out of doubled up as the treatment co-ordination room, so she had to vacate the office every time there was a patient consultation.

However, Peter and Sally made a conscious decision to invest in the training first, and when they were feeling the benefit of that, they decided to start looking for a new home.

They spent a long time looking for premises, even exploring the option of building from scratch on nearby land. However, two years ago a former bank building in the adjacent village of Uphall came on the market and the couple realised they had found the perfect location. The sandstone townhouse shares some of its ground floor footprint with a tanning salon, but the whole of the first floor was available and the potential was obvious.

Peter and Sally contacted an architect and plans were drawn up that included a two-storey extension to the rear of the building to accommodate a lift and a new stairwell, as well as provide extra space for the ground floor staff room and first floor patient lounge and seminar space. Dereck Lang from SAS Shopfitters was brought on board to tackle the construction and fit-out of the new premises. Work began in summer 2016 and was finished a year later in July 2017.


Peter's surgery


The upstairs waiting room and seminar space


One of the practice's two consultation rooms

The new practice features three surgeries on the first floor, one for Peter and one for Erika – featuring X-ray equipment from Clark Dental – and a third that is currently being fitted out and will be used for surgical procedures. Peter places implants for his patients and takes referrals from colleagues using the Southern Implants system. Peter explained that the practice uses Trycare for sundries and supplies as they have a few unique products he likes to use such as Tokuyama Estelite composite. The new building also features a CT scanner room, the obligatory LDU, small laboratory, office space and a consultation room.

The ground floor comprises reception with adjacent office space and a second consultation room. The staff room is at the rear of the ground floor and features a large table, kitchen and a locker for every staff member. There is also a shower room and a washing machine and dryer so that all staff scrubs can be laundered on site, meaning that staff are not travelling to work in their uniforms and cross-infection is not compromised.

Sally explained that, while being delighted with the new practice, they are actually glad they didn't move premises any quicker. She said: "I'm so glad we spent so long in the old practice because it allowed us to invest in training and skills. If we had moved earlier, I'm not sure Peter's dentistry would have moved on as much as it has.

"We now have a beautiful practice that really complements the dentistry that we are able to provide."

Peter is one of only two dentists accredited by the British Academy for Cosmetic Dentistry, with only 15 in total in the whole of the UK. And, while he acknowledges that it was a "whole pile of stress" he says it is worth it for the patients' reactions. He said: "I've had people remarking that it is like walking into a hotel and that is the feel we were hoping for. For the people who pay your wages to enjoy coming to the dentist, well that is just great."

However, Sally did highlight one slight drawback in having new and much larger premises. She said: "We've had to give all the nurses pagers so that we can find them if we need them. In the old practice you could just shout from one room to the other, but this new practice is so much bigger it can be hard to find each other sometimes!"

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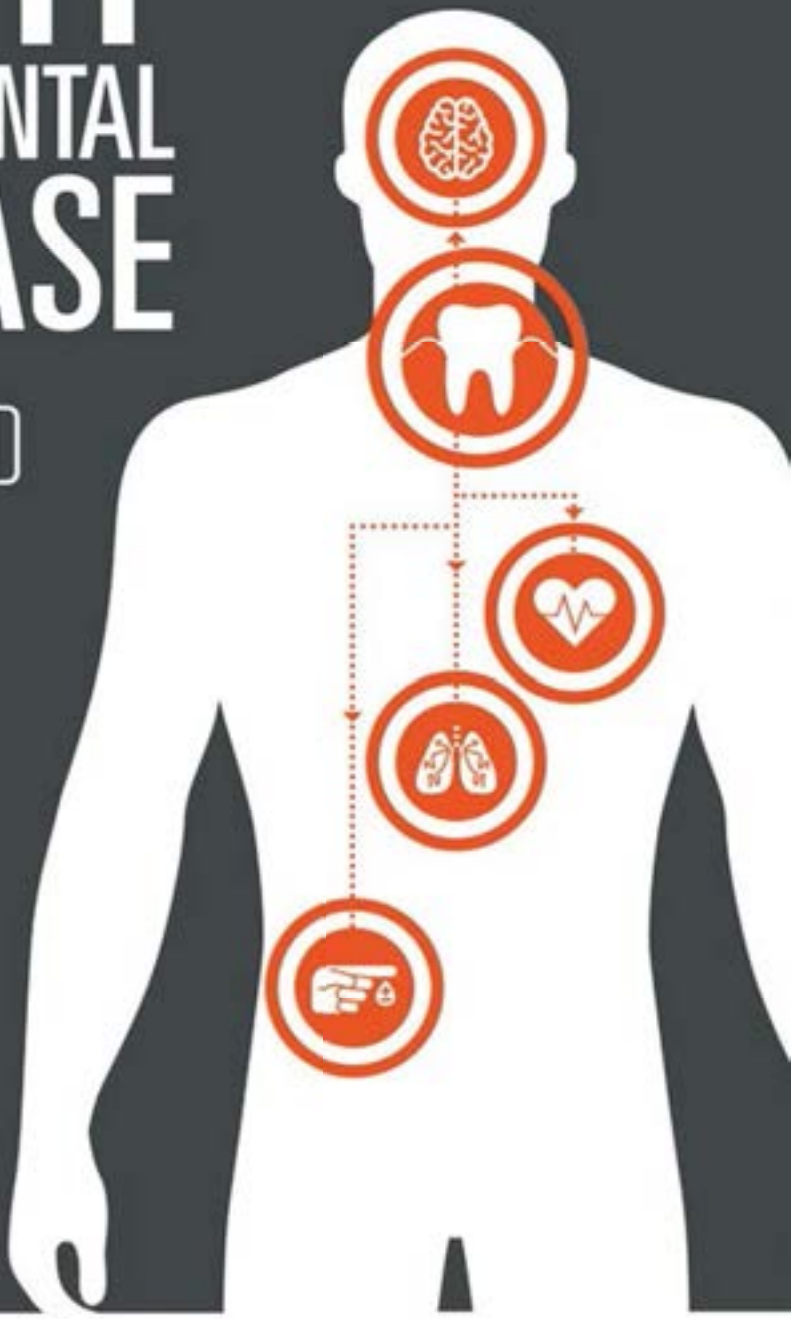

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A PERSONAL AND ETHICAL APPROACH TO BUYING AND SELLING

DENTIST AND PERIODONTIST ALAN MAXWELL AND HIS MANAGEMENT CONSULTANT WIFE MARGARET-ANN AIM TO PROVIDE A NEW PERSONAL, ETHICAL APPROACH TO THE PURCHASING AND SELLING OF BOTH DENTAL PRACTICES AND PHARMACIES

Owners of Lux Dental Care in Falkirk, Alan and Margaret-Ann have set up Crawford Wilson Ltd, a new consultancy business that will work with all involved in the buying and selling of dental practices and pharmacies, offering a visible, structured and informative approach.

Alan said: "We want to help clients on both sides of the process of buying and selling practices and to match clients in an ethical manner. We also value the personal approach to this process and can offer assistance from the initial discussion to the handing over of keys. It can be very stressful for both buyer and seller, and we aim to streamline the process as much as possible and increase visibility. For seasoned buyers the road is well travelled, but there are many dentists buying or selling their first practice who just don't know where to start. We want to help them each step of the way. For the dentists or pharmacists who may have given their lives to their business we want to help them with the process too. This can be a daunting time for them."

Margaret-Ann explained that their experience in the health care industry and business consultancy puts them in a unique position, to be able to offer a 360-degree perspective of the market. She said: "Alan and I have many years of experience of investigating buying and selling practices. We have come across all different methods of the process and believe we can add value to the market in this industry. We want to give a fair and honest approach to buying and selling both dental practices and pharmacies."

The couple are also offering a business improvement service to dentists who are preparing their practice for sale or for those who want to increase the benefits of their practice. Margaret-Ann said: "Dentists are often working too hard to take time off to review the processes of their practice or may not know which areas they should be assessing. It can be daunting running a dental practice and

> "DENTISTS ARE OFTEN WORKING TOO HARD TO TAKE TIME TO REVIEW"

at the same time dealing with the day-to-day administration, without having the added stress of looking at the business improvement aspect."

Alan joined the Royal Navy as a dental cadet while studying dentistry at the University of Glasgow and, upon graduating in 1982, he joined the Navy as a dental officer. He spent 22 years in the Royal Navy, rising to the rank of surgeon commander, managing several large dental clinics and practising dentistry around the world.

He gained his MGDS from the Royal College of Surgeons of Edinburgh in 1990 and after obtaining his MSc in periodontology from the University of Bristol in 1997, he was accepted on to the GDC's specialist register for periodontics in 2000. In 2001 he returned to civvy street and worked in private practice in Glasgow, Edinburgh, Perth and Aberdeen before buying Lux Dental Care in 2015.

Margaret-Ann has a long-standing background as a senior level management consultant, advising many international clients and large organisations on business transformation. She gained a first-class BSc honours in technology and business, specialising in engineering and management science from Strathclyde University Business School and also completed a post-grad at Strathclyde in research methodology. Margaret-Ann also completed an MBA at London Business School as well as obtaining an MBA stateside, completing her master's degree at the prestigious Ivy League university Columbia Business School in New York, where she specialised in strategy and change management.

During her career she has worked as an executive consultant level for KPMG, Ernst & Young and Cap Gemini, was European manager at Apple Computers as well as working as a consultant for IBM. She also spent eight years at Motorola Semiconductors, where she undertook a scholarship in engineering.

Alan and Margaret-Ann bought Lux Dental Care in 2015 and opened up to new NHS and private patients. The practice offers high-quality dentistry at affordable prices, together with more advanced treatments such as implants, periodontics, cosmetic dentistry and orthodontics as well as hygiene and therapy services. Since taking over the 30-year-old practice, Alan has made great efforts to promote the highest standards of excellent dental health care within the practice and increased the services provided in-house, thus reducing the need for patients to travel to other services outwith the area.

And now, with the launch of Crawford Wilson, Alan and Margaret-Ann have set their sights on growing their new venture and developing the business throughout Scotland and the whole of the UK.

Whether you are thinking of buying or selling your practice or pharmacy, or for more information and a confidential chat, please contact Margaret-Ann at Crawford Wilson.

BUYERS CAN REGISTER FOR FREE

CRAWFORD WILSON

MORE INFORMATION

To find out more about Lux Dental Care, visit www.luxdentalcare.co.uk

For more information on Crawford Wilson, call 07403 109 947, email info@crawfordwilson.co.uk or visit www.crawfordwilson.co.uk

STOP SEARCHING AND START FINDING

DENTAL RECRUITMENT SPECIALISTS HAVE MORE THAN 20 YEARS OF EXPERIENCE IN THE DENTAL INDUSTRY IN SCOTLAND

PS Newjob is one of the biggest dental recruitment suppliers for private, NHS and mixed practices across Scotland. Supplying all dental staff on a permanent, temporary and locum basis, PS Newjob are experts in their field.

The company has been supplying and matching up practices and dental staff for many years, with great success for practices and candidates alike.

Many Scottish practices will be familiar with PS Newjob, but for those dental practices that haven't dealt with us yet and are still thinking about the advantages of using our service, here are some key points to consider:

- No up-front fees to recruit a staff member for you
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- All staff are interviewed, and all credentials are checked thoroughly before they are sent to any client.

MORE INFO
To find out more and to see all the currently available posts, visit www.psnewjob.com

ON CLOUD NINE

A NEW SURGERY AND A NEW DENTAL TEAM MEMBER FOR THE SCOTTISH CENTRE FOR EXCELLENCE IN DENTISTRY

Due to the expanding team and business at SCED, January saw the start of construction on a brand new surgery. The clinic has commissioned IWT Dental to provide all of the cabinetry and state-of-the-art equipment, and it is expected that this will all be completed by the end of the month. Once finished, the clinic will then have eight surgeries and one surgical room, all working to capacity. This new surgery will help reduce waiting times for patients, a great step forward.

A WARM WELCOME TO COLIN BURNS

The clinic was really excited that Colin joined the growing dental team at the end of 2017. Colin has a special interest in restorative dentistry and implantology and will be placing and restoring implants as well as undertaking bone and sinus grafting. He is fully experienced in all aspects of dental implantology, and his

particular area of interest is in implant surface technology, bone biology and bone regeneration, in which he received his MSc in implant dentistry from the University of Warwick. He has attended numerous courses and implant training in the UK, Ireland, Germany, Italy and Switzerland. He is a fellow of the International Team for Implantology (ITI) and is a registered ITI speaker and mentor.

COURSES AND SEMINARS AT SCED

The centre has long been renowned for offering free courses and seminars and 2018 will be no exception with a full and varied programme starting in January. Complimentary seminars include Implants: The Hygienists Role, on 29 January. Also starting in January will be another Esthetic Alliance Program which is run over four Mondays from January to March and delivered by Scot Muir and Kevin O'Farrell. The cost of the programme is £495 per delegate and this includes a Nobel Biocare restoration kit. Other courses include Restoring Straumann Implants, Marketing Dental Implants, Endodontic Update and Treatment Planning.

MORE INFORMATION
A full programme of courses can be found at www.scottishdentistry.com and all courses can be booked by emailing secretary@scottishdentistry.com

DEDICATED PROFESSIONAL ADVICE

EQ HEALTHCARE'S LOUISE GRANT IS AN EXPERT IN HELPING DENTAL PRACTICES REALISE THEIR BUSINESS AMBITIONS

Louise Grant is a partner in our Dundee office and heads up EQ Healthcare where she leads a team dedicated to the healthcare professions. She has been with EQ for more than 14 years, having trained and qualified with the firm, gaining valuable insight and experience within the healthcare sector throughout that time.

With a wealth of knowledge and experience within the dentistry sector, Louise and the rest of the EQ Healthcare team offer specific accountancy, taxation and business advisory services to dentistry professionals. She can also advise of operational issues and assist accordingly, whether that may be finding the right practice management software or helping with payroll to ensure the optimum outcome is achieved.

Louise enjoys building close relationships with her clients, so they see her as part of their team. She will always go above and beyond to offer support and advice, ensuring that her clients understand all options available to them. She currently acts on behalf of many dentistry professionals, who see her as instrumental to their businesses, helping turn their dreams and aspirations into reality. She is a trusted, well-respected and well-liked professional who remains personable and approachable at all times.

For Louise, offering the correct support and advice is crucial to achieving long-lasting relationships with her clients. Therefore she spends the time getting to know the business inside and out in order to suggest the best plan moving forward.

Louise and her team also regularly attend a variety of dental trade shows, host informative seminars and write a number of articles for various dental publications due to their vast knowledge and experience within the sector. She has also developed fantastic relationships with each of the Scottish dental schools, providing talks to students about to enter into their careers.

Specialising in corporate finance, Louise has helped many dentistry professionals raise funding to achieve their dream of buying a practice. Within the last year, she assisted a number of dental associates to secure millions of pounds of bank financing to acquire their respective practices, taking our clients from the initial idea, all the way through to a concluded practice purchase.

She also has vast experience in helping dentistry professionals sell their practice, guiding them through steps such as business valuation, wealth management and tax planning. Louise can take care of any corporate finance deal from start to finish guaranteeing the optimum result.

Louise has built up great relationships with other specialist dental advisers, from solicitors and bank managers to insurance providers and financial planners. This means she can put you in touch with the best people to help in your situation, without you having to do the research or worry about making the right decision.

Using her years of experience, Louise can advise you at any stage of your business, from how best to grow and plan for the future in financial terms to understanding technological advancements such as cloud accounting. She will guide you through each stage, giving recommendations on both financial and operational factors throughout.

Louise and her team give you peace of mind that everything will be managed in the most efficient manner to achieve the best results possible for you and your business.

MORE INFORMATION

To speak to Louise about your business ambitions, contact her today for an informal chat to see how she can assist you in turning those dreams into reality.

E-mail: louise.grant@eqaccountants.co.uk

Phone: 01382 312100

Web: www.eqaccountants.co.uk

Facebook: https://www.facebook.com/eqaccountants/

Twitter: @eqaccountants

LinkedIn: https://www.linkedin.com/company/eq-accountants-llp

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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.

A POSITIVE PATIENT EXPERIENCE

WITH MORE THAN 45 YEARS OF ORTHODONTIC EXCELLENCE, PARK ORTHODONTICS IN FINNIESTON PROVIDES A TOP-QUALITY SERVICE FOR PATIENTS AND REFERRING DENTISTS

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.

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. 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.

The team likes 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.

Probably the biggest area of growth for the practice has been 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, he is finding more and more patients opting for 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.

GAVIN CAVES

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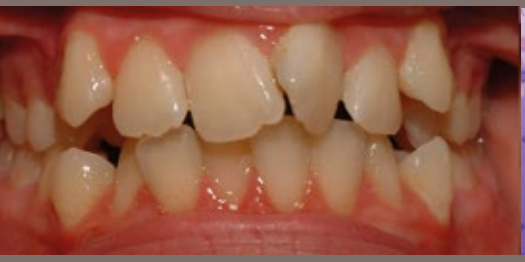
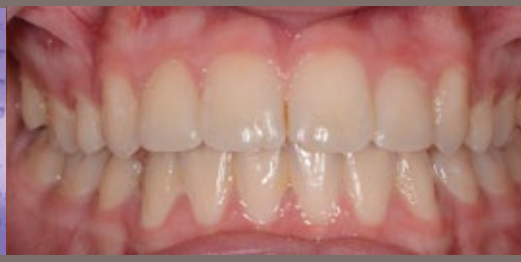
- Brand new state-of-the-art beautiful practice building conversion
- Every patient receives a full digital copy of their clinical photos and radiographs
- Free adult consultations
- Full range of private appliances from Ceramics to Lingual Incognito and Invisalign

"I can't recommend Gavin and his team highly enough. From start to finish I've had the best advice and aftercare. My teeth are amazing! I can now smile without having to hold my hand over my mouth! I've already recommended Gavin to my friends and family and I won't hesitate to keep doing so." - **Joanna Crosbie**

"Absolutely fantastic job. Gavin is definitely the go to man for a pearly white smile and perfect teeth. 100% recommended, absolute perfectionist. Many Thanks!" - **Darren Kaski**





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STAYS LOOKING GOOD

A treatment centre is likely to be what patients first notice when they enter your surgery, so while functionality may be paramount in your mind, it's also got to look good. Belmont chairs do both. Moreover, the newly launched Ultrasoft Pro upholstery ensures your treatment centre stays looking as good as it did the day it was installed. The upholstery is both ink and stain resistant, offers greater microbial protection and is available in 33 shades.

Good looks can sometimes belie the comfort of a dental chair, which is why Belmont's upholstery exudes luxury and comfort. Arguably, a comfortable chair is a prerequisite for a relaxed working environment, especially when patients are undergoing lengthy treatments.

Why not pop along to Belmont's Showroom to explore the functionality as well as the comfort of the different models available? For more information, call 020 7515 0333.

METAL-FREE IMPLANT SOLUTIONS

Nobel Biocare has recently announced an exciting new partnership with Dentalpoint AG to add a unique, metal-free two-piece ceramic implant solution to the company's portfolio of titanium implant systems.

Utilising breakthrough manufacturing technology, the Dentalpoint AG partnership will make the screw-retained implant, featuring an innovative metal-free screw, available to all Nobel Biocare customers. The two-piece nature of the ceramic system will allow clinicians to treat patients with a zirconia implant using similar protocols as those needed for traditional implants.

Hans Geiselhöringer, President of Nobel Biocare, said: "It is the ideal addition to our already extensive range of solutions that maintains tissue-health and delivers long-lasting esthetics."

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

BEST OF BOTH FOR AN EASY TRANSITION

Are you looking for an easy way to transition between film and digital imaging? Have you seen the CS 7200 imaging plate system from Carestream Dental?

Compact and quiet, the CS 7200 combines the benefits of both film and digital in one affordable solution. It offers true resolution with a wide exposure range and powerful image processing, facilitating accurate diagnostics and treatment planning.

The workflow epitomises simplicity – you just take the X-ray, scan the plate and the CS 7200 does the rest. The images are displayed on your computer screen and plates self-erase once used for a virtually error-proof process from start to finish.

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

LONG-LASTING CROWNS MADE EASY

DMG'S LUXACROWN PROVIDES YOUR PATIENTS WITH A LONG-LASTING SEMI-PERMANENT SOLUTION WITH EXCELLENT RESULTS

The new LuxaCrown from DMG enables simple, quick and cost-effective chairside fabrication of long-lasting crowns. The result is an incredibly precision-fit, aesthetic and long-lasting restoration which can be worn for up to five years.

LONG-TERM STABILITY

LuxaCrown is very hard with a Barcol hardness of 54. In addition to excellent flexural strength, it also possesses outstanding fracture toughness which ensures long-term stability of semi-permanent restorations. Several in-vitro studies have confirmed its high mechanical strength. Standardised chewing and wear simulations of masticatory behaviour with artificial ageing verified a lifespan of up to five years for LuxaCrown.*

VERSATILE

Its unique indication as a semi-permanent crown and bridge material with

outstanding wear allows for a wide range of indications. LuxaCrown can be used to protect the remaining tooth as well as to restore the anatomical form and the masticatory function. LuxaCrown is particularly recommended too if a long-term observation of the treatment success is necessary, when bridging the gap for healing phases and in difficult restoration situations.

EFFICIENT AND AESTHETIC

The practical Automix system guarantees a quick, clean and productive application. Eight shade variations open up a variety of creative possibilities, even for the highest aesthetic demands.

With LuxaCrown, dentists can offer their patients a long-lasting semi-permanent solution with excellent results – and a cost-effective, attractive alternative to laboratory-fabricated crowns.

LuxaCrown restorations are ideally suited for the elderly who do not want to invest in more expensive longer-lasting restorations, patients with a limited budget and children requiring a space maintainer following tooth loss.

MORE INFORMATION

For further information contact your local dental dealer or DMG Dental Products (UK) Ltd on 01656 789 401, email info@dmg-dental.co.uk or visit www.dmg-dental.com

*In vitro study of LuxaCrown; N. Albrecht, S. Duy, Germany, Feb 2016.

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Bulk Fill Flowable

We started with our proven SDR formula, offering excellent cavity adaptation and self-levelling, then added increased wear resistance, greater radiopacity, and three new shades to create SDR Flow+. SDR Flow+ builds on six years of clinical success as the original, number one bulk fill flowable. **Unmatched and better than ever.**

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Discover the new possibilities for you and your patients. With LuxaCrown from DMG.
www.dmg-dental.com

DMG

*In vitro study of LuxaCrown; N. Albrecht, S. Duy, Germany, FEB 2016