

The magazine for dental professionals working in Scotland

April/May 2010

Scottish Dental magazine



**PRACTICE
PROFILE**

New Highland
home for
Margaret
Eilertsen
Page 32

**EXCLUSIVE: NEW CITY
CENTRE PRACTICE**

Jamie Newlands to open
state-of-the-art eight-chair
Glasgow surgery **Page 10**

**DOING TIME IN THE
NOTORIOUS "BAR L"**

Kieran Fallon on life
looking after Scotland's
hard men **Page 28**

**DECONTAMINATION
REGULATIONS**

Irene Black argues that
the devil now lives in the
detail **Page 45**

BRACE YOURSELF

Like it or not, continuous registration
is here to stay. See page 24



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Editor's desk

with Bruce Oxley



This is no joke

From 1 April all your NHS patients will be registered with you for life. This is no April Fool's joke and many dentists are struggling to see the funny side of the latest piece of legislation that has been forced on the profession against it's will.

The BDA's Scottish Dental Practice Committee has been in negotiations with ministers for more than a year and have made their feelings, and those of the profession, quite clear.

That the Scottish Government

would ignore their arguments against continuous registration is no huge surprise, given we are in a general election year, and with the Scottish Government elections due in 2011.

However, speaking to *Scottish Dental*, Health Minister Shona Robison has denied that the move is politically motivated, saying it was inherited from Labour's pre-existing Dental Action Plan.

But, whether this is all about increasing registration figures or not is now a moot point. The

legislation is in place and dentists will have to start coping with the extra pressure an ever-increasing list will surely bring about.

Whether the BDA's worst fears, such as declining oral health and over-subscribed lists, are realised remains to be seen. And, by the time the nation goes to the polls, will we be any closer to deciding who is in the right? ■



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

Contents

SCOTTISH DENTAL MAGAZINE
April/May 2010

NEWS >

- 05** Column: Biting back with Claire Walsh
- 06** Opinion: John Barry on business
- 10** Exclusive - New Berkeley Clinic
- 14** Practice News
- 19** Glasgow dentist's recipe for success

FEATURES >

- 24** Continuing registration what does this mean for the profession?
- 28** Interview: Barlinnie's prison dentist

- 32** Practice Profile: Eilertsen Dental Care
- 35** CDT's in practice
- 36** CDT profile: International Smiles



28

CLINICAL >

- 45** Decontamination update
- 48** Treatment planning, a ten year case study
- 52** It's not all about the implants anymore
- 56** Orthodontics against the odds. An award-winning case from Raja Mahesh

PRODUCT NEWS >

- 67** All the latest products and services



56



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Biting back

with Claire Walsh



The humble GDP

Are we becoming obsolete?

I don't know about you, but I've certainly had the occasional day at work where everything goes wrong, and, feeling a bit sorry for myself, think that someone else would make a better set of F/F, calm an anxious child, get a block on target at the first attempt...the list goes on. But would they do it any better than you?

When the public think of who a dentist is, they think of a GDP. After all, GDPs are in the front line, and are literally 'out there' in the towns, cities and rural areas alike. They have to be a jack-of-all-trades, and might even be a master of one or two. So, where do our friendly neighbourhood DCPs fit in?

Dental nurses are the biggest group of DCPs by far, and have been able to acquire further qualifications, for example in radiography, or sedation, but it's fair to say that the uptake in general practice has traditionally been pretty low. It has always

been difficult for dental nurses to progress clinically, so nurses have often aimed towards becoming receptionists or practice managers as a means of progressing in their career. But let's not forget, an experienced nurse is worth his/her weight in gold, so we want them at the chairside!

Hygienists are now well accepted in practice, and the training now qualifies the hygienist as a therapist as well, in a dual role. And this is where it starts to get tricky. Therapists were permitted to practise solely in the hospital and community settings until fairly recently, so now that they can work in general practice, there is much anecdotal evidence of hitting brick walls when the new graduates try to find work.

This seems to have many issues – financial being a very real one, particularly in the NHS situation. Another point is that dentists do not seem to know what therapists can do – and if

you read the GDC's Scope of Practice document, you'll see it's a helluva lot! Dentists have been sceptical of their jobs being taken away from them in the past, and given that the current dentist shortage in Scotland was projected to be improving by 2011, maybe we don't need large numbers of hygienist/therapists in training?

"Dentists don't seem to know what therapists can do and if you read the GDC's Scope of Practice document, you'll see it's a helluva lot!"

It does break the continuity of care, and while some patients will be happy to see someone else for the actual delivery of their treatment, others will prefer to stick right by your side. Much to your delight.

We in Scotland only have a

very small number of clinical dental technicians (CDTs) and who wouldn't pass on their nightmare F/F patients, if they could. But, unfortunately, CDTs don't get list numbers, so again, how will they be paid?

My own personal thought is that, in time, all but the simplest extractions will be referred to oral surgeons. So, by the time someone completes their BDS course, they might have very little experience in XLAs, and consequently be scared stiff of luxating a broken down lower molar. Even for an auld hand like me, you're only as good as your last extraction.

Another area where experience seems to be dropping is our old favourite, the full set of dentures. There will be a need for a while to replace existing sets, but in time, these patients will be (literally) a dying breed. Maybe in future CDTs will handle all the F/F patients... Where were they when I needed them? It's no' fair! ■

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1 year, 6 issue subscriptions: UK £48; overseas £65; students £25. Back issues: £5, subject to availability.

The copyright in all articles published in *Scottish Dental magazine* is reserved, and as such articles may not be reproduced without permission. Neither the publishers nor the editor necessarily agree with views expressed in the magazine. ISSN 2042-9762

Scottish
Dental
magazine

is published by

connect
publications

Studio 2001, Mile End,
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Tel: 0141 561 0300
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Opinion

with Dr John Barry



Time to take a fresh look at business?

I am a well-known advocate of quality management in dentistry and define it as “doing the right thing right, first time every time!”

“Doing the right thing” means ensuring that the circumstances are right, the diagnosis is correct, the treatment is in the best interest of the patient, and is affordable and gives the best possible outcome. It means performing all of the above in the optimum way ensuring that enough time is taken, the most appropriate materials are used correctly and the best possible outcome is achieved affordably. “Doing the right thing right, first time,” means having all the fabric and resources in place, plus time, to deliver this optimum outcome first time round. The final piece in the jigsaw definition of “every time” means consistency: you are set up to get the best possible result for your patient and your business every time.

I continue to have the privilege of visiting hundreds of practices and it never ceases to amaze me how different they all are in terms of fabric, systems and attitude. Some have fantastic fabric and are amazingly successful because they have grasped the concept of using systems to ensure everything is in place to achieve optimum results. Others have no systems and struggle with things going wrong, stuff missing, lab work not back or inaccurate, staff not sure what

Dentists almost certainly have much to learn from *F-Word* chef Gordon Ramsay when it comes to turning practices into the profit centres they should be in today’s world

to do, patients not being billed. The list of ways to get it wrong is endless and will be recognised by all of you as the biggest cause of potential stress and financial pressure in practice.

To be effective, efficient and consistent needs a fresh look at the practice from a Gordon Ramsay dental equivalent. Any of you who watch *Ramsay’s Kitchen Nightmares* regularly will no doubt realise that after observing the chaos that leads to the failure of the business, he goes back to fundamentals. He gets rid of the clutter and clears out all the rubbish, simplifies

“I continue to have the privilege of visiting hundreds of practices and it never ceases to amaze me how different they all are in terms of fabric, systems and attitude”

the menu to what is achievable effectively and consistently, and trains the staff in delivering the simple product. Almost by magic, the place improves! As a parallel, when I look at the Scottish SDR, I see a recipe for chaos and confusion. Some of you have great knowledge of the SDR and are adept at filling out the forms to maximise your revenue. Some of you are regularly missing out on fee income because of not completing forms properly or timeously.

There is no doubt that some practices north of the border have done extremely well out of the NHS in the past few years due predominantly to the very generous allowances, grants and incentives that have prevailed. It appears that there may well be a reduction in the amount of money generally available in the wider economy so it is not unreasonable to believe that dentistry and therefore funding for dentistry may not have the same priority. Also I am beginning to hear talk that the crisis of access is not a crisis anymore and that in fact, in certain areas, there is no access problem at all. I predict that this will drive down initiatives and that will of course mean less money about. But what has all this got to do

with the way you do business?

Now may be a good time to consider creating a purer system of relationship with your patients by creating a system of getting your patients to attend for dental health rather than dental disease visits. I made the move out of reliance on the NHS many years ago because I did not want the confusion of the SDR with its myriad permutations, nor did I like the fact that it was a fee scale set up for me with absolutely NO bearing on the reality of what I wanted to deliver for my patients.

I like the concept of patients paying to keep their mouths healthy and paying a little more when they need intervention. I like to ask patients to pay to solve a problem in the right amount of time with the best materials I have. I do not discuss MODs and pins and angles and other confusing descriptions. The patient needs to know that we have the ability to fix the problem they have and it will cost x to do. It becomes a very much simpler menu to deal with.

We also need to look at the systems we have in place to deal with the whole running of our practices so that we can all, as a team, deliver our message and end product which of course is solutions.



Dr John Barry is operations director of The Dental Plan.

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IN BRIEF**ENSURE APPROPRIATE ORTHODONTIC EXAMINATION CLAIMS**

Dentists must pay careful attention when making claims for orthodontic examinations, the MDDUS has warned, or payments can be held up.

The defence organisation is reminding dentists of the potential problems in this area following new guidelines being issued – given that claims for payment submitted by dental practitioners are scrutinised by the appropriate payment authority to check if they are correct.

Aubrey Craig, head of the dental division at the MDDUS, said: "Orthodontic examinations have always been a 'grey' area for practitioners. Not everyone is fully trained in the assessment of a malocclusion. What may be a developing problem may well self-correct as the child develops. However, the latest guidance should be helpful to practitioners."

Continuous registration. New SDPC chairman raises his concerns

Ignoring the profession's best advice

The Scottish Government's decision to introduce continuous registration for dental patients will have a negative impact on Scotland's already poor oral health.

And, as it comes into effect on 1 April, the new system will almost certainly put unwarranted additional pressure on the country's over-worked NHS dentists.

That's the view of Dr Robert Kinloch, the new chairman of the BDA's Scottish Dental Practice Committee (SDPC).

Despite seeking to keep the now strained relations with the Scottish Government on an even keel, it is clear there is thinly disguised anger among the BDA negotiators.

They are deeply concerned that, despite more than a year of negotiations, Public Health Minister Shona Robison has chosen to ignore their advice.

Dr Kinloch (above) told *Scottish Dental*: "They have ignored the profession's advice, for what reason I can only speculate. We would say there is a political agenda here in that obviously the Scottish Government wishes to show registration numbers going up.

"You will get to the stage where the dental list is beyond the capabilities of the dentist to service"

— Dr Robert Kinloch

"If this particular process goes on over a period of time, you will get to a stage where you will have a dental list that is potentially beyond the capabilities of the dentist to service."

However, the public health minister has hit back at her critics saying that the new



system will bring real benefits in the battle to improve one of the worst oral health records in Europe.

In an interview with *Scottish Dental*, Shona Robison said: "The key principle underlying this aspect of the Dental Action Plan and our policy approach is that there should be no automatic ending of registration after any given period of time. The continuous life-long relationship which this encourages is entirely consistent with developments elsewhere in primary care.

"A longer term more stable relationship fits with the need to plan care on a long term basis and to monitor oral health over time. Encouraging this relationship for all instead of only for those who have historically been regarded as regular attenders should bring significant health benefits."

Scottish Dental online

WEBSITE LAUNCH

Scottish Dental is now online, offering Scotland's dental professionals the perfect forum to keep up to date on the latest news, views and clinical developments.

The launch of *ScottishDental* mag.co.uk marks an exciting new direction for the publication and will provide the opportunity for greater interactivity with the whole dental team.

The new website will be updated regularly with breaking news

and reaction, as well as more in-depth investigation into what's affecting you and your colleagues. It will also give you the chance to tell us what you think about the news of the day and to provide feedback on every aspect of the magazine.

Many of the major dental suppliers and equipment companies have already started to take advantage of our new website to promote their latest products and services. With the chance to view multi-media content, such as embedded video, you

can also keep up with the latest developments and breakthroughs from the dental world's major players.

As the website develops we also plan to offer Continuing Professional Development (CPD), both in the magazine itself and online. A special online CPD zone will be created to allow you to keep track of the verifiable training you have completed by either reading the magazine or logging on to the website.



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New Berkeley Clinic

A magnificent four-storey townhouse in Glasgow's Park area is to be transformed into a state-of-the-art private dental clinic with eight surgeries, a teaching centre and laboratory.

The property, in Newton Terrace, just off the city's Sauchiehall Street, is being refurbished by Glasgow dentists Dr Jamie Newlands and Dr Mike Gow at a cost of more than £1 million. It will be a replacement for his successful – but now too small – Berkeley Clinic just a few steps away.

Dr Newlands, who is being advised in the project by dental entrepreneur Dr John Barry, operations director of The Dental Plan consultancy, said: "I've had my eye on the property for some time and although I looked at several other properties, I kept coming back to Newton Terrace. It is a beautiful place, with fantastic potential for what we plan to do."



"I kept coming back to Newton Terrace. It is a beautiful place, with fantastic potential for what we plan to do"

— Jamie Newlands

Exclusive: Work on a new "flagship centre of excellence" in Glasgow is under way

His current practice, in nearby Berkeley Street, has outlived its capacity. "We're bursting at the seams. When I took on the practice three years ago we had two chairs and a recovery room. Now we've added a third chair, but my team and I are working in the evenings and at weekends to service our patients.

"We've done all we can do there. The growth over the past three years has been both rapid and substantial – we have grown our turnover by more than seven times during the period, and most of our new business has come through our existing clients.

"Now, when the new clinic opens towards the end of this year, we'll have eight chairs – and they will be used more extensively by the clinicians who

already work with us."

Teamwork is important to Jamie. "I didn't build this business on my own. I have a great team around me and we are all looking forward to moving into bigger and better premises."

One of these is his new partner, Dr Mike Gow, who has been with him at the old Berkeley Clinic for most of the three years it has been open.

Each of the surgeries in the new clinic will have identical features, "so any clinician can step into any one of them and have the same facilities," Jamie said. "Each one will have a high-definition camera and viewing screen, and observers can watch in the lecture room upstairs, which will be fitted with tele-conference facilities, projectors, screens, and multi touch digital white boards."

The Berkeley Clinic will become a centre of excellence for at least three leading dental equipment suppliers to display their latest equipment and train dentists and their clinical staff



Above: The new premises in Newton Terrace, a short distance from the old practice

in its use.

It will also be used by The Dental Plan to train practice managers from around the country on the latest systems that can help to improve administration in their own surgeries.

Dr John Barry said: "The existing Berkeley Clinic is a very efficient practice using our administration systems – and the new clinic will be the same. It will be a flagship centre of excellence that will represent what quality dental services are really about."

Scotland's oral health under the spotlight

HEALTH SURVEY

The Scottish Government has come out in defence of the nation's oral health after a parliamentary question revealed that a third of women and a quarter of men over the age of 55 are edentulous.

The statistics, drawn from the Scottish Health Survey of 2008, revealed that 34 per cent of women and 24.4 per cent of men in that age bracket are estimated to have no natural

teeth. The figures also show that in the 35-54 age range 3.5 per cent of women and 2.8 per cent of men have lost all their own teeth.

Liberal Democrat health spokesman Ross Finnie, who posed the question in Holyrood, branded the statistics a "depressing indictment" of the nation's poor oral health.

However, a Scottish Government spokesman said: "The most recent figures from the Scottish Health Survey

2008 show that 88 per cent of adults had all or some of their own natural teeth. This is good progress towards completing the target set out in our Dental Action Plan for 90 per cent of adults to have some of their own teeth by 2010-2011.

"The target for 65 per cent of adults aged 55 to 74 to have some of their own teeth has already been exceeded – the Scottish Health Survey also shows that 78 per cent of people had some natural teeth in 2008."

In response, Ross Finnie said: "While progress may have been made towards the target for 90 per cent of adults to have some

of their own teeth by 2010/11, nevertheless the fact that 25 per cent of men aged 55 and over have lost all of their teeth and 3 per cent of those between 35 and 54 also have no teeth, gives no cause for complacency in the fight against dental decay and the imperative of improving diet and giving access to an NHS dentist."

The statistics presented to the Scottish Parliament also provided figures for the percentage of edentulous men and women in the 16-34 age range. This revealed that 0.5 per cent of women and 0.3 per cent of men under 34 have no natural teeth.

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Big smiles for global dental health initiative

NATIONAL SMILE MONTH 2010

At a time when the state of Scotland's oral health is coming under increasing scrutiny, this year's National Smile Month event aims to raise awareness of this issue throughout the world.

With parliamentary questions being raised over the number of edentulous patients in Scotland and the BDA raising fears of the effect of continuous registration to the care of patients' dentition, oral health is in the news here and across the Atlantic.

A recent paper published in the US journal *Obstetrics and Gynaecology* has documented links between pregnancy-related gum disease and a foetal death. In light of findings such as this the British Dental Health Foundation (BDHF) and its American partners are working hard to push the importance of good oral health to as wide an audience as possible.

The 2010 campaign will be the third time the BDHF have joined forces with Oral Health America and the first time they will be running the event in conjunction with the United Arab Emirates very own Smile Month - which plans to reach about six million people.



The theme of this year's campaign is 'Teeth 4 Life' and the BDHF have produced a resource catalogue featuring a range of products and event ideas that they have distributed to dental surgeries, pharmacies, schools and colleges.

The foundation will also be looking for the best events to be entered into their Dental Awards 2011. For more information on the awards, contact pr@dentalhealth.org

Nigel Carter, chief executive of the BDHF said: "This year's 'Teeth4Life' campaign will raise

the public's awareness of the importance of good oral health.

Looking after your teeth and maintaining them can help improve your quality of life. New scientific evidence of systemic links between oral health and overall body health continues to mount, with the first documented link between oral disease and stillbirth being published in the US earlier this year."



For more information on National Smile Month, visit www.smilemonth.org

International implant event is heading for Glasgow

CONFERENCE

One of the biggest independent implant conferences not just in Europe, but in the world, is heading to Glasgow this year.

The European Association for Osseointegration's 19th Annual Scientific Meeting will come to the SECC from 6-9 October and bring with it a wealth of international speakers.

The Glasgow congress will be the first time the event has come to the UK after previous showings

in Zurich, Barcelona, Warsaw, and last year in Monaco.

The congress's scientific chairman is Scottish-based implant surgeon Paul Stone of Blackhills Clinic in Perthshire (pictured right). He said: "This event gives Scottish and UK dentists the chance to see the highest level of implant dentistry and science related to implant dentistry that they are ever going to see. It is just the biggest meeting.

"Normally you have to travel half way round the world to go

to this type of meeting, you certainly have to travel outside the country."

Last year the event saw more than 4,000 delegates from about 70 countries.



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



IN BRIEF

GDC TO SHARE INFORMATION ON REGISTRANTS

The General Dental Council is set to start sharing information on dental professionals with a regulatory body that prevents unsuitable people from working with children and vulnerable adults, warns the Medical and Dental Defence Union of Scotland (MDDUS).

Scotland already has its own system of disclosure, but the Independent Safeguarding Authority (ISA) is now active in England, Wales and Northern Ireland.

PRESCRIBE ANTIBIOTICS WITH CARE

Dentists are being urged to take care in prescribing antibiotics, particularly now that prophylaxis is no longer recommended for dental procedures.

MDDUS has taken a number of calls recently from dentists seeking reassurance before carrying out potentially bacteremia-inducing procedures on at-risk patients.

SDR DEMANDS CLOSE STUDY WARNS MDDUS

Scots dentists must pay careful attention to the terms of the Statement of Dental Remuneration (SDR) in order to avoid inaccurate claims that could lead to fees being withheld or disciplinary action, warns the MDDUS.

MDDUS points out that although the SDR is usually accompanied by a welcome uplift in fees, it can also necessitate additional tasks such as the updating of accounting software and recalculation of invoices.

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MINISTER OPENS WEST LOTHIAN DENTAL UNIT

A new £500,000 five-chair dental unit at St John's Hospital in West Lothian has been officially opened by Public Health Minister Shona Robison.

The state-of-the-art unit is the result of an investment by West Lothian Community Health Partnership (CHCP) and will provide both specialist services and additional training provision.

Robert Naysmith, clinical director of Community Dental Services, NHS Lothian, said: "Poor oral health is a serious problem in Scotland and this unit will help improve the situation. Hospital patients needing urgent dental care and people in the community with complex needs, especially the frail and elderly, will be among the first to benefit.

"This latest expansion will also allow us to train more dental care professionals to service the whole of Lothian in the future."



From left: dental nurse Trish Serls, Shona Robison, nurse Nicola Livingstone, patient Lynne Brown (seated), dentist Mary Davy and nurse Charlene McMechan

Open doors. NHS practice in the west of Scotland gets flying start

Erskine gets busy start

NEW VENTURE

When he identified Erskine as the location for his new NHS practice, Philip Byrne had no idea quite how successful his venture would be.

For even before he'd opened the doors, he'd registered more than 1,000 patients.

The Erskine Dental Care owner explained: "I've been overwhelmed by it to be honest. We had put aside quite a big marketing budget, but I haven't had to dip into it at all.

"We had a sign up in the

"I'm a great believer in the NHS, I think everybody should have the right to see an NHS dentist"

Philip Byrne



window with just the practice phone number and from that we've managed to register more than 1,000 patients."

Such has been the demand, that he has had to recruit his girlfriend Arlene, herself a final-year dental student, to help out his over-worked receptionist Rebecca.

He said: "I've coped okay, but our receptionist has been really, really hectic! From my perspective I only have one patient in the surgery at a time and I'm used to being busy

which is fine.

Philip, who is originally from Renfrew, previously worked in a mixed private/NHS practice in Bishopbriggs.

However, when he looked to start his own practice he was determined to commit to the NHS. He said: "I'm a great believer in the NHS, I think everybody should have the right to see an NHS dentist.

"That's one of the reasons I wanted to open the practice in Erskine because we wanted to improve the NHS element in the area. We are happily filling a much-needed gap."

He now has just short of 1,500 patients, and Public Health Minister Shona Robison will be heading along to the practice, situated in the Bridgewater Shopping Centre, on 13 April for the official opening.

United we stand in south side surgery

UNITED DENTAL CARE

The daughter of Glasgow cash and carry tycoon Mohammad Ramzan has opened the doors to a brand new dental surgery in the city's south side.

Summon Ramzan started seeing patients at United Dental Care in Newlands at the start of January, and after only six weeks had seen her list fill up

with nearly 500 patients.

After qualifying from Glasgow Dental School in 2002, Summon worked as an associate at practices in Battlefield and Clarkston before taking the decision to fulfil a long-held ambition and set out on her own.

She said: "I think I've always been quite business minded and I've always wanted to



From left: nurse Gemma, Summon and receptionist Siobhan

dream site to open a practice. "When it became available I was delighted."

Summon said that her father's success in developing his cash and carry business has provided encouragement.

She added: "I think that he's been a huge inspiration to me and that's allowed me to have the confidence to set up my own business.

"So I feel his influence has had a big part to play in my decision to open a practice."

explore different avenues in terms of equipment and dental supplies and I basically wanted to be my own boss.

"I grew up in this area of Glasgow and I always thought that the old linen bank building on Kilmarnock Road was my

Old school routine works

Perfect. That's the location Mark Skimming has found

DENTISTRY ON THE SQUARE

After searching the central belt for the perfect location to open his own practice, Mark Skimming went back to his roots and took on the premises vacated by his former dental school tutor.

Mark, who qualified in 2005 from Glasgow Dental School, has taken over the building that housed Arshad Ali's former practice Niddrie Square Clinic - and renamed it Dentistry on the Square.

The practice, which overlooks Queen's Park in Glasgow's south side, had lain empty since Mr Ali moved into new purpose-built premises in February last year.

It has been reported that the new practice could become Scotland's largest NHS practice after a recent article in the *Evening Times*, something Mark was keen to play down.

He said: "Well, the *Evening Times* came to that conclusion instead of me. I simply said to them that we could potentially



Mark with wife Claire and nurses Rahat Iqbal and Claire Ronald

hold anything up to and beyond 10,000 patients in the future. The Health Secretary Nicola Sturgeon, who opened the practice, actually came out and said that would make us the largest NHS practice in Scotland. That didn't come from me!

Mark has enlisted the skills of implantologist Kevin Bruce to work out of the practice and they currently have hygienist Phyllis Nelson, two dental nurses, Claire Ronald and Rahat Iqbal, and Mark's wife Claire on board as practice manager.

New £4.7m teach and treat centre for Stornoway

INVESTMENT

NHS Western Isles have given the go ahead for a £4.7million dental 'teach and treat' centre in Stornoway - to be completed by December.

Building began on the new dental centre, which will house seven general dental surgeries and five modern training surgeries, in March.

NHS Education for Scotland will use the facility for training in association with universities and colleges such as the new Aberdeen University Dental School and the University for the Highlands and Islands (UHI).

Gordon Jamieson, chief executive of NHS Western Isles, said: "Stornoway Teach and Treat Dental Centre aims to

"Stornoway teach and treat dental centre aims to provide a purpose built building that both patients and staff can be proud of"

Gordon Jamieson, chief executive, NHS Western Isles

provide NHS Western Isles with a purpose built building that both patients and staff can be proud of. This will provide the islands of Lewis and Harris with modern dental facilities capable of improving the dental health of the local population, through the delivery of first-class dental care and treatment."



Healthy Working Lives

PRIZE WINNERS

An East Kilbride dental practice is celebrating after winning a top healthcare prize - the first in Scotland to do so.

The Whitemoss Surgery - the town's oldest - has won a bronze Healthy Working Lives award.

Healthy Working Lives develops health promotion and safety themes in the workplace.



To celebrate winning the award, Whitemoss welcomed its original associate surgeon, Alexander Taylor Thomson, back after 55 years.

Involvement can help employers improve attendance at work, reduce sickness, and can encourage employees to be more efficient and productive.

Whitemoss is now working towards silver status.

Staff are treated to holistic therapies to relieve tension and

stress, which they agree makes for a healthier and happier workplace.

Principal dentist David Macpherson said: "We have always tried to be at the forefront of new ideas and this programme just seemed a natural progression."

GSK zinc denture adhesives warning

GlaxoSmithKline (GSK) is to end the manufacture of its zinc-containing denture adhesives following research that suggest there are potential health risks associated with their long-term and excessive use.

GSK has issued a warning about the situation and will instigate the transition to zinc-free versions of all affected variants.

A GSK spokesman said: "We are taking these actions because we have become aware of potential health problems associated with long-term excessive use.

"However, these products remain safe to use as directed on the label."



CHARITY BIKE RIDE

There are easier ways to cover the 300 miles between London and Paris than on two wheels and under your own steam, but Glasgow dentist Mark Lang has decided to do things the hard way in order to raise money for his local children's charity.

Mark, a dentist with a special interest in restorative work and endodontics at Arshad Ali's Scottish Centre for Excellence

Mark gets on his bike for charity

in Dentistry (SCED), has signed up to cycle between the British and French capitals to raise money for Yorkhill Children's Foundation. The four-day ride will begin on 26 May and Mark is already well on the way to meeting his fundraising target.

He had initially agreed to raise a minimum of £1,300 in sponsorship but, at the time of writing, he had already surpassed that amount and raised more than £2,000. By the time he gets on his bike, he hopes to have reached between £2,500 and £3,000.

Mark admits that his interest in cycling is now bordering on obsession. He said: "I've suggested to my wife in the past that we could put some bicycle frames on the wall as works of

art, but that didn't go down too well! I'm training three or four times a week right now and I plan on upping the miles to about 100 a week as the end of May approaches.

"I've also got a race over the Bealach na Ba in September (Scotland's highest road), and have started the ball rolling for a Land's End to John O'Groats ride next year."

Mark qualified in 1991 and completed his Masters degree at Glasgow University in 2000. At SCED, he accepts referrals for both endodontics and restorative dentistry.



To sponsor Mark, please visit his JustGiving page at www.justgiving.com/pantani

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“ In my opinion the biggest barrier to moving children to a properly funded capitation system is the perceived expense to parents and if I believed that then I'm sure my patients' parents would believe that too. Being one of the first practices in Glasgow to move our children to a private scheme wasn't easy. We had the usual spread of reactions, of complete support to anger and disgust! But the end result speaks for itself: we're now looking after a smaller group of children with the time to spend teaching the basics of oral health. There has also been a vast improvement in terms of motivation and appreciation from both children and parents. ”

Gordon Boyle, Dentist, Glasgow



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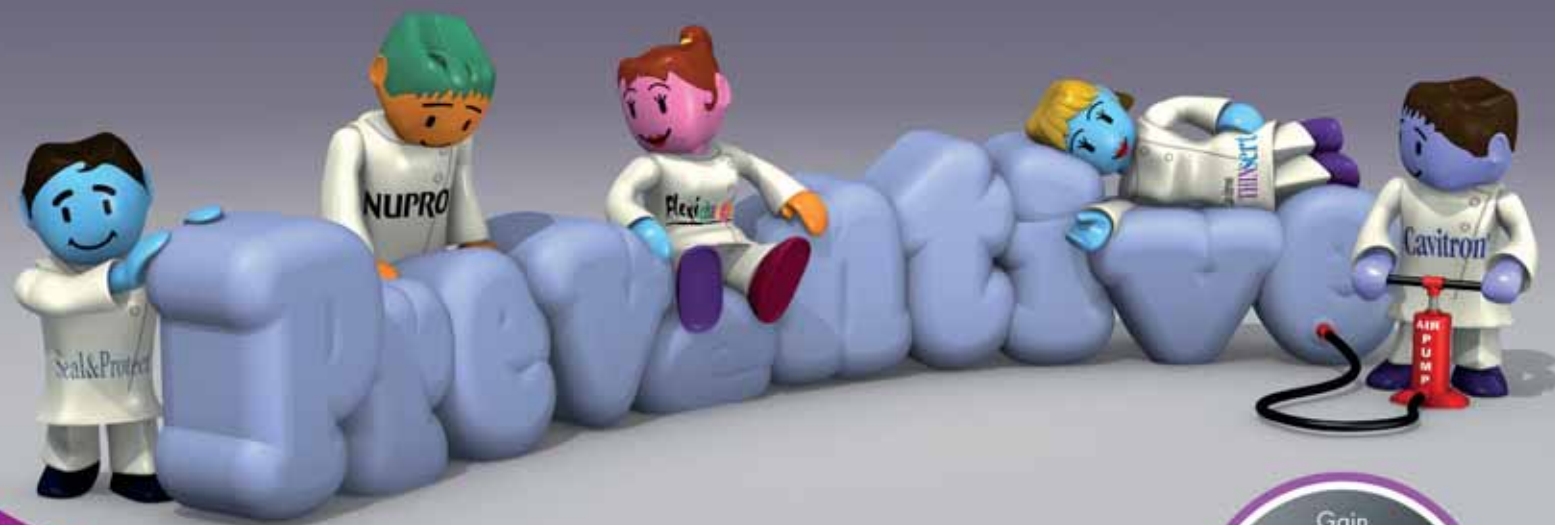


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DENTSPLY

Stuart gets himself a taste for success

MasterChef. Scottish dentist appears on hit BBC One show

Appearing on national television to be put under the culinary spotlight by two eager-eyed and acid-tongued food critics is not to everyone's taste.

But for Glasgow dentist Stuart McGrow (29), appearing on hit BBC One show *MasterChef* was the culmination of a lifetime's ambition. And, even though he didn't make it through to the next round, he hasn't been put off his favourite pastime and he still hasn't ruled out entering again in the future.

Stuart, a clinical teacher at Glasgow Dental School and an associate at the Berkeley Clinic in the city, realised his passion for the kitchen when he was a young boy and cooked his first Sunday lunch for his family aged just 11-years-old.

After breezing through the Scottish preliminaries Stuart was whisked off down to London in June where he cooked pork in a reduced white wine marinade, served with potatoes crushed with butter, lemon and parsley and accompanied by sautéed shredded cabbage.

Stuart said: "I was happy that I didn't get any major criticisms.



Above: *MasterChef* judges John Torode and Greg Wallace. Right: Stuart McGrow

I didn't blow them away but that was never my intention. After watching my fellow contestants being criticised to varying degrees I felt confident that I could progress to the next stage."

But, despite the judges commenting that his pork was cooked to perfection he wasn't chosen to go through to the next round. "It wasn't to be and I am still a bit disappointed. I feel that I could have been given a shot in the next stage because I showed that I could cook, wasn't flustered in a pressure situation, and didn't put that one flavour too much on the plate that has been done so many times before," he said.



Stuart also believes there are some similarities between dentistry and cooking: "Both are relatively stressful yet fulfilling. As a dentist I pride myself on my time management and planning, and I transfer that to my cooking.

"An old dental teacher of mine said that he wouldn't put anything in someone's mouth that he wouldn't have in his own! I use that as a motto now and I think that it works for cooking too!"

IN BRIEF

SCOTTISH DENTISTS ASK FOR REVIEW OF DECONTAMINATION IN PRACTICES

The BDA is pushing for guideline standards on the decontamination of instruments as part of its continuous improvement programme to enhance patient safety.

It has written to the Scottish Intercollegiate Guidelines Network (SIGN) to ask for the development of guidelines based on the current evidence base for decontamination, stressing the profession's commitment to patient safety and its willingness to invest in pursuit of this goal.

Dr Robert Kinloch, chairman of the BDA's Scottish Dental Practice Committee, said: "Any changes to the process of decontamination in dental practices in Scotland must both assure the profession their surgeries will be adhering to the highest standards of practice and provide peace of mind for patients.

"A review of dental decontamination by SIGN would provide the assurance that any changes are being made in the patients' best interests."

Fee review is a "pay cut" says BDA

PAY REVIEW

The 0.9 per cent increase to service fees for independent contractor dentists in Scotland has been described as a major disappointment, and the BDA has requested an urgent meeting with the Scottish Government to discuss the fees.

Dr Robert Kinloch, chairman of the Scottish Dental Practice Committee, said that the small rise fails to recognise the significant challenges, such as rising costs and new regulations, that dentists are trying to overcome.

The Doctors' and Dentists' Review Body (DDRB) originally

recommended a 1.44 per cent increase to the NHS dental fee scale.

However, the Scottish Government decided to abate this recommendation by assuming that dentists will be able to make a one per cent efficiency saving on their operating costs. This decision

will have the effect of reducing the uplift to 0.9 per cent.

Dr Kinloch said: "Dental practices already function extremely efficiently. The idea that one per cent efficiency savings can be found is simply unrealistic. This is a pay cut. If that's what the government intended, it should have said so."

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From left: David Newkirk, William Bo Bruce and Avijit Banerjee

To the Mersey beat

British Dental Conference. BDA showpiece heads to Liverpool

Two of the leading lights in American dentistry will be among the headline speakers at this year's British Dental Conference and Exhibition.

David Newkirk and William Bo Bruce are renowned experts in restorative and aesthetic dentistry and will co-present two sessions at the Liverpool Arena and Convention Centre on 20-22 May.

The US clinicians will present on predictable occlusion and guidance in everyday practice before co-hosting a second lecture on treatment planning for

aesthetics and bonding. Joining Newkirk and Bruce on the speakers list will be one of the most highly respected British clinicians Dr Avijit Banerjee.

Dr Banerjee, senior lecturer and honorary consultant in restorative dentistry at Kings College London Dental Institute at Guy's Hospital, will be presenting on developments in caries management with a focus on minimal invasive dentistry in general practice.

Titles of other presentations at the event include: 'The future of dentistry: one united profession?'; 'Maximising your

business opportunities in the current financial climate'; and 'How treatment co-ordinators can pave the way for a more successful practice'.

And to help delegates unwind after a busy first day at the conference, the Bootleg Beatles tribute act will be the star attraction at the Friday Night Party which will be held at Zelig's, Liverpool's largest Italian bar and restaurant.



For more information or to register, visit www.bda.org/conference or call 0870 166 6625.

Getting Glasgow motivated

An international motivational speaker who lists companies such as Coca Cola and Hewlett Packard on his CV is coming to Glasgow in July to talk at the International Symposium on Dental Hygiene (ISDH).

American Warren Greshes will address delegates at the event that will take place on 1-3 July at the Scottish Exhibition and Conference Centre (SECC).

The symposium, which is held under the auspices of the International Federation of Dental Hygienists (IFDH), is being organised this year by the British Society of Dental Hygiene and Therapy and will incorporate its own annual conference.



For more information, go to www.bsDht.org.uk

Dates for your diary



Edinburgh Dental Specialists

Clinical round table evenings
20 April & 11 May
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29 May
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National Smile Month
16 May - 16 June
More information:
www.smilemonth.org

Scottish Centre for Excellence in Dentistry
Year course 2010 programme
14 May
Hands on preparation techniques with Krish Bhatia.
12 June
Periodontics with Alan Maxwell and then endodontics with Mark Lang.
14 August
Implants (1) with Arshad Ali and Abid Faqir.
10 September
Endodontics/implantology with Mark Lang, Arshad Ali and Abid Faqir.
1 October
Implants (2) with Arshad Ali and Abid Faqir (changed from 8 October).
12 November
Preventing and managing

failures with Arshad Ali and then ortho/restorative with Arshad Ali and Ross Jones.
10 December
Lab techniques and occlusal splints with Arshad Ali and Rodger McLaughlin, and then marketing your practice with Arshad Ali and Yvonne Wallace.
All days will run from 9.15am to 4.30pm and accrue six hours of verifiable CPD. Colleagues may attend for individual sessions at a cost of £200 per half day or £350 per full day. Further details: Heather McCaffery: pcc@scottishdentistry.com

Liverpool Arena and Convention Centre
British Dental Conference and Exhibition
20-22 May
Featuring an array of world-

renowned clinical speakers, this year's BDA showpiece will have something for all the dental team. More information: www.bda.org/conference or call 0870 166 6625.

SECC, Glasgow
International Symposium on Dental Hygiene
1-3 July
More information:
www.bsDht.org.uk

SECC, Glasgow
European Association for Osseointegration's 19th Annual Scientific Meeting
6-9 October
More information on the EAO congress in Glasgow:
www.eao.org

Cavendish Conference Centre,

London
Ken Hebel masterclass and AGM
12 November

Following on from the success of the 2009 Congress, the ADI are delighted to confirm that Ken Hebel has accepted to present this year's winter masterclass. Full details and applications will be available shortly.

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Continuing problems?

Will continuous registration mean huge lists or lead to a more stable patient relationship?
Scottish Dental investigates

For the past 19 years, Gerard Madden has built a thriving 3,000-patient practice in the north-east coastal town of Stonehaven. As committed to his patients as the next dentist he lives and breathes a belief in total patient care.

But news that the government is imposing its will and forcing continuous registration onto a highly reluctant profession – despite the evidence pointing to the contrary – has left him more than a little angry at the prospect.

There is no doubt in his mind that the new rules will lead to

what he described as a “logistical nightmare” with potentially very serious implications for the country’s long-term oral health.

“The whole purpose of continuing care and registering is to try and encourage patients to go to a dentist regularly so their teeth never get into a state where they might have real problems,” he said.

“We have been trying to re-educate people to come to the dentist regularly and that will be undone.”

Dr Madden argues that after the initial three years, dentists fees will drop but patients will

still be entitled to the same service, such as emergency treatment within 24 hours.

“We will have to leave many more slots open in case people ring up and will end up with huge lists of patients for whom we will not be able to provide the standard of care the NHS wants.

“I would hate to think that a patient who I saw once 15 years ago would be able to call me up at 8.30 one morning and say ‘I need to see you now.’”

“I feel it is discouraging patients from attending regularly and keeping their oral health up to standard.”



VIEWPOINT: Chris Parkin



Chris Parkin from the Stoneyfield Dental Practice in Inverness, the largest committed NHS practice in the North of Scotland, said:

“We welcome the changes. For any practice that is seeking to expand its NHS patient base it will be a help, but for practices wishing

to reduce their NHS caseload by natural wastage; it is a disaster.

“I don’t think it will in any way deter people from coming to the dentist and will have no detrimental impact of people’s oral health. We regularly have people who phone us up as their last point of contact, no matter how long ago it was, and they expect you to greet them like long lost buddies. We will now be paid to greet them as long lost buddies.”

For a year, the BDA’s Scottish Dental Practice Committee worked long and often arduous hours, painstakingly building and presenting the case against continuous registration to the Scottish government and its negotiators.

In October last year, the BDA announced the results of a consultation sent to every NHS-listed dentist in Scotland, which revealed that 90 per cent of respondents were against continuous registration.

However, despite the committee’s best efforts, the government has chosen to impose the new regulations with effect from 1 April.

Dr Robert Kinloch, the new chairman of the BDA’s Scottish Dental Practice Committee

(SDPC) is, along with his colleagues, bitterly disappointed in her decision. He believes it is politically motivated by a government simply seeking to increase registration figures.

When asked by Scottish Dental why he felt the Scottish Government didn’t listen to the BDA’s arguments, Dr Kinloch said: “They have ignored the profession’s advice, for what reason I can only speculate.

“We would say there is a political agenda here in that obviously the Scottish Government want to

show registration numbers going up. But that doesn’t show the actual percentage of the population that is visiting their dentist.

“The registration number is only a very rough guide to allow them to say that there is some form of relationship. The figure that we really need to see is the percentage of the population who are seeing their dentist on an annual basis.”

Dr Kinloch continued by saying he also believes that the decision could put an unwanted strain on GPs: “If this particular process goes on over a period of time you will get to a stage where you will have a dental list that is potentially beyond the capabilities of the dentist to service. You will have a list that you will be responsible for and there is only a finite number that you can deal with.”

He also argued that this could potentially lead to an increase in patients needing emergency treatment, which would not only dis-

rupt a dentist’s appointment book but would mean that dentists would be as responsible for irregular attendees as for their regular patients, and yet they would not be paid in relation to that.

He said: “When registration was increased to four years they effectively gave us the full payments for the four years. But now they are reducing it back so that anybody you haven’t seen for three years will have their payments reduced down to 20 per cent. And we still have to meet 100 per cent of the obligations to treat these patients.

“If a patient you haven’t seen for over three years comes back to see you, for emergency treatment say, then this will re-trigger the relationship at full payment for three years. But again, you still have to have the responsibility for these particular patients. We will be expected to have full responsibility for only 20 per cent of the fee.”

In implementing the changes the government has put forward the argument that lifelong dental registration would lead to a more stable relationship between dentists and patients and that their oral health could



Continued »

Continuous registration



VIEWPOINT: David MacPherson



David MacPherson, principal dentist at Whitemoss Dental

Practice in East Kilbride, said: "The vast majority of patients won't be affected. However, some people will simply think: 'I'll wait until I have a problem', by which time that problem may be too big to fix.

"The service will become more emergency driven and patients who are currently attending regularly are in danger of being 'bumped' by people who haven't, but who have an emergency.

"It's absolutely ludicrous."

Continued »

be more easily monitored. However, Dr Kinloch and the BDA have refuted this suggestion by saying that it could lead to an increase in the rates of oral cancer if patients aren't being screened as regularly as they would be under a normal recall relationship.

He said: "The Public Health Minister Shona Robison has mentioned that the better known a patient's history, the more likely the patient is to be treated appropriately. Well, if you don't see somebody for five years I don't really know how you can do that.

"It could potentially have a dramatic impact on oral health. If you are not having your teeth

checked for decay and also your gums and bone levels checked, a lot can change within a period of a year or so. If you are not seeing somebody for potentially five years, how can you really assess them?"

As with every relationship, however, Dr Kinloch argued that there is always the need for patients to take a certain amount of responsibility themselves. And this is where he believes the government needs to act in order to encourage the public to register and visit their dentist more often. He said: "Having signalled their intention to press ahead with this change, the government must now work very hard to promote regular attendance to patients and ensure that the

efforts of the profession in encouraging patients to visit them regularly are not undone."

Despite the obvious difference of opinion between the BDA and the Scottish Government, Dr Kinloch maintains that they are still keen to work with ministers on this and other matters in the future: "I think there are always areas of policy where an organisation such as the BDA, which is coming from a background of representing its members, and the wishes of government, will not coincide. For example, we would always feel that more money should be spent on dentistry. We did give figures to the government previously as to what we thought the action plan should spend on dentistry and the government

figure has never got to the same level that we feel it should be funded at.

"However, we have to continue to engage the government and show them where problems are occurring on these matters and I would certainly still very much want to have an ongoing relationship with the Scottish Government and with the Chief Dental Officer."

Even after striking this conciliatory tone, Dr Kinloch and his colleagues at the BDA maintain an air of disappointment at the decision to move to lifelong registration.

BIOGRAPHY: Robert Kinloch

Dr Robert Kinloch (56) succeeded Colin Crawford as chairman of the Scottish Dental Practice Committee (SDPC) in February after Colin left to take up a post in the salaried service. After graduating from Glasgow Dental School in 1977 Dr Kinloch set about dedicating his career to general dental practice,

working initially as an associate and then setting up his own NHS practice in Alexandria in 1981, where he remains to this day.

He is a member of the BDA's executive council, chairman of the BDA's Scottish council and also chairman of the BDA's UK and Scottish policy health groups. Dr Kinloch is also a

former president of the West of Scotland Branch from 2008 to 2009.

Dr Kinloch is married to his wife of 32 years Elizabeth and has two grown-up children, Colin (26) and Emma (22).





VIEWPOINT: Lachie MacDonald



Lachie MacDonald, of Johnstone Street Dental Care in Paisley, said: "I see

continuing registration for dental patients as a last desperate measure of the government to manipulate the figures as more dentists leave

the NHS. I think this will accelerate the process.

"Is this what the politicians actually have in mind? To be able to say: 'It's not our fault that dentistry is gradually being removed from the NHS. It's the fault of the greedy, grasping, unfeeling selfishness of these dentists!'"

"I will continue to work for the NHS.

"Somebody must!"

"I think by doing this the government are effectively letting down patients," he said.

Interviewed by *Scottish Dental*, Shona Robison was forthright in her defence of the decision to introduce the new policy. She said she was "a little disappointed" at the BDA's stance, adding that after lengthy discussions she believed there to have been a "clear understanding" established of the way forward.

"The reason for continuous registration goes back to the Dental Action Plan from five years ago that we inherited and where continuous registration was set out. I agree with that because I believe it is about developing a lifelong relationship between the patient and the dentist that is consistent with what happens

elsewhere in primary care. It would seem strange, would it not, if GPs were to de-register every three years and I have been of the view that in order to develop a stable relationship between the patient and the dentist over a long time then continuous reg-

istration is one way of achieving that.

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"Clearly it is important that the patient takes responsibility as well and we've agreed that there needs to be some patient education around the need for regular attendance, and we will be doing that through patient communication to make sure they understand their responsibility to attend on a regular basis," she said.

Defending the charge that she was acting in a politically moti-

Introduction of non-time limited registration

The National Health Service (General Dental Services) (Scotland) Regulations Amending Regulations 2010

1. This memorandum advises dentists of changes to the continuing care and capitation period which take effect from 1 April 2010.

The Memorandum to NHS: PCA(D)(2009)2, issued on 20 March 2009, advised of a two step change to continuing care and capitation arrangements with the intention to make registration with a dentist non-time limited from 1 April 2010.

To provide for this change in the registration period the NHS (General Dental Services) (Scotland) Regulations 1996 are being amended with effect from 1 April 2010 to remove all references to lapsing of a registration period.

This means that from 1 April 2010 all existing patients registered with a dentist under a continuing care and capitation arrangement and all new patients registered with a dentist under a continuing care and capitation arrangement will be registered for life (although dentists will continue to be able, if they choose, to take the necessary steps to de-register any patients that they no longer wish to treat under NHS arrangements).

Registration arrangements

will no longer lapse after a set period. A registration arrangement will, however, come to an end, and continuing care or capitation payments cease, where Practitioner Services have determined that a patient has died, moved out of the country or registered with another dentist in Scotland.

Reduction in Continuing Care and Capitation Payments

Continuing care and capitation payments will be paid on a monthly basis for all patients registered with a dentist.

However, where a patient has not attended the dentist for three years or more, and the dentist has not therefore submitted a payment claim form (GP17) to Practitioner Services in respect of that patient, then the continuing care or capitation payment (items 41(a) and 45(a) and (b) of Determination I to the Statement of Dental Remuneration) will reduce to 20 per cent of the relevant fee. Any payment due under item 41(b), (c) and (e) and 45(c) and (d) of Determination I will also be reduced to 20 per cent of the relevant fee for any patient where a GP17 has not been submitted for three years or more. Payments will return to the full amount when a GP17 is subsequently submitted by the dentist, or another dentist acting on his/her behalf, for any patient in respect of whom payments have reduced to 20 per cent.

vated manner, the minister dismissed the notion as nonsense.

"Well, it's not politically motivated because it's been around for five years, we're not doing something that has suddenly cropped up, or a wheeze that I've thought of. It's not like that."

The relationship between the

BDA and government may still be intact, but if continuous registration pans out the way the profession fears, what state will the relationship between dentists and patients be reduced to? And, worst still, what state might the nation's oral health be left in as a result? ■



The 'tooth doc' from Barlinnie

Kieran Fallon talks about his experiences treating patients at the notorious HMP Barlinnie in Glasgow's East End

They're some of Scotland's most hardened criminals, bearing the scars of a lifetime of violence. But when Kieran Fallon, the 'tooth doc' at Glasgow's Barlinnie prison, reaches for his drill, his inmate patients are as scared as little schoolboys.

"A lot of them haven't been to the dentist for years and are terrified," he said. "These guys, heavily scarred from fights,

would stand up to someone facing them with a sword or a blade, but they run a mile from the dentist. Often, the first question I am asked is: 'Is it going to hurt?'"

Dr Fallon has treated some extremely violent and dangerous men who are either on remand awaiting trial or serving up to four years of their sentence, some before being transferred to another prison.

However, he has never been assaulted or threatened.

"The top gangsters are usually extremely well-behaved and personable. They know how to behave in polite company and, if you didn't know who they were, you wouldn't think for a minute that they were gangsters or violent people. But they are - they are intelligent because they've worked out how to get others to work for them, but they've usually got to the top of the tree by being vicious and ruthlessly violent."

However, not all his patients are hardened career criminals, he's also dealt with some less than accomplished offenders.

He said: "I'd only been in my post at Barlinnie for about a week, when a patient came in to see me about an extraction. He grew quieter and more nervous during the examination but he promised to come back for the extraction.

“A lot of them haven’t been to the dentist for years and are terrified. These guys, heavily scarred from fights, would face up to someone facing them with a sword or a blade, but they run a mile from the dentist”

Kieran Fallon

“Afterwards a prison officer asked me if I recognised him, which I didn’t. It turned out that the young man was inside because he’d tried to steal my car outside my practice in Royston. I’d come running outside and scared him off and later identified him in a mug shot.

“He never did come back for his extraction!”

After two decades of treating some of the worst cases of dental decay in the country, Dr Fallon still finds his work satisfying.

“The average age of prisoners is mid-20s and some of these young men are reasonably good looking and they are often concerned with their appearance.

But when they open their mouths it’s not attractive. Being able to smile properly raises their self-esteem and boosts their confidence to escape the cycle of drugs, crime and jail.”

Dr Fallon has been the

dentist for Barlinnie – known as ‘Bar-L’ – for 20 years, so he is accustomed to dealing with severe dental decay.

“A lot of it is basic dentistry – extractions, caries and fitting dentures. In some of the worst cases the teeth are completely worn down to gum level and all that remains are dark roots. When it’s a complete disaster area, I have to extract all the teeth and provide them with dentures. They’re usually fairly straightforward extractions because the gum condition is poor so teeth and the roots don’t have a lot of bone support.”

Drugs are a constant problem in Barlinnie and large numbers of prisoners come to the jail with significant drug habits. Bar-L, which has 1,600 inmates, is the largest single supplier of methadone in Europe. Dr Fallon says these factors contribute to the severe dental decay he sees in a great many cases inside the Barlinnie Health Care Centre, where the dental surgery is located.

“Many of the inmates are substance abusers who lead chaotic lives. They often don’t brush their teeth and their diet is not nutritious. People on drugs are focused on getting their next hit so they don’t have a lot of money to spend on food. When they do eat they tend to crave sweet things such as fizzy soft drinks and chocolate bars.

“On the outside, they either won’t make the effort to go to a dentist, or some dentists won’t treat them because they don’t make attractive clients and keep missing appointments.

“One of the body’s natural defences against tooth decay is a good flow of saliva, which acts as buffer against the acidity from sweet things. Heroin and methadone have a side-effect of drying the mouth and that encourages tooth decay.”

Barlinnie is Scotland’s largest prison, but Dr Fallon, who has spent most of his career working within deprived communities, is neither fazed nor fearful. In fact, he finds it all extremely rewarding.

Continued »

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Interview

By Maggie Mallon

Continued »

"I enjoy the challenge of this type of dentistry. I'm dealing with some really quite badly looked after mouths and trying to bring them around to a reasonable level."

Also, many of the inmates have a very negative view towards dentists. "Their contact with the dentist has been symptomatic and they only go when they experience pain. The association is always negative," said Dr Fallon, who owns the Royston Dental Practice in Glasgow, as well as providing dental treatment at the prison alongside colleague Dr Pat Toland.

Because of their lifestyles, attitudes and social problems, by the time many prisoners ask to see Dr Fallon, they have advanced dental decay.

"When they take narcotic drugs they won't be aware of the pain. But if they are not on a methadone programme or



Dr Fallon outside the prison

enter the detoxification programme at Barlinnie, they start to experience pain.

"They are only allowed mild painkillers such as paracetamol so when the pain kicks in they ask their hall nurse if they can

see the dentist." He said most prisoners are brought to the surgery in a small group and are supervised by an officer in the waiting room, but when they come into the surgery they have privacy.

"There is a segregation unit for violent prisoners and they are brought over in handcuffs with two officers who stay during the treatment.

"But they are uncuffed and I've never had a problem." ■

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A leading light for the north

After spending 30 years building up a successful practice in Dingwall Margaret Eilertsen made the bold decision to move her livelihood 20 miles down the road to the Highland capital of Inverness



For most of us, those well-intentioned New Year's resolutions to make changes for the better will have slipped quietly to the back of our minds, as we return inexorably to our comfortable old ways and habits. We don't like change really, do we!

Well, to bring shame on us all, Margaret Eilertsen is absolutely the exception to that rather predictable rule. The start of 2010 has seen this Dundee University graduate realise massive change in her professional life with a brand new practice in, for her, a brand new location.

After 30 years building a successful practice with a loyal, supportive and, dare one say it, profitable patient base, the majority of practitioners would be content to enjoy the fruits of their labours and see out the remainder of their careers in comparative comfort and security.

Not so Margaret. She spotted what she believes to be a gilded opportunity to open up a

“You can make a design but, if you don't meet the regulations you have to be prepared to change”

Margaret Eilertsen

state-of-the-art practice in Inverness and so she set about packing her instruments in Dingwall and taking the short trip south to the ever-expanding Highland capital. A brave move, some might say.

Now, after months of building and development work, Margaret has opened the

doors to the new practice and begun welcoming patients to what she believes is one of the most modern facilities in the north of Scotland.

And, it is hoped, her husband, Eilert, will join her at the new practice in a year or so once he has fulfilled his commitments to the practice in Dingwall. There's even an outside chance that the couple's newly qualified (from Dundee, too) daughter, Jenny, could be persuaded to join them. Talk about keeping it in the family!

Margaret explained: “We've loved being in Dingwall but more recently we'd been looking to move the practice to Inverness. I'd watched the increasing level of house building in Inverness and figured that there was a real opportunity for a practice like the one I was thinking about.

“It was just a question of finding the right property, which eventually we did, and the right company to work with us on the development which, in NV Design and Construction, we also achieved.

“The building was just a glass square of an office block that we bought. I think we got a reasonably good deal on it because the property crash meant we could buy this building for a reduced price as opposed to what it was on offer for before.

“Buying this style of building was perfect for us because it meant we could really shape what we thought would work best both for ourselves and the patients.

“We just have the ground floor of the building but it is a very modern building and it has given us plenty of options. For example, the floor covering runs up the wall so you don't have any skirting boards and corners where germs can collect and we have a separate air-conditioning duct for the sterilising room to ensure that the contaminated air from the dirty instruments is not conveyed throughout the whole practice.

“We went with the latest

Continued »

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Practice profile

Continued »

guidelines for disinfection units and we've incorporated all those into the room with guidance from the governing body. It's absolutely up to speed in terms of the regulations, which is one of the advantages of having a new building as opposed to trying to convert an old house or a shop," she said.

But it was not all plain sailing during the development phase and Margaret warned others thinking about setting up a new practice to make sure they fully understand what they are taking on.

"We had originally planned a more open-plan approach but we weren't able to do that. So basically what we did was to divide the practice into a patient section with a separate corridor at the back to where all the service part of the operation is, so we still had a protected fire

corridor for escape.

"The bottom line is that you can make a design but, if you don't meet the regulations then you have to be prepared to change so you are compliant."

There are now four surgeries in the new practice in Hope House at the City's

"I'm really looking forward to building the practice. I'm sure we have an exciting future ahead of us"

Margaret Eilertsen

Cradlehall Business Park and Margaret hasn't stinted on the equipment that she has installed. She has bought in the latest Sirona Teneo chair, one of the first in Scotland.

She said: "The reason we were keen on this model was

that it has the facility to do implants without the need for a separate implant motor."

Allied to this they have also enlisted Ian Wilson of IW Technology Services to bring the latest IT systems to the practice. Margaret added: "Everything is digital, the

x-rays are digital, we can take intra-oral photographs in each dental chair. And, if we need to send patients to specialists locally, we can email them the x-rays, so the IT is absolutely state-of-the-art as well.

"Ian Wilson has been wonderful. I'm not sure he's so pleased with us, we're a bit behind the times but we're working on it!"

The practice also has a dedicated hygienist's room and Margaret explained that they are very keen on prevention and family care. They offer the full range of dental services from implant and orthodontics through to tooth whitening and other cosmetic procedures. Margaret currently has two nurses, a receptionist and an office manager in place but she has plans to possibly take on an associate towards the end of the year.

"It's been a fantastic challenge and everyone who has worked on the project has done a great job. I'm really looking forward to building the practice here in Inverness. I'm sure we have an exciting future ahead of us," she added. ■

DESIGNED WITH AN EYE ON THE NATURAL SURROUNDINGS

The new practice has been designed and built for Margaret Eilertsen by NV Design and Construction.

After seeing examples of their previous projects and being impressed with the

quality of their work, Margaret approached Farahbod Nakhaei and Homan Varghaei from NV and got them on board.

Farahbod explained: "We worked very closely with Margaret in terms of what her

interests were, and we also looked at the context of the building. It backs onto a nice wooded area so we took inspiration from that and introduced some walnut cladding into the design of the practice as a way

of defining the circulation routes in the building.

"The office building had a lot of floor to ceiling glazing and was very bright so what we wanted to do was use that to encourage a feeling of light and space. The whole design was based around keeping the light filtering through the whole building.

"We then introduced some glass partitioning as a way of screening the surgeries from the public areas and at the same time allowing light to filter through into the public areas. Similarly, the reception area is a free-standing space against the glazing to the outside allowing light to filter into the waiting area."

Margaret added: "It's been a very truncated process but everyone involved has pulled together to make it happen. All the people that Farahbod has brought in have worked hard and often long hours to get it up and running as quickly as possible. I'm delighted."



Margaret and her nurses

New qualification. CDT is still a relatively new profession, but one that is set to grow

Becoming part of the denture landscape

Clinical Dental Technology (CDT) is the latest profession to begin establishing an important role within dental teams working in Scotland.

But what does a clinical dental technician do that is different from getting a denture supplied through the dental surgeon?

In theory, there is no difference, but the specific one-on-one with the patient and the clinical dental technician's knowledge of various different denture techniques and materials, can make the denture patient more relaxed about getting new dentures.

After a four-year apprenticeship, often in a laboratory being taught all the technical aspects of dental prosthetics, a further clinical course has to be taken which enables the technician to qualify and register as a CDT.

The clinical training includes all the main dental professional subject matters such as sociology, health and nutrition, pharmacology, histology and periodontics.

This training allows the CDT to give full extra and intra-oral examinations, examine radiographs and, if necessary, to refer their patients to other health professionals for anything that may be outwith their scope of practice.

One of this new breed of dental professionals is Roger McLachlan from the Edinburgh Denture Clinic. He explained: "Basically, we want to work with dentists and not against them. Ideally we would have a mutual referral system. So if a dentist has patients they want



to refer to us then great, and we can then refer patients to them if someone comes to us and obviously needs mouth work done. I think it can be a mutually beneficial association with the dentists.

"I think a lot of them are still in the dark over what a CDT is and there is maybe a certain element of mistrust there.

"They might be still thinking of the guys who work illegally and they obviously can't be seen to refer to these people.

"I think it is one of those things: a new profession takes time to get established and get recognition as part of the dental team."

However, even if some GDPs have some misconceptions about CDTs, there are plenty that can see the benefits of working in conjunction with their newly qualified colleagues.

John Leitch from Family Dental Care in Inverkeithing, said: "I know a lot of dentists hate doing dentures because of the problems it can give. I think the beauty of a CDT is that they will do the whole thing. They are working in the mouth and can see what the problems are. They don't have to confer information to the technician

"I think a lot of dentists are in the dark over what a CDT is and there is maybe an element of mistrust there. A new profession takes time to get established."

Roger McLachlan

because they are the technician.

They are doing the whole thing, so from that point of view it is pretty good."

Although the CDT may be a new phenomenon in Scotland, in many countries around the world including Australia, Canada and many US states, there has been for many years, a dental professional known as a 'denturist'. This was usually a registered dental technician who had gone on to take further clinical training, which enabled them to work exclusively with an edentulous patient for the supply of dentures only.

The dentists in these countries found that they had an immediate morale boost as they could now work full time on what they had been trained to do: working with and saving the natural dentition.

They also work very closely with the denturists and refer patients in need of dentures directly to them.

CDTs all have jobs to do and if, as they hope, these are performed to the standards acceptable to the GDC, their contribution will make for far better patient protection. There is room for crossover within the profession and, more importantly, to be a key part of a

communicable dental team.

At present, there are only a handful of GDC registered CDTs in Scotland. Among the first were Roger Maclachlan from Edinburgh Denture Clinic, Philip McKeown from Hamilton Dental Technicians and Alan Mitchell from the Cosmetic Denture Clinic in Rutherglen.

Their training was carried out through the George Brown College in Toronto and the KSS Deanery, and all have diplomas in Clinical Dental Technology with the Royal College of Surgeons (England).

Through the University of Edinburgh and KSS Deanery, further CDTs will soon be registered to practice in Scotland. At present, the UK and Ireland have approximately 130 CDTs.

As fully trained and registered clinical dental technicians, Roger, Philip and Alan have high hopes that they will fit into the dental team and play a key role working with dentists and other dental professionals – although working independently in denture clinics.

With more education facilities participating to train technicians, within a few years a CDT should be an integral part of the dental team. ■

Bruce Oxley meets two of Scotland's first clinical dental technicians who offer a range of services to support dentists, from removable prosthetics to implants

International Smiles

Removable prosthetics are an essential part of dentistry, but it is one area many dentists would happily pass on to a colleague if they had the choice.

A new practice has opened in Burntisland offering just that service, as well as a range of treatments from implants and orthodontics through to anti-snoring devices.

Alan Petrie and Rob Leggett met while working as dental technicians at the Edinburgh Dental Institute and boast more than 40 years' experience in the industry between them.

The two technicians are among the first in Scotland to have qualified as clinical dental technicians (CDT) after completing the Diploma in Clinical Dental Technology at the Edinburgh Dental Institute in conjunction with the Royal College of Surgeons of Edinburgh. The course ran from February until December last year, with both men graduating just before Christmas.

They are now registered with the GDC and have already started seeing patients at International Smiles, their newly fitted-out practice in the Fife seaside town as well as referral appointments in Edinburgh and Livingston. The Burntisland practice is in the same building as Alan's original business, PM Dental – a laboratory he set up in 2005 to undertake ad hoc private technical work outside his duties at the dental

institute and which will remain as the laboratory side of International Smiles.

Alan trained at Edinburgh Dental Hospital as a dental technician in the late 1980s, gaining his qualification at Edinburgh's Telford College. He worked his way up to deputy dental laboratory manager in what is now the Edinburgh Dental Institute, a role he held until February this year, before leaving to concentrate on setting up International Smiles.

Rob has been working as a dental technician for 13 years, mainly in the NHS at the Glasgow Dental Hospital, in the community service in West Lothian and the Edinburgh Dental Institute, where he first met Alan. Working at the institute gave both men experience of working with patients, something Rob feels gavethem a head start when it came to seeing patients in their new practice.

The new qualification has allowed Alan and Rob to set up their own practice and see patients without a dentist, but Alan is at pains to point out that they are keen to work with dentists and not in competition with them.

He said: "If a GDP didn't want to see the removable side of dentistry with their own patients, we would be happy to work in partnership with them. Once we've seen the patient and everyone is happy, the patient would be referred back to their dentist, who would continue to see them in their practice."



Alan explained that if patients come to see them who are not registered with a dentist, they would insist that they register with a GDP before any work is carried out, so they can be sure their dental health is looked after before and after any work is done. As well as dentists referring to a CDT, Alan believes the relationship could and should work the other way as dentists become more familiar with the scope of practice of CDTs.

He said: "It was unfortunate that last week we had a patient who wanted general dental treatment, which we obviously don't offer. They wanted to know if there was anyone else we could suggest to them but right now we don't have details of GDPs whose lists are open and that we were able to pass their details on to."

"I'm hopeful this will change in the coming weeks. It is just

because the qualification is so new that many dentists don't actually know what we can and can't do. We aren't in competition with general dentists – we can hopefully work together with them to offer services they simply don't have the time or, sometimes, the will to carry out."

Rob and Alan aren't currently able to offer NHS treatment. Alan said: "We can't treat patients on the NHS as we don't have a list number. We both greatly enjoyed our time in the NHS and while a large portion of our work will be private, we would like to be able to offer treatment on the NHS. We have offered to give over a percentage of the practice to the health service, but the contracts don't allow it – they are written for dentists and doctors."

"Until the NHS recognises CDTs, we just can't do it."

The two men are philosophical on the matter, but it is a source

"We aren't in competition with general dentists – we can hopefully work together with them to offer services they simply don't have the time or, sometimes, the will to carry out"

Alan Petrie



Clinical dental technicians Alan Petrie, left, and Rob Leggett have set up a new practice in Burmtisland offering a range of removable prosthetic treatments

of frustration to them, especially since NHS Education for Scotland ran the course they qualified from last year. They also cited the example of a CDT from England who has negotiated a contract with his local primary care trust to do work on the NHS and they are hopeful that something similar might be achievable in the near future.

In the meantime, they are settling into their new environment, a two-surgery practice which includes a two-room LDU, digital OPG and X-ray room and consultation area, all situated underneath their bespoke laboratory and meeting room. Alan said: "Having the lab in the same building has definite benefits. For example, we could feasibly make dentures in a day if we had to."

Two students from Edinburgh's Telford College are carrying out work experience at the laboratory and will work alongside full-time technician Derek Slater. Dental nurse Magda Piech-Ozog assists Alan and

Rob when seeing patients and practice manager Marion Foriskey makes sure the practice is running smoothly.

Alan and Rob will be also be joined by their director of implant dentistry Graeme Lillywhite, who will practise out of the surgery, as well as specialist orthodontist Fraser Montgomery and orthodontic therapist Joy Petrie. And they have recruited a consultant on sleep apnoea and snoring, Professor JP McDonald, who is available for consultations and the fitting of anti-snoring devices.

Alan and Rob are passionate about their new vocation and keen to offer an exciting range of referral dentistry from removable prosthetics through to more advanced elements of the profession. Alan said: "We are very excited to start working alongside general dentists in our professionalism and hopefully we will soon be seen as an integral part of the dental team." ■



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Andrew Morrison, an accountant with Martin Aitken & Co, guides you through the pitfalls of the tax game and advises how to get your foot on the next rung

Ten top tax tips

for dental practitioners



The advertisements may say 'tax doesn't have to be taxing', but it often is! A good professional adviser will guide you through the piles of tax law, which have accumulated over recent years. They should also provide you with value-added services such as minimising and deferring your tax liabilities as far as possible within the rules.

Here are ten top tips to help keep the taxman at bay, and boost your disposable income:

1 Is your spouse involved with the administration of your practice in any way? Consider points such as writing up the books, or dealing with any general secretarial aspects of the practice while you are treating patients. If this is the case, and your partner has no other sources of income, you could justify paying them a reasonable salary commensurate with their time and experience, which would use up their 'tax-free' personal

allowance and provide you with tax-deductible expenditure.

2 The first £50,000 of qualifying capital expenditure in your accounting year is eligible for tax relief via capital allowances at a rate of 100 per cent, which accelerates the tax benefit of investment. This contrasts with the regular writing down of capital items at 20 per cent on a reducing balance method, which spreads the tax allowance on capital expenditure over several years. Whether this 'annual investment allowance' will be maintained beyond 5 April is unclear, so you may wish to use it before you lose it. Given the impending general election, and the possibility of an alternative government passing a budget shortly after taking office, this is of increased importance.

3 Training sessions for CPD, refresher courses and conferences you attend should be claimed as business expenditure, if you do not already do so. HM Revenue & Customs tends to consider these to be mostly for the purpose of the trade and therefore eligible for tax relief in most instances.

4 If you are trading as a limited company, then claim for any motoring costs as a mileage claim rather than a company provided car. This will save you the inconvenience of having to prepare a P11d, or paying an accountant to prepare one for you, and will save you paying the 12.8 per cent employers' National Insurance on the value of the benefit, which can be high depending on the make and model of your car. Depending on the level of business miles during a tax year, the rate can be up to 40 pence per mile, which is tax-free and a deductible expense for the company, but a log of journeys must be kept.

5 If you are trading as a partnership or sole-proprietor practice, ensure you are claiming for some

proportion of motor expenses and capital allowances on the vehicle. There are bound to be some justifiable business travel in most cases, such as attending training courses, meeting suppliers etc. However, travel to the practice from your home does not qualify as allowable mileage.

6 Ensure you are claiming tax-relief on your personal tax return in respect of interest paid on any loan taken to invest or buy into a practice. The interest is also eligible if you are borrowing funds for general business purposes, which is not necessarily investing in a new practice, but could cover expansion or enhancement to your current practice(s).

7 If you engage someone on a self-employed capacity, such as a hygienist, you do not have to



"Sometimes one has to spend a little to save a lot. A prime example is tax enquiry protection insurance, which should cover you in the event of the Revenue & Customs launching an investigation into your tax affairs"

Andrew Morrison



Andrew Morrison

pay employers' National Insurance on their remuneration. There are other added benefits too, for instance, flexibility on state entitlements such as statutory sick pay and maternity pay. Revenue & Customs is well aware of this, and there is a raft of legal precedent to determine who is deemed to be employed versus self-employed. Revenue & Customs will consider issues such as whether the person you have engaged with could substitute themselves with someone else, provide their own equipment to get the job done, be permitted to engage with others at the same time as you, and whether you are obligated to provide them with work as you would with an employee.



8 Sometimes one has to spend a little to save a lot. A prime example is tax enquiry protection insurance, which should cover you in the event of Revenue & Customs launching an investigation into your personal and/or business tax affairs, where accountancy fees can run into

thousands of pounds. Also, I recommend you get your books and records to your accountant as early on in the fiscal year as possible, in order that they can lodge your tax return and advise you to pay sufficient payments on time – this will save you surcharges, interest and penalties.

9 Offer your employees a salary sacrifice scheme in exchange for childcare vouchers, which are exempt from tax and national insurance. This will, in effect, increase your employees' take-home pay, and save you up to £373 per annum in employers' National Insurance contributions.

10 Last, but certainly by no means least, consider incorporating a limited company from which to operate your practice. This is a large step, with many technical considerations to take into account, and should not be ventured into lightly. You should take professional advice, as incorporation is a difficult measure to reverse, so it should be properly considered.



For more information, see advert on page 16.

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Raymond Murphy describes how enrolling on the MJDF course led him from St Vincent Street to Stamford Bridge



The grey matter matters

Little did I think when I turned up at the Royal College on St Vincent Street in June 2008 for the MJDF induction night, I would be in the hospitality suite at the home of Chelsea FC twelve months later to sit the final part of the MJDF exam. This was the final stage in a challenging but rewarding journey for the 14 candidates from the West of Scotland MJDF study group.

So what is the MJDF?

This is the question I asked myself after being persuaded by Conor O'Malley, the divisional director, to sign up for the course. Having graduated in 1985 (the last century) I was a bit hesitant about putting myself forward for a formal assessment and examination after all these years. Was the grey matter still active or had it been replaced by grey hair? After parting with my cheque at the induction night there was no way I was going back, especially as I was at least 20 years older than the rest of the group.

As outlined by the FGDP (UK) (www.mjdf.org.uk), The Diploma of Membership of the Joint Dental Faculties is the starting point for practitioners who wish to develop their careers in a number of ways. The examination is a desirable requirement for entry into post-graduate training programmes generally, including specialist training, and is the starting point for the FGDP(UK)'s career pathway for general dental practitioners.

This, along with the advent of concepts such as dentists with special interests, means that all dentists should consider the MJDF as a valuable demonstration of their postgraduate competencies as set out in the UK foundation curriculum.

How long does it take?

All three components of the exam must be completed within five years but in the West of Scotland study group we decided to do this in 12 months. To keep the impetus going, we had monthly study group meetings and constant e-mail contact with the tutors. This format

ensured that all components of the portfolio were completed before Christmas and submitted for assessment before preparation for the part one and part two examinations began.

The June to December period involved many late nights on the laptop pulling together the keyskills evidence and reflective commentaries, developing my clinical photography skills and repeatedly begging my kids to help me on the computer. From June to December it was about the portfolio of evidence and from January to June it was all about the exams.

What does the MJDF involve?

1. The portfolio of evidence

This has five components; the clinical audit, the clinical case, the portfolio of clinical and professional keyskills from the candidate's working environment, a record of CPD and personal development plan, and a CV.

The keyskills involves collecting documentary evidence of five core skills and writing reflective commentaries on

how they are applied in your daily practice. The West of Scotland Group chose the following core skills:

- Health and safety
- Infection control
- Radiation protection
- Medical emergencies
- Record keeping

Producing this evidence will be crucial in the revalidation process being introduced by the GDC as from 2012. The clinical case has to demonstrate your ability to take a good history and examine a patient appropriately, and to formulate a treatment plan and discussion. A medical, dental and social history is taken followed by an extra and intra-oral examination including any special investigations necessary. A problem list is made followed by a diagnosis.

Treatment options are discussed with the patient followed by a definitive treatment plan. After the treatment is completed a maintenance program must be established. As I said previously, this was all completed between June and December. It was certainly full

on but the group took it in their stride and rose to the challenge with everyone submitting the portfolio on time.

2. Part one exam

This kicked off at the study group meeting in early January 2009. Part one consisted of one paper, based on the foundation training curriculum, assessing knowledge and applied knowledge. This included different formats of multiple choice questions (MCQ) in the form of extending matching question (EMQ) and single best answer (SBA). All areas of clinical and non-clinical dentistry had the potential to come up in the exam from abscesses to zirconia.

3. Part two exam

No sooner had we returned from the part one exam in London, than it was time to prepare for the OSCE's and the SCR's in three months time. This sounded like a Hollywood awards ceremony when I first heard these abbreviations. As I walked into the Vialli Suite at Chelsea football ground on that sunny June morning, with not a WAG in site (unfortunately), I was filled with both

Reasoning (SCR) was 'an assessment of your ability to communicate with peers, reason, evaluate, form opinion and apply knowledge obtained through undergraduate and postgraduate experience to current dental practice.' To complete this successfully you need to be up to date with recent publications in dentistry, changes in policy and be able to apply scientific principles to dental challenges.

I was initially a bit phased by this, not having come across this exam format in my BDS finals away back in 1985. This was a complete new way of thinking to me, although some of the younger candidates had come across this approach. I surprised myself by enjoying thinking through problems on a more fundamental level than I had done for years. It was good to realise that I did in actual fact have some grey matter in full working order.

I returned home to await the results and, four weeks later, I was delighted to hear that the study group had achieved a 100 per cent pass rate. This is a great reflection of the success of the



"It was good to realise that I did in actual fact have some grey matter in full working order"

Raymond Murphy

trepidation and relief that the big day had arrived.

Three hours from now it would all be over: win, lose or draw. The Objective Structured Clinical Examination (OSCE) component of part two was aimed at assessing your knowledge and competence in clinical and non-clinical dentistry. There were around 20 OSCE stations, each of five-minutes' duration, where candidates were asked to complete a practical task or a paper-based exercise that was linked to a competency within one of the four domains of the GPT curriculum.

Structured Clinical

study group format and of the hard work put in by all three tutors. It was extremely beneficial in being able to bounce ideas off other students as well as our tutors; Conor O'Malley, Gareth McMorro and Kenny McDonald. Without their input and guidance this may not have been achievable in such a short time period.

Why did I do the MJDF?

I completed the MJDF for a sense of achievement, to update my knowledge and to gain a formal qualification for all the CPD I have done in the last 25 years.

Continued »

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Education/Training

Continued »

I would recommend the MJDF to all new graduates, as it will be of great benefit in the career pathway they choose. For the more mature graduate it will be of great help in the coming revalidation process and also a chance to upgrade your clinical knowledge.

There is always a catch to these things and I have been persuaded by Conor to take over his place in the tutor group this year. I should have seen it

coming. However, I see this as a good way of continuing my professional development as tutors can often learn a lot from their students. ■



The FGDP Scotland runs MJDF tutor groups in the North, East and West of Scotland and you can access the information on the website at www.fgdp-scotland.org

* Raymond Murphy qualified from Glasgow in 1985. He has been the principal in a private practice in Bothwell since 1992 and has an interest in orthodontics and implant dentistry.

RCSE Diploma

After two years of preparation, including the formation of an implant advisory board, the first sitting of the Diploma in Implant Dentistry at the Royal College of Surgeons of Edinburgh (RCSE) took place in October.

The second sitting begins in May but the RCSE is inviting general practitioners with an interest in implants to apply for the following diet to begin at the end of September.

The diploma was created with the intention of assessing core knowledge and competence at a level expected of a GDP with a particular interest in implant dentistry. It is not intended to test competency or detailed knowledge of the more advanced procedures such as major bone grafting or full arch prosthodontic rehabilitation, but does include aspects of minor augmentation.

The RCSE took the rather unique step of putting together an implant advisory board to develop

the exam, headed up by Paul Stone, consultant and specialist in oral surgery and one of the clinical directors of Blackhills Specialist Dental Referral Clinic.

He said: "It was the perception of the Royal College that there was a need to assess knowledge and competence with an examination that required 'self-directed' learning as opposed to an examination at the end of a course.

"The advisory board felt very strongly that implant dentistry should not be seen simply as a technical discipline, but as an integrated part of the provision of dental treatment. As such, a good knowledge of all aspects of dentistry and where this interfaces with the provision of dental implants is essential."



The deadline for the diet starting on 29 September is 2 July. For more information on the diploma contact the examinations section of the RCSE on 0131 527 1600, email dental.exams@rcsed.ac.uk or visit www.rcsed.ac.uk.

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Clean cut area?

When it comes to complying with decontamination regulations, the devil is in the detail, writes **Irene Black** of NHS Education

Decontamination is still a fairly emotive subject for general dental practitioners in Scotland. However, during the last six years, I have seen a gradual change in attitude from anger and disbelief to a disgruntled acceptance that these requirements are not going to go away.

It did look for a time that Scotland was on its own as far as the application of the guidance was concerned. Now, with the publication of HTM 0105 by the Department of Health, the same principles will be applied south of the border and in Northern Ireland, although the detail will differ.

Scotland was just a bit ahead of the game. The fact that general dental practices in Scotland have had the benefit of some funding to enable these changes should be appreciated. I agree, it may not be enough, but it is certainly the envy of our colleagues in the rest of the UK.

Compliance in decontamination is complex. The general areas for compliance are facility, processing, quality management, training and equipment. The focus often has been on facility as this has been the most challenging element.

As the previous deadline for compliance of December 2009 approached, practices received a letter from the Chief Dental Officer (CDO) detailing the new timescales. The information used to determine this timescale was collated using the responses from the Dental Decontamination Facilities and Equipment Questionnaire (DDFEQ) carried out early in 2009.

The letter asked practitioners to report progress towards compliance and any future plans to their health boards by 30 December.

The new timescales meant that



those who considered themselves able to accommodate a separate local decontamination unit (LDU) facility, and had not done so, would be expected to complete by 2011. Those who had no potential for an LDU in their current setting were given until December 2012 to investigate their options and complete their plans.

The CDO's dental subgroup was aware that there were still significant challenges ahead. The need for more support and advice in relation to developing facilities and buying suitable equipment was identified as a major requirement.

Facilities

Practitioner's responses to the DDFEQ highlighted the need for practical help and support in relation to developing LDU facilities. Some were grateful for the help they had received from their health boards via dental practice advisers. Others, par-

"The need for more support in relation to developing facilities and buying suitable equipment has been identified"

ticularly those who had space constraints, would have welcomed some dedicated expertise.

Health Facilities Scotland (HFS), which is now the lead organisation for decontamination, has produced a list of surveyors and contractors that practices may contact. HFS has provided these companies with some training as to the guidance requirements. The list has been posted on the NHS information website (www.scottishdental.org). It would still be advisable to keep in touch with your health board as arrangements for support may vary from area to area.

There is some news in relation to those who own more than one practice and have a branch practice unable to accommodate an LDU. The latest response from HFS stated that, as long as the two sites are the same 'legal entity' and the instruments

Continued »

Continued »

are transported as per the requirements of the Carriage of Dangerous Goods Act, moving instruments to and from the site with an LDU would be allowable.

Decontamination equipment

Progress has been made in relation to the National Procurement Contract NP143/09 for decontamination equipment.

Last year, manufacturers and suppliers were invited to tender to have their products included. The equipment was rigorously tested to the full guidance requirements. The manufacturers and suppliers were asked to provide evidence in areas of product quality, performance, cost and technical support. Those who scored most points were included on the contract.

A list of equipment now on the NP143/09 can be accessed via the home page of www.scottishdental.org

For details on how to access the full contract list, including costs, go to the decontamination link on that site. Purchases should be made directly from a contracted supplier.

Full compliance requires that all decontamination equipment should be installed and commissioned. Contracts should also be in place for quarterly testing, annual revalidation and maintenance. The ongoing cost implications of this aspect of compliance could make the capital outlay look insignificant.

At the moment, there is some discussion around the potential for reducing the frequency of these testing requirements. This has been raised, as some manufactures believe

BIOGRAPHY

IRENE BLACK qualified from Glasgow University in 1980.

- She is in General Dental Practice in Eaglesham where she has worked in partnership with her husband for the last 24 years.
- She gained her Membership of the Faculty of General Dental Practitioners in 1999 and the Certificate in Effective Dental Management in 2005.
- She has worked as a Dental Practice Adviser for Greater Glasgow Health Board for nine years and has also been involved with the Care Commission on an advisory basis. Her most recent post is with NHS Education where she is an Assistant Director with the remit for Infection Control and Decontamination, providing information and education for dental teams throughout Scotland. She has been part of the Chief Dental Officer's advisory group on dental decontamination.
- Her interest in the thorny subject of decontamination came about through her involvement in the Survey of Decontamination in Dental Practice in 2003.

this frequency may be unnecessary due to the technological improvements of the newer equipment. HFS does not fully agree with this proposal at present but have agreed to consider it? Have they not?

Reviewing this situation would undoubtedly be a welcome step and could lead to significant cost reduction. It is hoped this can be explored further.

Quality management systems are a somewhat alien concept for general practices at present. Some work is being progressed by HFS in relation to developing a suitable quality management tool. A few practices and their staff have been involved in piloting the system. They have fed back and modifications are being considered.

This is still a work in progress.

Training

The infection control support team at NHS Education has been delivering in-practice training across Scotland

“There are lots of questions to resolve, however I believe the principles involved in compliance will not change”

for two and a half years. It has been well received by dental teams and around 550 practices across Scotland have accessed the service.

As part of the requirement for compliance, the CDO determined that all practices should undertake this training. Naturally, this has increased demand and stretched the support team's staffing capacity. This has resulted in practices having to wait longer for training than they would have liked. It is hoped that the staffing situation will be resolved in the near future as recruitment is in progress.

At present, the support team are prioritising those who haven't accessed the training previously. They hope, in the near future, to be able to offer those who have already accessed training a second session, which will include operating and testing of decontamination equipment. Information on the training is available from www.scottishdental.org

In the last few years most dentists and their teams have made significant progress in working towards compliance. There are also people working hard in an effort to support practices. There is no doubt there are still lots of questions and issues to resolve as far as decontamination is concerned, however I believe that the principles involved in compliance will not change – the devil is undoubtedly in the detail.

The most hopeful phrase I heard used at a recent CDO sub group meeting was that consideration had to be given to 'reasonable practicability'.

Perhaps there is some hope after all. ■





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Treatment planning

**PREDICTABILITY AND COMPLICATION MANAGEMENT
A 10-YEAR CASE STUDY**

Just what you can achieve with dentistry depends on many factors. But it's essential that you manage expectations



Fig 1 Original OPT



Fig 2 Retracted view

Planning comprehensive rehabilitation requires knowledge. Not only of the patient's wishes and perceptions of treatment outcomes, but detailed knowledge of the scientific literature in order to be able to plan at the outset. How to achieve the desired result, and how to progress if, and when problems occur.

The following case study is over a 10-year period and details how potential problems, which ultimately occurred, were mitigated from the outset.

Patient: 47-year-old fit and healthy male.

Reason for referral: recently had to have two upper posterior bridges removed due to recurrent caries

(bridges had provided good service for approx 10 years). Patient wants missing teeth replaced with fixed solution rather than removable. Would like a predictable long-term result. (Figs 1-4)

Problem list: potential for recurrent caries, heavily restored dentition, root filled potential abutment teeth with evidence of apical pathology, evidence of parafunction, open margin on remaining cantilever bridge.

Treatment options:

1. Dental implant supported bridgework.
2. Conventional re-treatment with fixed crown and bridgework.

Treatment discussion:

The patient requested to investigate the possibility of

conventional re-treatment. Discussions were had explaining:

1. Potential prognosis of fixed bridgework and the reduction on these percentages based on degree of previous restoration, bruxism and recurrent caries. No guarantee on longevity could be provided and the patient would have to accept full responsibility for a compromise option.

2. Integrity of existing root canal fillings would need to be assessed, with possible repetition.

3. Potential for root canal therapy on teeth previously deemed vital, either during this course of treatment or in the future.
4. Explanation that for a number of teeth, due to degree of previous restoration any further problems would necessitate extraction.

5. It would be necessary to

control potential parafunctional activities with an occlusal night guard.

6. Full explanation of operative procedures and the need to approach in a staged manner.

Provided with all the necessary information on which to make an informed decision and on the basis that dental implant treatment would still be possible in the future, the patient requested to proceed with conventional re-treatment.

Active treatment:

Stage one: Detailed assessment of all potential abutment teeth. Patient was referred to specialist endodontist who advised:

1. Re-treatment of 24 and 26.
2. Accepting 13 and 17.

Continued »

PROCEDURE



Fig 3
Upper occlusal



Fig 4
Lower occlusal



Fig 5
Repeated RCF



Fig 6
Preparations onto sound dentine margins



Fig 7
Retraction for accurate impression



Fig 8
R & L working models with pattern resin pick up copings

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Fig 9

Master cast



Fig 10

Final bridgework



Fig 11

Final bridge fitted



Fig 12

Final bridgework retracted



Fig 13

Occlusal splint



Fig 14

Decoronated



Fig 15

Second planning OPG

“It is also essential that when planning extensive restoration we take the time to discuss how failure may be managed”

Continued »

Stage two: preparation of abutment teeth

1. On separate occasions, all abutment teeth were prepared to include removal of existing coronal restorations and assessment for sufficient coronal tooth structure to allow confidence for cast restoration support. Where necessary, bone removal crown lengthening was carried out to ensure that all margins would be on sound dentine and easily cleansable. Two millimetre anterior ferrules were established. (Fig 6)
2. New cores were placed in teeth 17, 24 and 27 comprising direct placement titanium post and composite cores anteriorly with amalgam cores posteriorly. (Fig 7)
3. Occlusion was adjusted to even contacts in centric relation posteriorly, no eccentrics and shallow anterior guidance.
4. Pattern resin copings and facebow records were made to allow for transferring of individual dies to a master model and confirmation of occlusion. (Figs 8-9)
5. Bridges were designed ‘stress broken’ with fixed/movable cast joints. (Fig 10)
6. On completion of treatment, an occlusal night guard for the upper arch of ‘Michigan’ or ‘flat plane’ design was fabricated and fitted. (Figs 11-13)

Stage three: maintenance

The patient was instructed on the correct home care regime required, suggested follow up scheduling and use of the nocturnal appliance. The patient was returned to his referring practitioner.

Second referral:

Patient was re-referred five years later as tooth 23 had failed.

Presenting problem:

Tooth 23 had developed periapical periodontitis and

root canal therapy had been carried out through the previously placed two-unit cantilever bridge.

Unfortunately post preparation had resulted in a lateral perforation. Specialist endodontic opinion had been sought and a surgical repair of the perforation carried out, together with buccal root amputation of tooth 24. Subsequently the bridge had fractured off at the gingival margin, and a buccal sinus had developed. The patient was now wearing a temporary denture over the retained root. The patient again requested a fixed final result. (Fig 14)

Additional Problem list:

1. Compromised tooth 23 – unsalvageable.
2. Significant mobility of tooth 24, due to reduced support and all occlusal guidance now being transferred to it and associated bridgework.

All other restorations were



Fig 16 Custom abutments in position

functioning satisfactorily with no evidence of recurrent caries. Patient had been wearing the nocturnal splint up until tooth 23 fractured off and a denture was required.

Treatment discussion and options presented:

1. Replacement of teeth 22 and 23 with implant supported splinted units on two implants.
2. Replacement of teeth 22, 23, 24 and 25 with implant supported splinted units on



Fig 17 Bridge fitted

three dental implants. The patient was advised, and agreed, that given the potential for failure of tooth 24 the wisest option would be replacement of teeth 22, 23, 24 and 25 with implant supported bridgework.

Stage one: elimination of infection and stabilisation

The bridge was sectioned anterior to 26 and teeth 23, 24 extracted. The area was allowed to heal for four months prior to review radiographs and surgical planning. A provisional partial denture was used during the treatment period.

Stage two: implant surgery

Three implants were placed at 23, 24, and 25 positions. Although primary stability was achieved it was less than ideal for all implants and extensive guided bone regeneration was necessary with a direct osteotome sinus lift procedure being carried out for the implant at 25.

Stage three: reconstruction

All implants successfully integrated. Due to the implant at 23 being slightly too buccally positioned it was necessary to fabricate cemented bridgework. In order to allow for use of a 'soft' cement and retrievability a horizontal set screw was positioned palatally. (Figs 16-18)

Stage four: maintenance

A new nocturnal appliance was fabricated and the patient instructed on the correct home care for the implant supported restorations.

Follow up: after a further three years all restorations were functioning satisfactorily. (Figs 19-20)

Future management: replacement of bridge URQ with implant supported when failure necessitates.

With restorative dentistry failure is, ultimately, a common occurrence. We often quote percentage success rates to patients as a means of allowing them to make informed decisions.

It is also essential that when planning extensive restoration we take the time to discuss how failure may be managed, not only does this reinforce the problems as being the patients, but in many cases this will have an effect on the initial treatment option decision. ■

This case history was provided by Kevin Lochhead of Edinburgh Dental Specialists. Acknowledgment and thanks for excellent laboratory work to Portland Ceramics and Edinburgh Dental Implant Laboratory.



Fig 18 Base line radiograph



Fig 19

Two-year radiograph showing maintenance of bone levels



Fig 20

Two year follow-up showing good tissue harmony



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It's not about the implants anymore...



Does this mean that I should clear my desk?" That was the comment from one of my implant team members when she saw the title for this article.

I think her job is still secure, but with economic uncertainty still around it is even more important for implantologists to realise that sometimes the last thing our patients want are implants.

I have been involved with implants for more than 16 years now. On one hand not much has really changed; the implants look pretty similar, so do the other biomaterials.

Dr Paul Stone placed an implant on my first case in 1993, an upper central incisor with a deficient ridge. Today, the result

still looks perfect. The outcome of all implant treatment will always come down to sound clinical skills way before the materials are judged.

But on the other hand, everything about what we do has changed. My first patients knew nothing about implants and all the information came from me. This was before the advent of the internet, so they couldn't go online and see for themselves like they can nowadays. At least no-one had heard of 'mad cows' when we talked of bone substitutes.

Today our patients are so much more tuned-in with the technical knowledge – they know what they want and expect us to deliver.

I recently fitted two full arch bridges for a 70-year-old lady.

Eight upper implants, six lower, bilateral sinus grafts, CT scanning, immediate loaded transitional bridges and one piece zirconia frameworks for upper and lower arches with fantastic ceramics; all the papilla back and near perfect gingival margins.

She did say thank you, but there was none of that crying for joy that they seem to get on the extreme make-over shows. (Does anybody get that crying bit, or is Scotland just different?)

My patient was delightful, but she had got what she had come in for; her teeth back, a lovely smile and the ability to eat.

I was pleased to have delivered what I felt was such amazing treatment and she just felt that it was 'run-of-the-mill'.

Maybe that was a compli-

ment, but that is the change within our implant world. It is not about osseointegration or bone regeneration; it is about a patient's confidence to smile, the ability to eat, no more hassle with post crowns, a stable denture, the avoidance of embarrassment and no more plastic in their mouths.

Thankfully, implant practice has caught up with the patients' expectations of 'run-of-the-mill' care and implant dentistry can be just that. The predictability is incredible, the longevity can be for decades and patient satisfaction is nearly 100 per cent.

What's more, the surgery is usually an anti-climax and the restorative stages are usually well within the remit of most practitioners. The funding is easier with all the payment plan

PROCEDURE



Fig 1



Fig 2

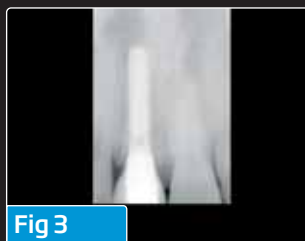


Fig 3



Fig 4



Fig 5



Fig 6



Fig 7



Fig 8

options and no one has yet come back to complain about the price after the results have been achieved.

I could be accused of using my clinical work to fund ski trips and my staff have a sliding scale of when to book patients in on the first week back from a holiday, dependent on the stress generated. The over-denture option today is the 8.30am appointment first day back. (Fig 1) With about one hour of surgery time and an overall cost (including new dentures) of around £3,500, patients are just amazed with the result.

Single tooth implants can be straight forward surgically (10am first day back) but then getting the gingival profile correct can be such a challenge. (Fig. 2, 3 and 4).

Sixteen years ago, if the patient had no bone then we

implant placement and is so well documented. Previous techniques cut off much of a patient's chin to place in the sinus but today the bone substitutes come out of a bottle.

Repairing the ridge that is deficient in bone can take the stress levels up a bit (not first day back) but for a patient, it's usually not that bad, especially with sedation (Fig. 5 and 6).

Probably the greatest growth that I have found in our practice is combining implants with cosmetic dentistry. The patient wants a new smile, but without more teeth the end result might fail. One implant within a row of post crowns may be enough to allow a treatment plan to happen and this is where the doors of restorative practice are unopened (Fig. 7 - Failing UR3, Fig. 8 - What the patient wanted -

“She did say thank you, but there was none of that crying for joy that they seem to get on make-over shows”

made a bridge. Today it can be run-of-the-mill to recreate the bone too.

In the posterior maxilla sinus, grafting is the most predictable grafting we have. It can be routine (2pm first day back) with

including implant UR3).

Finally, one of the greatest changes has been the support given to practitioners.

Today it is not just about the implant, but much more about general practitioners. ■



Dr Bruce Strickland BDS DiplmDent RCS (Eng) qualified in 1990 from Dundee University and is a member of the International Team for Implantology. He owns Care-Dental, and performs full-time implant dentistry in Crieff on a referral basis. He has been involved since 2004 introducing implant programmes into practice.



We Place... You Restore
Implant Restorations in Practice

Saturday 19th June
 9-5pm
 Care Dental Focus, Crieff, Perthshire



Dr Bruce Strickland BDS DiplmDent RCS (Eng) has been successful in placing implants within general practice for the last 10 years. He now works full time within implant dentistry alongside his lab technicians at his referral practice in Crieff. He is a lecturer and member of the International Team for Implantology.




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An Xtraordinary Indemnity Programme for the Whole Practice

DPL Xtra

What is DPL Xtra?

DPL Xtra is a practice programme from Dental Protection which rewards a commitment to good practice and a team approach to risk management with lower subscriptions, verifiable CPD for the whole team and a comprehensive portfolio of free or heavily discounted risk management benefits.

How much does it cost?

The cost for a practice to subscribe to the DPL Xtra programme depends on:

- The number of dentists working within the practice.
- The number of dentists within the practice who are members of Dental Protection.

If all of the dentists within a practice are DPL members the annual cost of the programme ranges from £300 (for a single-handed practice) to £650 for practices of 7 dentists or more. This cost increases by £100 for each additional dentist who is not a DPL member.

What are the benefits?

Lower subscriptions

Typical savings for DPL members in Scotland are as follows:

Full time employees	Normal subscription	Special DPL Xtra rate	Savings per person
Practice principal	1490	1290	200
Associate dentist	1360	1290	70
Hygienist / therapist	155	140	15
Dental nurses	31	FREE	31

Free indemnity for employed dental technicians, orthodontic therapists, practice managers and receptionists is also included. To see which other categories of membership benefit from lower subscriptions as part of the DPL Xtra programme visit www.dentalprotection.org.

Verifiable CPD with DPL Xtra

The GDC requires dentists to accumulate 75 hours verifiable CPD and a dental care professional 50 hours verifiable CPD within their overall CPD quota over a five year period. Up to 22 hours of verifiable CPD can be accumulated by carrying out activities contained within the DPL Xtra toolkit which a practice receives once they have been accepted as a DPL Xtra practice and up to a further 30 hours can be accrued through the discounted benefits of the programme.

Free risk management with DPL Xtra

• DPL Xtra Practice Manager website

A one-stop shop that can keep you up-to-date with the ever-changing legislation that business and healthcare providers need to be aware of; including employment

and health and safety legislation. (RRP £390 per annum but free to DPL Xtra members)

• RiskManager

A quarterly e-publication specifically designed to support the business needs of practice managers and practice principals.

• Risk Management and Ethics CD-ROMs

48 comprehensive modules ranging from periodontal disease to computerised records and confidentiality to personal conduct with up to 21 hours verifiable CPD available.

• Keyskills CD-ROM

The Risk Management and Communications module was developed in conjunction with Dental Protection and is part of a seven disc interactive series produced by the FGDP (UK) and Smile-on Ltd. Each module retails at over £50 (inc VAT) but is free to a DPL Xtra practice.

Discounted risk management with DPL Xtra

• Communication in Dentistry

6 interactive CD-Roms developed in collaboration with Smile-on covering all aspects of communication within the practice. Perfect for training the whole team and includes 6 hours verifiable CPD for up to 5 team members. RRP £700 (inc VAT). DPL Xtra price £470 (inc VAT).

• Discounted DPL Seminars

15% discount on tickets for all DPL conferences and seminars including Horizons and the Premier Symposium.

• Safe Practice HealthCheck

A unique half or full day on-site risk assessment includes free clinical audit tools, record card audit and report, and a review of the practice's in-house complaints procedures. RRP for full day: £1000 (inc VAT). DPL Xtra price: £480 (inc VAT).

In Summary

Practices that make an investment to join the DPL Xtra programme are showing a commitment to good practice and a team approach to risk management. In exchange the practice is rewarded with lower subscriptions for the team and access to a portfolio of free or heavily discounted risk management benefits.

What people have said about DPL Xtra:

"It is actually quite difficult to see a way where this programme will not save you money – and keep your practice safer too."

"For practice owners this is a no-brainer."

"I like the idea of being rewarded for doing the right thing. I can make sure that all our dental nurses have their indemnity up to date which is one less thing I need to worry about. The fact that it is free makes it even better."

"Being able to achieve verifiable CPD for the whole practice team without needing to leave the practice is so helpful. Working in a rural area it's a real bonus for us."

Dental Protection



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DPL Xtra

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Dental Protection



For more information go to www.dentalprotection.org/uk/dplxtra or call our Membership Helpline on 0845 718 7187

Raja Mahesh tells the story of Kayleigh Wilson, a young girl who suffered years of bullying due to her appearance, and the remarkable effect his award-winning orthodontic treatment has had on her life



Fig 1
Pre-treatment
- Full face



Fig 2
Pre-treatment
- Lateral view



Fig 3
Pre-treatment - Frontal view



Fig 4
Pre-treatment - Right lateral view

Orthodontics against the odds

At last year's British Orthodontic Conference in Edinburgh, I was presented with a commendation certificate in the 'Against the Odds' competition 2009 to mark the successful treatment of my patient, Kayleigh Wilson. This competition, run by the British Orthodontic Society (BOS), seeks to raise awareness of the impact of orthodontics on patient's lives and is open to patients who have recently completed treatment.

'Against the Odds' was judged by a panel of orthodontic specialists from the BOS, along with a professor of psychology and a journalist from *The Sunday Times* newspaper. A record number of cases were assessed (double the previous year's) and were judged for their poignancy and the aesthetic results of their treatment.

I'd like to share with you the details of my winning patient's journey through treatment, which transformed her life completely.

Initial consultation

Kayleigh was 14-years-old at presentation and was seen by myself, on referral from

her dentist in West Lothian, in October 2005 for an orthodontic assessment. When she was two-years-old a bookcase fell on her, smashing her skull bones and leaving bone fragments embedded in her frontal lobe. She was left in a coma for three weeks.

Despite life saving surgery, she was left with brain damage to the frontal lobe. She said that she was very much concerned about her teeth and agreed to the orthodontic treatment with reluctance.

In her letter to the competition, Kayleigh describes her childhood as: "a dark place inside my head". Targeted as the freak by

her school-mates, Kayleigh had to endure the painful taunts of "Brain Buck".

Every time she heard those words, she "died a little more inside". Kayleigh was told by her bullies that if she cut herself with a piece of glass, she could be accepted into their gang. She graphically describes how "my face, neck and wrists were slashed that day". After this Kayleigh also developed anorexia. She said: "I couldn't bear to be fat on top of everything else." She also developed an aversion to going outside, fearful that everyone would think she was ugly. As she put it "I hated myself, so I hid myself away". She admits that she was fearful of visiting the orthodontist, knowing that the orthodontist would have to look at her.

She presented with a class II division I malocclusion on a skeletal II base with slightly increased lower facial height and an incompetent lips (Fig. 1 & 2). The overjet measured at 7mm while there was an anterior open bite measuring 2-3mm, affecting her labial segments (Fig 3, 4 & 5). The upper and lower arches exhibited moderate crowding. There was no history of any soft-tissue habits. There was a 1mm diastema between her upper central inci-

"He heard my wish, without me telling him and he made it come true. From the bottom of my heart, thank you!"

Kayleigh Wilson

sors. Her oral hygiene was fair with obvious staining/calculus on her teeth surface.

Treatment plan

The treatment plan involved extraction of her upper 1st and lower 2nd premolars, with the use of upper and lower fixed appliances with rigid intra-oral anchorage reinforcement. She did have problems with the extraction of these teeth under local anaesthesia and it was only in February 2006 that her fixed appliances were fitted.

Active treatment

After her fixed appliances were fitted, Kayleigh suffered from frequent oro-mucosal ulcerations during her treatment – her medical practitioner said that it could be due to her ‘sensitive mucosa’ due to her anorexia. Kayleigh said: “My gums and my mouth burst open and bled. I have never been so scared. Every day I woke with countless cuts and sores.” She needed the plastic tubing over some areas of the arch wires to make it comfortable and needed to use the ‘wax’ to relieve any sharpness on her braces.

As she moved up the arch wires, her teeth started to align nicely and become straight. The spaces between her teeth were closed with the use of elastomeric chains. To close her anterior open bite, Kayleigh needed to wear vertical inter-maxillary elastics. Even though, she experienced numerous difficulties with these elastics, Kayleigh persisted, with the encouragement and support of her mother, who was a source of many comforting words and moments for Kayleigh. She wrote: “When my elastics were put in, I kept choking and my teeth hurt so bad.”

End of treatment

After two years and nine months of active treatment, Kayleigh’s braces were removed in November 2008. The expression of joy on Kayleigh’s face and in her smile not to mention the change in her confidence are illustrated eloquently in the photographs taken at the end of her orthodontic treatment (Fig 6 & 10). Her teeth were straight



Raja Mahesh (right) picks up his award in Edinburgh

BENEFITS OF ORTHODONTIC TREATMENT

A. DENTAL HEALTH

- 1. Temporomandibular dysfunction
- 2. Tooth impaction
- 3. Dental caries
- 4. Periodontal disease
- 5. Trauma

B. APPEARANCE AND SOCIAL PSYCHOLOGICAL WELL-BEING

- 1. Nicknames and teasing
- 2. Dental appearance and social attractiveness
- 3. Self-esteem and popularity

C. FUNCTION

- 1. Mastication
- 2. Speech
- 3. Swallowing
- 4. Sleep

D. ADJUNCTIVE TO OTHER DENTAL TREATMENT

- 1. Joint restorative treatment
- 2. Joint periodontal treatment
- 3. Orthognathic surgery
- 4. Cleft lip and palate



and her occlusion was perfect, with the open bite closed (Fig 7, 8, & 9). For retention, she was fitted with bonded fixed retainer on the lingual surface of her upper and lower anterior segments. She was also given a removable vacuum-formed retainer for night-time wear.

The first time Kayleigh saw her new teeth unveiled on the removal of her braces, she was lost for words. She was so overjoyed that she actually broke into tears. She said: “No words can explain how I felt when Mr. Mahesh took my braces out. In the mirror he held out was my reflection. I’m perfect now; I’m Kayleigh the girl who was lost. I’m the girl I dreamed about. I’m not ugly anymore, I’m Kayleigh with an amazing smile.”

Finally, she felt pretty and the proud owner of an amazing smile she had always dreamed of. Kayleigh says that this is the beginning of an amazing new life, which has transformed her confidence as much as it has her smile.

Orthodontics comes from the Greek words ‘orthos’, meaning correct or straight and ‘dontos’, meaning teeth. It is a specialized branch of dentistry concerned with the development and management of irregularities of the teeth, jaws and face (malocclusions). Orthodontic treatment can improve the function and appearance of the mouth and face.

The aim of orthodontic care is to produce a healthy, functional bite, creating greater resistance to disease and improving personal appearance. This contributes to the mental as well as the physical wellbeing of the individual. The benefits of orthodontic treatment include an improvement in dental health, function, appearance and self-esteem.

Improvement in dental/facial aesthetics as a result of orthodontic treatment is often associated with improved self-esteem and other psychosocial aspects of the individual. A number of studies over the years have confirmed that a severe malocclusion

Continued »



Fig 5 Pre-treatment - Left lateral view



Fig.6 Post-treatment - Frontal, at rest



Fig 7 Post-treatment - Frontal view

Clinical

Continued »

can be a social handicap. Social responses, conditioned by appearance of the teeth, can severely affect an individual's whole adaptation to life. This can lead to the concept of a patient's malocclusion being 'handicapping'.

The case report of Kayleigh Wilson illustrates the psychological benefits of orthodontic treatment. Even though case reports are low in the hierarchy of scientific evidences, such cases markedly illustrate the obvious benefits from orthodontic treatment to the wider audience. As an orthodontist, it is very gratifying to see

such appreciation of one's work, both from the patient and the assessment panel of Against the Odds 2009 competition. I am really grateful to my patient for her kind words and for putting me forward for the award.

Her compliments included: "Mr. Mahesh is my guardian angel. Mr. Mahesh has given me a brand new, perfect life. I will never forget Mr. Mahesh or what he has done for me. He heard my wish, without me telling him and he makes wishes come true." She concludes her letter with: "From the bottom of my heart, thank you!"

The countless possibilities for making a

difference in another person's life, as illustrated beautifully in this case, is what makes it all the more worthwhile of being an orthodontist and providing the best possible care for all my patients. ■



Raja Mahesh is the principal orthodontist at M-Brace Orthodontics in Bathgate, West Lothian and Glenrothes, Fife. He would like to acknowledge the use of 'The Justification for Orthodontic Treatment' which was published by the British Orthodontic Society (BOS). The literature can be accessed by visiting the BOS website at www.bos.org.uk



Fig 8

Post-treatment - Right lateral view



Fig 9

Post-treatment - Left lateral view

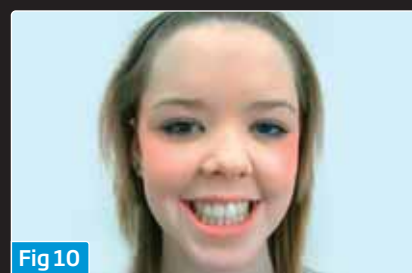


Fig 10

Post-treatment - Final smile

m-brace

orthodontics

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With training in mind, the company has forged excellent relationships with leading clinicians in Scotland, each of whom has chosen Biomet 3i implants. From referral to high-end technology, Biomet 3i's principal Scottish advocates have commented:

For further information about Biomet 3i courses, contact Biomet 3i training and education on 01628 519162.

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"A trusted and readily available mentor is important, indeed a requirement, for any dentist who is getting involved in the field of dental implants. My team and I at Dental fx provide, not only this service, but a comprehensive referral package for all dentists who wish to offer their patients the benefit of dental implants, including the availability of a newly acquired state-of-the-art cone beam CT scanner."

Dr Stephen Jacobs

"The cornerstones of successful education in implantology are a strong, evidence-based practical course and a good mentoring relationship with an experienced clinician in the critical early cases to provide ongoing support. Getting involved in the restoration of implants placed by an experienced surgeon, is a natural first step to providing an optimum implant service in your practice."



Dr Crawford Bain

"We are excited about the prospect of the Encode impression system, as it facilitates GDP involvement in implant dentistry. You don't have to worry about the different impression copings - you simply take an impression of the healing abutment and the information required to make the final abutment is already there. We provide courses for local dentists wishing to learn about implant prosthetics and implement this new technique."





Dr Bobby Watson



Dr Stuart Farmer

Dr Bobby Watson and Dr Stuart Farmer

"More and more general practitioners are becoming involved with implant dentistry. Referring patients for surgery and working with your prosthodontic mentor (to establish the treatment plan, and subsequent restoration), is the simplest way into this aspect of modern dental care. Biomet 3i are making it even easier with the introduction of the Encode impression system. The only equipment the GDP now needs is a good quality impression material, the original set up costs have been significantly reduced. Structured high quality education ensures confidence at whichever level you choose to operate."

Dr Kevin Lochhead and Dr David Offord

Biomet 3i along with these clinicians run regular courses from one day hands-on implant introductory sessions to advanced year long courses. Biomet 3i are dedicated to your success.



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At 6am on a Monday morning, most people are still in bed, however at Leca Dental work is under way. It's just an ordinary morning in the lives of father and son partnership, Tommy and Martin Leca.

For Tommy, long hours are nothing new: "I've worked in dental technology for over 40 years. I know the level of dedication required to ensure that a laboratory operates at a high level."

After a career spanning four decades, working for RB Wilson and as a director for DP Nova, Tommy decided to go it alone in 2003. Along with his son Martin he moved to a small laboratory in Renfrew and, when their work-



load increased they moved to a larger site in Glasgow.

Leca Dental continues to explore new possibilities. Martin explained: "As a full service dental laboratory, specialising in prosthetic, orthodontic, chrome cobalt and crown and bridge, we are fully committed to supporting both NHS and Private practices. Due to their high quality, we only use Ivoclar Vivadent

teeth on private dentures.

"We have recently purchased an EP3000 Ivoclar press and ceramic furnace and acquired the specialist services of Andrew Tawse to enable us to provide Ivoclar e.max crowns. E.max is a new innovative system that only uses materials of exceptional aesthetics to encompass all-ceramic indications ranging from veneers to inlays, and bridges."

Andrew said: "It was clear from the outset that I would be provided with a platform on which to utilise my 20 years experience in producing high quality crowns."

Leca Dental is also committed to supporting new talent and on 14 November last year, Leca Dental's first apprentices qualified with distinction.

Tommy said: "I was delighted to see our first apprentices do so well. We recognise the benefits of developing young talent early in the learning process."

And Martin added: "Our high level of dedication and expertise continues to pay off. Currently, there is a great sense of optimism in and around the company. We are all keen to build on this and take the company forward." ■

Leca Dental Laboratory



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Advanced training

CADE is the brainchild of Dundee Dental School graduates Bob McLelland and Richard Brookshaw. The two dentists met during their studies in the City of Discovery and, after running a successful year-long lecture series in Manchester they decided to make the transition towards more formal courses.

They offer a range of education options including implant courses in London and Manchester as well as restorative, preparation and dental therapist courses at venues across the UK. Bob and Richard also have plans to bring the restorative and implant courses to Glasgow, Edinburgh and Dundee in the near future.

Bob explained: "The principal lecturers are Richard Brookshaw and myself but we

Bob McLelland, the co-founder and senior lecturer at the Centre for Advanced Dental Education, talks about why he believes its dental courses are the best in the UK

"We want to raise the bar in the UK"

Bob McLelland

have the support of many international lecturers that we plan to invite and integrate into our programmes. In particular, on 5 May we have a day course taught by Eric Van Dooren, one of the most sought after international lecturers who is a world leading specialist in the field of implant dentistry.

"We want to raise the bar in the UK and give as many dentists as possible the opportunity to gain knowledge that they can use to improve their own clinical practice. Furthermore, we feel that the support and integrated teaching that we enjoy with technician John Wibberley and

his technical team gives an all encompassing educational experience that is solely missing from most educational programmes.

"Having great lines of communication with some of the world leading dental companies, Optident, Nobel Biocare and NSK to name a few, also exposes our delegates not just to fantastic products but also the continued support from trusted leading researchers in the field of dental materials and technology."

When asked what he felt delegates would gain from attending their courses, he said: "Our aim is to provide both knowledge base, confidence and support to allow our delegates to grow as clinicians. We find that

Hands-On Restorative Training

This comprehensive hands on and theory based modular course which is completed over 12 days, aims to enhance and develop the knowledge and skills of each clinician, above and beyond their current practicing techniques.

Topics include:

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- Smile design – fundamentals of aesthetics
- Advanced treatment planning, plastic periodontal surgery and implant dentistry

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Above: CADE courses offer hands-on teaching

many dentists lack the confidence to integrate what they learn from lectures and courses into clinical practice.

“So we offer constant support and mentoring during and after the courses to all attendees that will iron out the uncertainties and hurdles that stop people from moving out of their comfort zone and onto bigger and better things. We have taught dentists who have completed other courses

in the UK and abroad, and some who have completed masters teaching programmes.”

Bob also explained what sets their courses apart: “The restorative course integrates the theoretical knowledge you need as a clinician to comfortably move on to bigger cases. The delegates are all encouraged to bring their own cases that we discuss in small interactive groups, with technical support from John and his team.

“The modular structure is an excellent way of covering a range of specific topics which fit into every aspect of clinical practice in a comprehensive manner. My philosophy of teaching how to plan for all clinical eventualities runs down the spine of all the modules. As the only UK dentist to have completed all of the modules taught by Dr Mark Piper, I have integrated his philosophy on joint based occlusion into the course, as well as all the techniques which I have learned and use, from various world leading occlusion specialists.

“With this course I give an encompassing philosophy and teaching which is understandable, useable and comprehensive. There are no ‘gaps’ in what I teach on occlusion in restorative dentistry and this fits into all the modules as it does in all aspects of everyday care of our patients.”

He concluded by saying: “In general, what sets the ‘average dentist’ apart from the clinicians who offer more advanced care is good education. If you stand still you will never go anywhere, however if you embrace change your professional reward knows no bounds.” ■



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Alex Adair founding partner of Diamond Ceramics would like to thank all his clients for their continued support over the last 20 years, and would like to welcome them to his prestigious new dental laboratory in Glasgow City Centre.

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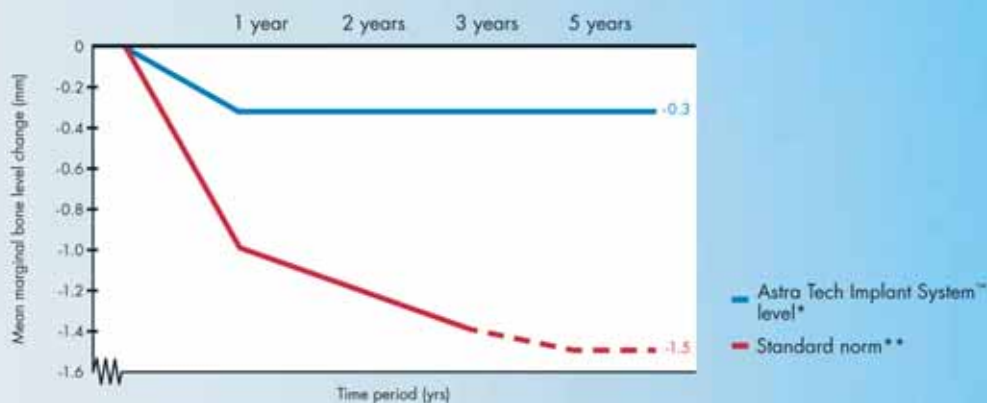
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- ** Standard norm according to:
Albrektsson T., et al., Int J Oral Maxillofac Implants 1986;1(1):11-25
Albrektsson T. and Zarb G.A., Int J Prosthodont 1993;6(2):95-105
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For more information, contact 020 7515 0333

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- Care3 Plus Handpiece maintenance system

NSK's X Series premium turbines are compatible with all major manufacturers' couplings including KaVo, W&H, Bien-Air



"Buying equipment can be difficult to budget for, however, with NSK Rental you can gain brand new state-of-the-art handpieces or small equipment for a fixed fee from as little as £24.32 + VAT per month."

Angela Glasgow,
Territory Manager

and Sirona, so you can enjoy the power and quality of NSK whichever system you are currently using.

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NSK rental is very easy to complete; simply contact your preferred dealer rep who can help you select the NSK equipment you need and complete the application form with you. This is then sent to our finance partners, Snowbird Finance Ltd, once the final agreement is approved and signed your equipment will be delivered as normal.

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technology and NSK know-how, guaranteeing functionality and superior performance at all times. These high-quality turbines and contra-angles offer exceptional benefits in terms of speed and precision, delivering powerful cutting when you need it most, so enabling you to meet the clinical and aesthetic demands of your patients. Of course, NSK's range of turbines and contra-angles provides instruments suitable for every type of clinical application.

If its power you're after, the Ti-Max X Series X700L turbine achieves up to an effective 22w of power, making it the most powerful turbine on the market. The X600L provides uncompromised performance with excellent access and the X500L provides unrivalled access and high performance. The Ti-Max X Series guarantees unmatched, powerful cutting every time.

You can even rent an NSK micromotor which in conjunction with the X95L/X95 speed increasing contra-angle allows you to experience torque and tactile feel like never before. This combination gives constant torque and cutting speed for outstanding performance at all times. NSK's X Series contra-angles provide a solution for every clinical application. Quality, functionality and superior performance are synonymous with the Ti-Max X Series. The patented 'Clean

Head System' successfully enhances infection control by preventing the entry of oral fluids, viruses and other foreign material from entering the handpiece head and, in addition, prolongs the life of the ceramic bearings by blocking the access of micro-contaminants into the instrument head.

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Now the NSK range of Ti-Max X Series turbines, NSK, KaVo and Sirona couplings are ideally partnered with NSK's NEW powerful LED coupling to produce a light equivalent to natural daylight, ensuring clearer vision and sharper contrast, highlighting detail, making procedures easier to perform and less stressful for the eyes. In addition, NSK's fibre-optic contra-angles can be combined with the M40 LED electric micromotor which easily connects to Bien Air's MC3 connection, guaranteeing you the best possible visibility whatever the application.



For more information about NSK's new handpiece and equipment rental scheme please call your territory manager Angela Glasgow today on 07525 911 006 or alternatively please call Jane White at NSK on 0800 634 1909.

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

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

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

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

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



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Email fgdp-education@rcseng.ac.uk or call 020 7869 6760 to find out more, quoting reference **CA10SD1**.

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For further information please contact Sirona Dental Systems on 0845 071 5040, or email info@sironadental.co.uk

New name, brush remains the same

Oral-B CrossAction toothbrushes are to be renamed Oral-B Pro-Expert CrossAction.

The name change is part of a repackaging design to help consumers differentiate the brush from the plethora of manual toothbrushes on offer at most retail outlets.

Pro-Expert CrossAction incorporates multitufted, flat trimmed, end-rounded filaments which have been cleverly angled at 16 degrees in both directions to provide a brushing action that penetrates, lifts and sweeps plaque away on both forwards and backwards strokes.



This enhanced capability removes plaque specifically from the areas normally least well served by brushing: the gingival margins, approximal surfaces and distal molars.

Pro-Expert CrossAction is a contemporary brush with design features that provide discernible patient benefits.

For more information on the range of Oral B toothbrushes available, visit www.oralb.co.uk

Oraqix: Non-injectable anaesthetic from DENTSPLY



Oraqix from DENTSPLY is a patient-friendly, non-injectable dental local anaesthetic, which has been specially designed for scaling and root planing procedures.

The anaesthetic effects of Oraqix last for approximately 20 minutes, with safe usage of up to five cartridges per patient. This allows clinicians time to conduct full mouth scaling and root planing in just one visit, while the patient enjoys a more comfortable and positive treatment experience. A patented thermosetting property ensures that the gel is restricted to the periodontal tissues, and is absorbed promptly – meaning that no residual numbness is experienced in the lips or tongue, unlike injectable local anaesthetic.

Its simplicity of use and ease of application makes Oraqix an ideal support for a more comfortable treatment, without needles.

For information call +44 (0)800 072 3313 or visit www.dentsply.co.uk



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For further information about the Takara Belmont range, call 020 7515 0333 or email dental@takara.co.uk

Under Armour Performance Mouthwear available in the UK

Already a success in America, Under Armour Performance Mouthwear is now available in the UK, exclusively through dental practitioners.

Originally designed for athletes, many American practices that offer the mouthpieces have reported

a growing demand from people who face physically or mentally demanding situations.

For more information, call The Dental Directory on 0800 585 586, visit www.dental-directory.co.uk or call Eric Solem on 07590 573 668



UCL Eastman CPD launches challenging new programme

The UCL Eastman Dental Institute, with the support of the Chief Dental Officer and the Department of Health, is excited to announce the autumn 2010 launch of a unique new programme bringing together leadership and clinical excellence within the NHS.

This programme is designed for general dental practitioners who wish to embrace the concept of delivering clinical excellence and introduce new principles and approaches to leadership, clinical management and team development



within the primary care setting.

The programme will incorporate modules on Clinical Leadership and Service Delivery, Clinical Excellence and Improving Oral Health.

For further information or to register for the programme, please contact the course administrator on 020 7905 1234 or 1261 or m.kelly@eastman.ucl.ac.uk



Student clinician programme

The DENTSPLY/BDA student clinician programme culminated in an awards ceremony at the Balmoral Hotel, Edinburgh.

The winning entry was from Lisa Durning of the Manchester Dental School, for her research entitled 'Analysis of a novel embryonic stem cell line exhibiting de novo promoter

methylation of the metastasis suppressor E-cadherin'. Her prize included an all-expenses-paid trip to Orlando, to attend the American Dental Association's annual conference.

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

HRH The Princess Royal opens new facility at UCL Eastman CPD

The Chancellor of the University of London, HRH The Princess Royal, visited the UCL Eastman Dental Institute recently for the official opening of a new clinical skills training facility.

The visit to UCL Eastman CPD was hosted by Professor Andrew Eder and took place on 24 February. The state-of-the-art facility includes a clinical skills laboratory, seminar room and clinical chairs with the latest equipment including microscopes, digital radiography and a cone beam scanner.



HRH The Princess Royal gave a brief address on the important contribution that the Eastman makes.

For more details about UCL Eastman CPD, please visit www.eastman.ucl.ac.uk/cpd or telephone 020 7905 1234

DENTSPLY at the 2010 Dentistry Show

Some of the most established and well-known DENTSPLY brands will be showcased at stand C20 at the 2010 Dentistry Show, with the spotlight on the endodontic and preventative product ranges.

With technological developments ensuring that the industry is constantly evolving, delegates will be interested to hear more about the latest products in these expanding sectors – and how the advances can help their practice.

One of the ways that DENTSPLY can support dental practitioners is by running 'Take a Break and Educate' sessions, which can be conducted in the practice at a mutually convenient time.

For more information, calling 0800 072 3313 or by visiting www.dentsply.co.uk



Chance in a million

DENTSPLY would like to congratulate Ms Hardeep Sandhu, who recently won £5,000 at the DENTSPLY 'Investing in Better Dentistry' event, which included the 'Chance to Win £1 million' competition.



Held at the 2009 BDTA Showcase in November, the competition offered 10 lucky contestants the chance to play for £1 million.

Ms Sandhu was visiting the exhibition with colleagues and was drawn as the final contestant. "I was hugely surprised to win the competition," said Ms Sandhu, a dental nurse at The Haven Green Clinic in Ealing. "I certainly wasn't expecting to leave with a £5,000 cheque! I still can't believe it!"

For more information, visit www.dentsply.co.uk

Develop your practice

Recognising the changing needs of dentists, UCL Eastman provides highly supportive and flexible learning experiences.

Commencing annually in October, courses include certificates in: aesthetic dentistry, conscious sedation and pain management (commences in May), endodontics, paediatric dentistry, special care dentistry. There are also diplomas in implant dentistry and special care dentistry.

The UCL restorative dental practice programmes commence in January of each year, and are designed for those wishing to



update their clinical skills while continuing to work in practice, with progression from certificate and diploma to MSc level.

UCL Eastman CPD also offers short courses, CPD and core subjects for all the team as well as finance and practice management courses.

For further information, contact the course administration team on 020 7905 1234, or email cpd@eastman.ucl.ac.uk, or visit www.eastman.ucl.ac.uk

Special care dentistry programmes

Commencing in October 2010, the UCL Eastman Dental Institute offers part-time, modular certificate and diploma programmes in special care dentistry, to bring dentists up to date with the latest knowledge in the field.

As well as systemic disease and special care dentistry both programmes will also cover applied biology and behavioural sciences amongst other topics.

In addition, the diploma programme will also offer clinical experience of hospital-based special care dentistry and research allied



to special care dentistry.

A key feature of these programmes will be the opportunity for participants to discuss the care of patients with complex disease and learn of the latest methods of dental care of patients with special needs.

For further information or to register, please contact UCL Eastman CPD on 020 7905 1251 or email v.banks@eastman.ucl.ac.uk

UCL Eastman offers Endodontics certificate

Running fortnightly for 12 months from October 2010, the UCL Eastman Certificate in Endodontics will be delivered by respected clinicians and teachers both from the Eastman as well as several invited international experts.

As well as seminars and lectures, there will be practical sessions in the state of the art laboratory, using the latest instrumentation. Participants will also experience current endodontic armamentarium and



discussion of clinical cases.

The course leads to the award of a UCL Eastman Certificate in Endodontics through examination.

For further information or to register, please contact the endodontic courses administrator on 020 7905 1281, email r.banks@eastman.ucl.ac.uk, or visit www.eastman.ucl.ac.uk/cpd

Separate yourself from the competition

The British Academy of Cosmetic Dentistry (BACD) is pleased to announce their next meeting, to be held on 23 April.

President of the BACD James Goolnik and business coach Chris Barrow, will provide the guidance necessary for practitioners to create their own Dental Branded Experience as a way of standing out from the competition.

Explaining the importance of branding, how and when to brand and how to convert potential into revenue, delegates will benefit from

the knowledge and experience of two leading figures in corporate dentistry.

For more information or a booking form, please contact Suzy Rowlands on 0208 241 8526 or email suzy@bacd.com



UCL's Dr Maria Retzepi wins prestigious award

The UCL Eastman Dental Institute would like to extend its warmest congratulations to Dr Maria Retzepi on winning the prestigious Basic Research Competition Award of the European Association of Osseointegration (EAO).

Dr Retzepi was awarded the prize for her research entitled 'Effect of Diabetes on WNT signalling during the healing process following Guided Bone Regeneration' which she



conducted as part of her PhD studies at the Eastman Dental Institute.

The shortlisted authors were invited to give a 15-minute oral presentation, followed by questions from the scientific committee, composed of Professor Marc Quirynen (Belgium), Professor Søren Schou (Denmark) and Dr David Harris (Ireland).

Takara Belmont

Taking pride of place on Belmont's stand will be their Cleo II, a treatment centre that combines good looks with incredible functionality. Like the Company's other entire range, it is extremely flexible and reliable, which might explain why Belmont treatment centres are first choice for so many dental schools.

Their free extended warranties are a declaration of confidence in the sheer reliability of their equipment.

Takara have showrooms in London and Manchester and dentists are welcome to visit and review the range of options without obligation.

Please call 020 7515 0333 to arrange an appointment.



Dr Bob Khanna presents latest training courses at Liverpool event

Delegates attending the BDA Annual Conference on 20-22 May in Liverpool, will have the chance to learn more about the training courses offered by the noted Dr Bob Khanna Training Institute.

Attendees visiting Stand A094 can gain more information about the 'hands-on' courses available, covering the full range of treatments using Botulinum and dermal fillers. Non-surgical facial



rejuvenation is a rapidly developing market within dentistry.

A pioneer in the field, Dr Bob Khanna has trained and lectured to dentists, doctors and plastic surgeons both in the UK and internationally.

In 2009, he was awarded Private Dentist of the Year.

For more details, please call 07956 378 526 or email info@drbobkhanna.com

schülke brings its latest infection control solutions to industry professionals

Leaders in infection control, schülke will be displaying their wide range of hand care products and training services at the 2010 BDA conference in Liverpool.

Delegates will learn about hand wash lotions and disinfecting gels such as the popular desderman® range, as well as the selection of moisturisers, wipes and sensiva® gloves. At the stand, dental professionals will be able to see how clean their own hands really are and discover the best techniques for hand washing and disinfection.



schülke offer courses on hand hygiene, developed in partnership with the Department of Health, COPDEND and industry experts.

Details of the UK's only education site dedicated to infection control www.s4dental.com can also be found at the conference.

More information is available from schülke on 0114 254 3500 or by visiting www.schulke.co.uk

P&G Professional Oral Health

P&G will be promoting their trial offer at this year's BDA conference; the top of the range Oral-B Triumph 5000 SmartGuide is available to dental professionals to try themselves for £39.99 (saving more than £100 on the typical price on the High Street when not on promotion).

What's more, as a member of the Professional Care family, it is sold into dental practices with a complimentary range of replacement heads as well as an educational DVD for patients.

This offer is limited to one trial



brush per dental professional and is only available while stocks last.

P&G has a range of power toothbrushes, recognising that individuals have different clinical needs and budgets. These include: the Triumph 5000 SmartGuide; the Profession Care 3000; and the Professional Care 550 which offers more basic functionality.

For more information, call 0870 2421850.

PracticeWorks showcases innovative technology including first Wi-Fi sensor

PracticeWorks will be exhibiting their technologically advanced equipment designed specifically for the dental profession at the BDA annual conference on 20-22 May at the Liverpool ACC.

Attendees can see the world's first 3-D interactive personalised oral healthcare system being demonstrated. 'Oralinsights' is proven to improve brushing techniques.

There will also be the Kodak 1500: the first Intraoral wireless digital

camera to offer true auto-focus, with unique liquid crystal lens technology.

PracticeWorks will also be showing the brand new Kodak RVG 6500, the world's first Wi-Fi digital sensor, which transmits images to an iPhone or iPod Touch. The RVG 6500 can also be linked to an Intelligent Positioning System for accurate placement.

For more information, please call PracticeWorks on 0800 169 9692 or visit www.practiceworks.co.uk

PracticeWorks

Exclusive makers of **Kodak** Dental Systems

DENTSPLY to launch its revolutionary restorative at annual gathering

Delegates at this year's BDA conference will be treated to a Seminar by Dr. Louis McKenzie showcasing DENTSPLY's revolutionary – Smart Dentine Replacement (SDR™).



SDR represents a breakthrough in composite technology. Excellent for class I and II restorations, SDR is up to 40 per cent quicker to use than other layering composites.

No longer will your time and effort be wasted on mastering the complex layering techniques normally associated with conventional filling techniques.

Call 0800 072 3313 or visit www.dentsply.co.uk for more.

Restorative

Bonding - regardless of the light conditions

ExcITE F and ExcITE F DSC are fluoride-releasing total etch adhesives from Ivoclar Vivadent. The choice of the product to use depends on whether or not the curing light will be able to cure the adhesive.

The light-curing adhesive ExcITE F is used in clinical cases where the exposure to the curing light is ensured, for instance in direct restorative procedures.

If the cavity is not accessible with the curing light, or if chemically



curing composites are used, the dual-curing ExcITE F DSC (Dual cure Single Component) material is indicated.

ExcITE F DSC is available in hygienic single-dose vessels in two sizes: regular for normal preparations and small for micro-cavities and endodontic applications.

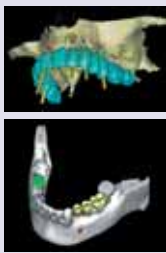
Call 0116 284 7880, or speak to your local Ivoclar Vivadent product specialist for more information.

Inaugural study club event

The British Academy of Cosmetic Dentistry has announced that the inaugural Liverpool Study Club event, will take place on 21 April at the New Orchard Garden Restaurant, West Derby.

The lecture, entitled '3-D Treatment Planning: 10 Steps to Predictable Aesthetics and Function' aims to provide attendees with a structured method for effective diagnosis and treatment planning.

Dr Ian Buckle will be showing



members how to realise optimal dentistry from an aesthetic, functional, biological and structural perspective.

Special interest will be placed on the four options of treatment: reshaping, repositioning, restoring and surgical correction.

The lecture will also provide guidance on subdividing large treatment plans.

For more, contact Suzy Rowlands on 0208 241 8526 or email suzy@bacd.com

Time to become a Fellow?

The Fellowship of the British Academy of Cosmetic Dentistry (BACD) is the highest and final stage of the BACD's Career Path in Cosmetic Dentistry.

For those considering submitting cases for examination, the deadline is Friday 16 April 2010.

The Fellowship is open to accredited members who have either published a scientific article on a clinical subject related to cosmetic dentistry in a peer-reviewed publication, or have given a

postgraduate lecture at a BACD meeting or other national / international conference.

Benefits of Fellowship status include use of the title Fellow of the British Academy of Cosmetic Dentistry; a plaque acknowledging Fellowship status, and use of the approved Fellow logo.

Contact the BACD on 0207 612 4166 or email info@bacd.com



BACD membership



Become a member of the British Academy of Cosmetic Dentistry

and become part of a rapidly growing organisation, dedicated to developing the skills and knowledge of dental professionals.

Cosmetic dentistry is an area where there are constant developments in techniques and materials being used. By becoming an associate member of the BACD,

dental professionals can ensure they are kept up to date.

Associate membership is open to any members of the dental team including hygienists, practice managers and assistants, to help develop the overall aesthetic experience for patients.

Join hundreds of the world's most successful cosmetic dental professionals by becoming a member of the BACD.

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

BioHorizons to launch I-Bridge

Brought to the UK by BioHorizons through an exclusive arrangement with Biomain Sweden, I-Bridge is a screw-retained implant bridge milled from a single piece of titanium metal or fabricated in cobalt chrome.

As an alternative to the framework being cast and with no expensive abutments or platform abutments required, I-Bridge produces far superior aesthetics and an excellent passive fit at a lower cost than competing products.

A perfect fit without any tension in the framework, I-Bridge is compatible with most major implant systems and available



in three variations: I-Bridge, I-Bridge 2 and I-Bridge evolution, dependent on the case.

I-Bridge is available exclusively in the UK through BioHorizons. For further information and news of the forthcoming I-Bridge roadshows, please contact BioHorizons on 01344 752560 or info@biohorizons.com or visit www.biohorizons.co

BACD accreditation process

The British Academy of Cosmetic Dentistry (BACD) offers an accreditation process to allow dentists and technicians to demonstrate their ability to diagnose, plan and execute cosmetic dentistry to the highest standard.

Designed to reflect the way cosmetic dentistry is practiced in the UK, the accreditation process consists of the anonymous submission of clinical cases for review. There is also a Viva

examination where candidates will be asked to produce a treatment plan and answer questions about methods and materials chosen.

Deadlines for 2010 are 16 April and 6 August.

For more information contact the BACD on 0207 612 4166 or email info@bacd.com





19th Annual Scientific Meeting

October 6-9,
2010

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Paul Stone, United-Kingdom

Scientific programme
will be available on the official
congress website
www.eao.org



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PLENARY SESSIONS

• AESTHETICS: CLINICAL GUIDELINES

Daniele Botticelli, *Italy*
Urs Belsler, *Switzerland*
Stephen Chen, *Austria*
Otto Zuhr, *Germany*

• CAD-CAM IN IMPLANT DENTISTRY – CURRENT AND FUTURE APPLICATIONS

Mauro M. Fradeani, *Italy*
Ronald Jung, *Switzerland*
Albert Mehl, *Switzerland*

• POSSIBILITIES FOR CONVENTIONAL DENTAL TREATMENT: HOW FAR CAN WE GO?

Nick Jepson, *United Kingdom*
Claes-Erik Reit, *Sweden*
Hannes Wachtel, *Germany*
Callum Youngson, *United Kingdom*

• CONTROVERSIAL ISSUES

Bjarni Pjetursson, *Iceland*
Marc Quirynen, *Belgium*
Tara Renton, *United Kingdom*
Irena Sailer, *Switzerland*

• SOFT TISSUE SURGICAL PROCEDURES

Stephen Feinberg, *USA*
Michael Stiller, *Germany*
Giovanni Zucchelli, *Italy*

PRE-CONGRESS COURSES

• STAGED LATERAL AUGMENTATION FOR IMPLANT SURGERY

Massimo Simion, *Italy*

• SINUS GRAFTING FOR IMPLANT SURGERY

Christiaan M. Ten Bruggencate, *The Netherlands*

• PROVISIONALISATION IN IMPLANT DENTISTRY

Julia Wittneben, *Switzerland*

• COMPLEX CASE MANAGEMENT – TREATMENT STRATEGIES FOR LONGTERM SUCCESS

Nicola Zitzmann, *Switzerland*

PARALLEL SESSIONS

• OPTIONS FOR IMPLANT RESTORATIONS

Stefano Gracis, *Italy*
Frauke Müller, *Germany*
Joerg Strub, *Germany*

• QUALITY OF LIFE FACTORS

Merete Bakke, *Denmark*
Rudolf Fürhauser, *Germany*
Tim Newton, *United Kingdom*
Mariano Sanz, *Spain*

• CONE BEAM CT IMAGING IN IMPLANT DENTISTRY

Reinhilde Jacobs, *Belgium*
Kerstin Gröndahl, *Sweden*
Hans-Göran Gröndahl, *Sweden*
Andrew Dawood, *United Kingdom*

• SINUS SURGERY

Robert Haas, *Austria*
Simon Jensen, *Denmark*
Pascal Valentini, *France*
Georg Watzek, *Austria*

RESEARCH COMPETITION

• BASIC RESEARCH COMPETITION

• CLINICAL RESEARCH COMPETITION

SHORT ORAL COMMUNICATIONS

Restorative

DENTSPLY innovation

From the creators of Protaper, the leading NiTi system in the UK, DENTSPLY now introduces the simple to use, ergonomic and lightweight motor handpiece, the X-Smart Dual two-in-one Apex Locator and Endo Motor.

The new X-Smart Dual is ideal for any practitioner looking to increase the convenience and safety of their endodontic treatment. Featuring a large LCD screen that displays the location of the file, the X-Smart Dual affords the practitioner a clear view of the progression within the canal.

The Apex Locator delivers position

**X-SMART™
DUAL**



feedback directly to the motor's drive electronics, so the intuitive torque control and auto-reverse functions can act to minimise the risk of file breakage and over-preparation.

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

One tip – one clinical indication



Well-prepared access cavities and simple location of canal openings are key factors in the provision of effective endodontic treatment. Start-X tips from DENTSPLY help practitioners achieve maximum control and precision in this area.

Developed in conjunction with some of the world's leading endodontic specialists, the Start-X range of five ultrasonic tips offers

users a high level of working precision and an incomparable view of the canal.

Based on the simple concept of, one tip – one clinical indication, each tip in the range offers practitioners a different benefit.

Every Start-X tip has water ports on the inserts, which help cool the tips and avoid overheating of the treated tooth; particularly important during the high energy removal of metal posts.

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

Top light-curing unit 2010

bluephase has been named top curing light of the year 2010 by the independent US testing institute 'The Dental Advisor'. This is the second time in a row that bluephase has been awarded the top light-curing unit title.

The cordless high-performance light with polywave LED has outperformed all competitors – many of them newly launched products.

Comments from the testing institute included:

"This is a great light!"

"It's great to have one light that cures everything!"

"The sleek design and



power are just great!"

This is an award to be truly proud of. For one thing, only one product per category receives the award, and for another, it is remarkable that an American testing institute has recognised a European manufacturer.

For more information, contact Ivoclar Vivadent on 0116 284 7880



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Get involved, get ahead



The continual improvements in cosmetic dental care have made patient access to the smile of their dreams easier than ever, but with any

qualified dentist able to offer cosmetic dentistry, how can the patient know whether they will get the treatment they deserve?

By becoming a member of the British Academy of Cosmetic Dentistry, practitioners can demonstrate their commitment to providing successful, natural-looking treatment in which patients can be confident.

With techniques and treatments being continually updated, staying informed is an essential element of successful practice. The ethos behind the BACD is to create an active group of members who can share their knowledge and experiences so that everyone benefits.

To find out more, call Suzy Rowlands on 020 7612 4166, email info@bacd.com or visit www.bacd.com

The BACD board of directors

Composed of 15 leading figures in cosmetic dentistry, the board of directors works to promote the core goals and values of the BACD.

The BACD president Nik Sisodia, who practices all aspects of cosmetic dentistry at his award-winning Bow Lane Dental Group, leads the board.

He is joined by: Tif Qureshi, BACD vice-president/finance chair; Elaine Halley, immediate past president; Anoop Maini, chair, BACD learning committee; Julian Caplan, chair, BACD membership committee; Bertie Napier, editor, International Journal Of Cosmetic Dentistry; Zaki Kanaan, director, BACD study clubs; Christopher Orr, director of credentialing; Uchenna Okoye, director of industry relations; Donald Sloss, scientific director; Philip Lewis, director of member communications; Oliver Harman; James Russell; and Paul Abrahams.

For more information contact the BACD on 0207 612 4166 or email info@bacd.com



British Academy of Cosmetic Dentistry

Bristol study club event

The British Academy of Cosmetic Dentistry (BACD) held a successful study club event at the Aztec Hilton Bristol Hotel on 4 March.

Entitled 'Interdisciplinary Solutions for Complex Problem Cases in the Aesthetic Zone', the study club event tackled the problems associated with an extreme high lip line and the balancing of hard and soft tissues.

Dr Peter Fairbairn, who has spoken nationally and internationally on the subject of lip repositioning surgery, Inman Aligners as well as implants and synthetic graft materials was the main speaker at the event.

The talk also focused on the treatment modalities available to reach a successful outcome, including BOTOX and crown lengthening, as well as highlighting the balance between the tooth, the gingiva and the lips.

For more information, contact the BACD on 020 8241 8526, or email suzy@bacd.com



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Daniela Stirc - Dentist

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Cutting edge technology, perfect for daily practice

ProTaper Universal NiTi files combine speed, quality, simplicity and safety for shaping of root canals with both rotary and hand files. This is essential in order to effectively eradicate infection from root canals and achieve true three-dimensional fillings, which is the key to successful endodontics.

Each ProTaper Universal file exhibits a unique multi-tapered shape along its cutting portions, which gives rise to the number of benefits that the system has over other systems.

The ease of use and safety of the

ProTaper range help to simplify even the most complex endodontic procedure.

Therefore, ProTaper is the ideal choice for daily practice providing a better service for patients and practitioners.

For more information, please contact your local representative on 0800 072 3313, or visit www.dentsply.co.uk



Raising the success of root canal treatment

From isolation to obturation, DENTSPLY has the tools to make sure your patients get the best endodontic treatment possible.

Ash Rubber Dam prevents re-contamination whilst the new Start-X ultrasonic tips allow you to eliminate interferences for direct access into the canals.

Maillefer K-Flexofiles are the ideal hand instruments to negotiate the canals and the Ray-Pex five apex locator is indispensable for

length control where radiographs are often misleading.

ProTaper Universal rotary and hand files permit the rapid and safe shaping of root canals and the X-Smart and X-Smart Dual both offer torque and speed control for maximum safety.

Finally, the Therafil obturation system and AH plus sealer remains one of the best techniques for a 3-D fill.

For more information, please contact your local representative on 0800 072 3313 or visit www.dentsply.co.uk



Hands-on training courses

DARE (Dental Advancement Refinement Education) has released dates for the centre's first-ever range of practical, hands-on courses.

Located just off Manchester's vibrant Albert Square, DARE is a new educational facility that offers dentists the chance to receive an excellent education in a variety of subjects in a relaxed, informal environment.

Courses, starting in April and May 2010, include: infection control and night shift, introduction to dental implantology, implant restorative and ten day restorative.

Phil Broughton, Andy McLean, Mike

Booth, José Zurdo and Gary Zolty will

not only deliver first-class instruction, but ongoing support after each and every course.

DARE's well-equipped premises extend over two floors with five working surgeries and an education facility extending to 3,000 sq ft. Delegates are welcome to watch procedures taking place in The Mall Dental Practice after training.

For more information, phone 0161 830 7300.



THINsert really does the job

A dental hygienist since qualifying in 2007, Kerry-Ann Booth describes why she uses the Cavitron THINsert from DENTSPLY: "The Cavitron THINsert really does the job and I would recommend it to all my colleagues."

"It has made a real difference. It's noticeably thinner than other scaling tips, which means the access I get is very good."

Designed to reach interproximal surfaces and locations with tight tissue attachment, the THINsert is



47 per cent thinner than the Slimline insert. For excellent quality, rely on DENTSPLY to provide the best in dental products.

For more information, contact your local representative on 0800 072 3313, or visit www.dentsply.co.uk

Product of the Year award for Listerine Sensitive

Listerine Total Care Sensitive has been voted Product of the Year in the 'oral care' category at the Product of the Year awards – the UK's largest, independent and most representative consumer vote on product

innovation, with more than 10,000 consumers voting in this year's survey conducted by TNS.

Consumers voted for the 'must-have' products which they believe



are genuinely 'new and improved' or in some way groundbreaking. This year's survey split products into 35 categories

Johnson and Johnson oral care brand manager Emma Howe said: "We are delighted to receive

the Product of the Year Award and we are also pleased that consumers recognise that Listerine Total Care Sensitive provides total protection for sensitive teeth."

Restylane master class proves popular at IMCAS

Dr Bob Khanna's master class on the use of Restylane at the 2010 International Master Course on Aging Skin (IMCAS) in Paris recently was very well received.

Dr Khanna spoke at length about how professionals can achieve optimal results using Restylane SubQ and Restalyne

Perlane Lidocaine in key areas of the face, including the cheeks, chin and nose, and included a number of live demonstrations showing his pioneering techniques.

So far it is estimated that Dr Khanna's knowledge has helped to train over 6,500 doctors and dentists in facial aesthetics, and he was delighted to be able to share his own comprehensive expertise with the delegates at the international IMCAS conference.



For more information on Dr Khanna's revolutionary procedures, or on the 'Dr Bob Training Institute', email info@drbobkhanna.com or visit www.drbobkhanna.com

Product news

Another new ultrasonic insert innovation

DENTSPLY, with its Cavitron ultrasonic scaling brand, continues to lead the way in technology innovation. The THINsert was launched at the BSDHT 2009, and joins the already extensive choice of magnetostrictive inserts available to practitioners, allowing them to provide the best care for their patients.

The Slimline range allows maximum success when subgingival scaling because of its right, left and



straight angled tips, the THINsert insert is 40 per cent slimmer than the Slimline inserts, the Cavitron SoftTip insert allows comprehensive scaling around titanium and the Air Polishing insert converts the Cavitron system into an air polisher.

And now, buy any four Cavitron inserts, and get one free (send invoice copy to DENTSPLY – see website for address).

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

Superior access with the new Cavitron THINsert

DENTSPLY prides itself on developing products that help Dental Care Professionals provide the highest standards of patient care.

Kerry-Ann Booth, a dental hygienist from Bradford, said: "I find the Cavitron THINsert has made a real difference. It's noticeably thinner than other scaling tips, which means the access I get is very good.

"I now use the THINsert everyday to treat patients with moderate to severe periodontal disease. It is excellent for accessing tight pockets as well as



areas that are difficult to reach. I also find it is great for removing interproximal staining."

Designed to reach interproximal surfaces and locations with tight tissue attachment, the THINsert is 47 per cent thinner than the Slimline insert.

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

Award winning practice welcomes your referrals

Winners of the 2009 Private Dentistry award for Best Referral Practice, EndoCare is renowned for its referral service in the endodontic world.

The EndoCare experience is available at three state-of-the-art surgeries, located in Harley Street, Richmond and Watford and online referral options mean that even the busiest professional can make initial

contact simply and quickly.

The teams' chairside manner means that patients are returned to you calm and confident that the treatment they received was to the highest standard possible. To further support you and your ongoing dental care, all patients are scheduled a free after-care appointment six months after treatment.

For more information about EndoCare, please call 020 7224 0999 or visit www.endocare.co.uk



Soft tissue grafting with Alloderm



Osteology UK, to be held on 21-22 May at The Royal College of Physicians, Regents Park, London, is set to host a new workshop by leading implant company BioHorizons on the use of Alloderm Regenerative Tissue Matrix for the treatment of recession defects and in increasing keratinised tissue around dental implants.

The workshop, held by Amit Patel, specialist in periodontics, will discuss the rationale and techniques used for soft tissue grafting together with microsurgical instrumentation and suturing techniques.

A technique for root coverage using tunnelling instruments to create a pouch intrasulcularly will also be presented and will include a hands-on element, giving delegates the chance to use Alloderm in a practical setting.

For more information on *AlloDerm and Osteology UK*, please contact BioHorizons on 01344 752560, email infouk@biohorizons.com or visit www.biohorizons.com Places for this workshop will be limited.

New vision into preventative care

PracticeWorks is proud to present Oralinsights. A world first, Oralinsights is a portable, interactive oral health information system that enables both patient and dental professional to view a patient's tooth brushing behaviour on screen in real-time 3-D.

Generating a virtual image of a patient's dentition, Oralinsights facilitates hygienists to illustrate areas that require more attention when brushing. Oralinsights ease of use and interactive technology has been shown to develop children's motivation for brushing, ideal in assisting preventative care strategies,



with effects of the initial appointment proven to last as long as a year.

PracticeWorks offers both live and recorded online training for Oralinsights users, backed with exceptional customer support and aftercare.

For more information, please call PracticeWorks on 0800 169 9692 or visit www.practiceworks.co.uk

Hogies Miniscope dental loupes for superior magnification

Blackwell Supplies is proud to offer dental practitioners the Hogies range of operating loupes.

Hogies MiniScope is a cost-effective entry model, providing either 2.5X or 3.0X magnification with a working distance of 420mm. The high-quality multi-coated glass lenses have fully adjustable interpupillary distance and declination angle, for optimum working comfort.

Weighing only 48g and available in a choice of six colours, dental professionals can be assured of the highest quality magnification

in conjunction with comfortable, ergonomic working posture.

Hogies has an established reputation for delivering high quality magnification equipment, and Blackwell Supplies is one of the UK's leading providers of products to the dental profession.

For more information, please call John Jesshop of Blackwell Supplies on 020 7224 1457 or fax 020 7224 1694.



Gift Continuum

GIFT presents an exciting new concept. The GIFT Continuum teaching programme is an on-going series of specific dental implant based topics that can be attended in any order, delivering units of information that combine to form the building blocks of a course that may be expanded to a postgraduate degree

Regional and International Training

Under the GIFT Continuum programme training is delivered via a national network of regional teaching centres and international hubs with facilities appropriate to the practice of implant dentistry. The centres provide the highest quality teaching environment and standard of clinical training possible allowing the dental practitioner to develop the treatment planning capabilities to confidently place and predictably restore implants independently.

Scottish Tutors (Aberdeen)

Jacqui Fergus and George Glover both hold a Master of Science in Implant Dentistry and are experienced GIFT regional tutors and mentors running courses from their state of art Leigh House Centre in Union Street, Aberdeen.



**To obtain further information please contact:
Tel: 0207 5801373 email: admin@gift.org.gg
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Please detach and return this slip to the address below: SCOT FLYER 06.08

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Name:

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Please send information about GIFT Implant Year Course



Implant Year Course for the Dental Practitioner

This course is ideal for those practitioners who wish to incorporate implant treatment into their practice, to advance their implant knowledge or consolidate existing expertise but who are unable to commit to a degree programme. This option does not preclude the participant from following the degree programme at a later date and credit will be given towards the University of Warwick MSc and diploma courses in Implant Dentistry. Both Master of Science and Diploma are registrable with the General Dental Council as additional professional qualifications

**This course is certified
to ISO standard 9001**



Product news

Occlusion for implants

Following the success of the 2009 courses, BioHorizons will be holding their Occlusion for Implants course with Dr Christopher Turner at the Cotswold Postgraduate Dental Teaching Centre in Cirencester on 23 April, 25 June and 24 September.

This course will be invaluable for dentists to understand the importance of creating a balanced occlusion for implant patients and how to avoid implant failures from occlusal causes.

This day course will be fully practical and will include a demonstration on failed implants due to malocclusion, examining occlusion and each delegate will go through the treatment planning process with mounted study casts and radiographs for a patient.

Providing six hours verifiable CPD, the course is charged at just £500 + VAT.

Please contact BioHorizons on 01344 752 560 or info@biohorizons.com to secure your place.



Lichtenstein course a resounding success

Ivoclar Vivadent's leading ceramic specialist, Rob Lynock, recently held a four-day course at the company's headquarters in Lichtenstein.



A group of dentists and professional technicians from Manchester, London, Edinburgh and even as far afield as South Africa attended a full course which included 24 hours CPD.

The course concentrated on specialist areas, including technical procedures for e.max press; e.max zirpress and e.max ceram – focusing on the necessary staining and layering techniques required.

As the courses throughout 2009 have proved a phenomenal success, Mr Lynock will be holding further International courses in Lichtenstein throughout 2010 which will cater for all practitioners, from the newly qualified to the very experienced.

For further information, please call 0116 284 7880.

GC helping you to help your patients

GC's Gradia Core and Fiber Post system adds another dimension to GC's growing Minimal Intervention Programme, by allowing you to complete an aesthetic core and post luting with minimum tooth preparation.

With the smallest possible post size, the remaining tooth structure is maximised, with the result of less stress and an avoidance of weakening of the root, which may be a cause of RCT failure.

Additionally, GC's Fiber Posts contain a unique light transmission element to accelerate the curing, which is particularly useful in deep canals. With excellent wettability the adaption of the Fiber Posts and Gradia Core is perfect!

These are just two products within GC's MI Programme. For further information, please contact GC UK on 01908 218 999.



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DENTSPLY listens to Professor Steele

DENTSPLY has listened to Professor Steele's recent recommendations, and are pleased to offer a range of products making preventive procedures simpler for practitioners and more comfortable for patients.

The Cavitron ultrasonic scaler system is number one in the market for a reason; it effectively removes subgingival biofilm to help towards improving periodontal health. The Cavitron can be used with a variety of inserts, including the new Cavitron THINsert for subgingival root surface

debridement, to the Cavitron SoftTip insert, which allows comprehensive scaling around titanium implants.

Other preventive products include Oraqix non-injectable, local anaesthetic designed for use in scaling and root planning procedures and the Flexichange range of hand instruments featuring soft-grip silicone handles for improved grip and rotational control.

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



Kemdent at the BDA 2010

Visit Kemdent stand A96 to take advantage of the 20 per cent discount on all Kemdent products, including the Diamond GIC range.

Diamond Carve is available in capsules and hand mix. The firm, packable consistency of the Diamond GIC range allows easy placement of the materials and means that the restoration will set quickly to a rock hard state.

No light curing is required as the restoration is chemically cured and rapid snap set into position.



The restoration is completely waterproof once the chemical snap set is complete.

Diamond Capsules are available in three shades and Diamond Carve/90 is available in seven

shades. Diamond GICs release fluoride to nurture a healthy environment for the mouth.

For further information on Kemdent products, contact Helenor Jackie on 01793 770256 or visit www.kemdent.co.uk

Get your hands on the most successful instruments

It is not difficult to understand why DENTSPLY's Flexichange range is such a successful brand within the UK hand instrument market.

Ergonomically designed with colour-coded soft-grip silicone handles, Flexichange hand instruments fit perfectly in your hand. With a wide grip at the working end and a narrow centre, the dimpled design helps stop hand fatigue and prevent 'pinching' of the handle, thus improving grip and rotational control.

And, for a limited time, DENTSPLY is offering buy five and get one free (copy invoice to DENTSPLY, please see website for address) promotion.



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Product news

An end to dull and drab uniforms

Happythreads has launched their exciting new website www.happythreads.co.uk offering a simple and safe method of purchasing high-quality uniforms online, with the option of adding embroidered names or logos.

Happythreads are currently offering an additional online discount



of 20 per cent on all koi and Alegria products for *Scottish Dental* readers, please use discount code *Scottish20*, valid until the end of April.

We are also offering the chance to win a free set of koi uniforms or a pair of Alegria shoes, please visit our website and click on the Scottish Dental link on the right-hand-side of the page to enter. The competition ends on 30 April 2010.

More information is available on www.happythreads.co.uk or by contacting Daniel on 020 3287 5990 or daniel@happythreads.co.uk

The NEW improved Ceram•X duo+

The enhanced benefits of the modified Ceram•X duo+ has resulted in a better consistency that is less sticky with higher slump resistance. The performance has been further developed through modified nano fillers with significantly improved handling and polishability. Ceram•X duo+ has an exceptionally simplified shading system and better long-term gloss finish of enamel shades.

And, for a limited time, DENTSPLY is offering a free sample



(while stocks last, one sample per practice) of the new and improved Ceram•X duo+ to the first 50 respondents. Simply email enquiry.uk@dentsply.com with your name, practice address (including postcode) and the name of the publication in which you read about this offer.

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The All-on-4 evidence based procedure enables implantologists predictable results in even the most difficult of cases. Based on placing two straight anterior implants and two angulated posterior implants, All-on-4 avoids the sinus and nerve, but at the same time reduces the cantilever.

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For more information about a world class All-on-4 course date in your area or to find a Nobel Biocare mentor, please call 01895 452 912 or visit www.nobelbiocare.com



Recycle, refill, reuse with Kemdent

PracticeSafe and ChairSafe Heavy Duty and Economy wipes are now even better value for money. Dental practices can save up to 25 per cent by recycling, refilling and reusing their tubs.

PracticeSafe heavy duty and economy wipes, which contain alcohol, are suitable for non-sensitive surfaces, while ChairSafe heavy duty and economy wipes, which do not contain alcohol, are specially formulated to clean sensitive surfaces and equipment, the leather and synthetic facings of dental chairs. The recent DOH report Decontamination health

technical memorandum 01-05: Decontamination in primary care dental practices, recommends that dental chairs are cleaned between each patient. The ChairSafe economy wipe is ideal for this.

Phone Jackie or Helen on 01793 770090 to take advantage of the special offers on this new wide range of Kemdent wipes, or visit www.kemdent.co.uk



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With surgeries in Harley Street, Watford and Richmond, the EndoCare team do all they can to ensure the very best experience for patients and referring practitioners before, during and after their procedure.

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patients are scheduled a free appointment to return in six months, allowing the team to check on the treatment, and discuss the recovery with the patient.

For more information or to receive your free referral pack please call 0844 893 2020, email info@endocare.co.uk or visit www.endocare.co.uk



Faster, more effective surgery

The advantages of the use of a rubber dam in endodontic procedures are well known, and the Ash Rubber Dam from DENTSPLY can greatly contribute to success in endodontic treatments.

When properly in place, an Ash Rubber Dam helps practitioners maintain a clean, dry work field. Complete moisture control helps improve visibility and eliminates salivary contamination, thus protecting the preparation area from re-infection. It also helps protect the buccal, labial and lingual areas in the oral cavity. With moisture control taken care



of, procedures can be completed faster, minimising the time the patient has to be in the chair.

For more information, or to book an appointment with your local DENTSPLY product specialist, call 0800 072 3313 or visit www.dentsply.co.uk

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