Scottish Dental magazine

February/March 2014

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No.1 for dental professionals in Scotland

February-March 2014

Scottish Dental magazine

Professor William Saunders is elected new dean of RCSEd dental faculty
Page 11

Bridging the gap

Derek Richards on making research more accessible for practitioners **page 26**

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Welcome

Editor's desk

with Bruce Oxley

The survey said

It's been four years since we relaunched the title as Scottish Dental magazine and they have been four exciting years.

From being shortlisted at the 2010 PPA Scottish Magazine Awards to launching the Scottish Dental Show in 2012 – which itself won the PPA's award for Best Brand Extension in 2012 and 2013 – we haven't stood still.

At this year's Scottish Dental Show at Braehead Arena in Glasgow on 9 and 10 May, we will be relaunching the magazine again, but we need your help. On page 7, we have details of our first-ever reader survey that we hope you will take a few minutes to fill in.

As an added incentive, we are giving away an iPad Air to one lucky respondent. It shouldn't take you longer than a few minutes but it is vital we get the feedback of the dental profession in Scotland so that we can make this magazine as relevant and as interesting for you as it can possibly be.

I've been out and about in recent weeks, gauging opinion and asking dental professionals what they think of the magazine and what they would like to see more of. So, if you have any views, or anything else you want to talk about over and above the questions raised in the survey, please don't hesitate to get in touch. ■

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

Contents

February-March 2014

Edinburgh Dental Specialists

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SINCE 1994

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Our team of specialists


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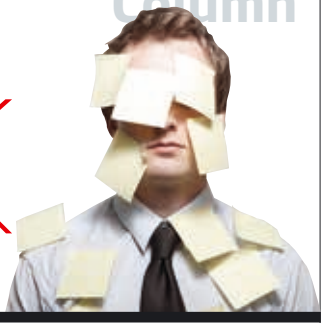

Time for change?

The forthcoming referendum on Scottish independence is forcing all of us to consider our relationship with the rest of the UK. But, regardless of our views on the referendum issues, it would certainly seem prudent for organisations to prepare contingency plans in the event of a Yes vote.

I am sensing a steady change of mood among Scottish dentists. The annual Conference of Scottish LDCs (CSLDC) hosts delegates who are activists from LDCs throughout Scotland and this event is an excellent barometer indicating the feeling of grass-roots GDPs. The delegates who attend this conference not only represent high-street dentists, they are also leaders and opinion-formers within the profession.

Almost every year at this conference, a motion is proposed that Scotland should have its own General Dental Council, and routinely such a motion has been defeated. However, at the last conference, a motion on this topic was carried by a large majority, mandating the Scottish Dental Practice Committee (SDPC) to raise the issue with Scottish Government.

A significant reason for this altered mood within the profession is a changing attitude, particularly among younger dentists, towards the UK organisations such as the GDC and the BDA. Working under a totally different GDS system, dentists in Scotland feel much less connected to their colleagues south of the border, and much less inclined to support the BDA as their representative body. This view can only be strengthened by the current turmoil within the BDA.

It is clear that BDA membership took a significant drop when the three-tier system was introduced and even dentists who continued their membership have expressed unhappiness with the new structure. Members are now tied-in for the first year of the new era, but many are saying that when this period ends on 31 May, they will resign from the BDA as they feel they are not getting value for money.

Dentists are now openly speculating about the possibility of a Scottish Dental Association, as they are so dissatisfied with the bad decisions coming from the Wimpole Street BDA head office. They feel the Principal Executive Committee (PEC), which is the board of directors of the BDA, is showing very poor judgment. The dilemma is that most Scottish dentists also feel the Scottish representative committees, such as SDPC, are doing a good job in representing dentists' interests, supported by the hardworking staff at the BDA Scotland offices in Stirling; staff who are already overworked due to the redundancy of a colleague last year, which was yet another questionable decision by the PEC.

"Dentists are now openly speculating about the possibility of a Scottish Dental Association"

With an active and thriving BDA Branch and Section structure throughout Scotland, many dentists feel their loyalties are split between an in-tune and listening BDA structure in Scotland and a distant and entrenched PEC in London, and they are asking if the solution is to break away, while at the same time retaining the outlines of the Scottish organisation.

It is not an impossible dream; the outline exists today and the CSLDC and Scottish Dental Fund, while connected to the BDA, are essentially independent of it.

Has the time come for a Scottish Dental Association? ■

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We want your views

Help shape the new-look Scottish Dental magazine

Scottish Dental magazine will be relaunched with a brand new look at the 2014 Scottish Dental Show, which takes place at Braehead Arena, Glasgow, on 9 and 10 May.

We need your views to help us shape the magazine and make it as relevant as possible for your working life. So, whether you are a principal, associate, dental nurse, technician, hygienist, therapist or practice manager, we want to know what you think.

And, if you fill in the short reader survey online, you could win an iPad Air – perfect for accessing the online version of the magazine wherever you are.

To fill in the online survey, visit **bit.ly/SDsurvey**

Q. Which of these best describes you?
- Principal in private practice
- Principal in wholly NHS practice
- Principal in mixed practice
- Associate dentist
- Dental nurse
- Dental hygienist
- Dental therapist
- Dental technician/clinical dental technician
- Practice manager
- Laboratory owner
- VDP/dental student

Q. Please specify your gender
- Male
- Female

Q. How long have you been in practice?
- Still in training
- 0-5 years qualified
- 6-10 years qualified
- 11-20 years qualified
- More than 20 years qualified

Q. How often do you read the magazine?
- Every issue
- More often than not
- Only sometimes
- Seldom or never

Q. What other dental publications do you read on a regular basis?
- BDJ
- Dental Update
- The Dentist
- The Probe
- Dental Tribune
- Dentistry
- Dentistry Scotland
- Other (please specify)

Q. How long do you spend reading SDM?
- Less than 5 minutes
- 6-15 minutes
- 16-30 minutes
- 31-60 minutes
- More than 1 hour

Q. Do you pass your copy on to a colleague(s) after you have read it?
- Yes
- No
- Sometimes

Q. What do you want to get out of reading the magazine? (tick all that apply)
- News from the profession, keeping up to date
- Opinions on the current issues of the day
- Clinical articles
- CPD
- Details of products and services
- Event information

Q. SDM is a trusted source of information
- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Q. Which of the following sections do you typically read (Every issue/More often than not/Only sometimes/ Seldom or never)?
- Ed's desk (Bruce Oxley's page 3 column)
- Arthur Dent (page 5 column)
- News pages
- Interview
- Practice profile
- Clinical articles
- Advertising features
- Product news

(Do you have any comments on recent articles that you have found particularly useful and/or interesting?)

Q. Would a regwular CPD article(s) be of interest?
- Yes
- No

If no, why not?

Q. How often do you visit www.sdmag.co.uk?
- Seldom or never
- Once or twice a month
- About once a week
- Two or three times a week
- Most days

Q. Which sections of www.sdmag.co.uk do you regularly visit?
- News
- Features
- Diary Dates
- Online magazine (YuDu pager turner)

Q. Do you and/or your practice use Twitter to alert you to dental news?
- Yes
- No

Q. Do you access the internet via the following (check all that apply)?
- Tablet (e.g. iPad)
- Smartphone (e.g. iPhone, Android phone, BlackBerry)

Q. If you use your smartphone to access the internet, do you use it to access www.sdmag.co.uk?

Shine at the Scottish Dental Awards 2014

The Glasgow Science Centre on the banks of the River Clyde will host the 2014 Scottish Dental Awards, with 10 prestigious prizes up for grabs.

New categories such as DCP Star, Dental Team of the Year and The Style Award will complement the established awards, such as the Scottish Dental Lifetime Achievement Award, which was presented to Alex Littlejohn of DTS last year.

Entry is FREE again this year and couldn't be easier. Simply log on to www.ScottishDentalShow.co.uk/Awards and fill in the online form. However, please note that we do need as many pics, testimonials and supporting documents as you can provide to support your entry.

Awards dinner

The awards ceremony will be held on Friday 9 May at 7pm and we are welcoming back our host, broadcaster Peter Martin, for a second year. Peter is a reporter with Sky Sports News and Talksport radio, as well as being the host of the football phone in on Central FM and PLZSoccer.com. He has been involved in broadcasting for nearly 20 years and spent six years working at Scottish Television on Scotsport and Scotland Today.

Music on the night will be provided by Lost Angels, fronted by Ian Wilson of IW Technology, a familiar face to many dentists out there.

For more information, or to book tickets, call Ann on 0141 560 3021.

Categories:

2014 Scottish Dental Lifetime Achievement Award

Do you know an individual who has made a significant contribution to dentistry during their career?

Practice of the Year

Does your practice, or one of your colleagues' practices, show an outstanding commitment to patient care?

Dentist of the Year

We are looking for the Scottish dentist who has gone above and beyond for their patients, staff or colleagues.

Dental Team Award

No matter how big or small, we want to hear about the best dental teams out there.

Laboratory of the Year

We are looking for the dental laboratory which has provided exceptional service to dentistry.

Unsung Hero Award

Does your colleague make a huge difference but not receive the credit they deserve? Let us know and they could be our Unsung Hero!

DCP Star

We want to recognise the Dental Care Professional who has made an outstanding contribution to dentistry.

Business Manager/ Administrator of the Year

This category aims to recognise the business manager or administrator without whom your practice would grind to a halt.

Community Award

This award recognises the team or individual who has made a significant contribution to their local community.

The Style Award

From stunning practices, to the teams that are kitted out in the most stylish threads, this award aims to celebrate dentistry with style.

Top up your CPD

Check out the online timetable for this year's fantastic Scottish Dental Show, including professional development opportunities, exciting workshops and a host of big names

The timetable for the lecture programme at the 2014 Scottish Dental Show is now online and you can start to plan your visit. Just go online to www.ScottishDentalShow.co.uk/lecture to see the timings and details of who is speaking and when.

A few speaker slots are still to be confirmed, but if you follow us on Twitter @ScottishDental, you will be among the first to know.

There will be up to eight hours of verifiable Continuing Professional Development (CPD) opportunities available at the show, including core CPD topics for the whole dental team. Our keynote speaker is Professor Trevor Burke, who will be presenting two sessions on tooth wear. He will be joined on the podium by show favourites Ashley Latter and Paul Tipton, as well as a host of big names including Mark Oborn, StJohn Crean, Arshad Ali, David Offord, Grant Matheson, Dipesh Parmar and Barbara Lamb.

There is no need to book seats at the lectures as they will be filled on a first-come-first-served basis on the day. There will also be a number of hands-on workshops from companies including Kerr, Geistlich, Coltene, SCED and Quick Straight Teeth. Details of these workshops and how to book will be released in the coming weeks.

If you have already registered online, you will receive regular updates on the show via our e-newsletters. If you haven't registered for your FREE delegate pass, do it now at www.ScottishDentalShow.co.uk/register

A stress-free exhibition experience

Stevie Cameron Event Logistics aim to take the hassle out of attending trade shows

The Scottish Dental Show 2014 is shaping up to be the best one yet. And as an exhibitor we want you to be at your absolute peak, ready to make the most of our high-quality, ready to do business visitors from all over the world.

So, on your behalf, we have brought on board Stevie Cameron and his team from Stevie Cameron Event Logistics Ltd, Scotland's live event logistics specialists, to assist exhibitors with all their exhibition stand material.

Stevie Cameron Event Logistics Ltd has 20 years of history helping exhibitors get stand exhibits to the show on time, their motto is: 'Right gear, right place, right time'.

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2. When you want it delivered to your stand
3. Where you want your material returned to after the show.

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And, we have negotiated an Early Bird Special Show Price for you. Book your requirements before Monday 10 March to receive 9.5 per cent off your order.

Contact Stevie Cameron Event Logistics on 01355 238 559 or 07973 50 44 92, email stevie@cameronlogistics.co.uk or visit www.cameronlogistics.co.uk

New dean for Edinburgh college

Professor William Saunders is elected head of RCSEd's dental faculty

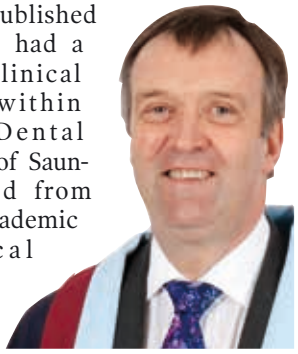
Former Dundee Dental School dean Professor William Saunders has been elected as the new dean of the Royal College of Surgeons of Edinburgh's dental faculty.

A long-standing member of the college's dental council, Prof Saunders will take over from the current dean, Prof Richard Ibbetson, in October. Prof Saunders, who was the UK's first professor of endodontology, said it would be a privilege to work with such a strong professional body.

He said: "I am absolutely delighted to be elected dean of the dental faculty; it is such an honour to represent the college in this capacity. The dental faculty is a thriving institution within the college and I hope to continue the good work that has been undertaken by my predecessors. Dental Council and SAB Chairs are motivated and committed to the values of the college and it will be a huge privilege to work with this excellent organisation."

Prof Saunders has spent the majority of his working life in academic clinical dentistry. After graduating from the Royal Dental Hospital of London in 1970, he spent five years in the Royal Air Force and six years in general dental practice. Appointed in 1981 to a lectureship in conservative dentistry at Dundee Dental School, Prof Saunders completed higher training in restorative dentistry and a PhD. He then spent 13 years at Glasgow Dental School where he served as Senior Lecturer, Professor of Clinical Practice and became the first professor of Endodontology in the UK in 1995. He returned to Dundee in 2000 as dean for 11 years. He has also been chair of the UK's Dental Schools Council.

He has published widely and had a thriving clinical practice within Dundee Dental Hospital. Prof Saunders retired from full-time academic and clinical practice in November 2013.



Dishonest dentist struck off

PROFESSIONAL CONDUCT HEARING

A Midlothian-based dentist has been erased from the General Dental Council's (GDC) register following a public hearing into allegations of misleading, dishonest and inappropriate conduct.

Mokhothu Asaph Mokotjo, of Dalhousie Chesters Court, Bonnyrigg, Midlothian, appeared before the GDC's Professional Conduct Committee charged with:

- applying for a Scottish Dental Access Initiative Grant under false pretences;
- treating NHS patients at the Law Road Dental practice in North Berwick in East Lothian, when not on NHS Lothian's Dental List; and
- making false statements about working alone in a letter to the Contractor Support Office of NHS Lothian.

In considering this case, the chairman of the PCC said: "Mr Mokotjo engaged in intentional dishonesty. His dishonest conduct was not a one-off act but was a pattern of behaviour over a period of time. He lied to the health board, he involved an unwitting colleague by lying to that colleague about his ability to work under their list number and he potentially put patients at risk by working whilst not on a dental list."

Unless Mr Mokotjo, who was immediately suspended, exercises his right of appeal, his name will be struck off the register in approximately 28 days' time.

The committee was made aware of Mr Mokotjo's previous history with the GDC and noted that he was already subject to a substantive suspension imposed by the PCC in March 2013.

This followed a finding of misconduct and impairment as a result of failings in the areas of clinical treatment, record keeping and consent.

Students reach final of clinical skills competition

Three dental students from Scotland will take on the rest of the UK in the final of UK-wide dental clinical skills competition.

Shona Hamlett will represent the University of Dundee at the Royal College of Surgeons of Edinburgh (RCSEd) after beating off competition from her classmates in the local heat of the competition.

Shona will be joined by Luke Puente De La Vega, from Glasgow Dental School, and Hannah Geller, from Aberdeen Dental School, along with finalists from the other dental schools in England and Wales.

The dental clinical skills competition is the first of its kind in the UK and the finalists will compete in the Grand Final at RCSEd on 6 March.

The overall winner will receive an expenses-paid trip to the Chicago Dental Society's Midwinter Meeting in February 2015.

Professor Richard Ibbetson, dean of RCSEd's Faculty of Dental Surgery, said: "For the last two years, RCSEd has run a similar competition for medical students with surgical career aspirations which was a huge success, so we hope final year dental students will find taking part in this unique dental competition useful and beneficial to their career ambitions."

VT trainers raise grant concerns

A letter sent to NHS Education for Scotland's (NES) postgraduate dental dean, Dr David Felix, and signed by a group of West of Scotland VT trainers, has raised serious concerns about the immediate future of the scheme.

The letter was also sent via email to fellow trainers around Scotland, asking them to forward to Dr Felix. In the email, signed by John Denham and Jimmy Barrett, they write: "As trainers we have seen a complete loss of superannuation from our VDP's earnings and, despite an uplift in GDS fees, have not seen any alteration to our trainers grant or practice allowance. There have also been significant changes to the Det X allowances.

"At the end of the day, we are all operating small businesses and, with a general downturn in patient numbers, VDPs are seeing less patients and therefore grossing far less.

"A number of us felt strongly enough to send the attached letter detailing our grievances and possible solutions as we all want VT to continue to be the 'Gold Standard' for training in Scotland and not a watered down version."

Dr Felix responded by saying: "NHS Education for Scotland (NES) values the commitment of trainers in delivering high-quality education and training to recent graduates.

"We are aware of current issues which may impact on trainer recruitment and are working closely with colleagues in Scottish Government to identify possible solutions.

"For the sake of clarity, NES has no locus in terms of interpretation and implementation of superannuation regulations."

The Scottish Government has since announced more than £350,000 has been made available to increase the grant offered to dentists who employ a vocational trainee. The present grant of £13,164, which has been in place since 2009, will rise to a maximum of £15,000 for committed, experienced trainers and £14,000 for the remainder.

To read the letter in full, turn to page 22 and for the full Scottish Government statement, visit www.sdmag.co.uk

NES introduces new training resources

NHS Education for Scotland (NES) will fund additional educational resources to dental training practices, including an interactive programme on oral cancer and a suite of modules on communications skills.

David Felix, postgraduate dental dean, NES, said: "NHS Education for Scotland greatly appreciates the commitment trainers make to supporting new graduates at the start of their careers. These additional learning resources will allow all members of the practice – dentists, DCPs, practice managers, receptionists, as well as the new graduates – to undertake verifiable CPD at a time and location of their choosing.

"We estimate each individual within the training practice could undertake 15 to 20 hours of CPD over a 15-month period. The intention is to give training practices appointed for the August 2014 to July 2015 training year priority access to these educational resources, which are free of charge."

Au revoir, Fiona

Friends and colleagues gathered at a special presentation dinner recently to say "thank you and good luck" to Fiona Angus, who was made redundant from her post as senior policy officer at the British Dental Association Scotland.

The occasion, at the Murrayshall House Hotel near Perth, saw committee members representing all the BDA Scotland and related committees pay tribute to Fiona and express their gratitude for close to 15 years' service to the BDA. She was presented with an array of gifts including flowers, jewellery, vouchers and a cheque.

Fiona expressed her sincere thanks for both the gifts and for the personal support she had received from BDA members and for the warmth of the tributes paid to her as she left. She had always been very proud to say she worked for the British Dental Association and counts many of her colleagues as friends.

A special surprise for Fiona was the presence of her former boss, retired BDA Scottish secretary Alastair MacLean, who had recruited Fiona to the association.

Chair of BDA Scottish Council, Graham McKirdy, thanked Fiona on behalf of all BDA members in Scotland and outlined many of Fiona's major achievements during her tenure of office.

Robert Donald, chair of Scottish Dental Practice Committee, related a little of Fiona's life outwith the BDA – her Perth upbringing, education and earlier working life and her many hobbies and interests.

Robert echoed the feelings of all when he expressed the hope that this was not goodbye, just "au revoir".

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What makes this programme unique is the incorporation of multiple cadaver sessions, allowing delegates the opportunity to carry out all planning, surgical, restorative and maintenance aspects of implant treatment on cadaver.

This programme enables a most comprehensive, multifaceted approach to education and training in implant dentistry, providing evidence and theory together with model and cadaver based practical exercises before progressing to treatment of patient cases.

The teaching and practical aspects are non system specific, allowing the delegates maximum exposure to many implant systems and adjunctive materials with the opportunity to use and assess them in model and cadaver settings, before considering which may be the most appropriate.

When: The programme runs over the period of one year from August 2014 and takes place on Fridays and Saturdays

Where: The comprehensive programme takes place over 14 days split between the clinical and seminar facilities at PFAD Hyndland and the Clinical Anatomy Skills Centre, University of Glasgow.

Investment: The course is restricted to 8 delegates with a committment to attending the 14 days of the programme. The total investment is £6250, payable by initial deposit and monthly instalments over the duration of the course.

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Fraud against the NHS is on the rise

BBC investigation highlights the case of Ayrshire dentist Stuart Craig who was struck off by the GDC and convicted of fraud last year

An investigation by BBC Scotland has claimed that fraud in the NHS has risen by more than 40 per cent in the past five years.

The broadcaster made a Freedom of Information request that showed health boards in Scotland recorded £2.19 million of fraud by health workers and patients between 2008 and 2013.

The BBC investigation highlighted the case of Auchinleck dentist Stuart Craig, who was struck off by the GDC in November 2012 and then convicted of fraud against the NHS last summer. John Cameron, NHS Scotland's senior dental advisor, carried out an investigation into Craig's case, after receiving the GDC's findings. He looked at the scale of misclaims and estimates that the amount Craig is due to repay – which he believes is an underestimate – is just over £780,000.

He told the BBC: "I picked 40 cases at random. We got the laboratory bills in, we checked that he had actually claimed for precious metal, and the laboratory bills showed in 100 per cent of them that he hadprovided non-precious metal.

"Now, that's obviously very unusual. Somebody might make an error and tick the wrong box, but it happened in every single one of this particular type of crown."

Mr Cameron continued: "I'm ashamed, as a dentist, that any dentist could behave in this manner."

Smile to Go success

WORKSHOP

Stirling dentist Rachael Blyth recently shared examples of her own aesthetic dentistry case studies at workshop evening 'Smile to Go', hosted by Coltene and Plandent.

Held at the Glasgow Hilton Hotel, around a dozen dentists were first treated to a wine tasting by Kevin Thompson from Pieroth, before Rachael took to the floor. She gave a presentation on the Miris composite material and then the pre-made composite veneer system Componeer. Rachael presented some before and after slides and discussed the indications and uses of the two products.

Helen Wilson, Scotland and Northern Ireland territory manager, said: "It was a great night and we got some very positive feedback, especially the idea of holding it in a small group situation. The dentists all commented on the evening being a great idea for 'swapping ideas' and a few were happy to be introduced to 'handy new hints and tips'.

"The wine tasting part for the first hour was a bit of fun and good way to start off a nice relaxing evening. I think it went down very well with the delegates."

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Fraud-hit dental charity's urgent funding plea

Bridge2Aid's future is hanging in the balance after it was targeted by a high-level organised financial fraud

Bridge2Aid (B2A) is facing a financial crisis after it was the victim of a high-level organised fraud. The charity, founded by Edinburgh graduate Ian Wilson and based in Tanzania, also recently lost a significant amount of funding from a major corporate supporter, meaning it needs to urgently raise £50,000 by the end of March in order to carry on its vital work.

High quality counterfeit cheques were used the day after a grant payment was received to extract a large sum of money illegally. Neither the police investigation or B2A's internal review found any link with the B2A team. It comes shortly after a sudden drop in funds of nearly 70 per cent from their main corporate sponsor, who announced at the end of 2013 they are slashing B2A's final aid payment of a three-year grant due to a fall in their own profits.

Mark Topley, CEO, said: "Please forgive the direct nature of this appeal but we need your help, and we need it now. Without this funding, B2A will be unable to continue its work in East Africa or anywhere else. The urgency of this appeal cannot be overstated and we thank you from the bottom of our hearts for any help you can give us."

Bridge2Aid is asking for individual and private donations in units of £40, £80 and £100 that, with Gift Aid, will total £50, £111 and £133, respectively. In addition, the charity is asking people to spread the word of this need within their community.

For more information, visit www.bridge2aid.org/urgentappeal

Dentists to help ensure child safety

BE SAFE, BE SURE CAMPAIGN

Dentists in Scotland are being encouraged to help boost child safety through a new Scottish Government campaign.

The Be Safe, Be Sure campaign aims to ensure the wellbeing of children being cared for within private fostering arrangements. Private fostering is when a parent arranges for a child under 16 to be looked after by an adult who is not a close relative or an approved foster carer for more than 28 days.

The new campaign aims to improve understanding of private fostering and increase notifications of private fostering arrangements to protect the wellbeing of children who are not officially accounted for through the current system.

Minister for Children and Young People, Aileen Campbell, said: "Often private fostering arrangements become necessary in very difficult circumstances – a couple may be splitting up, there may be illness or death or a young person may be very far from home. These are exactly the times that we need to make sure that advice and help is available. Just as important is that the carers in these situations know where to turn for that.

"Many carers may not be aware that they are obliged to notify or have any idea who they need to inform so the Scottish Government's new private fostering webpage will provide the details of who to contact in every council area in Scotland. There is a huge amount of information out there for carers and parents, but it is worthless unless the people who need it know it is there and I hope that this campaign will help many more families be safe and sure."

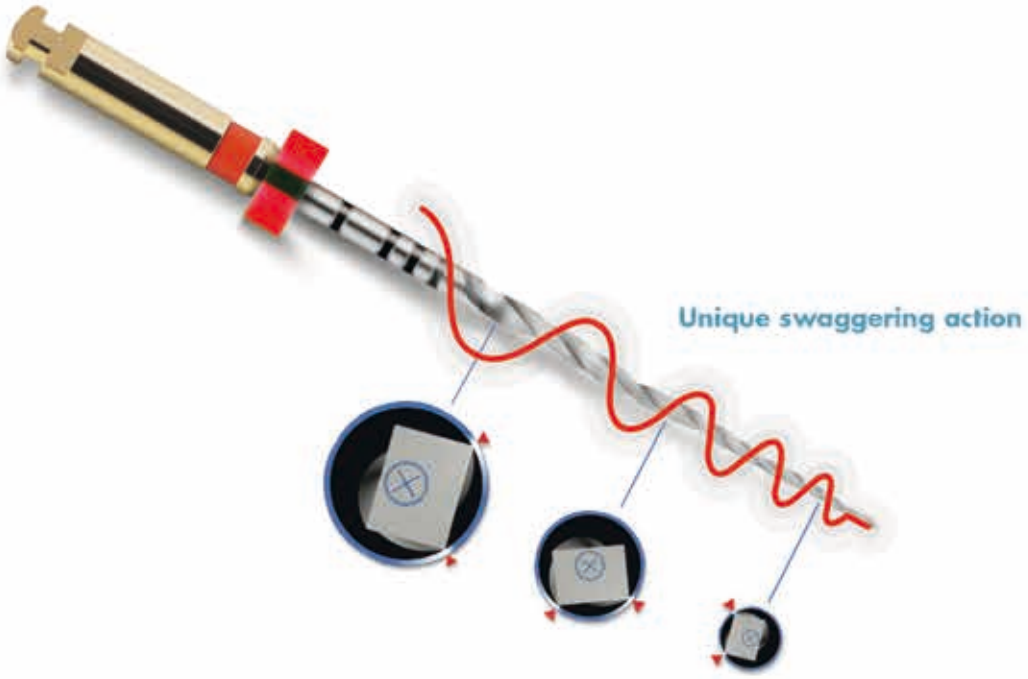
For more information, visit www.scotland.gov.uk/privatefostering

Register for workers with HIV

It has been confirmed that the removal of restrictions on healthcare workers (HCW) with HIV practising exposure-prone procedures (EPP) will be lifted from the beginning of February.

An online confidential register for the whole of the UK, is in development with an interim paper version being made available for HCWs to register as soon as possible. The online register will be available from April 2014, together with full updated guidance on the management of HCWs infected with blood-borne viruses.

HCWs with HIV who wish to perform EPPs must be on effective combination antiretroviral drug therapy, have a plasma viral load of <200 copies/ml and be subject to plasma viral load monitoring every 12 weeks. They must also be under joint supervision of a consultant occupational physician and their treating physician, who will be responsible for clearing individuals for work involving EPPs.



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I'm sold on job

DENTSPLY's senior sales specialist Wendy Sands tells us why she loves her career in dentistry

Q – Tell us a bit about your career so far
I began working as a dental nurse in 1987 at a practice in the southside of Glasgow. I stayed there for more than 10 years, becoming a qualified dental surgery assistant (really showing my age here), then becoming practice manager.

After a short spell of maternity leave following the birth of my daughter, I took up a part-time dental nurse position at a practice in Newton Mearns. I worked in this practice for a few years, with a short break to have my son. Throughout my time in practice, I built up relationships with various dental sales representatives and this is when I realised I wanted to move into the sales side of the dental industry.

Q – When did you join DENTSPLY?
In August 2007, I learned that the DENTSPLY rep was leaving and thought it was just the opportunity I needed to fulfil my dream of being a sales representative. From using DENTSPLY products in surgery, I knew they had a great portfolio of products, were well respected in the dental industry and, after speaking to the outgoing rep, I learned they were a great company to work for.

To ensure this was the right path for me, I spent time out on the road with a couple of reps and quickly realised that DENTSPLY was exactly where I wanted to work. My first six weeks were spent in our head office in Surrey, receiving in-depth training on all of the products that DENTSPLY manufactured, including training on all aspects of the DENTSPLY business throughout the world.

When I started out in this new role, I was really impressed by the dedication and passion displayed by all members of the DENTSPLY team; nothing was a problem and they were always on hand when I had any questions or needed help with something (believe me, there were a lot).

Q – What do you enjoy most about working for DENTSPLY?
I love my job. I am motivated to get up every day and go out and deliver the very best service and solutions I can offer to my customers. I especially like to help practices with solutions to their dental and business needs. DENTSPLY has modernised its product portfolio with new revolutionary products like SDR, Wave One and the new Protaper Next range of endodontic products. This is what I enjoy most; spending time with a practice, advising them how these new products will benefit their day-to-day clinical outcomes. I also spend a lot of time organising CPD meetings, where all members of the dental team can come and have hands-on learning with these new products.

Q – Describe a typical day
No two days are ever the same. Generally, I have appointments booked in throughout the day with a member of the dental team, which would be to detail products and offer solutions to help make the clinician's life easier. I like to ensure all my customers are aware of the benefits that the DENTSPLY rewards website – www.dentsplyrewards.co.uk – and our learning website – www.dentsplyacademy.co.uk – can bring to a busy practice.

As DENTSPLY is a company that prides itself on its education programme, I spend a lot of time arranging courses where members of the team can come along, learn about and try out our new products. I cover the PA, KA, G, ML, FK and DG postcodes, which I try and get round on an eight-week cycle. In addition to my 'day job', I now take part in the ongoing training of the newer DENTSPLY recruits. I particularly enjoy this as I was in their shoes a few years ago.

Q – What do you do in your spare time?
I live in Clarkston with my husband Graham and we have two fantastic children, Kirstin, who has just turned 18 and is studying actuarial science at Heriot Watt University, and Jack, who is 15 and currently in his 4th year at Williamwood High School studying hard for his upcoming prelims. There are also another two members of the Sands family, black labradors Charlie and Roxy. My husband and I love nothing more than finding places we can go to walk the dogs. We have a great circle of friends who we love socialising with and can normally be found somewhere in Merchant Square in Glasgow. We also enjoy going away to the sun and spending time relaxing with a jug of Sangria or two.

Q – What does the future hold for you?
I have worked for DENTSPLY for nearly seven years and I have recently been promoted to the role of senior sales specialist, which gives me the opportunity to advance my managerial career. My ultimate goal is to manage a team, whether it be in the UK or somewhere else throughout the DENTSPLY world.

As well as looking after my territory, I will be spending some more time mentoring the new reps and standing in for the Scotland and Ireland business manager, Diane Wales, in her absence. There are some up and coming new product lines that will be launched this year and I can't wait to get out and about and talk about these. The past seven years with DENTSPLY have really flown in and I have loved every minute of it – here's to the next 20! ■

Instead of 'Letters to the Editor', this issue we feature two letters of protest, one to the BDA and the other to NHS Education for Scotland. These are exact copies of the letters sent out by the correspondents

Rocky road to recovery

Dear Pat Kilpatrick (director BDA Scotland) and Robert Donald (SDPC chair),
Thank you for sending out the letter of advice Re: recovery of the alleged overpaid monies, a situation made necessary by the flawed 'lifelong registration' system introduced by the Scottish Government, despite its obvious problems being pointed out by dentists at the time of its introduction.

I am appalled that the PCFS is planning to bulldoze the recovery through, while ignoring the equally obvious flaws in the recovery process. I am equally appalled that the BDA and the SDPC have rolled over and accepted this situation. What you are asking us to accept is that it's okay for the board to take away money from us in a single month, in the hope that we will be able to make up the amount through a 2.5 per cent 'uplift', which was woefully inadequate in the first place.

This has been a tactic used for many years. Remember the previous clawback when figures were initially leaked which were very high? When the compromise figure was negotiated, we all breathed a sigh of relief and accepted it. The caving in by our representatives to this new clawback only opens the door for similar tactics to be used in the future.

I'd be interested to hear what your advice will be to myself and other associates in a similar position. This clawback covers a period dating back to 2006. From 2006-2012, I was a practice owner. In July 2012, I sold my practice but continued to work for the new owners as an associate. When the board takes an amount from my February schedule, the new owners and myself will have to enter into negotiation as to what percentage of the clawback is my responsibility from the time I was owner, and how much is from the period since I became an associate.

In the seven years since this situation has arisen, there must be hundreds of associates who have moved on and changed list numbers. For the total amount to be subtracted from their current list number is surely flawed. Are their current employers supposed to pursue money from the previous employers? What about the practitioners who have moved away from Scotland or retired between 2006 and 2013? How is the clawback going to be applied to anyone who has no current list number?

Your letter states that the timetable commences with a letter sent to each practitioner "sent out late December" with only a figure in it. This letter should be accompanied by the data which has led the board to come up with the figure they claim is due from each practitioner. It is unacceptable that we have to request the data and that there is a time limit on challenging the figure owed.

It is up to the board to prove that the figure has some basis in fact. Since the original system was flawed from the outset, why should we believe their figures now? The BDA should be urging all practitioners to request the data. They should have to prove their figures are accurate from the outset. An apology from the Scottish Government for the situation arising wouldn't go amiss either.

At a time when the majority of Scottish dentists have remained loyal to the NHS, and figures suggest that their take home pay has reduced by 10 per cent from the 2008 levels, this is an unwelcome kick in the teeth, not helped by the helpless wringing of hands by our representatives and the acceptance that "nothing can be done". At least, if nothing can be done, we should make a lot of noise, and maybe the Government will cease to think of us as pushovers.

Thank you also, for the template letter to send to the Scottish Minister for Public Health. I would urge all dentists to either send the letter as it is, or even add some choice words of their own.

Yours sincerely, David Garrick, GDP, Alva

BDA response:
Dr Garrick is absolutely right and echoes the feelings of GDPs across Scotland. Clearly we welcome his encouragement to the profession to make good use of the template letter the BDA has drafted for the profession; only by speaking up in numbers can we convey to the Scottish Government just how strongly we feel on this issue. The BDA is lobbying hard behind the scenes, of course – and that lobbying has already secured a delay to the process, but more remains to be done and the public noise we can make by acting as one is invaluable.

This is a woeful tale. We have lifelong registration, let us not forget, against the advice of the profession. The BDA lobbied hard to explain the potential problems with it. So there can be no doubt that the problems that are now arising are of Scottish Government's making. And now we have shifting parameters for the recovery exercise. There are clear problems with Scottish Government's data and the fact that it cannot even guarantee not to pursue deceased practitioners is nothing short of disgraceful. If even one widow or widower is troubled by a letter because the Scottish Government cannot take the trouble to get its data right, there will be a massive outcry and the BDA will be leading it. That's why

we're calling for the whole exercise to be postponed; it is unacceptable that it should go ahead while concerns of this magnitude exist.

The uplift issue was not straightforward and was debated at length by the 16 members of SDPC. We did not "cave in". We undertook a structured appraisal of the options and made a considered judgement. Ultimately, we concluded that the clear threat that any uplift would be withdrawn meant that we had to secure that funding for practices. Considered solely as a matter of principle, we might have told Scottish Government what it could do with its 2.5 per cent, but we're not dealing with principles, we're dealing with underfunded practices across Scotland that are struggling to survive and desperately need that money to continue caring for their patients. And the uplift is important not just in the short term of course, but the longer term too, because it contributes to the baseline figure upon which future funding and pensions are calculated.

While the Scottish Government remains committed to the recovery exercise going ahead, we urge practitioners to take the steps not to get caught out by it; request your data and check it carefully and, if you are a BDA member, avail yourself of our expertise. We have written to practitioners explaining what they should do in more detail.

But we certainly haven't given up on the exercise going ahead yet; so please join us in making the point to your own MSP and the Minister. The more of us that write, the better the chance that we will be listened to. ■

Robert Donald, Chair, Scottish Dental Practice Committee, British Dental Association

Trainers raise meeting concerns

Dear Dr David Felix,

The West of Scotland trainers met on Thursday 9 January as we had discussed at the first of the Task & Finish meetings.

The format of the day, however, was very different to previous gatherings in that we all met in small groups in different locations, principally to discuss the GDC Standards document and how it relates to VDP's and VT training in Scotland. In my particular group, we were actively dissuaded from discussing both the superannuation issue or anything else pertaining to remuneration for trainers. Despite this, at least two of the groups discussed the pension deductions made and the recent letter from the CDO. A number of points were discussed during afternoon session among the groups.

There appeared to be no clarification about the superannuation deductions. Trainers are unable, for instance, to access the information from SPPA regarding updated pension statements. They do not know what was deducted and when and how much has been refunded. It was made quite clear to us last year that the payment to trainers of superannuation on the trainees gross NHS income was illegal. It would appear that payments were not in breach of pension regulations after all and that it was only the way that these regulations had been interpreted. Trainers would like to know if any deductions made prior to the April 1 2013 are also to be reimbursed and, if not, why?

When the groups eventually came together at the Royal College, it was apparent that similar conversations had taken place across the schemes. It was made quite clear that despite all the trainers being present, there was no time allocated for general discussion. There was, however, a brief discussion following the speaker for this evening session. Some of the issues were discussed and a straw poll of the trainers present found no one happy with the present arrangements.

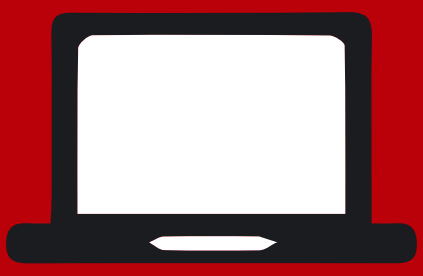
"There was no chat about how great it is to be a trainer"

On Thursday, there was no rallying call to training that usually takes place. There was no chat about how great it is to be a trainer and how much kudos this brings to a practice. There was no information as to whether there would be any incentives to training. Instead, we were informed that only 31 applications by trainers had been received by NES. It was also indicated that this year trainers would be appointed without even the need for an interview. This is potentially undermining further

Continued »

Comments

If you have any comments or suggestions or would like to air your point of view on any article in the magazine, please send your letters to the editor Bruce Oxley (contact details on page 5) or contact him through our website www.scottishdentalmag.co.uk



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"A great many were left reluctant to sign up to an unknown quantity"

the position of trainers and suggests that trainers are no longer held in high regard.

Many of the trainers expressed the view that they would not sign up to training without knowing the details of any trainer contract. One trainer said that last year he had signed up to training, only to then find that, rather than receiving superannuation on his VT's earnings, deductions would be made. He would not have trained under these circumstances.

Rather than reassuring trainers on Thursday, a great many were left reluctant to sign up to an unknown quantity. These include experienced trainers who have been devoted to training and are proud of the role they have had in mentoring new graduates over many years, but now feel so undervalued that they are considering their positions. Loss of superannuable VT's earnings, lack of remuneration due to low patient numbers, and a market-place flooded with associates, leave a significant number of dentists considering the need to train. This is on the back of a reduction in the GDPA to £80,000, changes to Determination X, and a training grant that has not been increased for at least seven years.

This feedback should reinforce the pressing need for an immediate increase in practice allowance and training grant. Any increase in trainer income could be cost neutral with an appropriate decrease in VT salary. The CDO's letter discussed VT's gross earnings of £40,000, which would indicate that current VT salaries are unrealistic in the present climate.

If an effort is not made to show that the trainers' efforts are valued, then the number of applications for this year is likely to remain low and fall way short of the number of positions required.■

John Denham, James Barrett, Ainsley Ness, Elaine Humphreys, Alec Dunlop, Stephen Reid, Robert Thomson, Jacqueline Frederick, Jackie Nicol.

NHS Scotland response:

Thank you for the opportunity to comment on the letter from Mr Denham and a number of his colleagues.

NHS Education for Scotland (NES) values the commitment of trainers in delivering high-quality education and training to recent graduates.

We are aware of current issues which may impact on trainer recruitment and are working closely with colleagues in Scottish Government to identify possible solutions. I anticipate that we will be in a position to make a formal announcement on incentives in the near future.

NES is a special health board responsible for supporting NHS services in Scotland by developing and delivering education and training for those who work in NHS Scotland. For the sake of clarity, NES has no locus in terms of interpretation and implementation of superannuation regulations.■

Dr David Felix, postgraduate dental dean, NHS Education for Scotland

Meet and learn in Manchester

From cosmetic dentistry to caries prevention, periodontics to paediatrics, the British Dental Conference and Exhibition 2014 has it covered. Come to the Manchester Central Convention Complex from 10-12 April for a chance to hear about the latest clinical developments from leaders in their field, see demonstrations of the latest technology and techniques and brush up your business skills. Not to mention the large exhibition and evening social programme.

Something for everyone on this year's programme

Clinical speakers representing all major fields of dentistry feature on the 2014 programme. Thursday highlights include a presentation by the head and chair of periodontology and director of research at the UCL Eastman Dental Institute, Nikolaos Donos, who will discuss implant placement in patients with treated periodontal disease; a presentation on bonding agents and techniques by Felix Wöhrle, lecturer in prosthodontics at the University of Hamburg; and an examination of how new medicines are changing dental care led by Alex Crighton, consultant in Oral Medicine at Glasgow Dental Hospital and honorary clinical senior lecturer at the University of Glasgow.

On Friday, private practitioner and European Society of Cosmetic Dentistry board member, Gregory Brambilla, from Italy, will look at how to achieve indirect restorations with an aesthetic and biologically acceptable outcome and Angus Walls, director of the Edinburgh Dental Institute at the University of Edinburgh, will discuss care pathways and oral care provision for the older patient in a dedicated gerodontology presentation.

Saturday highlights include specialist endodontic practitioner, Massimo Giovarruscio, who will look at survival and success in endodontic treatment and professor of periodontology at the University of Leeds, Valerie Clerehugh, who will examine the connection between diabetes and periodontics and what it means for everyday practice.

In total, more than 80 sessions are on offer, all taking place in the venue's permanent lecture theatres and seminar rooms. As well as the full range of clinical specialities, important areas such as effective record keeping, complaint handling, medical emergencies and dental regulation will be covered.

For those seeking further career development and postgraduate qualifications, a special session on Friday, hosted by the Royal College of Surgeons of Edinburgh, 'MFDS and beyond', will look at the structure and content of the MFDS Examination and the full range of career development opportunities on offer at the faculty of dental surgery of the Royal College of Surgeons of Edinburgh.

Even more choice in the exhibition hall and beyond

The buzzing exhibition will host more than 150 dental suppliers, associations and professional services and is the place to go to find out more about the latest products on the market and discuss your requirements directly with the suppliers. The 2014 exhibition also features the Innovation zone, where you can see new technology in action, as well as the Advice zone, new for 2014, which will offer free 15-minute consultations with experts on career advice, practice management, employment issues, tax and finance and more.

Also situated in the exhibition hall, the Demonstration theatre, hosted by the UCL Eastman Dental Institute, provides a watch-and-learn programme of practical demonstrations on presenting the latest clinical techniques, while the Training Essentials theatre will offer bite-sized talks covering business management, marketing, professional development and the latest changes in regulation.

However, there is much more to the event than the conferencesessions and exhibition. In addition to the networking opportunities on offer through the day, the evening programme of social events provides a great opportunity to get to know yourpeers. Social highlights include Thursday evening drinks in the Exhibition hall and the Friday night party at the Renaissance Manchester City Centre Hotel. ■

Find out more and register online at www.bda.org/conference or by calling 0870 166 6625. Three-day conference passes are free to Extra and Expert BDA members. Expert members can also register two DCPs to attend free of charge, a different two on each day if they wish. Conferences passes are available at a reduced price for Essential members until Monday 27 January.
www.facebook.com/bdaconference
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Passion in **evidence**

The driving force behind the world class Centre for Evidence-Based Dentistry, Derek Richards, shows no signs of slowing down

Derek Richards' passion for evidence-based dentistry has seen him work not just throughout the UK, but also around the world. And now, as one of the founders and the current director for the Centre for Evidence-Based Dentistry, he has brought the centre up to Dundee.

Originally from Caerphilly in South Wales, Derek completed his undergraduate studies at Cardiff Dental School, graduating in 1977. After a brief spell in the community and a job in Bristol doing general duties, he moved into oral surgery and registrar jobs in Nottingham and then Inverness. He then moved back down south to Oxfordshire, where he took a general practice job in David Cameron's constituency of Witney.

However, after two and a half years in general practice, Derek decided that this wasn't the career for him. "I'd probably spent too much time in the salaried services prior to that, to be honest," he said. After a short break from dentistry where he took on some locum jobs for friends, an opportunity came up to go back into the salaried service and he subsequently joined the Oxfordshire Community Dental Service.

This new role provided the opportunity to do some postgraduate training through a bursary scheme and Derek wasted no time in enrolling on the diploma in public health at the Eastman Dental Institute. Unfortunately, the bursary couldn't stretch to the full masters so, keen to forge a career in dental public health, he was advised to do the fellowship and was then successful in applying for a public health post in Berkshire.

It was during his specialty training in dental public health, that his involvement in the growing evidence-based healthcare movement was kindled. Derek's lead trainer in Berkshire was the late Alan Lawrence, who was secretary for the specialist society for dental public health. He had just completed a regional oral health strategy with Muir Gray, who was at that time the regional director of public health in Oxfordshire. Muir, one of the founders of the Cochrane Collaboration and the national electronic library, had also just brought David Sackett on board to help establish the Centre for Evidence-Based Medicine in Oxford.

Derek said: "I started on 1 August 1994 and, later that month, I was sitting in the canteen of the John Radcliffe Hospital in Oxford with Muir Gray, David Sackett and my boss Alan Lawrence talking about evidence-based healthcare. It was at this point that Muir turned to Alan and said: 'Now you've got a trainee, you can start the centre for evidence-based dentistry'." And so the Centre for Evidence-Based Dentistry (CEBD) was born.

"We have always run workshops and I work closely with a US colleague"

Derek became involved with the Oxford Critical Appraisal Skills Programme (CASP), spending a lot of time with Amanda Burls, one of the leading lights in the CASP UK Network, providing workshops on critical appraisal skills.

It was then decided it was time to run a workshop on evidence-based dentistry to garner support and interest from the profession. This first workshop took place at Templeton College in Oxford in December 1994 and attracted some big names, including people from the Department of Health, the BDA and representatives from the Faculty of Dental Surgery, among others.

The two main outcomes from the workshop was a plan for the centre and a journal. A steering committee was put together to start developing a presence for the centre and discussions took place with Mike Grace, the editor of the BDJ, which was published by Oxford Medical Knowledge. The journal, Evidence-Based Dentistry, initially came out as a supplement for the BDJ and in 2000 became an independent journal, being indexed on Medline in 2004.

After Derek finished his training, he took over a consultant post in dental public health in Berkshire, working very closely with the Oxford region. However, due to changes within the Oxford region and the NHS in general, Derek and his wife, who is Scottish, started looking at opportunities to move up to Scotland. Derek already had links to Scotland through his time in Inverness earlier in his career and working with the Dental Health Services Research Unit (DHSRU) in Dundee on the development of evidence-based healthcare.

So, in 2003, Derek moved north of the border to take on a part-time role in Forth Valley as consultant in dental public health. He said: "This was attractive because it meant that I could do my dental public health activity part time and I could develop the evidence-based dentistry element the rest of the time, so that was quite a nice move."

His role has changed a bit during the last few years – he now provides dental public health support as part of a network to the five health boards in the east – Tayside, Forth Valley, Fife, Lothian and Borders. And, following the recent changes in the structure at Dundee Dental School, the opportunity arose to move the CEBD into the school itself.

Derek explained that the centre has never really had a formal home, apart from the early days when he and a couple of dental public health colleagues shared an office in Oxford. Instead, it has existed virtually, providing training and workshops around the country and often further afield. He said: "We have always run workshops and I work quite closely with a colleague from the States, Rick Niederman, who is the director of the Center for Evidence-Based Dentistry in New York. We've also done work with the American Dental Association and other regular courses in the states,

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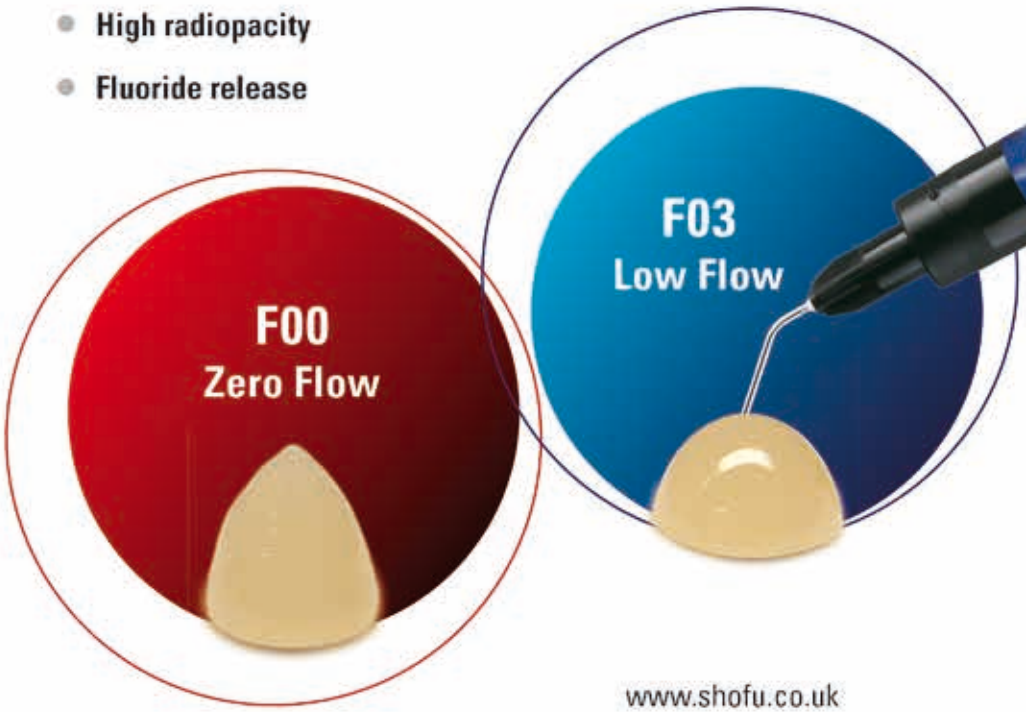

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Continued »

the Gulf states, India and some workshops in New Zealand. More recently, one of our masters students from Oxford has established a centre in Alexandria in Egypt."

Derek also became involved in another world-leading centre in the form of the Scottish Dental Clinical Effectiveness Programme (SDCEP) as a special advisor when he moved up to Scotland. He said: "The programme is probably unique because, up until the Americans started producing evidence-based guidance, it was the only solely dental programme. So it was a nice opportunity for me at the time."

And, just as SDCEP aims to distil research, evidence, guidelines and legislation so that it is more accessible for dental professionals, one of the key aims of the CEBD is to help the dental team make clinical decisions based on the best available evidence. A vital part of this is enabling them to find the most valid and up-to-date evidence in the first place on which they can base their treatment decisions.

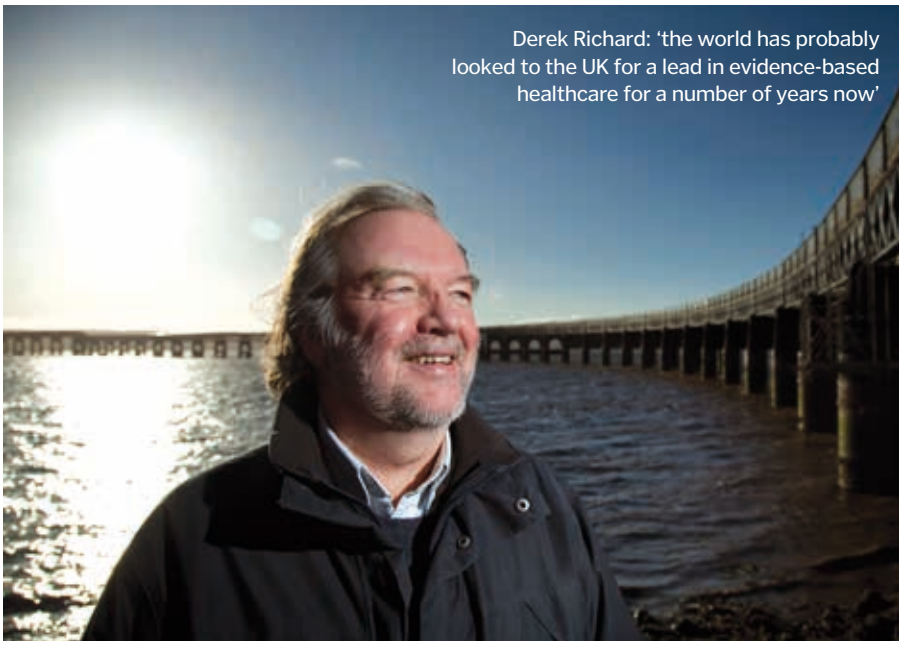
Derek explained: "Good research is difficult to do and it is also difficult to present and present well. So, even if the research has been done well initially, sometimes it is not written up well, or not written up in a format that people can easily understand. Certainly not your average practitioner, whether that is a medical practitioner, a dental practitioner or a nurse practitioner.

"Getting the evidence from the researcher to the patient, where it can do most good, is the biggest challenge. There is a long way between the two and a lot of it is about understanding the research in the first place.

"One of the key barriers for most clinicians is that issue of time. Practitioners are very busy and they can't keep up to date with all the latest research all the time. And a lot of what is published isn't directly relevant to clinical practice."

Sifting through the mountains of literature that is published every day is no easy task and once you have found something that is of relevance to your field, it might not be relevant to clinical practice for five or 10 years. Derek said: "Newspapers can pose significant problems as well. They usually give details of the research breakthroughs the day they are published and it is often 10, 15 or 20 years before they are in clinical practice. This generates pressure at the practitioner/patient interface because they have seen these things in the *Daily Mail* and it might be 20 years before it ever comes to pass."

So, finding what is relevant and finding out quickly is vital. Derek said: "Having an ability to decide whether a paper is good or not, at a relatively rapid run through, is a key skill. Increasingly, it is coming in at a post-graduate level into examinations and with the new changes with the GDC curriculum it is increasingly coming in to the undergraduate curriculum.



Derek Richard: 'the world has probably looked to the UK for a lead in evidence-based healthcare for a number of years now'

"But there is still an awful lot of change to go through and it will be good few years before we have got people coming out of dental schools and out of post-graduate qualifications who are completely confident about reading papers."

Now that the centre has moved up to Dundee, Derek has started developing a masters programme in evidence-based healthcare that he hopes to be able to advertise later this year. He said: "The feedback that we have had for people who have done the similar programme in Oxford is that if they have an interest in research, it has given them an awful lot of confidence in their own ability to read and understand papers, and their ability to keep up to date. In fact, we have had several PhDs doing the programme saying that they wished they had all this training when they were doing their PhDs."

As well as his evidence-based dentistry commitments and public health role, Derek has for some time been involved with the ScottishDental.org website, a portal for dental information for practitioner and patients. The site, Derek explained, came about following frustrations at not being able to find relevant dental information online and, following discussions with Ray Watkins, the chief dental officer at the time, funding was secured. The website is run by Derek and Doug Badenoch. Doug used to work for the Centre for Evidence-based Mental Health in Oxford and is also one of the men behind the NationalElfService.net

He has persuaded Derek to get involved with the Dental Elf side of the project – at www.thedentalelf.net and on social media, www.facebook.com/thedentalelf and on Twitter @TheDentalElf. The project aims to provide another way for dental professionals to keep up to date with reliable dental health research, policy and guidance. Derek said: "It's another tool or avenue for disseminating good quality information out to practitioners. So we put together a simple summary of the latest information that is relevant to practice and put it on a website and link through social media."

Looking to the future, Derek, who turns 60 this year, says he will continue to carry on with the CEBD and his public health role as long as he is still enjoying it, something that he insists is showing no sign of tailing off. And, it is his desire to establish the centre on an ongoing and permanent basis that is driving him just now. He said: "There are a lot of people who are interested in evidence-based dentistry and participating in evidence-based activities, but maintaining a centre for the future is what I really want to achieve so that it continues.

"Because, despite the fact that it is now in the undergraduate curriculum, there is still the need for a lead, I think, and to maintain that lead.

"It was the first centre of it's type in the world, so maintaining a UK lead is important. The Cochrane Collaboration was established at a meeting in Oxford, and the world has probably looked to the UK for a lead in evidence-based healthcare for a number of years now and it would be nice to maintain that presence within the evidence-based healthcare fraternity." ■

Keeping you informed

New tax guide aims to help business owners avoid the pitfalls over the course of the new financial year and plan accordingly

Martin Aitken & Co has launched a *Tax Planning for Life* guide, which aims to encourage you to consider some of the issues that will face you and your business in 2014. There are only a few weeks until the 2013/14 tax year ends on 5 April 2014 and, if you have not already done so, now is the time to consider tax planning in order to secure future growth, stability and peace of mind.

The guide navigates you through planning strategies for all stages of life, from childhood to retirement. Here are the highlights:

Tax planning for children

While it may seem strange to consider tax planning for the kids, your offspring provide you with an opportunity to shelter family income from the taxman. If grandparents have sufficient disposable income, consider asking them to make regular donations to the grandkids. This removes the financial burden from you whilst at the same time reducing the grandparents' Inheritance Tax (IHT) bill. Or consider setting up and transferring the asset(s) into a trust. With a little planning, this can be undertaken with no capital gains tax (CGT)/IHT consequences and it also reduces your IHT estate.

Marriage/civil partnerships

The 'institution' of marriage/civil partnerships offers a unique opportunity for tax planning. These include the transferring of assets between couples without any CGT/IHT liabilities and, in the case of IHT, any unused portion of the £325,000 Nil Rate Band can be passed to the surviving partner on the death of the first spouse/civil partner. Consideration should be given towards employing a non-working spouse in your family business and paying them a salary up to the Personal Allowance. This brings additional tax free income into the marital/civil partnership unit and a business tax deduction too.

Business/working life

Some strategies are suggested that could both reduce your tax burden and maximise profit. Examples include flexible remuneration packages, where Owner-Managed Businesses (OMB) have the advantage of greater flexibility with dividends having a lower income tax rate and not being subject to NICs. Consideration should also be given to salary sacrifice schemes in return for pension payments or non-taxable benefits, such as workplace nursery vouchers.

There have recently been some changes to company car legislation, increasing the importance of low CO_2 emission vehicles. It's worth considering charitable contributions made by you (or by your business) as these benefit from tax relief.

Investments

Our financial services team provide many examples of how you can maximise your investments. With our relatively high income tax rates, it's worth converting your income into capital to access the preferable 18/28 per cent tax rates when the asset is eventually sold.

Property investments are the best example of this, with the added benefit of an income stream from buy-to-let, for example. (Buy-to-let mortgages are not regulated by the FCA). Even if the asset is sold at a loss, this can be relieved against current and future gains. There are a number of attractive investment wrappers which offer important CGT as well as income tax savings. You should review your investments to ensure that the tax wrapper changes and funds are still in keeping with your objectives and appetite for risk.

To download a full copy of the tax guide go to www.maco.co.uk/tax-planning-life where you will find many other areas that you should consider for you and your business. ■

Martin Aitken & Co Ltd is a leading Chartered Accountancy and Business Advisory firm with a specialist dentistry team. If you would like to talk to us about any issues outlined, please call us on 0141 272 0000 or email our Dentistry Partners Jayne Clifford, on jfc@maco.co.uk, or Stephen Neville, on scn@maco.co.uk Martin Aitken Financial Services Limited is a wholly owned subsidiary of Martin Aitken & Co Ltd. Martin Aitken Financial Services Limited are authorised and regulated by the Financial Conduct Authority. Tax planning is not regulated by the Financial Conduct Authority.

THE SMALL PRINT

Some Inheritance Tax planning solutions are not regulated by the Financial Conduct Authority.

This article is intended to provide a general review of certain topics and its purpose is to inform but NOT to recommend or support any specific course of action.

All statements concerning the tax treatment of products and their benefits are based on our understanding of current tax treatment and HMRC practices, both of which are subject to change in the future. Levels and reliefs from taxation are also subject to change.

C&M Dental Laboratory

The story of how C&M Dental Laboratory came into being is one of a series of successful partnerships, with a sprinkling of coincidence added in for good measure.

Dental technicians Cameron Smith and Margaret Bannatyne worked together at Glasgow Dental Hospital (GDH) between 2007 and 2011, before Margaret left for a job at a commercial lab in the city. A couple of years later, the two met up for a coffee to catch up and found out that they both had similar aspirations of starting their own lab. What started out as a friendly chat quickly grew into solid business plans and the pair decided that undertaking a joint venture was a viable option for both of their careers.

It was also around this time that Cameron spoke to Rob Leggett, who had just opened up the Scottish Denture Clinic in Edinburgh.

He told Cameron he was looking for premises in Glasgow to open a second clinic. As both Cameron and Margaret had worked with or had been taught by Rob previously, the progression to business partners seemed like the logical next step.

The search began for suitable premises and, after a couple of false starts, they made an offer on a former sign-making shop on Great Western Road, a two-minute walk from St George's Cross subway station.

At first glance, the building – which was essentiall an empty shell – presented plenty of potential, but when they found out that the premises also had a workshop space adjacent towards the rear of the building, their minds were made up.

This workshop space appeared to be ideal for housing the laboratory workspace, allowing the patient areas – waiting room, consultation area and surgery – as well as the office to be housed through the wall and not partitioned off in closer proximity. This meant that any noise and dust from the laboratory can be kept separate from the patient areas.

However, the only problem was that the workshop was currently accessed by leaving the main shop area at the rear and entering through a separate rear entrance. Permissions and permits were applied for and eventually granted, meaning that they could knock through the supporting wall and create easy access between the two spaces.

Cameron and Margaret picked up the keys on 30 August 2013 and work started a couple of weeks later. Rob gave his input to the plans and was a valuable source of advice to the pair, having recently been through the process himself, but he largely left the Glasgow duo to oversee the project.

The space was partitioned into a front reception and waiting area, a consultation area and then moving back to the staff office and surgery. To the right at the rear lies the door to the laboratory, an uncomplicated space which has room to expand a little if required.

C&M Dental Laboratory and the Glasgow branch of the

Continued »

Continued »

Scottish Denture Clinic opened their doors on 5 October and they haven't looked back.

Margaret said: "I won't lie, it has been hard work and the experience has had it's fair amount of stress, but it has been amazing.

"I'm so proud of what we have got now."

The main focus of the lab is high-end implant work and they have already undertaken work for some of the top implant dentists around Scotland.

C&M also provide technical support for the Scottish Denture Clinic. Cameron and Margaret have committed to using only the best products to provide a truly bespoke service.

Their long-term plan is to both qualify as Clinical Dental Technicians so they can fully take over the running of the clinic and allow Rob to return to Edinburgh full time (he currently works two days a week in Glasgow).

And, as Margaret explained, communication is absolutely key for the success of their new venture. At the GDH, they worked closely with dentists, students and staff for the best outcomes and they are working hard to create a similar working environment at C&M.

They are building up relationships and visiting dentists, even going as far as doing the deliveries themselves (in the short term anyway).

Margaret said: "Our aim is to see every case through from start to finish ourselves. We are not a big team so are able to get involved and know the customers, patients and the work inside out.

"We check each other's work before it goes out so both know what's happening and what stage each piece of work is at at any one time."

It's this personal touch that Cameron and Margaret are hoping will help them stand out, from meeting the dentist, and patient if appropriate, in person to simple things like placing the handle in a dentist's favoured position on a tray.

As Cameron said: "We do these sorts of things at no extra cost but it is all part of the service. We want to build long-lasting relationships with our clients and knowing how they work and what they want is absolutely crucial."

C&M Dental Lab always use SR Phonares II teeth for their work, providing a range of tooth moulds to suit you.

The experts are constantly looking for new ways to offer you and your dental professional the very best results.

SR Phonares II are gender and age specific denture teeth which bring truly outstanding results to every denture solution. Each mould has been sculpted to deliver the ultimate lifelike result creating dental restorations inspired by nature.

Another product they use of is SR Nexco.

SR Nexco is a purely light-curing lab composite with micro-opal fillers which allows you to achieve a consistent shade even if space is limited, because the shade effect is tolerant to varying layer thicknesses.

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At C&M all of their bars are milled, the majority of which are sent to NobelProcera, who they work closely with, regarding the designs of each case. ■

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Old practice makes perfect

Hazel (centre) with her nurse Stephanie (left) and practice manager Lorraine

Hazel Hiram fully admits that she plans her life with almost military precision. From her decision to fit the birth of her second child around her training commitments, to her attention to detail to her new practice, she is the image of a single-minded woman.

But, rather than a hard-nosed businesswoman who just happens to be a dentist, it is quite clear that dentistry is her vocation and not just her job.

Having decided at the tender age of seven that she wanted to be a dentist, Hazel set her sights on dental school and graduated from Glasgow in 2002. She even managed to have her first child during the summer holidays after her second year, not missing a single day of classes, before graduating with a commendation. Her VT year was spent in Whitburn, West Lothian, and she relished the opportunities that working in a deprived area presented.

However, Hazel left her VT year without a job as she was due to give birth to her second child a few months after her training finished.

She explained: "I knew I wanted a second child and I didn't want it to interrupt my VT year. I also didn't want to start with a practice only to leave on maternity a short while later. I didn't want to disrupt my career in that way.

"So I planned on getting pregnant during my VT year so I could finish that, give birth and then take maternity leave before looking for my first job."

Four months after the birth of her second child she started at a brand new two-surgery NHS practice in Kirkintilloch, in February 2004, alongside another associate. Hazel quickly built up her patient numbers from scratch and, within a couple of years, she had established a stable and loyal base of more than 2,000 patients.

However, in August 2012, the practice relocated to new premises just down the road and, for the first time, Hazel started thinking about starting out on her own. Her husband, who owns a barbershop and a beauty salon in Oban, encouraged her to take over the old premises but Hazel said she didn't feel it was the right time.

As time went on, however, Hazel missed the old practice building and the surgery she had inhabited for nearly a decade and she started to come round to the idea of setting up her own business.

"I dreamed about it for a while and then, with my husband's encouragement, I decided to go for it," she said.

In October last year, Hazel contacted the landlord of the old practice – which had been lying empty since the relocation – and started going about the process of securing finance. When that was in place, the refurbishing work started,

allowing Hazel to put her own stamp on the practice.

She said: "I'm committed to the NHS but I wanted to offer health service dentistry in an environment that feels more like a private clinic and I think we've managed to do that."

Henry Schein provided the chairs, handpieces and most of the equipment in the practice, with Hazel praising their all-round service.

She said: "I didn't realise quite how many things I would have to deal with, so to be able to use a trusted supplier like Henry Schein really took the stress out of that side of things."

Throughout all the stresses and strains of the building work, practice inspections and the other million and one things she had to think about, Hazel always had a couple of supportive arms around her shoulders.

She said: "I honestly couldn't have done this without my husband and my mum. They have both been fantastic and a great source of support and advice throughout.

"Any time I had a wobble they would pick me up and get me motivated again, so I'm not sure what I would have done without them."

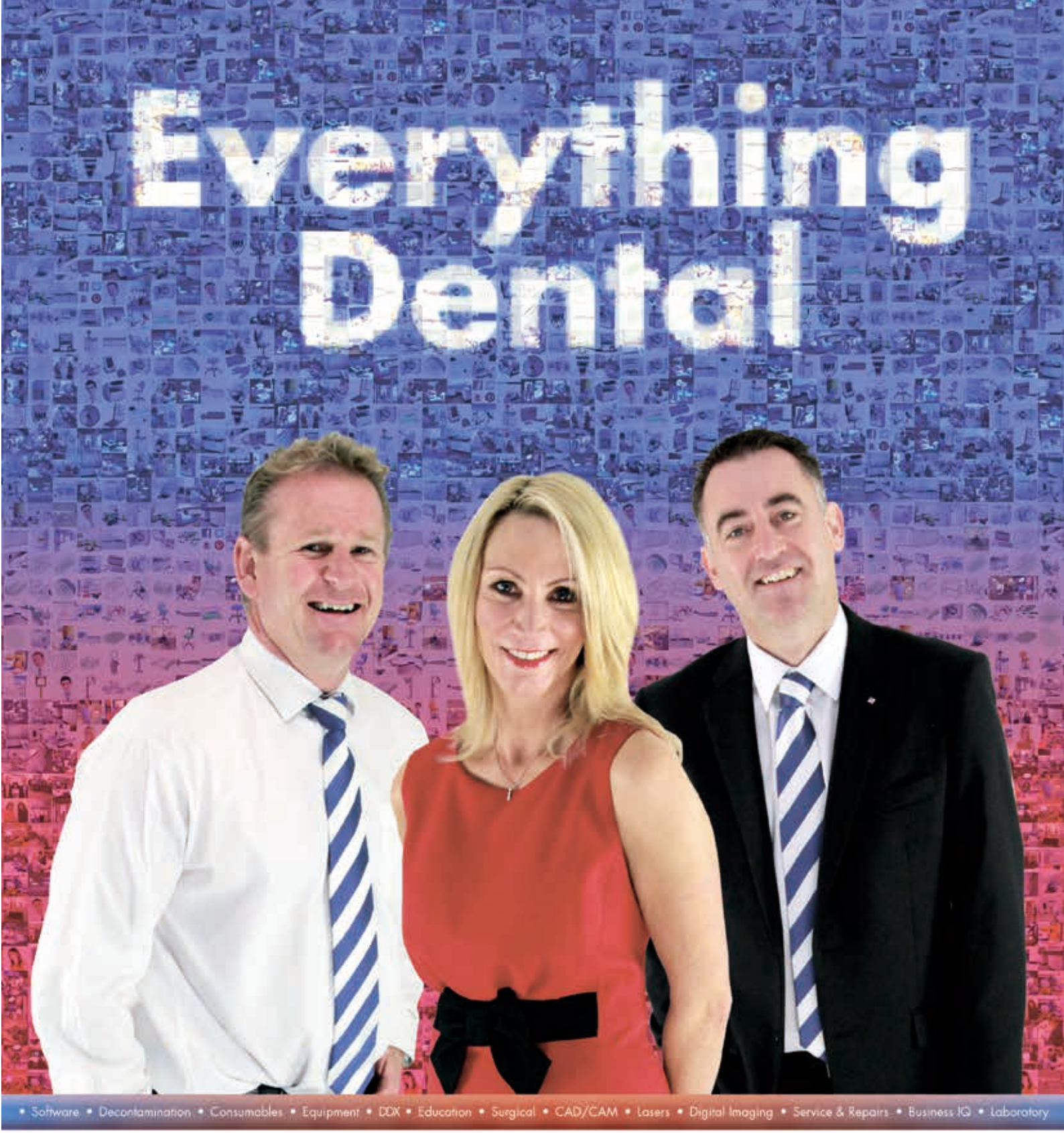
And, as she embarks on the biggest challenge of her career, it is Hazel's passion for her patients that shines through.

She said: "For me, patients are not a commodity. I genuinely care about the people I have got to know over the last 10 years and I'm really looking forward to the future.

"I'm not interested in building my own empire. I want to provide a personal touch and, for me, the best way to do that is to have one practice and put everything into it.

"I spent my formative years at this practice and I would be quite happy to spend the rest of my career here." ■

Everything Dental



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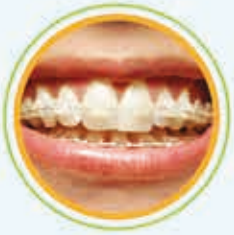

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Dr Andy Denny BDS MFGDP(UK) MGDS RCS(Eng) describes how to take the complexity out of simple fixed orthodontic treatment

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The system, like aligners, is cosmetically focused – it is not a replacement for conventional orthodontics. The goals of treatment are not as comprehensive but it provides an alternative for adults who have declined conventional orthodontic treatment.

The short treatment times with the Six Month Smiles System are possible for two primary reasons:

- Cosmetically focused treatment goals
- Unique and specific brackets and wires

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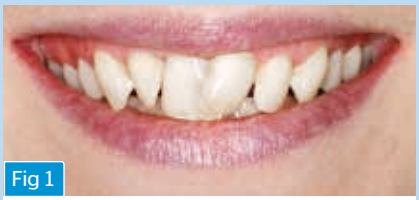

Fig 1
The patient's smile before treatment showing crowded and crooked teeth

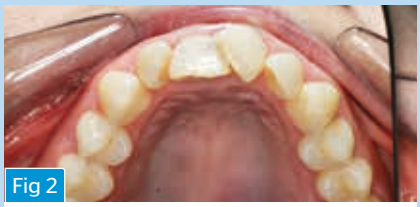

Fig 2
Occlusal view of the overcrowding and overlapped teeth

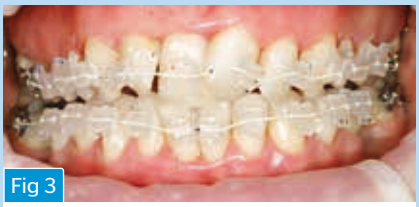

Fig 3
The patient with the clear brackets and tooth-coloured wires fitted

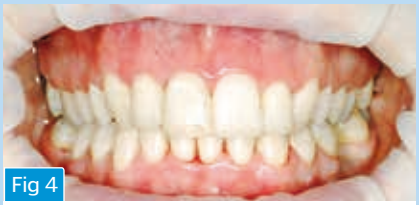

Fig 4
The braces are removed six months later

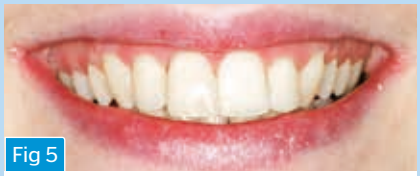

Fig 5
The patient's smile after six months. The front teeth are well aligned and her smile is much improved

Fig 8
Following conclusion of the treatment, the patient is absolutely delighted with the result

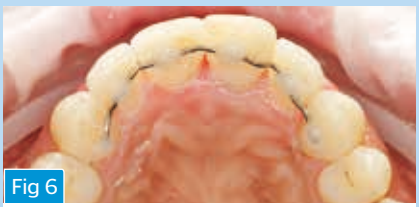

Fig 6
Fixed bonded retainers are fitted to retain the upper teeth

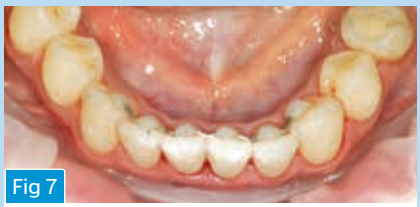

Fig 7
Fixed bonded retainers are fitted to retain the lower teeth

such as Six Month Smiles give the general practitioner a powerful new tool with which to straighten anterior teeth, and provides a real, practical alternative to invasive treatment options, such as crowns and veneers.

Case presentation

Kelly is a 29-year-old woman who had always been concerned about the appearance of her teeth, particularly her crossed-over front teeth and the lateral teeth she used to call 'fangs' (Fig 1-2). She was also aware her bottom front teeth were fairly crowded. As a result, she was seriously lacking in confidence and really didn't like the way things looked.

Before she came to our practice, Kelly had been for a number of consultations with specialist orthodontists, and was keen to research all of her options. Though she had previously seen a specialist, she declined the long-term treatment option as she wasn't prepared to undergo a course of treatment that would last in excess of a year and would also involve extractions.

We discussed her previous consultations, as well as her treatment expectations. We believed the ideal situation would be for her to have comprehensive orthodontic treatment, but if she still wasn't interested in the long-term option, there may be an alternative solution in the form of Six Month Smiles. This option was extremely appealing to Kelly, who was keen to have a faster solution to her crooked teeth. We then proceeded to carry out a full assessment of her teeth to check her suitability for the treatment and plan her course of treatment.

It soon became clear that, before we commenced orthodontic treatment, we would need to carry out routine stabilisation dental care. This involved hygiene care to improve the health of her gums, and root canal treatment in her upper left central incisor due to a carious cavity caused by her crossed-over incisors.

We were then able to carry out a full orthodontic assessment to assess her cosmetic needs and the issues relating to the malocclusion. We also assessed the amount of crowding in her mouth so as to confirm this was a case we could treat with the Six Month Smiles system.

"She was seriously lacking in confidence and really didn't like the way things looked"
Dr Andy Denny

Once this was complete, we carried out the normal consent process, reiterating with the patient that Six Month Smiles is not comprehensive – it's short-term orthodontics, which means we're not trying to correct everything about her teeth. We reminded her that this treatment option is mainly concerned with correcting the position of the front teeth, so we wouldn't be correcting her bite at the back. Kelly was happy with this and we moved on to the impressions stage. Following standard Six Month Smiles protocol, we took records including upper and lower PVS impressions as well as bite registration. We then prepared directions for the technical set-up, all of which was sent off to the Six Month Smiles lab for preparation.

A few days later, we received her individualised Patient Tray Kit (PTK) from Six Month Smiles that included her custom indirect bonding trays, which make accurate

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placement of the brackets a simple and straightforward process. The normal Six Month Smiles protocol for placing the brackets using the trays and tying the wires in was followed (Fig 3).

After just over six months, the orthodontic element of the treatment was complete (Fig 4-5). At the debond appointment, Kelly's brackets were removed, her teeth were polished, and she had palatal fixed bonded retainers fitted, which again were provided by Six Month Smiles in sectional indirect bonding trays, for ease of placement (Fig 6-7).

Kelly was also provided with removable Vacuum Formed Retainers, which doubled as bleaching trays, allowing her to perform home tooth whitening. To complete the treatment, we carried out edge bonding and shaping of the tips of the upper incisors, to enhance the final aesthetic result.

Following conclusion of the treatment, Kelly was absolutely delighted with the result (Fig 8). There was a noticeable improvement in her smile and, from a hygiene point of view, her teeth are now easier to maintain. Another pleasing aspect of the result is the regeneration of her papilla between the upper central incisors. This is a particular aesthetic benefit of orthodontic treatment over a pure restorative solution in a case like this, as it's not just about the shape of the teeth but having them in the right position that gives a pleasing cosmetic result – enhancing the pink aesthetic frame for the teeth.

Conclusion

One of the great things about the Six Month Smiles system is that it takes a lot of the complexity out of providing simple fixed orthodontic treatment for patients whose chief complaint is cosmetically focused, and who have already turned down comprehensive orthodontics. It allows us to achieve a fantastic cosmetic result without having to resort to aggressive veneer preps or other restorative procedures.

The system is simple and, with the patient tray kits you are provided with, everything you need for an individual case is in a single box. This includes the wires, ligatures, bonding agents and indirect trays. With treatments such as Six Month Smiles there is now a powerful option for patients who have in the past either had to opt for comprehensive treatment, or have instead done nothing at all. For general practitioners, it also gives us an appropriate middle ground treatment option that is extremely popular with patients and is very satisfying to carry out. The results, I think, speak for themselves. ■

For more information visit www.sixmonthsmiles.com

ABOUT THE AUTHOR

Dr Andy Denny is joint principal of Twenty 2 Dental, a private cosmetic and implant practice in Weston-super-Mare, UK, where he receives referrals for aesthetic and implant dentistry. He is particularly interested in cosmetic dentistry and multi-disciplinary care, often combining short-term orthodontics and cosmetic treatments, having studied extensively in the USA, Europe and the UK. He is a full member of the BACD, the BPS, the ITI, the ADI and the AACD.

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ABOUT ARSHAD ALI

Arshad is the clinical director of multi-award winning Scottish Centre for Excellence in Dentistry (SCED), which is a centre for dentistry, implantology, and facial and body rejuvenation. He qualified with a commendation from the University of Glasgow in 1978, and carried out 10 years of postgraduate training in Glasgow, Cardiff, London and Sweden.

Until March 2011, he was also working as a consultant in restorative dentistry in Glasgow Dental Hospital and School, where he was mainly involved in the rehabilitation of patients with cancer and major trauma. Arshad has published numerous papers in the dental literature, and has given more than 250 lectures and courses in the UK, the rest of Europe, North America, Hawaii and the Far East.

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First, do no harm

John Craig and Martin Kelleher argue that addition beats subtraction when it comes to the management of tooth wear

For for many years we have written and spoken out against some of the destructive excesses of modern, supposedly 'restorative' or 'cosmetic' dental practice, one as a concerned Scottish GDP, and the other as a consultant in restorative dentistry.

We had thought that such destructive methods were becoming less prevalent in modern dentistry, but apparently not so. We, therefore, write to challenge several of the points expressed in a recent article. This peculiar article demonstrated mild upper anterior tooth surface loss with a mild postural class three adaptive position, which is often found when the loss of upper incisor height has been due to chemical erosion. We disagree strongly that this picture showed 'severe wear' as was stated in that article.

As a general rule in tooth wear assessment, if the crown heights of the upper anterior teeth have been preferentially shortened, but the height of the lower teeth have not been equivalently affected, experienced clinicians can usually be fairly sure that the upper tooth surface loss has been caused mainly by chemical erosion. This is because the lower teeth are generally spared from most of the damage caused by the damaging erosive acid fluids, during either extrinsic or intrinsic acid attacks, by the protective action of the tongue.

The tongue lies over the lower teeth during the swallowing of acidic fluids, or during any sort of regurgitation and thereby keeps most of the erosive acids away from the lower teeth but allowing the damaging acids to attack the top teeth and thereby shortening them so that their height to width ratios are reduced disproportionately and they then look 'short and wide'.

In the recently published case report, the heights of the upper anteriors appeared to have been preferentially reduced to the extent of them being about the same as their width. By way of contrast, the opposing lower teeth still appeared to be a normal shape and have a significantly greater height than their width – which is usually the case in healthy unworn lower incisor teeth.

This contrast in the opposing dental arches clearly pointed to chemical erosion as being the most likely explanation for this particular case presentation, because, if the tooth surface loss had been due to physical attrition, then the much smaller lower incisors would have been worn preferentially, or at the very least equivalently, to match the tooth surface loss apparent at the upper incisors. By way of illustration of this important differential diagnostic point, two images from a different case, this time actually showing severe preferential tooth surface loss caused by Coca Cola erosion are shown in Figures 1a and 1b.

Sadly, in our view, it is not infrequent to still see this sort of failure of accurate diagnosis of the probable aetiology for shortened upper teeth before then proceeding as shown in that recent case report with what, in our sincerely held opinion, was an unnecessarily destructive treatment plan involving multiple ceramic veneered full coverage crowns for this mild wear problem.

Many of these cases appear to us to be sometimes done for rather questionable 'cosmetic' benefit or to conform to some unproven, or unscientific, occlusal belief system sometimes involving articulators of varying complexity being used in order to treat tooth surface loss problems.

Parts of the Hippocratic Oath include: "Firstly, or most importantly, do no harm", but also exhort that: "Extreme remedies should be reserved for extreme diseases." Mild tooth surface loss is not an extreme disease. Elective removal of much residual sound tooth tissue undoubtedly does structural and other biologic harm, often involving processes that are not benign, not trivial and not reversible.

High speed drills with diamond burs are dental weapons of mass destruction and every seriously destructive preparation of an already worn tooth will probably shorten its life. Although the ceramic veneered crowns may well look pretty at the start of their life, that aesthetic or biologic picture will probably look worse in 20 or 30 years time with a poor 'fall back position', sadly, for the patient.

We honestly believe that most experienced dentists when treating mild wear would not remove vast amounts of residual sound tooth tissue from their own daughter's teeth[1], from a colleague's teeth, nor indeed have it removed voluntarily from their own teeth. There is no articulator system in the world that can compensate a tooth for hazarding its pulpal health with an elective full coverage crown preparation[2,] or for the loss of 62-73 per cent of it's load bearing structure, which has been shown by Edelhof and

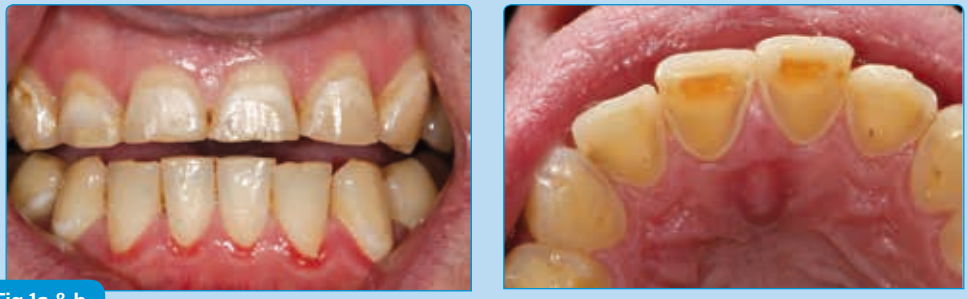

Fig 1a & b

The tooth surface loss is greater at the upper teeth so that they appear shorter and wider. The lower incisors have a normal height-to-width ratio. This problem was caused by chemical erosion rather than by attrition

Sorenson[3] to be what happens with full coverage preparations for ceramic veneered crowns.

We feel strongly that many experienced dentists would recognise that most sane patients would reject the destructive options if those known figures mentioned above were explained to them in advance, and in writing, in order to obtain their informed consent for the 'dental destruction' illustrated in these case reports, especially given that there were other viable, non destructive options available to them.

For example, instead of this irreversibly damaging porcelain pornography[4] some direct composite bonding applied to the upper incisors to lengthen them and composite additions to the canines to reintroduce canine guidance, would have predictably changed this sort of 'pseudo class three' into a class one occlusion in relatively short order, but without taking any pulpal risks or doing any structural damage to these teeth.

If the colour happened to have been an important issue for the patient then, again in our view, conventional night guard vital bleaching with 10 per cent carbamide peroxide could have sorted out that perceived colour problem safely and predictably in advance of some non destructive direct resin composite bonding being done to change the shapes of the teeth.

Such an additive rather than destructive approach can sort out these apparent tooth surface loss problems, probably in a few visits, with minimal biologic or structural damage being done to the shortened upper teeth.

Direct resin composite bonding would probably have been predictable, because the composite resin material indicated here only needed to be resistant to further acid attack, the source of which should have been determined prior to treatment. By way of contrast to the destructive philosophy, a different case with moderate wear is shown in Figure 2a-d (above) being treated with an 'additive approach' rather than a 'subtractive' one.

Fig 2a-d

This moderate tooth surface loss was dealt with by conventional night guard vital bleaching, followed later by a additive approach with direct free hand resin composite bonding and then three adhesive bridges. No unnecessarily destructive dentistry was carried out

In spite of these alternative, biologically sensible approaches being proven[5,6,7] and readily available, we are very perturbed to see case reports using an outdated and grossly destructive full coverage crown approach to these mainly structurally sound upper teeth, to produce a questionable biologic and 'cosmetic' result under the guise of using a semi adjustable articulator.

In those cases, the 'air rotor attack' did more damage in one visit than many previous, or successive years of wear might have caused, if the erosive acid attacks had been identified in order to eliminate them.

This sort of aggressively destructive treatment for the apparently mild tooth surface loss was and remains, in our sincerely held opinion, the wrong treatment from a biologic perspective. We believe that it can result in about 40 more years of structural damage being done by a dental bur in a short period of time. This was something that we feel can not now be justified ethically, or biologically, given our modern understanding of the longer term biological costs of damaging worn but mainly sound teeth.

The adaptive class three shown here was probably just that – adaptive – and in our experience this occurs as a

Continued »

ABOUT THE AUTHORS

John Craig, BDS, DGDP(UK), FFGDP, FDS (RCSEd), qualified in 1966 and was a GDP for 40 years, mainly in Falkirk. He had a long involvement with postgraduate dental education in Scotland and was chair of SDVTC for seven years.
As chair of the steering group which set up the FGDP in Scotland and the first Director of the West of Scotland Division, he was instrumental in laying the foundations of the FGDP in Scotland. He was a member of the BDA Rep Body/Rep Board for many years, vice-chair of the BDA Executive Board and President of the BDA in 2005. In 2003 he was awarded an FDS (ad Hominem) by the Royal College of Surgeons of Edinburgh.

Martin Kelleher MSc, FDSRCPS, FDSRCS is a consultant in restorative dentistry at King's College London Dental Institute. He has lectured nationally and internationally on a large variety of topics and is a past president of the British Society for Restorative Dentistry as well as serving on the board of Dental Protection Ltd for 10 years.
He is on the GDC specialist lists in restorative dentistry and prosthodontics and is the author or co-author of many peer reviewed papers, a number of chapters in books, and some controversial opinion articles.
He is in private restorative practice in Bromley, Kent.

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result of slow hard tissue loss and the periodontal ligament mechano-receptors programming the neuro-musculature around the mandible to move the teeth forward more to an edge to edge relationship in order to improve function.

However, once one opens the anterior vertical dimension with direct resin, or other restorations, the lower teeth usually move back quite soon in to class one as the condyles move upwards and backwards quite quickly, and then other tooth movements occur to establish a new intercuspal position over time[5,6,7]. Localised increase in anterior vertical dimension is sometimes described as being a 'Dahl principle'[6], but adaptation by dentate patients to increasing vertical dimension with restorations, was described by Anderson as long ago as 1962[9].

In our opinion, given the now well documented evidence for these scientifically proven minimally destructive approaches, it is very worrying for the profession at large and the patients in general to see this sort of old fashioned iatrogenic damage still being published under the guise of using articulators to optimise the subsequent crown restorations.

This sort of destructive preparation for crowns in wear cases was common in the 1970s[8] and 1980s when that was all that was available for us to treat this sort of problem.

The sort of treatment shown in these articles pre-dated predictable adhesive dentistry, or our understanding of differential diagnosis of causes of tooth surface loss, and when treating various sorts of problems without further damaging the teeth was rather less well developed than it is now[11]. ■

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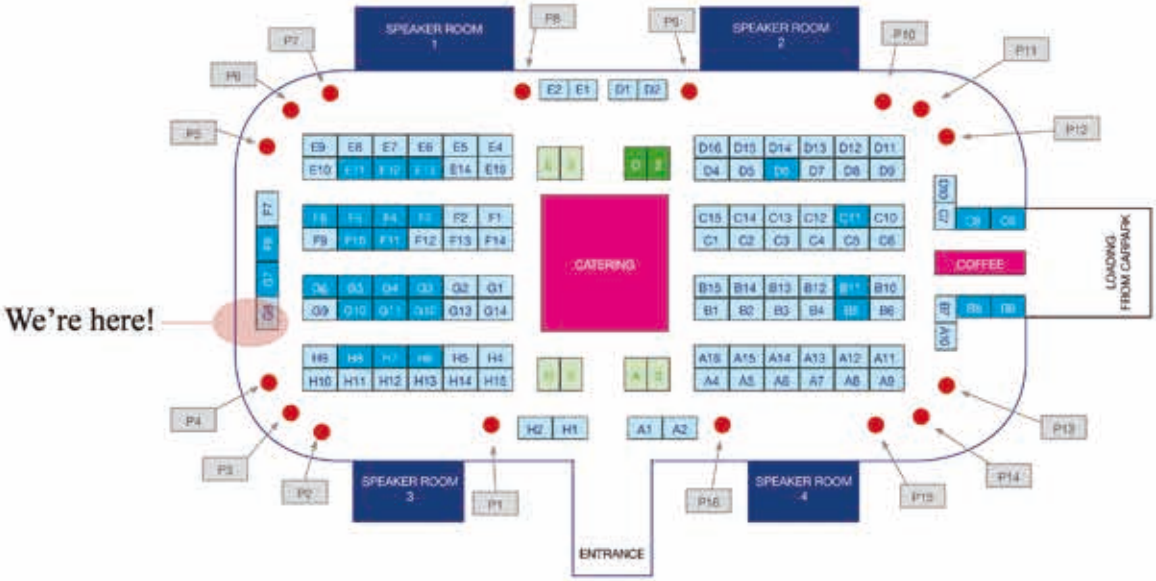

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Endo versus implants: the phoney war

The vast majority of clinicians know the value of endodontics and implant therapy and should embrace both for better patient choice and care, says Bob Philpott consultant in endodontics at Glasgow Dental Hospital

Fig 1
Radiograph and photograph showing successful implants in 21 site (courtesy Dr. Rory Nolan, Melbourne) and successful endodontic re-treatment and direct cuspal overlay restoration of tooth 36

Although difficult to quantify precisely, the use of dental implants has increased enormously in the last 20 years. Figures from the US suggest that, from 1983 to 2002 alone, their use increased ten-fold. It is estimated that more than 200,000 implants were placed in the UK in 2013. Coupled with that, implant placement and restoration in a general practice setting has become more common in the last decade.

There is no doubt that dental implants have become a viable treatment modality in the replacement of missing teeth. Quality of life improvements have been highlighted in both edentulous (Curtis et al. 2009) and partially dentate patients (Pavel et al. 2012). Studies report survival rates of implants in the region of 82 to 94 per cent over a 10-year period (Holm-Pederson et al. 2007), although factors such as smoking, untreated periodontal disease and diabetes may adversely affect the outcome. (Fig 1)

Unfortunately, this has led to a paradigm shift in relation to the treatment planning of teeth with a questionable prognosis. Traditionally, clinicians assessed teeth on the basis of a multitude of patient and dentist-related factors (Kalsi and Hemmings 2013). More frequently today, teeth to be considered 'guarded' in terms of their periodontal, restorative and/or endodontic prognoses are not being considered for rehabilitative treatment.

As clinicians, we need to be introspective on these issues more than ever before. Kay and Nuttall proposed the idea that, as individuals, we will always have both perceptual and judgemental differences in relation to treatment planning of particular cases. More worrying were the findings of Kvist and Reit (2002) in their series of papers on treatment planning in endodontics, which suggested that most people rely on a series of heuristic principles to make treatment planning decisions.

Therefore, there are a number of key questions we need to answer in this debate

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as we attempt to compare both implants and endodontic treatment:

- How can we compare both treatment modalities?
- In these comparisons, which performs better, endodontically treated teeth or implant-retained restorations?
- What is the cost and risk benefit to the patient of each treatment?
- How did the 'turf war' develop between the two camps?

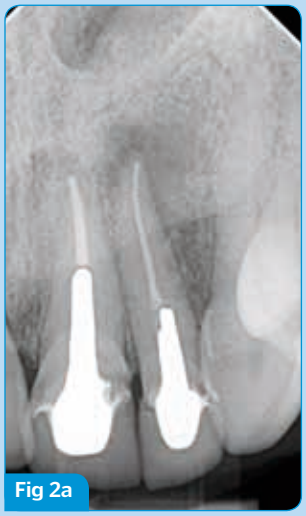
Comparison of endodontically treated teeth and implants

Comparisons between both have been difficult due to the fundamental differences between the treatments themselves and have traditionally only been based on longevity. However, as Elemam and Pretty (2011) pointed out, both treatments differ in "the biological process, diagnostic modalities, failure patterns, and patients' preferences".

Outcomes in dental literature can broadly be classified into four categories: success, survival (with and without intervention) and failure. Traditionally, endodontic outcome studies have spoken in terms of success and failure, with little or no mention of survival of root filled teeth historically. These strict criteria have been maintained in many studies on outcome of endodontic treatment (Sjogren et al. 1990, Hoskinson et al. 2002, Ng et al. 2011).

More recently, results in endodontic outcome studies have been dichotomised using both strict (success = complete radiographic healing and absence of signs/symptoms) and lenient (success = reduction in size of periapical lesion and absence of signs and symptoms) criteria (Friedman et al. 2003, Ng et al. 2007).

Studies discussing the survival rate of endodontically treated teeth are also now more commonly appearing in the literature (Salehrabi et al. 2004, Kim and Setzer 2013). While this may serve to alter the perception between both treatment modalities, it may also lead us further from the biological principles of endodontics and dentistry in general. Unfortunately, as Noyes (1922) outlined almost one hundred years ago: "We are not trained to think in terms of biological concepts but we are to act in mechanical procedures." The shift in terms of our appraisal of the evidence merely acts to support this (Fig 2).



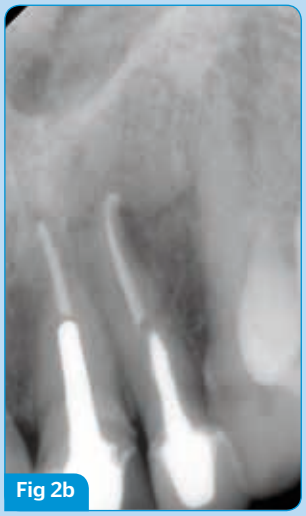


Fig 2
Radiographs showing healing of periapical lesion associated with tooth 22 following endodontic re-treatment

Direct comparisons: who wins?

Despite these differences, direct comparisons between the two modalities have been made by some groups. Doyle (2006), in a 10-year study comparing single tooth implants and initial non-surgical endodontic treatment, found that both modalities had similar survival rates, while the incidence of post-operative complications requiring intervention was higher in the implant group.

Levin (2013), in a recent systematic review comparing both, found that implant survival rates did not exceed those of compromised teeth, with implant failure rates recorded as high as 33 per cent in some studies. The conclusion that the decision to extract and replace a tooth, as opposed to treating it, should be taken cautiously appears to be supported by the evidence. Setzer and Kim (2013) also compare retention versus extraction and replacement, and draw very similar conclusions.

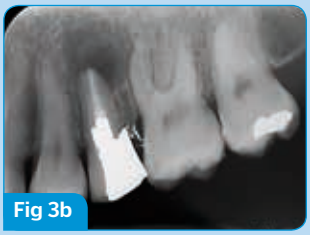
A common misconception related to the complications associated with implant therapy is that they are often of a minor nature and easily treated. Frequently, the prosthodontic complications are minor and may include screw loosening or fracture or damage to the permanent restoration.

However, a recent review paper (Armas et al. 2013) highlighted the fact that implant soft tissue complications are common, with peri-mucositis affecting up to 80 per cent (Zitzmann and Berglundh 2008) and peri-implantitis affecting up to 56 per cent of subjects (Leonhardt et al. 2003). Evidence suggests that peri-implant mucositis can be successfully treated non surgically if detected early, whereas non-surgical therapy has not been shown to be effective for the treatment of peri-implantitis (American Academy of Periodontology paper on Peri-Implant Mucositis and Peri-Implantitis: A Current Understanding of Their Diagnoses and Clinical Implications, 2013).

When making comparisons with the interventions required following a 'failed' endodontic treatment, the necessity for surgical intervention is often presented as an undesirable follow on from the initial non-surgical treatment. However, as the evidence appears to demonstrate, this may also be indicated in a large number of implant cases.

Also, outcomes following endodontic microsurgical procedures can be as high as 91.5 per cent (Rubinstein and Kim 2002), with anterior teeth in the maxilla having a better outcome (Song 2013) (Fig 3).

This again highlights the need for caution before a



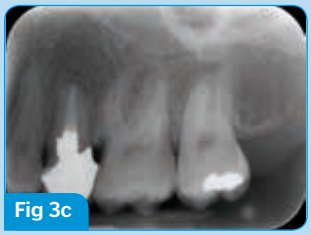


Fig 3
Radiographs showing healing of periapical lesion associated with heavily restored tooth 25 following endodontic re-treatment and surgery


Fig 4a


Fig 4b

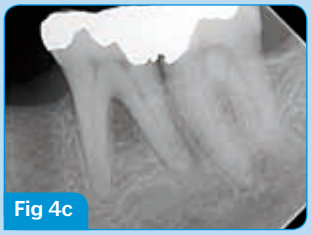


Fig 4c


Fig 4d

Fig 4
Radiographs showing healing of periapical lesion associated with 2 teeth following endodontic treatment (both originally had a 10mm pocket at the midbuccal aspect and a crack was suspected)

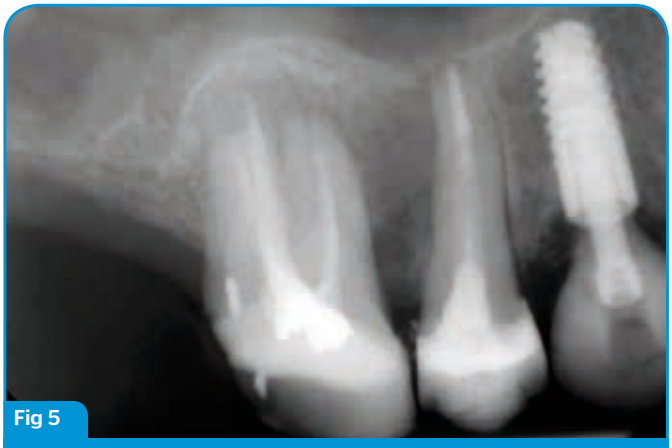


Fig 5
Radiograph showing failed root canal treatment in unrestorable tooth 16 adjacent to successful endodontic/implant therapy in 15/14 sites respectively

ABOUT THE AUTHOR

Bob Philpott graduated with a BDS from the Cork University Dental School. He subsequently completed a house officer position at the University Hospital of Wales in Cardiff and undertook his specialist training in endodontology at the Eastman Dental Hospital, London, completing his membership in restorative dentistry of the Royal College of Surgeons, Edinburgh.
Bob has specialist registration in both England and Australia, having spent two years in Melbourne working in private practice and at La Trobe University as a clinical supervisor.
At the end of 2013, he returned to the UK to take up a position as a locum consultant in endodontics at Glasgow Dental Hospital.

decision is made to extract and replace a root filled maxillary anterior tooth with an implant (with trends showing that immediate placement and early loading are becoming more common) instead of treating it surgically, bearing in mind the aesthetic outcomes can often be far less than ideal on follow up (Evans and Chen 2008).

Costs to the patient

Direct comparisons between the two treatment modalities on a financial basis reveal that restored single tooth implants cost 75-90 per cent more than similarly restored endodontically treated teeth based on data from the US (Christensen 2006).

Comparisons should not, however, solely focus on cost. Improvements in our patients' quality of life must be factored in and the long-term satisfaction rate of patients with endodontically treated teeth is comparable to those receiving implant therapy (Dugas et al. 2002, Curtis et al. 2009).

Our treatment decisions should be evidence based, patient centred and taken with longevity/prognosis to the forefront. Adherence to these principles will give patients value for money and clinicians peace of mind.

Is it a turf war?

In a recent editorial in the Journal of Prosthodontics, the rivalry that has developed between both camps was discussed. There is no doubt the atmosphere in dentistry worldwide has become less collegial as time has gone on. The current economic climate and the increased competition has led us this way. This, together with the expansion of implant dentistry in a general practice setting, has made the competition more intense.

Competition is a good thing. It benefits both dentists and patients alike. It is argued that, as competition increases, prices should come down. However, what we as clinicians cannot compromise on is our quality and our adherence to the biological principles of dentistry, the fundamental backdrop to carrying out invasive treatments on patients. Some of our more oratorical colleagues in the US often make reference to the daughter or 'mama' test during their presentations, where they basically encourage us to ask ourselves whether it would be the treatment we would propose for our own families.

There is no doubt that, as clinicians, we are sometimes blinded by what we know. Tunnel vision among the endodontic fraternity often means that teeth with a questionable (or worse) prognosis are treated, without due regard for longevity.

Equally, it has become apparent many salvageable teeth are being extracted and replaced with implants. This swiftness to condemn a tooth without first exhausting attempts to maintain it can be a costly one, both biologically and financially, to the patient (Fig 4).

As I have already mentioned, comparisons between the two treatments are difficult, if not impossible and, when made, are often not particularly relevant. Can we really compare like with like in this case? The language used to describe both treatments should be more standardised and evidence based, allowing our patients to make informed decisions.

We must also reflect carefully on the risks and cost benefit to the patient. Risk factors for failure of both treatments have been well documented.

Rubber dam use, adequate obturation and placement of a well-fitting coronal restoration are essential to ensure favourable outcomes in endodontic treatment.

Equally, correct surgical technique and experience, biological factors (diabetes and periodontal disease) and correct prosthetic rehabilitation are key to successful implant therapy.

The vast majority of clinicians know the value of both treatments (Fig 5). In 2012, more than 130,000 endodontic treatments were completed on the NHS in Scotland, while implant placement has increased exponentially in the last decade.

This trend will continue and it is one we should all embrace. It gives our patients choices. ■

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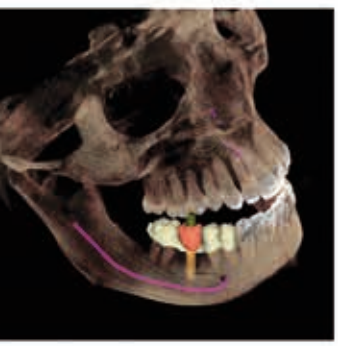

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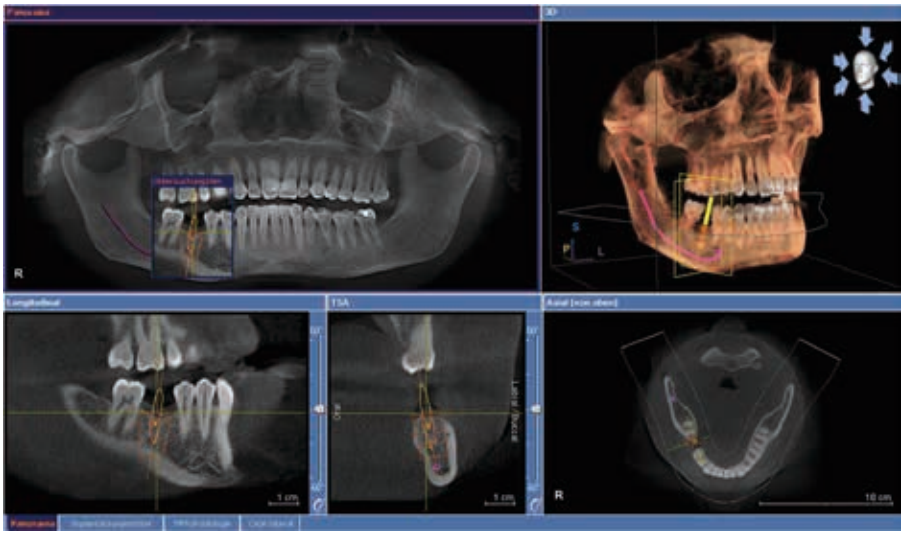
Consequently, after the recent release of the latest position statement: Basic training requirements for the use of dental CBCT by dentists: a position paper prepared by the European Academy of DentoMaxilloFacial Radiology, (Brown J, Jacobs R, Levring J¨aghagen E, Lindh C, Baksi G, Schulze D, et al.), we had the formula to put together our Sirona IRMER Operator Reporter basics for CBCT course, the first manufacturer's course in the UK based on these guidelines.

Of course, we needed a DMF Radiologist capable of delivering the course to the highest standard and fortunately this was the easy part. Having had the privilege to work with Dr Neil Heath DCR(R),BDS,MSc,MFDSRCS,DDRRCR on another project, we knew he was a master of presentation and, his fluid style combined with his relentless knowledge, made him the perfect choice.

Our first course was run over two days in the Sirona UK headquarters at Heathrow and we had a mixture of cone-beam users, ranging from veteran GALILEOS users to new owners of our UK best selling XG3D. Without exception, each and every one of the candidates came away infused with confidence and knowledge regarding reporting and legal responsibilities and better prepared to deliver clinical excellence. Our next course dates, which we are looking to run every eight weeks, will be released very soon and already we are close to being oversubscribed.



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Errors in dental radiographs

A local retrospective audit by Andrew MacInnes, Donald Thomson and Alison Menhinick of Dundee Dental Hospital

Introduction

Dental radiographs are an essential adjunct in the diagnosis of many oral conditions. In addition to a comprehensive clinical examination, good quality dental radiographs can provide essential diagnostic information when accurately interpreted.

In order to limit the radiation dose given to a patient for diagnosis of a dental condition, practitioners are encouraged to provide relevant radiographs with referrals to Dundee Dental Hospital. This local retrospective audit of an anonymised bank of referral radiographs analysed 50 intra-oral and 50 panoramic radiographs for common errors.

Aim

The aim of this audit was to analyse and highlight common errors in the radiographs provided with referrals to Dundee Dental Hospital. Audit results would then be used to provide feedback to referring practitioners on radiograph errors.

Target

In accordance with the National Radiological Protection Board Guidance Notes for Dental Practitioners[4], no more than 30 per cent of dental radiographs should have one or more errors present. We therefore set our audit target that 70 per cent of images should be devoid of common radiographic errors.

Methodology

This local retrospective audit involved a review of an anonymised bank of referral radiographs sent in to Dundee Dental Hospital. A sample of 50 intra-oral and 50 panoramic radiographs were assessed.

After an initial assessor calibration stage, a spreadsheet data collection tool was used to collect the data for each type of radiograph. Only specific intra-oral subtypes and panoramic radiographs were included in our audit. Lateral oblique, occlusal and CT radiographs were excluded.

The standards we used to assess these radiographs were related to the Faculty of General Dental Practitioners' three-point grading scale of dental radiographs[2] and our assessment criteria included:

Intra-oral radiographs

- The image should be unaffected by collimation
- Image contrast should be such that images are clearly visible
- Horizontal angulation should be such that the inter-proximal surfaces of teeth can be identified
- Vertical angulation should be such that there is no elongation or foreshortening of the image
- Images should be devoid of artefacts including; scratches, evidence of delaminated plates and evidence of cracked sensors.

Panoramic radiographs

- Image contrast should be such that images are clearly visible
- Patient positioning should be such that the anterior teeth are not too wide or narrow
- Patient positioning should be such that the occlusal plane is correctly aligned (Frankfort plane horizontal)
- Patient positioning should be such that, where appropriate, the left and right sides are similar in orientation and magnification (patient not rotated)
- There should be no air shadows obscuring areas of interest
- Jewellery should not be visible on the image
- Patient should be positioned

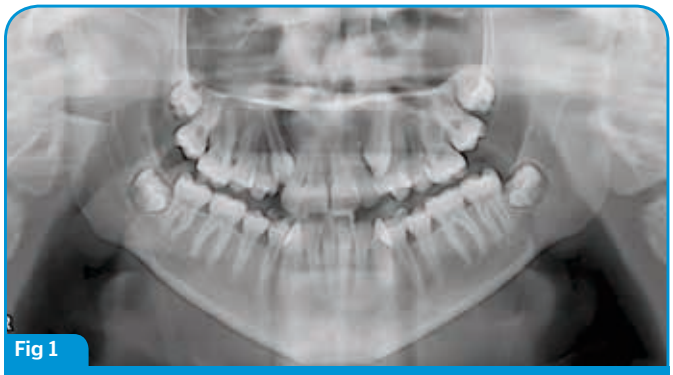

Fig 1

Frankfort plane error – patient positioned 'chin down'

TABLE 1

Results: intra-oral	% of Radiographs
with faults	84
without faults	16
Cone cutting	16
Contrast	66
Vertical angulation errors	20
Horizontal angulation errors	12
Scratches	16
Delaminated plates	18
Cracked plates	0

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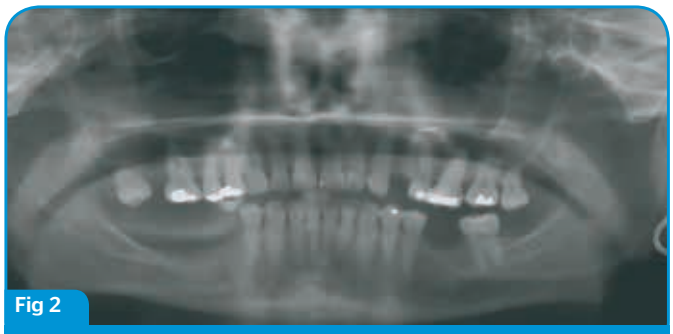

Fig 2
Frankfort plane error – patient positioned 'chin up'

Fig 3
Collimation error – 'cone cutting'

Fig 4
Delaminated and bent plate

Fig 5
Delaminated and collimation error

Fig 6
Frankfort plane error – patient positioned 'chin up'

Fig 7
Incorrect horizontal angulation

Fig 8
Missing apices and vertical angulation error

TABLE 2

Results: Panoramic	% of Radiographs
with faults	92
without faults	8
Cone cutting	34
Contrast	6
Vertical angulation errors	56
Horizontal angulation errors	0
Scratches	54
Delaminated plates	28
Cracked plates	60
Anterior/Posterior Errors	**% of Radiographs**
Patient anterior	2
Patient posterior	4
Frankfort plane errors	**% of Radiographs**
Chin up	24
Chin down	32

Continued »

such that the intra-pupillary line is parallel to the floor (no evidence of tilting of the image).

Discussion

In our sample of intra-oral radiographs, 84 per cent of the images had at least one common radiographic error present. This falls well short of our target of 70 per cent of images being devoid of common radiographic errors.

The most common error was a 'contrast' error. As the images were digitally transferred to Dundee Dental Hospital, it was impossible to say if the contrast issues were due to an exposure error or post image capture alteration. Conversely, post image capture alteration may also have been used in these images to camouflage incorrect exposure.

Other significant errors included vertical or horizontal image angulation discrepancies. These were identified due to image elongation/foreshortening or the presence of avoidable overlap between adjacent teeth respectively. This may be due to failure to use commonly accepted methods of capturing accurate images, e.g. the use of beam aiming devices. This finding may open up the potential future project to lead and assess image capture methods utilised by referring practitioners.

Of the panoramic radiographs, 92 per cent were found to contain errors in exposure, patient positioning, radiograph equipment or image processing/transfer. This, again, was well below our target of having 70 per cent of images devoid of common radiographic errors.

Evidence of air shadows was the most common radiographic error identified on panoramic images. In the sample population, 60 per cent of images were found to have an avoidable air shadow, i.e. patient not positioning their tongue against their palate present on the image and detracting from the information yielded.

Errors in the positioning of the patient's Frankfort plane were found also to be common, with 32 per cent of patients being positioned 'chin down' and 24 per cent of patients being positioned 'chin up'. This resulted in an increased or reduced angle of the occlusal plane on the image.

Additionally, 54 per cent of patients were found to be tilted when the panoramic images were assessed. This was identified through different reference markers on each side of the image appearing higher or lower than their contralateral counterpart, most commonly the condyle was used for assessment. Rotation (patient rotation upon positioning) and contrast errors were also found in significant numbers in our sample.

During the planning stage of the audit, the radiographs were to initially be scored according to the three-point scoring scale from the FGDP guidelines[2]. During the calibration stage, the audit team independently scored the radiographs using errors present on the image. It became evident that the subjective nature of this scoring system caused an inability for the assessors to come to an agreement on individual image scoring. This

Continued »

ABOUT THE AUTHORS

Andrew MacInnes BDS (hons) MFDS RCPS (Glasg) is a senior house officer in the restorative department at Dundee Dental Hospital.
Donald Thomson BDS, FDS RCSEd DDR RCR is a consultant oral and maxillofacial radiologist at Dundee Dental Hospital.
Alison Menhinick is a superintendent radiographer at Dundee Dental Hospital.

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may be, in part, to assessors not knowing the purpose the radiograph was taken for, instead assessing it on a set of predefined standards. It was therefore decided to assess the images based on errors present and not score each individual radiograph. This is an interesting finding and may present a future opportunity to examine the subjectivity of the FGDP three point scoring system for dental radiographs.

Recommendations

From our results, we were able to highlight the proportion of images in which errors could be identified. This will enable us to provide practitioners motivation to audit their own images in order to improve the quality of radiographs taken.

Furthermore, in highlighting the incidence of certain types of common radiographic errors, our results will provide practitioners with information on which specific issues to address with regards to their radiographs/ radiographic technique. ■

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Fig 9
Frankfort plane error – patient pa Patient positioning error – patient rotated ositioned 'chin up'

Fig 10
Scratched and delaminated plate

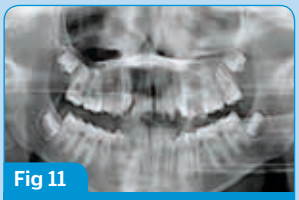


Fig 11
Patient positioning error – patient positioned too far forward

Fig 12
Vertical angulation error, under exposed and collimation error

Fig 13
Underexposed image – 'contrast error'

Making their patients beam

Dundee orthodontic practice is striving for perfection every single day

Beam Specialist Orthodontic Practice's principal orthodontist Ruaridh McKelvey (known as Rhu) sums up his craft quite simply. "As specialist orthodontists, we perfect smiles using braces. It's all we do," he says. However, Beam do much more than that.

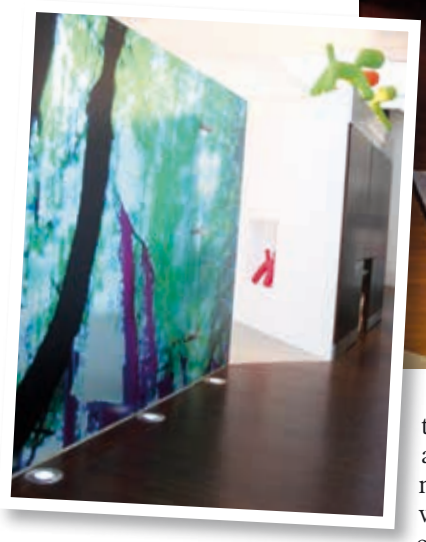
The energetic team at the Dundee clinic, who work with patients from throughout Fife, Stirlingshire, Perthshire and Aberdeenshire, as well as Tayside and Angus, don't just correct imperfections. They strive for perfection and, every day, go above and beyond what's expected – whether the 'customer' is an NHS dentist, NHS patient or a private patient.

Beam was unveiled in 2007 when Rhu and his wife Jane, a dentist and talented interior designer, set about converting the former Evangelical Church Hall in Dundee's buzzing Cultural Quarter into the state-of-the-art practice Beam is today.

A real 'Grand Designs' project, the result is simply stunning, with an open-plan, cutting-edge clinic enabling orthodontic therapists to work closely with specialist orthodontists, complemented by more private treatment spaces.

Speaking of the fantastic environment, Rhu said: "It's our wish that patients enjoy the process as well as the result of our treatments and Beam is the place to refer your own much-loved patients to. Quite simply, we'll care for them as you would expect and wish for your own kin. We've also created an amazing place to come to work and patients pick up on that as soon as they walk through our doors."

The success and ethos of Beam undoubtedly lies with the Beam team. Launching with one specialist orthodontist and two part-time nurses, the practice now employs a team of four fully-qualified and in-house trained orthodontic therapists, six orthodontic nurses, two receptionists, a practice business manager and a treatment coordinator.



Rhu said: "We are exceptionally proud of our team who are constantly working hard to reflect Beam's ethos and brand. It's instantly evident in the warm, enthusiastic and friendly environment that greets patients, whether they're private or NHS customers."

When it comes to NHS orthodontic treatment, Beam enjoy an excellent relationship with dentists along the east of Scotland, with only orthodontists on the GDC's specialist list looking after their patients' treatment planning and management. Beam understands the potential difficulties faced when referring to an outside team and values each patient referral.

Rhu explained: "We go to great lengths to ensure a seamless relationship with our referring dentists. We more than understand the daily pressures facing general dentists and work hard on perfecting our communication and feedback systems to ensure that we not only handle referrals professionally, but work successfully as a team, particularly on multi-disciplinary cases.

"Our orthodontists are easily available to discuss specific treatments and multidisciplinary cases, working alongside the dentists' own treatment aims, to make the restorative

outcomes as successful as they can possibly be."

Putting the clinical side of dentistry aside, Beam also prides itself on being a 'hub' for referring dentists, who can tend to feel isolated in their day-to-day working lives.

Through 'Beam Business Basics', Beam offers CPD verifiable meetings and events, which cover everything from key performance indicators and staff issues to patient engagement processes. Beam also offers in-house training for referring dentists' clinical support teams, be it clinical photography, impression taking or help achieving radiology exam practicals.

The hub provides a platform for informal sharing of ideas and experiences, with Beam sharing their own systems and knowledge often gleaned over years of involvement with their mentors at 'Breathe Dental Coaching'.

Jane said: "In the very early days of Beam, we were aware that the piles of paperwork were mounting and that the business side of things could become suffocating. That's when we joined Breathe Dental Coaching, run by former dentist Dr Simon Hocken. That saved our lives and became the catalyst for change and progress.

"We're eager to pass on the lessons we have learnt to other dentists who can easily find themselves swallowed up by the non-stop clinical and hugely administrative job that is NHS dentistry. We certainly haven't got everything right but it's good to share even the difficult experiences with others and learn from each other".

It seems that Beam never stand still, and are not afraid of trying the new, be it clinical or management techniques.

Jane continued: "As with the rest of life, the one certainty is change – that's something we are always happy to embrace at Beam and expect our team to be able to follow suit. We do constantly try to be the best we can be, and that is one fabulous advantage about being an independent owner-run creature – if something isn't working, then we try something new until it does."

And it's not all work, Beam also hosts regular informal social gatherings which allow for the much-needed and off-the-record interactions, and chances to discuss cases.

So what's next for Beam?

"Our vision is to open one or two more Beams," said Rhu. "The only sticking point is to pinpoint the people who 'get it' and who will honour the brand and do it justice which is why we're currently seeking an additional specialist orthodontist to grow the team, and bring a relentlessly positive attitude to work every day.


Rhu McKelvey

TESTIMONIAL

"Thanks to a great team, your skill and competence are one thing, but it's your warmth and empathy that make you outstanding." Patsy Whelehan, Beam patient.

"After much blood, sweat and tears – and a lot of investment! – I'm extremely proud of our Beam set-up and, underpinned by the passion which the entire Beam team share, truly believe that we've got the structure in place to move onwards and upwards." ■

Thriving in challenging conditions

Despite opening an orthodontic practice in a climate of NHS cutbacks and spiralling costs to meet new regulations, Nimo Rostami and Nick Baker have managed to successfully grow their business over the last two years.

Iranian-born Nimo said: "The introduction of rationing based on IOTN scores, the removal, without any compensation, of the fee for repairing fixed appliances, and the introduction that no further NHS support is given to patients after they have been wearing retainers for a year, are all examples of new rules that have challenged the ability of St Andrews Orthodontics to continue to provide orthodontics on the NHS.

"However, as part of the service to the local area, St Andrews Orthodontics continues to offer all categories of patients NHS treatment where possible. As in normal dentistry, sadly some treatments are not available and some patients will not qualify. To help with the costs, prices have been kept as economical as possible and zero interest payment plans are available for patients to pay as their treatment progresses. Hopefully, this will allow those patients to gain the smiles they deserve."

Graduating from the National Medical and Dental University of Tehran with a DDS in 1994, Nimo entered a post-graduate programme in dental materials at Claude Bernard University in Lyon, before moving to Germany to work as a dental officer at Ramstein US Military Airbase in Kaiserslautern.

He then moved to the UK, initially in Dundee but, before settling in Scotland, he took on a number of hospital posts in maxillofacial surgery and orthodontics across the country, culminating in specialist orthodontic training at The Royal London Dental Institute, where he graduated in 2003. Nimo then moved back up to Scotland to work in orthodontic practice.

His partner at St Andrews Orthodontics, Nick Baker, has also taken an interesting route to the Fife town, courtesy of a six-year stint in the Royal Navy as a dental officer. Nick joined up on graduating from Dundee in 1985 and, by the time he left the navy in 1991, he had risen to the rank of lieutenant commander.

Upon entering general practice he realised he enjoyed working with children and developed a special interest in orthodontics. He is currently working towards an MSc in orthodontics at the University of Warwick on a part time basis.

Nimo and Nick met while working for a chain of orthodontic practices on the east coast and decided to join forces and set out on their own. They identified St Andrews for a number of reasons but most importantly because the Fife town at that time didn't have a specialist orthodontic practice and they saw an opportunity to fill the gap.

With the number of referrals increasing each week, the practice has significantly increased its clinical hours in the last year to cope with demand; there are also immediate plans to increase staffing levels to maintain the excellent service on offer.

The St Andrews area, having a large population of North Americans (renowned for being aesthetically conscious and particular about the services they use), has also produced a remarkable demand for 'invisible braces'.

As the practice develops further, one of the future goals is to work closely with the referring colleagues to assist them with their multidisciplinary cases. Whether it be by arranging joint clinics or by organising individually tailored courses, the aim is to make it easier for referring practitioners to meet the modern day demands of their patients.

Nimo said: "The practice aim is to provide the best service to the patients and the referring dentists and thus continue to grow so more people can benefit from the service we offer. The staff work hard to ensure that no waiting lists are in place and new patients are seen at the soonest opportunity that suits them. Referrals are received by the established routes of mail and telephone but are also possible via the practice website and via email." ■

For more information, visit www.standrewsorthodontics.co.uk or call 01334 837 900

Building relationships

Clifton Dental Clinic offers a range of referral options

In the last few years Clifton Dental Clinic has expanded its referral service to include implants, endodontics and CBCT scanning.

Since launching an implant referral service in 2006, the practice has treated patients from all over Scotland, as well as joining forces with specialists to provide zygomatic implant solutions and advanced bone regeneration techniques.

Clinical director Dr Allan Pirie BDS DGDP(UK) RCS MSc Imp Dent (bottom right), qualified in 1981 from Glasgow University and subsequently worked for a year in London at the Royal Dental Hospital and the Middlesex General Hospital Oral Surgery unit. He was awarded DGDP RCS in 1995 and gained an MSc in Implant Dentistry in 2006.

Allan said: "We like to build relationships not just with the patient but also the referring clinician. Dentists are welcome to come along and observe their patients surgery, and we actively encourage dentists to get involved, especially at the restorative phase. Over the years, I have worked with many GDPs, teaching them to restore implant cases in their own clinics."

In 2011 the clinical team was joined by Dr Ross Henderson, who qualified from Dundee in 2003. Ross worked in general practice, where he developed a keen interest in endodontics. He gained his masters in endodontics from the prestigious Barts and The London School of Medicine and Dentistry. At Clifton Dental Clinic, Ross limits his practice to endodontics and accepts referrals for all aspects of endodontic care including diagnosis, non-surgical, surgical root canal treatment and re-root treatments. He is a member of the BES. ■

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After qualifying from Dundee in 2003, Ross worked in general practice, where he developed a keen interest in endodontics. He gained his masters in endodontics from the prestigious Barts and The London School of Medicine and Dentistry.

Ross works at Clifton Dental Clinic, where he limits his practice to endodontics, and accepts referrals for all aspects of endodontic care, including diagnosis, re-root treatment, non-surgical and surgical root canal treatment. He is a member of the British Endodontic Society.

Dr Allan Pirie, BDS DGDP(UK) RCS MSc

Allan qualified in 1981 from Glasgow University and worked in London at the Royal Dental Hospital and Middlesex General Hospital Oral Surgery unit. Since 1994, the main focus of his dental and postgraduate education has been in the placement of dental implants. Allan was awarded DGDP RCS in 1995 and gained an MSc in implant dentistry in 2006. He has taught many dentists implant dentistry and been a tutor at the University of Warwick and the University of Glasgow Dental Hospital. He is an examiner at the Royal College of Surgeons in Edinburgh.

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For more information or to speak with one of our specialists about any aspect of dental care for your patients, please contact the clinic on 01764 664446.

Comprehensive dental care

Clyde Dental Centre opened on St Vincent Street in Glasgow in August 2013 accepting referrals for a comprehensive range of dental treatments. Implants, sedation, bone grafting, oral surgery, 3D imaging and orthodontics are all provided for in their relaxing, state-of-the-art facilities.

Stuart explains: "The idea was to transfer our already successful referral service to a facility that would enhance the overall patient experience."

Clyde Dental was the first practice in Scotland to install a cone beam CT scanner in 2005 giving the team unrivalled experience in this exciting technology. The new dental imaging suite at CDC has two CBCT scanners – an iCAT and Gendex DP700 – allowing small, medium and large volume 3D images to be taken. 2D digital images – pan oral and ceph views – can also be taken with the Gendex machine. Free imaging software – iCAT Vision and Invivo – are available to referring dentists, as well as Simplant planner files.

3D imaging from CBCT has transformed the planning of implant cases. Clyde Dental Centre works closely with referring dentists, whatever their level of implant experience.

Whether referring patients for all aspects of implant treatment, surgery only (dentist restores) or for bone grafting/sinus augmentation, Clyde Dental Centre can help develop the implant treatments you provide for your patients.

With in-house CBCT, specialist orthodontist Nadia Gardner uses 3D imaging to accurately access impacted canines, supernumerary and un-erupted teeth for cases where conventional 2D imaging is insufficient. Nadia welcomes children and adult orthodontic referrals for both NHS and private treatment.

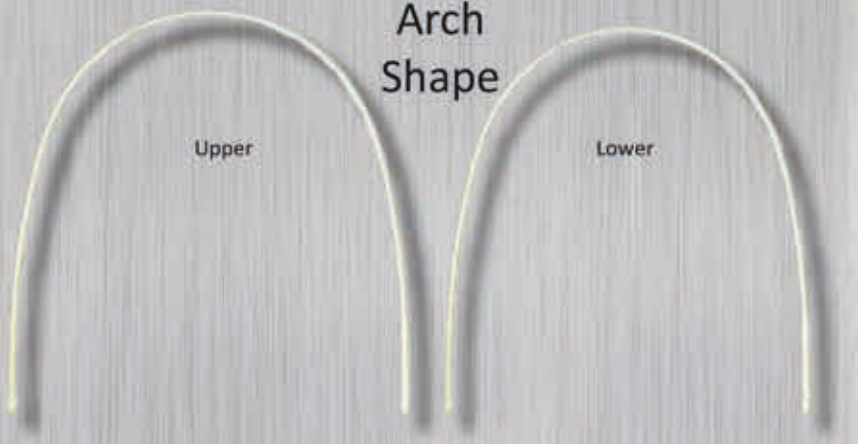
The sedation surgery at Clyde Dental Centre provides a full range of conscious

sedation for patients having restorative and/or surgical dentistry. In addition to dentist-led intravenous, inhalation and intranasal sedation, consultant anaesthetist Kenneth Pollock offers sedation using propofol. ■

Patients can be referred online at www.clydedental.com/irefer or by phoning Gillian on 0141 204 1121.

New

Euroform® Cosmetic
Orthodontic Archwires



Innovative Technology

Now you can fulfil your patients' aesthetic orthodontic requirements, without compromising the clinical performance and efficiency of their treatment.

Euroform® Cosmetic archwires have a negligible .0008" Polytetrafluoroethylene (PTFE) coating, which is resistent to staining, and impervious to cracking or chipping when the wire is bent or deformed.

The advanced technology coating process is superior to traditional teflon coated archwires providing similar levels of clinical performance to non-coated archwires, due to low frictional resistance.

Aesthetic confidence for your patients

Special Features

- Durable coating
- Extra smooth surface
- **Available in stainless steel, super elastic and heat activated nickel titanium**

Aesthetic archwires that perform like non-coated archwires....

...with long-lasting aesthetics for patients

ORTHO CARE

For further information visit www.orthocare.co.uk, telephone 01274 533233 or email info@orthocare.co.uk

A referral centre with a difference

Scottish Centre for Excellence in Dentistry offers InMode equipment and facial and body rejuvenation treatments

Under the leadership of Arshad Ali, Scottish Centre for Excellence in Dentistry is surging forward and 2014 will see the fruition of all the plans that were put in place in previous years. With the expansion of the team and the purchase of their new InMode equipment, the first one in the UK, the centre is not only offering specialist services in dentistry, but has expanded into a wide range of facial and body rejuvenation treatments.

They now have a plastic surgeon, dermatologist, a face and body aesthetic practitioner and a beauty therapist as part of their team. All of these services can be offered to the patients of referring dentists.

Dental implants have always been a large part of the referral services and recently they have teamed up with the Scottish Denture Clinic to offer a very streamlined implant service for implant-retained overdentures and bridgework.

As well as a full range of specialist dental services, there are many reasons why dentists should refer to the centre. This includes a full range of update seminars and courses running throughout the year, in-practice lunch and learns, open evenings and social days. The last social day involved Bentley drives, refreshments and lots of fun!

Five glorious years! This is how long Arshad and his team have been in their purpose-built referral centre. The size and capacity of the centre has enabled the waiting areas to be spacious and welcoming and the surgeries bright and equipped with the latest equipment. The centre has a cone-bean CT scanner that is used in planning many of their surgical, endodontic, periodontics and orthodontic cases. Let's hope the next five years are as good as the first five! ■

Putting patients first

Edinburgh Dental Specialists celebrates 20 years of delivering first-class care

Edinburgh Dental Specialists share a common goal with all of their referring dental practitioners – patient care.

Since opening the practice 20 years ago this month, Dr Kevin Lochhead has built a team of prosthodontists, endodontists, periodontists, oral surgery specialists, laboratory technicians, nurses and support staff, who work together closely to provide comprehensive specialist care.

In order to consistently deliver a high standard of care, EDS work closely with the patient's own dentist, always returning them to their care after specialist treatment.

This ensures that the patient receives the best possible care and ongoing treatment, and allows EDS to solidify the trusting, long-term relationships they have built with more than 800 dental professionals.

During and after treatment, the specialists are just a phone call away, readily available for ongoing advice and support to both patient and dentist.

EDS' commitment to patient care extends to their in-house implant and ceramic laboratory, which can also be used by referring practitioners. Having invested in the latest technology and formed a team of registered dental technicians, the experts create high-quality fixed and removable prosthetics. The highly-experienced technicians understand patient needs and work tirelessly to achieve optimum results every time.

EDS recognise patients will benefit from improved knowledge and experience across the industry and dental professionals are therefore invited to attend their CPD courses, clinical round-tables and seminars, many of which are free.

Edinburgh Dental Specialists know that their commitment to patient care is mirrored across the profession and look forward to working with existing and new referring professionals to jointly deliver exceptional patient care. ■

Your referral option

If your practice doesn't offer implant prosthetic work then Ivy Dental and Scottish Denture Clinic could have the answer

An ageing population has meant that implant retained solutions are becoming more and more prevalent in modern dentistry. But what can you do if your practice doesn't offer implant prosthetic work?

Why not refer to the team at Ivy Dental and the Scottish Denture Clinic? We offer a GDP referral option that offers both you and your patients many key advantages:

- A dedicated implant and CDT team
- World-renowned Malo protocol is carried out entirely in-house
- Your patients only have to visit the one centre
- Dozens of cases completed using Nobel Biocare or Southern Implants and Procera frames
- Your patients remain YOUR patients

We would be delighted to talk to you about your practice's and patients' requirements at a time convenient to you. Please get in touch on 0131 228 6650 for a friendly chat.

About the team:

Dr Stuart Lutton BDS, MJDF MSc Dental Implantology, qualified from Sheffield University in 2000 and has practised in Edinburgh ever since. Stuart has a special interest in dental implants and in particular 'All-on-4' and 'Same Day Teeth'.

He has placed more than 1,000 dental implants and his desire to learn more led to him pursuing a masters degree in implantology which he received in 2012. Stuart is also a member of the UK ADI.

Robert Leggett RDT Dip CDT RCS Ed, qualified as a dental technician in 1997 from Edinburgh's Telford College. In February 2009, Robert returned to study a diploma in clinical dental technology which was the first CDT course to be run in the UK qualifying through the Royal College of Surgeons in December 2009.

In January 2013 Robert began Scottish Denture Clinic in Edinburgh and Glasgow and currently lectures student Dental technicians at Edinburgh's College. ■

Stock market outlook for 2014

Graham Reid looks at how the next 12 months could pan out for the global economy

At Investec, we moved into 2013 with cautious optimism that the global economic recovery would continue and this would be reflected in equity valuations. Looking back, this was proven correct. But what is the outlook for 2014?

Our research team have spent considerable time formulating their thoughts for the year ahead and we have created our annual 'Vision' brochure, which touches upon many key themes.

We are aware that equities no longer offer the bargain basement valuations that were apparent last year and their prospects are therefore much more dependant upon near-term earnings growth. We are optimistic about both the global economic outlook and earnings growth prospects. In 2014, we expect the recovery in developed market economies to finally start to gain traction, while emerging market economies continue to grow. In fact, it could be the first year since 2007 when we have simultaneous acceleration in growth in North America, Europe and Asia – a recipe for positive earnings 'surprises'.

Once again, this optimism is not universally held, with the prospects for both Europe and emerging markets hotly debated. We are encouraged, however, by numerous factors:

- companies, in aggregate, are very healthy and are potentially at the threshold of a new cycle of mergers and acquisitions;
- house prices are stabilising where they were weak and, remarkably, making new highs in prime centres;
- banks' balance sheets are on their way to full repair and, more importantly, liabilities appear to be containable. With leading indicators such as business sentiment measures nudging into positive territory, this fertile ground looks ready to bear fruit.

The disappointing region in 2013 was emerging markets but, as long-term investors, we are keen to take these opportunities to invest for our clients' future. There is no doubt that a slow down in the growth rates in China and the Quantitative Easing initiatives have impacted on the short term, but opportunities are abound in emerging markets for the patient who have suitable time horizons to benefit from the emerging middle classes who have an insatiable appetite for a western lifestyle.

In summary, we enter 2014 in a positive frame of mind. We see prospects for concerted growth in all of the main economic blocks for the first time in several years, which suggests earnings should rise, potentially by low double digits. The greatest tension will be between that growth and the potential withdrawal of liquidity by central banks. If risk assets have re-rated upwards on the tide of surplus money, it is only fair to expect some payback. The key will be for earnings to grow faster than equities could possibly de-rate. In any event, rising earnings and dividends should assure better total returns from equities than bonds.

It is almost surprising (given the low esteem in which equities are currently held, despite major indices making all-time highs) that total returns from equities now outstrip those from bonds over every relevant investment period from one year to 30 years. That is the sort of statistic that galvanises asset allocators, and we would expect more support for equities. Bonds, however, remain an integral component of balanced portfolios despite offering low nominal returns, as they provide the 'insurance' for our clients' SIPPS, Charities, Trusts, ISAs, Offshore Bonds and taxable portfolios. Only five times in the last century have they provided a negative total return in the same year as equities have fallen, the last time being 1994. ■

If you would like to chat or receive a copy of our in-depth Vision 2014 booklet, please contact Graham Reid on 0131 226 5000 or graham.reid@investecwin.co.uk

Manage your energy to **grow your business**

What are your business growth plans for 2014? Are you hoping to grow your dental practice by securing more patients, larger premises or perhaps looking at offering further services? If so, you will need to think carefully about how to channel your energy.

Our 'Manage Your Energy to Grow Your Business' seminar is designed to help dental practices across Scotland to overcome any possible barriers they may come up against. Perhaps, more importantly, it gives our clients tools to identify the solutions they could adopt in order to continue the development of their successful dental practices.

Director Jayne Clifford, who leads our specialist dentistry team, recently teamed up with business coach Robin Th'ng of Shirlaws Scotland and explored the area of 'Managing Your Energy to Grow Your Business. At this interactive session, Jayne and Robin shared advice on creating a business vision based on values, understanding where a practice was in the business cycle and how to improve that business through better communication.

Jayne said: "We're very pleased to have held such a successful interactive seminar, which proved to be very popular with our dentistry clients. It was a great opportunity for our clients to learn about how to grow their business and also learn from others in the industry. Many attendees developed some key ideas at the seminar that they will be able to apply to their business straight away."

The evening seminar took place at Martin Aitken & Co offices, 89 Seaward Street, Glasgow G41 1HJ. ■

To find out more about how you can grow your business or details about other forthcoming dentistry events, please call Jayne Clifford on 0141 272 0000 or send an email at jfc@maco.co.uk, today.

A winning combination

Stark Main & Co Dental named Scotland's best accountant

Dental specialist tax advisors and accountants, Stark Main & Co Dental, ended last year on a high.

They have just returned from the British Accountancy Awards, held in the Pavilion Tower of London, where the firm scooped the award for 'Independent Firm of the Year – Scotland' for the second year running. The expert judging panel commented that the firm had some great client and staff stories which stood them out from the competition.

(l-r) Awards host Miles Jupp, Rob Parker from category sponsor Iris with Jim Stark, Jayne Rogerson and Ian Main from Stark Main & Co Dental.

The firm, which recently opened its Edinburgh office exclusively serving the Scottish dental market, has a core message of 'proud of the difference we can make together' and continues to assist Scottish Dental Professionals to achieve their goals with a focused and high-value approach.

Director Ian Main said: "We are immensely proud to have been recognised in this way on a national level. The fact that our exceptional team have continued to grow on our 2012 success and retain this title demonstrates an unswerving commitment to being the accountant of choice for the Scottish dental market.

"We will continue to embrace a culture of constant improvement to make sure that we stay at the forefront of what should be a modern and dynamic approach."

Stark Main & Co Dental offer a wide suite of value added services and offer readers the chance for a free financial and tax health check.

Contact ian@starkmaindental.co.uk to take advantage of this offer and deal with Scotland's accountant of the year. ■

Specialist business advice and support

The Healthcare Consultancy (THC) was founded in 2012 by specialist healthcare consultant Ken Brown. After spending 27 years with the Royal Bank of Scotland, including more than a decade in the healthcare sector, Ken has built up extensive experience of the dental and medical industry.

THC was created to help businesses within the healthcare sector develop and grow in the knowledge that specialist healthcare advice and support is only a phone call or click away. The company offers consultancy services on areas such as business planning and feasibility studies, financial guidance in terms of expansion and growth, accessing bank funding and working capital management, as well as risk management advice on areas such as health and safety, healthcare regulations and staff issues.

Testimonials:

Ian Ollerhead – Barnton Dental
"Ken guided me through the process of purchasing a practice from start to finish and dealt with potential lenders on my behalf to ensure that I received the best possible deal. I would recommend that anyone looking to buy their first dental practice make use of his undoubted expertise."

Shona McIntyre – Argyll Smile Dental Care
"I was recommended to THC while looking for finance for expanding our practice. After speaking with Ken, it was clear that his knowledge and experience of healthcare within the banking sector was going to be beneficial to us. Within a couple of weeks, Ken had a range of competitive funding options for us. I would have no hesitation in recommending THC to any practice looking for funding or financial advice." ■

For more information, visit thc-uk.co.uk

At William Duncan + Co we have the expertise to help you improve your overall financial performance and minimise taxation. When it comes to finance, dental professionals themselves are in need of some specialist care.

Our dedicated healthcare team provides accountancy services to many dental practices throughout south west Scotland. Our Key areas of expertise are:

- Specialist Accounts Preparation
- Business and Personal Taxation
- Business structure, entry and exit planning
- Service tailored to your requirements

"Having worked with William Duncan throughout the incorporation of my business and also moving and expanding to new premises, I can highly recommend them to other dental colleagues."

Mark Fitzpatrick, Sandgate Dental Practice, Ayr

"I have worked with William Duncan since setting up my practice – I would recommend them to any dental professional – their support has been excellent"

Dr Ainsley Ness, Breeze Dental Clinic, Troon

Learn more, contact one of our dental sector specialists:
stephenbargh@williamduncan.co.uk, sandydargie@williamduncan.co.uk, hazelmurphy@williamduncan.co.uk

Head office: 30 Miller Road, Ayr KA7 2AY
T: 01292 265071 F: 01292 610246
www.williamduncan.co.uk

william duncan+co
Chartered Accountants
& Business Advisers

Making tax returns less taxing

Hazel Murphy from William Duncan + Co looks back on a busy time of year for accountants

By the time this article appears, your accountant will be breathing a sigh of relief after the tax return madness that arises every January! We all know the annual scramble by many clients rushing in at the last minute to meet the HM Revenue & Customs filing deadline of 31 January for submitting their tax return and paying their contribution to HM Treasury!

Many of you will no doubt have your books in excellent order and will present accurate, well maintained and understandable accounting records in plenty of time to your accountant which, in turn, allows your annual accounts to be prepared and early notification to be provided of your tax liabilities... but, dare we say, many of you won't!

Some of you may have a practice manager who helps keep the books and records, but we know that many dentists try to do this themselves. Given all your other responsibilities, finding the time to keep the books up-to-date yourselves can often lead to delays and frustration and ultimately higher accountancy costs at the end of the year. This is because more time is required by your accountant in unravelling the records and so the process of preparing accounts becomes more complex, taking perhaps longer than it should. In addition, information is produced too late for it to be of any use to you in managing your business and tax liabilities are not known until the last minute.

An alternative may be to consider our Cloud Accounting solution, provided through our business services company, Xtra Accounting Ltd; Cloud-based simply means that the computer servers on which the software operates are remotely located from you – you access them over the internet. Xtra Accounting Ltd partners with Xero software which is an online accounting system. It is simple to access and operate, with no accounting jargon, and designed for use by non-accountants. The benefit of Xero is that you can access your financial information any time from any device with access to the internet – PC, laptop, iPad, tablet etc.

Crucially, however, we also have access to this and can help you at any time throughout your year in ensuring your records are balanced and up to date. Indeed, for many clients, we actually undertake the bookkeeping for you, taking away the hassle that we know many of you simply don't have the time to address and allowing you to concentrate on managing and running your practice.

Working in partnership with Xtra Accounting and Xero means that you have, at a glance, the key financial points you need to be aware of in your business – bank balance(s), amounts owed to suppliers, amounts due from patients – all the financial information which is important to you. It allows easy production of management accounts on a monthly or quarterly basis and of course the information that you provide to your accountant at the end of the year is up-to-date and accurate, which in turn reduces the amount of time required to be spent on your annual accounts.

Your tax liabilities can also be predicted much earlier, based on the management accounts, giving you more time to plan your tax cashflows. ■

If you would like to know more about Xtra Accounting and Xero, please contact Hazel Murphy on 01292 265 071 or email hazelmurphy@williamduncan.co.uk

Anthos works with ease

The R7 International from Anthos presents the dentist module with integrated instrumentation from one manufacturer, and easy movement for the users operating position. This system will provide excellent comfort for your patients. The R7 features an adjustable pneumatic headrest that allows the operator to adjust the patient with ease, whilst the triple axis LED operating light gives the optimal view of the oral cavity.

To book a showroom appointment please call 08700 10 20 41, email sales@henryschein.co.uk or visit www.

Meet patient demand

If you want to meet patient demand look no further than Oralign Ltd. Oralign is unlike other orthodontic treatment undertaken by GDPs, in that Oralign's Specialist Orthodontists undertake the diagnosis, complete the treatment planning and recommend which of Oralign's three appliances is best suited for the case. You will also feel the full benefit of improved cash flow thanks to an up-front fee, with no lab fees or additional materials costs to worry about.

Oralign Ltd will be running GDP courses in the Oralign technique throughout 2014. For more information visit www.oralign.co.uk

Perfect match for practice

A newly incorporated company, Practice Match Limited, has hit the ground running.

Neil Taylor BDS LLB DipLP Solicitor and head of dental services for Taylor defence services Ltd, is joined by a dentist and a lawyer.

The three provide everything a dentist needs to buy or sell a surgery. Those who know Neil will know that their best interests are always at heart. Neil offers an up to date knowledge of the law and a huge client list.

Neil is joined very recently by Michael Davidson BDS. Michael brings 13 years experience working across Scotland both as an associate and a practice owner. A well-known face in the dental community, Michael will look after all the day-to-day issues.

Also joined is Michael Lott LLB NP Solicitor. Michael has 30 years of legal experience including commercial conveyancing. The same person will be dealing with your contractual obligations and rights from start to finish.

The concern many dentists have is that they are paying for additional services for introduction. This can all be achieved for one, far lower price. The clients who have already utilised the services cannot believe how a valuation, marketing, viewing, negotiation and settlement with full conveyance can be achieved for the prices offered.

The simple answer is that it can, with an all inclusive package and people willing to do it for you. ■

Your one-stop-shop

As the UK's largest full-service dental dealer, The Dental Directory stocks more than 27,000 dental products. If you want quality and reliability when purchasing your consumable items such as gloves, facemasks and cross infection barriers, turn to the dependable and fast service of The Dental Directory.

The Dental Directory's consumables range is of excellent quality and has been manufactured to the highest international standards. The best part is, every item you purchase from The Dental Directory, no matter how big or small, qualifies for free next day delivery with no minimum purchase requirement.

Don't let your practice run out of the essentials, call The Dental Directory and ask them about their great prices and amazing consumables range today.

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

Raising the Standard

Used in thousands of dental practices across the UK, the CS R4 Clinical+ Practice Management Software from Carestream Dental is designed with you in mind.

Offering the perfect combination of power and simplicity, the software will help you manage everything from patient records, to appointment schedules and inspection deadlines efficiently.

All digital images are automatically stored within the patient's file and can be used to aid treatment explanations. Additional features such as text message reminders, online booking systems and eSignatures are also part of the fully integrated system, improving your service and streamlining your processes.

Call 0800 169 9692 or visit www.carestreamdental.co.uk

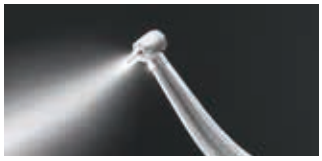
New Synea Vision

Discover the new Synea Vision range with unique innovations, including the amazing TK-94 L, at Ø 9mm, the smallest and most powerful micro head turbine currently available with five-hole spray.

The TK-94 L offers bright LED light even in the most restricted areas, making it ideal for minimally invasive treatments. The Synea Vision range is designed for purpose offering a choice of four turbine head sizes and two speed-increasing contra-angle head sizes to meet your treatment requirements.

The incredible scratch-resistant coating makes cleaning easy and protects your handpieces, ensuring they always look as good as new. The ergonomic lightweight design and high quality ceramic bearings make the Synea Vision range comfortable, light and quiet to use.

Ccontact W&H (UK) Ltd on 01727 874 990 or marketing.uk@wh.com For a free trial of any handpieces from the W&H range, go to www.wh.com



Experience the difference

creos xeno.protect from Nobel Biocare is a biodegradable non-crosslinked collagen membrane designed for use in guided bone and guided tissue regeneration procedures. Key benefits include: unique handling, high tensile strength, an extended barrier function, and excellent revascularisation behaviour and tissue compatibility.

Dr Paul Worskett has experienced the benefits first-hand. He said: "It has an almost paper thin consistency which means it is easy to cut, shape and manipulate. Placement and handling was a lot easier than some membranes I have used in the past and complete flap closure was possible without relieving the periosteum."

Call 0208 756 3300 (option 1) or visit www.nobelbiocare.com

everX Posterior from GC

GC everX Posterior is a fibre-reinforced composite designed to be used as dentine replacement, in conjunction with a conventional composite such as G-ænial Posterior used as enamel replacement.

The short fibres of GC everX Posterior will make it a perfect sub-structure to reinforce any composite restoration in large size cavities. Fibres will also prevent and stop crack propagation through the filling, which is considered to be the main cause of composite failures.

GC everX Posterior opens new possibilities for restorations of extensive cavities at chairside and is the answer to the growing demand for an economic restorative alternative for big size cavities.

Indications: Cavities with three surfaces or more to be restored; cavities with missing cusps; deep cavities; cavities after amalgam replacement; and cavities where onlays and inlays would also be indicated.

For further information, please contact GC UK on 01908 218 999.

The Assistina 3X3

The Assistina 3X3 is the most thorough handpiece cleaning system currently available, cleaning and lubricating three handpieces in three steps for ideal handpiece care. Assistina 3X3 provides an extensive cleaning process, combining thorough cleaning of internal spray channels and transmission parts with external handpiece cleaning and precise, consistent automatic lubrication of all internal components.

The new Assistina 3X3 forms an ideal part of your decontamination routine as it is validated to remove commonly encountered microbes in the dental surgery, with a cleaning efficacy of more than 99 per cent.

The Assistina 3X3 prepares your handpieces quickly and easily prior to sterilisation

For further information, please contact W&H (UK) Ltd on 01727 8749 90 or marketing.uk@wh.com

Dedicated business and accountancy support for dentists

Condies Health is a founding member firm of NASDAL (National Association of Specialist Dental Accountants and Lawyers) in Scotland. Our team have an intricate understanding of the dental profession and can assist clients in all matters relating to practice and personal finance.

Whether you are an associate starting out or a long established practitioner, Condies Health can advise you on the following:

- **Starting Off**
- **Management Accounts**
- **Practice structure**
- **Practice Benchmarking**
- **Succession planning**
- **Financial Services**
- **Book keeping**
- **Annual accounts**
- **Tax planning & compliance**
- **Strategic planning**
- **Practice acquisitions and disposals**
- **Payroll**

For a confidential, no obligations discussion contact the Condies Health dental team:

Cliff Fleming, Partner
e: Cliff.fleming@Condie.co.uk

Linda Nelson, Client Adviser
e: Linda.nelson@condie.co.uk

Condies Health

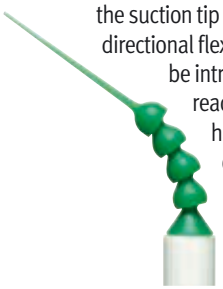
10 Abbey Park Place
Dunfermline
Fife KY12 7NZ
Tel: 01382 721421

49 Manor Place
Edinburgh
EH3 7EG
Tel: 0131 226 7363

Info@condie.co.uk **www.condieshealth.co.uk**

HEALTH
condies

Endodontic aspirating tip for the root canal



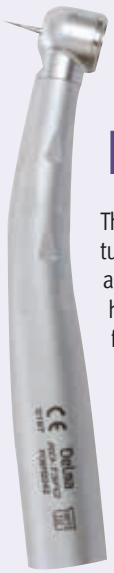
Coltene is pleased announce the addition of Surgitip-endo to the Surgitip and Endodontic range. Surgitip-endo is an aspirating tip specially designed to dry root canals. The innovative design of the suction tip allows for a multi-directional flexibility, it can easily be introduced into hard-to-reach root canals without having to bend the canal tip.

Aspiration is highly effective at all angles and visibility is not constricted. Surgitip-endo removes rinsing solutions and moisture quickly and effectively, shortening the drying time considerably so less paper points are required.

Surgitip-endo is delivered with a double adapter for adapting the tips (ø 6.5mm) to ø 11 mm and ø 16 mm aspirating equipment.

Call for your free sample and further information, freephone 0500 295454 exts 223/224 www.coltene.com

Get value for money with the Delma range



The Delma range of turbines, air motors and contra angle handpieces offer first-class quality, ergonomic design and outstanding value for money. With three fibre optic turbines costing £465, a non optic turbine £55, a push button contra angle handpiece £55 and an air motor £65 – all plus VAT – your handpiece repair bills can be eliminated.

One-year guarantee on all the products in the range.

For more information, call Andrew Carr 01485 529363, email fairdent@btconnect.com or visit www.fairdent.co.uk

Effective disinfection

Alkapharm's Protein Testing Kit has been scientifically developed to instantly help determine and monitor the effectiveness of the day to day cleaning/disinfection procedures within the dental practice.

The presence of proteins upon any hard surface would suggest that potentially harmful bacteria may also be present.

In the case of equipment or clinical surface previously considered as clean then identifying the presence of protein will indicate that further cleaning is required and also help identify that only detergent/disinfectant products that will achieve adequate levels of decontamination will be in use within the practice.

Each kit will allow for 20 individual tests with each test taking just a few minutes to identify protein levels as low as 20ppm on hard surfaces to include: surgical/medical/dental instruments; washer disinfectors, ultrasonic cleaners, autoclaves; and clinical surface areas, medical furniture and equipment etc.

For further information, call Alkapharm on 01785714919 or visit www.alkapharm.co.uk

Style for beautiful price

Introducing the new A-dec 400 dental chair; marrying form and function for less complexity and more style at a beautiful price.

The A-dec 400 is a truly ambidextrous package which can be configured to accommodate varied preferences. The delivery and support modules are able to quickly and easily rotate around the chair for complete left/right compatibility for the dental team. And its features don't end there. It was designed to put your patients at ease with its double articulating headrest, toe board tilt and virtual pivot which synchronises with the movement of the chair and anatomy and motion of the patient.

Visit our Territory Managers Mark Harris and Eugene O'Malley on stand G40 at The Dentistry Show, call us on 0800 233 285 or visit www.a-dec.co.uk

Practice makes perfect

Prestige Medical is pleased to announce that Smileright has chosen their Advance B Class Autoclave to provide instrument sterilisation in the prestigious new Cardiff clinic opening on 4 February within Boots the Chemist on Queen Street.

Smileright clinics are expanding into central locations in Boots stores around the UK. Advance is already installed in Smileright clinics in Basingstoke, Cheltenham and the London Barbican.

Charles Quail of Smileright said: "We chose the Advance autoclave initially because, although compact, it has a higher capacity than many other autoclaves on the market – making it ideal for our busy clinics. Having the option of using vacuum or non-vacuum cycles on the one unit also gives us the flexibility we need. We have been so impressed with the quality of the equipment and the excellent service we have enjoyed from the team at Prestige Medical, that we didn't hesitate to choose an Advance for our clinic."

For more information, call 01254 844 103, email sales@prestigemedical.co.uk or visit www.prestigemedical.co.uk/uk/dentistry

Now's the time to floss

The chances are your patients good intentions to take better care of their teeth might be starting to wane by now and New Year's resolutions may have fallen by the side.

Now's the time not to be despondent but take hope as Oral-B's Pro-Expert Premium Floss is easier to use and more effective than its predecessor.

The monofilament strand is non-shredding and slips easily through the tightest of contacts. In clinical trials 75 per cent of patients preferred this type of floss and sited ease of use as the main reason.

Combating flossing inertia amongst patients will never be easy, but hopefully with Pro-Expert Premium Floss they'll be running out of excuses why they haven't 'cleaned in between'.

With any luck, flossing can become as firmly established as brushing is in their daily oral care regime.

no more compromises

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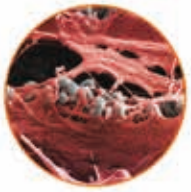
45° conical internal hex connection creates a robust, biologic seal and is color-coded for quick identification and component matching



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