The magazine for dental professionals working in Scotland
August/September 2011

Scottish Dental magazine

Professor Richard Ibbetson looks to the future **Page 30**

Help at hand

A financial lifeline for practitioners who fall on hard times **page 20**

HOW TO DEAL WITH SOFT TISSUE

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Editor's desk

with Bruce Oxley

Simple ideas

In our last issue, we featured a story about two senior NHS employees who have led a pioneering project to make a visit to the dentist a less traumatic experience for children with autism and other special needs.

Debbie Connelly and Lyndsay Ovenstone used simple but highly effective ideas to equip the paediatric dental surgery within Bridgeton Health Centre and it is starting to get noticed. So much so that when the new Public Health Minister Michael Matheson heard about the project, through the pages of *Scottish Dental magazine* no less, he was determined to see it for himself. Not least because it cost a relatively small amount of money.

He officially opened the newly-refurbished surgery in July and, as well as a tour around the facility, he got a chance to meet a parent who has first-hand experience of the difference the new surgery is having on patients' lives.

Stephanie Johnstone's three-year-old daughter Charleigh has autism and previously had found it extremely upsetting even accompanying her mother to the dentist.

However, thanks to Debbie and Lyndsay, Charleigh's first visit to the Bridgeton surgery was a revelation. While she doesn't usually even speak in public, she was so relaxed and at ease, she chatted and played with staff during her appointment.

And on top of all this, equipping the surgery only cost £3,000. So, what's the catch? Well, for once, there isn't one. It's just a good news story about an idea being brought to fruition through team working, good communication and a little bit of imagination.

And surely we can all learn from that?

Read all about the official opening on page 7.

Also, apologies are due. In the last issue we began a "real time" implant case study with Dr Stephen Jacobs and his patient. We intended to continue it in this issue, however, holidays got in the way. The series will return in the October/November issue. ■

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

Contents

August/September 2011

NEWS>
05 Column: biting back with Spencer Wells
06 Dental factory closes in Borders
11 Two new dental centres in Fife

FEATURES>
20 Benevolent fund
30 Interview: Prof Richard Ibbetson
34 Practice profile
40 Archivist profile

CLINICAL>
43 Resective bone surgery
47 Maxillary lateral incisor restoration
53 Managing soft tissue

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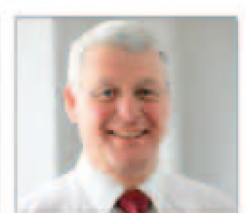

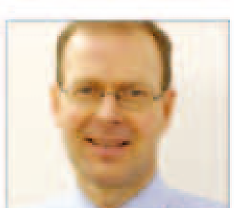

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Biting back
with Spencer Wells

In need of therapy?

You know how it is – everything goes smoothly for a while, and you sit back on your laurels and think: "How long can this last?"

Well, my luck is out, because my associate is in the family way and will be finishing up in a few months. Unfortunately, she is not the main breadwinner, so she is planning to take a year off to enjoy yummy mummy lunches. So, where does it leave me?

I've had interesting past experience with locums. The last guy looked like he had rolled out of his bed straight into the car, and dropped his 'on-the-go' breakfast down his tunic. His beard would have made an ideal nesting ground for an endangered bird species, and I didn't care much for his ponytail – but he came well recommended, and guess what? The patients loved him, which is all that matters at the end of the day, and I was sorry to see him go. I bought him an iron as a going away present, which he laughed hard at then probably gave it to his mum as a birthday present.

I've heard so many stories about locums coming in and wreaking havoc – either by slagging off their predecessor and sending patients into a complete tizz, or by leaving a mess behind, which I cannot face. I must admit I am wondering about bringing a therapist into the practice, but as soon as you mention therapists to dentists they look bewildered. I was too, so I did a bit of digging in the GDC website (which has been changed for the worse) and it looks like they can do quite a fair bit of what I do day in, day out.

The main exceptions are endo on permanent teeth and most treatments involving labwork; pity, because I would be a happy man if I could delegate molar endo and F/F – yes, I know I could delegate F/F to a clinical dental technician but I am not planning on running a polyclinic, or whatever they are called.

"I bought him an iron as a going away present, which he laughed hard at then probably gave it to his mum as a birthday present"

It's not easy to find out how many therapists qualify in Scotland every year, but there must be about 20, as there are two schools offering training via a BSc in Oral Health Sciences. There are one or two therapists that I know of in practice, but a recent journal paper stated that many of them are working as hygienists, and as a result are rapidly de-skilling.

I'm not sure how they would be remunerated in England, under the UDA system; and to be fair, they can't hold a health board contract up here either, but I think we need to at least consider therapists as a viable alternative to an associate, if our practices permit.

We are right to protect our own profession, but only to a point. Medicine has had nurse practitioners for a while now, and medical schools aren't closing down all over the place. We need to think out of the box and see beyond the end of our nose. Wish me luck! ■

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Galashiels Peri-dent closure condemned by union leaders

Borders dental company to close Scottish production

Union leaders have slammed the decision to close a dental floss factory in the Borders, saying they are treating staff like "second class citizens".

Peri-dent, one of Europe's leading manufacturers of dental floss, announced at the beginning of June that they were moving production to the Far East to secure the long-term future of the business.

A statement from the company, which employs 132 people at its Tweedbank factory near Galashiels, read: "The Galashiels production site has for some time been loss making. However, in recent months this situation has declined further and the future outlook suggests that this situation will not change.

"It would be with regret that Peri-dent closes its production in Galashiels. However, Peri-dent believes this action is necessary to ensure that Peri-dent remains competitive in the global market place."

Tony Trench, regional industrial organiser at the Unite union, told *The Border Telegraph*: "The workers are very demoralised. They feel like they are being treated like second-class citizens.

"In the past, we have always been able to sit down and work it out somehow but this time the difficulty is they don't seem to give a damn for the staff."

He added: "If they go ahead, it will have an enormous impact, not just in Galashiels but the surrounding area and on businesses which are already struggling to survive."

Local SNP MSP Christine Grahame, who has taken the matter to First Minister Alex Salmond, said: "I think we have yet another example of the problems which arise when we have a company which is not rooted locally. Our priority is to find work for the people who seem likely to be made redundant."

> **"It would be with regret that Peri-dent closes its production in Galashiels"**
> Peri-dent

'Enthusiastic' Gail is top of her class!

AWARDS

Dental nurse student Gail MacLeod has picked up an award from NHS Education for Scotland (NES) after finishing top of her class.

Gail, who works at the Inverness Dental Centre, was named as the top NES (north region) SVQ candidate for the 2009 intake. She was presented with a quaich, flowers and a piece of jewellery by Hazel Carroll of the event's sponsors Dental Directory.

Students were nominated by their assessors in the Highlands, Orkney and Western Isles regions, with Gail being put forward by Amanda Allan, DCP tutor/assessor at the Centre for Health Science in Inverness.

In her nomination, Amanda said: "Gail is an enthusiastic, highly motivated student whose friendly character shone through.

"She worked to a consistently high standard in all areas of the qualification. Indeed, she had the top mark in Scotland for her final written exam paper."

The presentation was held at the Centre for Health Science and the nominees were presented with their awards by Dr Kenneth Scoular, Director of Postgraduate Education for NES north region.

Dental nurse Gail MacLeod with Amanda Allan

Lead DCP tutor Teresa Ross closed the event by congratulating all the nominees on the exceptionally high standard of portfolios submitted.

She said: "You are all winners."

£200k fund for research projects

RESEARCH FUNDING

Up to £200,000 worth of funding has been made available for potential primary care research projects by the 2011 Shirley Glasstone Hughes Trust Fund.

This year's competition is inviting applications for projects that explore one of two questions: 1) Does dentists' fear have an adverse effect on clinical decision making? 2) Which dental liners under amalgam restorations have greater patient benefit?

The questions were selected after a review of 12 topics suggested by the users of the Primary Care Dentistry Research Forum (www.dentistryresearch.org), an online community that aims to help GDPs shape the research agenda.

The successful projects are expected to begin in January 2012 and should be no more than three years in duration. Bids are restricted to UK-based candidates only and will be judged on their originality, relevance to quality enhancement in primary dental care and the involvement of dental practitioners in the research.

The deadline for applications is 19 September and the successful projects will be announced by the trustees of the fund at the end of November.

To find out more, visit www.bda.org

New Glasgow service gets autism friendly

Simple improvements help to make a stress-free environment for children with special needs

A new paediatric service that aims to take the fear factor out of a trip to the dentist for young patients with special needs has been officially opened in the east end of Glasgow.

Public Health Minister Michael Matheson cut the ribbon at the surgery within Bridgeton Health Centre, which has been specially redesigned to provide a more welcoming and calming environment to patients with conditions such as autism.

Debbie Connelly, health improvement senior for oral health, along with her colleague Lyndsay Ovenstone, senior dental officer, came up with the idea after noticing an increasing number of autistic patients attending the paediatric service. They decided to try and do all they could to make the experience as stress-free as possible.

Debbie explained: "Children with autism like routine and find unfamiliar settings very daunting. In a new environment they tend to experience a sensory overload as they cannot process the sheer volume of new information. Not only is this upsetting for them, it is also incredibly distressing for their parents too.

"We therefore decided to modify the environment at the centre to meet the needs of autistic children and offer reassurance to their parents, and the results are fantastic."

Simple touches such as footprints on the floor leading to the chair, a DVD player that can show favourite cartoons, a projector displaying distracting and calming lights on the walls and ceiling, as well as talking books to give the children an idea of what to expect, have all been introduced.

Stephanie Johnstone, whose three-year-old daughter Charleigh is on the autism spectrum, explained what a difference the new surgery has made. She said: "For the first time I can take my daughter to an appointment on my own without the support of another adult because Charleigh is so relaxed there. The talking books in particular are wonderful. By working through the book before Charleigh's first visit she was prepared for her trip and didn't find the centre at all daunting.

From left: Stephanie Johnstone, Michael Matheson and Debbie Connelly

"Usually taking her anywhere new is hugely distressing for us all, but that's not the case at the centre"

"Usually taking her anywhere new is hugely distressing for us all, but that's not the case at the centre. Charleigh rarely speaks in public but on her last trip to the dentist she spoke and played happily with the staff – it really is absolutely fabulous."

Record number of registrants

PROFESSIONAL REGISTRATION

Exactly 55 years after the first meeting of the General Dental Council (GDC), the number of dental professionals on the regulator's registers has broken through the 100,000 barrier.

As of 4 July, there were 100,001 names registered with the GDC, consisting of 38,252 dentists, 46,793 nurses and 7,011 technicians. Dental hygienists made up the next largest group with 5,900 registered, followed by 1,709 therapists, 170 clinical dental technicians and finally 166 orthodontic therapists.

Scottish dental professionals make up nearly 10 per cent of the total, with 9,796 registered with the GDC. Of these, 3,685 are dentists, 4,774 nurses and 628 technicians. There are also 547 hygienists, 130 therapists, 22 orthodontic therapists and just ten clinical dental technicians. The male-female split in Scotland is relatively even when it comes to dentists, with 1,966 male clinicians compared with 1,719 female.

However, the male-female split in terms of nurses – 22 compared with 4,752 – means that the total number of dental professionals registered in Scotland is overwhelmingly female, with 7,265 compared with 2,531 male dental professionals.

Conference p18 | Interview p30 | Incisor restoration p47 |

New dental dean fears for the future of NHS dentistry

Economic woes raise questions about how the UK will pay for dental services

The new dean of the dental faculty at the Royal College of Surgeons of Edinburgh has expressed his concerns over the future of NHS dentistry during an interview with *Scottish Dental* magazine.

As he prepares to take office in September, Professor Richard Ibbetson, has revealed that he has significant fears around how dentistry will be paid for in the current economic climate and in years to come.

He said: "I am worried, in the long term, about how we as a country – and I mean the UK – actually afford the dental services that we need. It parallels what is happening in medicine as people's aspirations become increased, as technology increases, demand increases and how it is going to be paid for is a major challenge. What I worry about in particular is the people who are not financially equipped to access the treatment they need. "

Prof Ibbetson, however, highlighted positive developments, such as the prevention programme Childsmile that is starting to make a real difference in Scotland. He said: "There is no doubt that the prevention of dental disease is still absolutely key. If you don't need dental work in terms of reparative care, then so much the better."

"There is no doubt that the prevention of dental disease is still absolutely key"

Professor Richard Ibbetson

And, despite concerns over the ongoing financial situation across the UK and the wider dental world, he believes that we are resource rich in terms of the people we have available in the industry.

"I think there are significant reassurances," he said. "There are an awful lot of excellent people who work within dentistry in the UK. I think the future for dentistry and oral healthcare is exceedingly good, in spite of the many challenges that we will inevitably face."

To read Bruce Oxley's interview with Professor Ibbetson, turn to page 30.

Dentsply buys up Astra Tech

GLOBAL DEAL

The world's leading dental manufacturer Dentsply has secured a bigger chunk of the global market after buying implant company Astra Tech from AstraZeneca for £1.1 billion.

Dentsply, which bought the company at the end of June, revealed that the deal would increase its revenue by around a quarter. Sweden-based Astra Tech is the third largest dental implant manufacturer after Straumann and Nobel Biocare, who were both previously believed to have been in contention to buy their competitor.

In May, Nobel, whose first quarter profits this year fell 67 per cent, announced that it was interested in buying Astra Tech, while Strauman was also thought to be in the running, before both manufacturers pulled out of the bidding process without tabling binding bids.

DDU questions negligence scheme

The Dental Defence Union (DDU) has questioned the fairness of introducing a scheme to fast-track low-value clinical negligence claims along the same lines as an existing road traffic accidents scheme.

Despite the road traffic accident scheme being judged a success, the DDU said that clinical negligence cases are significantly more complex. Dr Matthew Lee, director of professional services at the Medical Defence Union (of which the DDU is part), said: "In road traffic accidents, it is usually straightforward to determine whether the defendant was at fault and the effect this had on the claimant. But this is rarely true of clinical negligence cases we see where expert evidence may be needed to determine whether a clinician's treatment fell short of the accepted standard and to determine the impact any negligence may have had on the patient.

"In the interests of fairness to dental professionals, any scheme for low-value claims would need to incorporate safeguards. The DDU is doubtful that a scheme for road traffic accidents can be modified sufficiently to make it acceptable in the complex world of clinical negligence."

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Beardsen GDP to scale the heights in tribute to his "incredible" daughter Morvern

Kilimanjaro climb to help fight cancer

Alasdair Reid with daughter Morvern

In March, Bearsden GDP Alasdair Reid's world was turned upside down when his eldest daughter Morvern was diagnosed with ovarian cancer at the tender age of just 24.

However, inspired by his "incredible" daughter, Alasdair has decided to travel to Tanzania with fellow dentist Stuart Craig in order to climb Mount Kilimanjaro and raise money for Morvern's chosen charity, the Beatson Pebble Appeal.

Morvern, who has led the fundraising efforts herself despite undergoing two operations and coping with the rigours of ongoing chemotherapy treatment in the past few months, has encouraged friends and family to do all they can to raise money for the campaign to build a new translational research centre.

With 30 of Morvern's friends committing to running the Paisley 10k, car boot sales and other fundraising being planned, Alasdair, who is one of the five partners at Chartwell Dental Care in Drymen Road, decided he needed to do something special. So he set his sights on climbing 19,000 feet to the summit of the tallest peak in Africa and the world's highest freestanding mountain.

Alasdair said: "The climb has given me something to focus on. I really didn't cope that well at the start, with a lot of time off work. Just simply not able to face it. But I'm starting to deal with it better and this climb has given me a tremendous focus. It is something that I can do and it is going to be positive and give something back, because the people up at the Beatson are just great. The facility up there is phenomenal. I couldn't think of her going anywhere in the world, paying any amount of money and getting better treatment than we are getting there. It is really quite humbling."

> **"It is something that I can do and it is going to be positive and give something back"**
>
> Alasdair Reid

And Alasdair explained that Morvern has absolutely been the driving force behind all the fundraising, managing to stay remarkably positive in the face of a very serious illness. He said: "She is just fantastic, absolutely incredible. For someone to cope with what she is having to cope with, is remarkable. I've got nothing but admiration for her. I take my hat off to her every single day."

To donate to Morvern's fundraising campaign, which has raised over £3,500 so far, visit www.justgiving.com/morven4thebeatson

Goodwill values rise

SURVEY RESULTS

The average goodwill value of dental practices across the UK increased by roughly 10 per cent in the first few months of 2011, according to a recent survey by the National Association of Specialist Dental Accountants (NASDA).

According to the goodwill survey for the quarter ending 30 April, deals struck between January and April of this year shows that the average sale value has gone up from 84 per cent to 97 per cent of turnover.

This is not spread equally across the board, however, as NHS and mixed practices are faring better. The average NHS practice reached more than 103 per cent of turnover while private practices fetched just over 90 per cent (NASDA defines a private practice as one with an income of 80 per cent or more from private fees). Meanwhile, the sale values are still generally above valuations for goodwill.

Alan Suggett, a partner in UNW LLP in Newcastle who carried out the latest NASDA survey, said: "NHS practice values appear to be holding up in value, and so do mixed practices, but private practices are having a tougher time.

"I am still concerned that the market value of private practices is clouded by those practices which are 'sticking'. If practitioners are holding out for an unrealistically high sale price then the proportion of low value deals will be less, and the 'average' could therefore be misleadingly high."

New purpose-built NHS services for Methil and Glenrothes

Two new dental centres for Fife

July saw the completion of two new purpose-built dental centres in Fife, expanding the provision of NHS dental services in the Kingdom.

The centres, situated in Methil and Glenrothes, will both incorporate six surgeries as well as dedicated LDUs and radiographic areas. They will be open to new patients by the end of August.

The centre in Kirkland, Methil, is in joint partnership with a local dental practitioner, Steven Ivatt, who will be relocating his existing practice. The centre in Glenrothes is situated on Napier Road in Glenwood and will provide specialist services as well as routine family dental care. It is scheduled to open in the middle of August.

The new developments are part of NHS Fife's ongoing plan to maintain and improve access to NHS dental services, which has already seen 36 additional surgeries added in seven dental centres throughout the Kingdom of Fife.

Reviewing professional development

CPD SCHEME

The General Dental Council (GDC) has launched a review of its continuing professional development (CPD) scheme, that has been running since 2002 for dentists and 2008 for DCPs.

The review will be considering the role CPD plays in helping registrants to stay up to date and to practise in accordance with the GDC's standards, as well as exploring the most effective forms of CPD activity, and the best way of monitoring and administering it.

Evlynne Gilvarry, GDC chief executive and registrar, said: "We are very keen to hear from registrants and other stakeholders about their CPD experiences and how the scheme might be improved."

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Mr Nick Malden BDS, FDS RCPS (Glasg)
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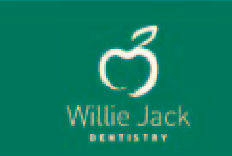

Oral health promotion hit by the recession

REPORT FINDINGS

Despite investing just under £1 million on promoting oral health last year, the British Dental Health Foundation (BDHF) is seeking greater support from the dental profession in light of cut backs in public spending.

The foundation, whose annual report reveals one of the strongest performances in its 40 year history, believes that oral health promotion is under serious pressure in the current economic climate. The BDHF annual report reveals that, for the 12 months ending 31 July 2010, it invested £998,464 directly on promoting oral health – the second highest on record.

Dr Nigel Carter, chief executive of the British Dental Health Foundation, said: "We were really pleased with our performance last year, especially in the aftermath of the credit crunch and its impact on the charitable sector.

"However, there is growing concern that the economic slow-down is affecting oral health promotion and putting hard-won improvements over recent years at risk. We believe the foundation's role will become even more important over the next few years and we are calling on greater support from dental professionals and our partners to help us continue our unique and important work."

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All smiles for Baillieston Boys' Club

Glasgow dentist delighted to sponsor youth soccer squad

Dentist David Cunningham has managed to put a smile on the faces of an entire football team and he didn't have to pick up a single handpiece in order to do it.

The principal dentist at Spring Grove Clinic in Garrowhill, Glasgow, has agreed to sponsor the Baillieston Boys' Club, providing them with a full set of Nike team strips and matching tracksuits.

The club, which was only formed last year, finished joint top of their league cup section of the Cumbernauld and Kilsyth League in their first season and, as a result, gained entry to the under-14 league A division.

David said: "I am delighted to sponsor Baillieston Boys' Club. Football is such a great way for children to keep active and all credit to the coaches and supporters who encourage the children and give their time to run this important local team."

Recent changes to Scottish Government enhanced disclosure arrangements are important for staff working with vulnerable groups

New PVG scheme to ensure patient safety

For dental professionals, providing care, treatment and advice to children and vulnerable adults is part of their everyday job. Safe recruitment policies are already commonplace across Scottish dental practices but a new scheme is set to make this process easier.

The Protecting Vulnerable Groups Scheme (PVG Scheme) has been introduced by the Scottish Government this year to replace and improve upon the current enhanced disclosure service for people who work with vulnerable groups.

The PVG Scheme is a new membership scheme that will help to ensure that those who have regular contact with children and protected adults through paid and unpaid work, do not have a known history of harmful behaviour.

It introduces a system that will continuously update people's membership records, should any new vetting information become known. This includes conviction information retrieved from criminal justice systems and non-conviction information held by the police that's considered relevant. This means that any new information indicating that a person may pose a risk to vulnerable groups can be acted upon promptly by employers.

As well as strengthening protection for vulnerable groups, the PVG Scheme is quick and easy for staff and volunteers to use and reduces the need for people to complete a lengthy application form each time a disclosure check is needed.

Dentists already have a legal obligation to register themselves and their staff with the General Dental Council, which has guidelines on standards for dental professionals and the PVG Scheme will work alongside these measures.

How it works

The PVG Scheme will be phased in over four years and will be managed and delivered by Disclosure Scotland.

In its first year, Disclosure Scotland will deal primarily with scheme membership applications for people who are new to regulated work with vulnerable groups, people who have changed posts, or have had some other change of circumstances that requires confirmation of scheme membership.

David Patel, chief executive at Disclosure Scotland, said: "We recognise that some organisations, for legislative, regulatory or operational reasons, may have a requirement to bring some of their existing staff onto the PVG Scheme membership ahead of the planned retrospective checking phase, which is generally expected to begin in year two. Where this is necessary or desirable, agreement will be reached on a case-by-case basis between Disclosure Scotland and the organisation. Applications to join the scheme in the first year will continue to be made and responded to on paper."

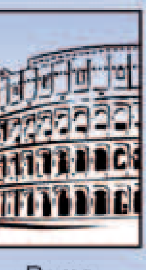
> **"Applications to join the scheme in the first year will continue to be made and responded to on paper"**
>
> David Patel, Chief Executive, Disclosure Scotland

In the year after it goes live, secure online PVG Scheme accounts will become available for PVG Scheme members and Disclosure Scotland's registered bodies. While a paper-based system will still be available for those who want it, the electronic accounts will operate to similar levels of security used for online banking and will enable individuals to update personal details and make online applications. For organisations registered with Disclosure Scotland, all disclosure application types will be made online.

Shortly after the online system becomes available, it's expected that organisations will apply for their existing workforce to become members of the PVG Scheme. The retrospective checking process is expected to take at least three years.

A suite of guidance and training materials on the PVG Scheme is available on the Disclosure Scotland website. These include an e-learning package, a downloadable presentation and a regulated work self-assessment tool. The Central Registered Body in Scotland is also delivering a comprehensive package of training and support to help voluntary organisations interact with the PVG Scheme after it goes live. ■

If you want to find out more about the PVG Scheme, call the help service on 0870 609 6006 or email pvg.enquiries@scotland.gsi.gov.uk or visit www.pvgschemescotland.org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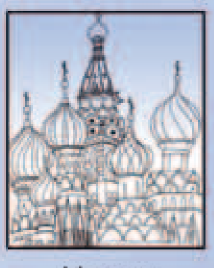
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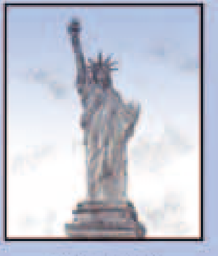
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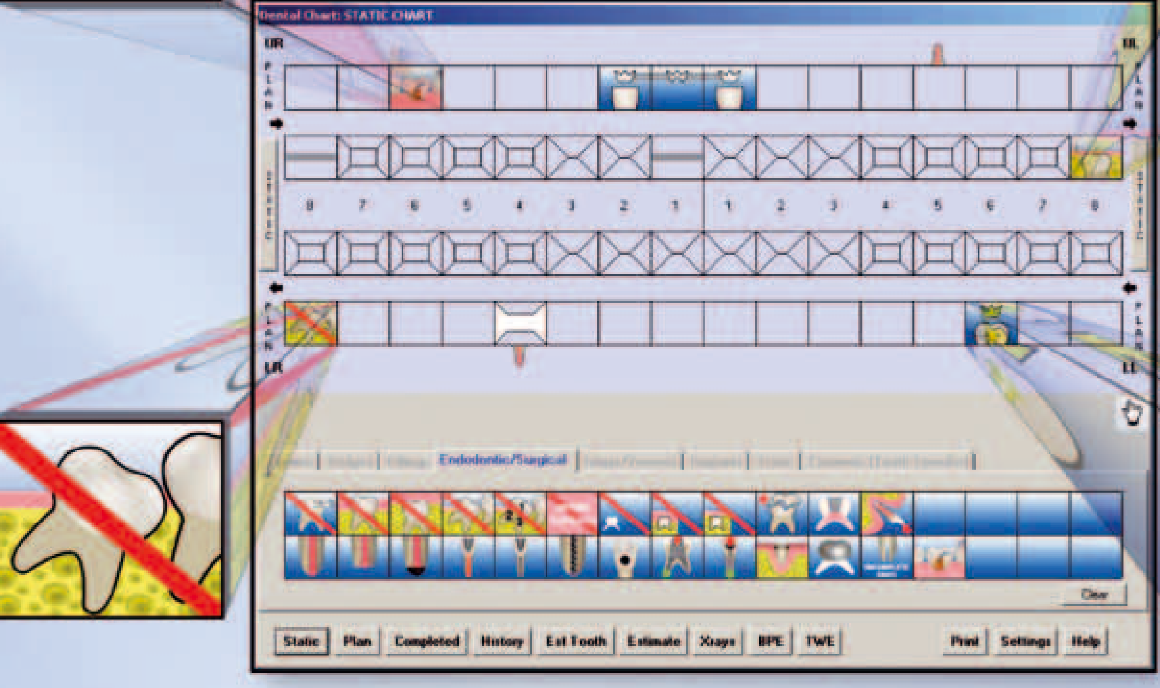

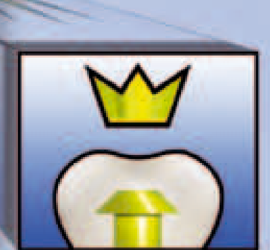

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Keeping it in the family

After nearly 25 years in the same premises, Alistair Martin has made the difficult, but necessary, decision to relocate a practice that has been in his family since the early 1960s.

Martin Dental Care was established by Alistair's uncle, also named Alistair Martin, at 4 Millwood Street on Glasgow's Southside in 1961. In 1987, just three years after graduating from Glasgow Dental School, Alistair took over the practice from his uncle.

Following the cut in dental remuneration in 1992, the business converted to private practice, only reintroducing NHS dentistry in 2002 when Alistair became a vocational trainer. With the practice growing busier and the patient list growing ever longer, they expanded to become a three-surgery practice.

However, with the new decontamination guidelines being introduced in recent years, the decision was made to move from the first-floor tenement premises. Alistair explained: "The internal decor and equipment inside the (old) practice was always of a high standard, but the traditional close entrance was always a source of frustration, being untidy, dark and dingy. Also, the hassle of being a first-floor entrance caused a problem for disabled and elderly access. It was time to move."

Having spent five years searching for a suitable property

Continued »

"After just six months in the new premises, they have 750 new patients on their list"

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Practice news

Continued »

in the Shawlands area, practice manager Tammy Rice happened across the ideal premises, a former painter and decorator unit just off Kilmarnock Road.

The property was a large rectangular space and roughly three times the size of the existing practice, allowing them to fit it out as a five-surgery practice. The internal condition was quite poor but this meant the whole place could be stripped down to the bare bones and built up just as they needed it.

Wish list

Before any work started, staff were asked to draw up a wish list of things they would like to see in the new practice and the top of the list was a shower room. This would mean staff could cycle to work, exercise at lunch breaks and still be fresh for their shift, as well as allowing them to freshen up if they were heading straight out on the town on a Friday night.

Alistair and his team then set to work with architect John Russell in designing the new practice. They identified that all the surgeries should be of roughly the same size and be of similar layout to allow nurses to move easily between them, have a large office space so that admin could be carried out away from the front desk, a large staff area – with staff toilet and locker room, a room for the OPT and, of course, space for an LDU.

Alistair co-ordinated the transfer of the existing practice equipment with engineer John Lindsay and the computer system with management company WYSdom, sorting out the transfer in just four days. Other suppliers involved included Wright Cottrell dental units, NSK handpieces and wall art from the Design Depot.

The practice opened to patients in October last year. They took on a new associate, Jane Hinshalwood, to work alongside Alistair, his partner Wendy Martin and associate Ben Withers. After just six months in the new premises, they have 750 new patients on their list.

Looking back over the whole experience, Alistair said: "The cost of the project went over my budget in the end, but the completion of the premises has absolutely exceeded all my expectations." ■

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New standards of excellence

This year's RCPSG Triennial Conference promises two days of lively debate on issues right across the health sector, writes John Gibson

This year's Royal College's Triennial Conference will take place at the Scottish Exhibition and Conference Centre in Glasgow on 10 and 11 November 2011.

The overall theme for the conference is 'Setting Standards – Achieving Excellence'. Given that the college is home for physicians, surgeons and travel medicine practitioners as well as dentists, the conference is a great opportunity to meet colleagues from right across the healthcare sector and to attend lectures and seminars not just on dental themes, but also on medicine and surgery.

The full programme may be viewed online, but here is the line-up for the Dental Forum:

Thursday 10 November – SettingStandards for Dentistry

The line-up for this session features: 'The Future of NHS Dentistry' by Professor Jimmy Steele, Newcastle. Jimmy is professor of oral health services research at Newcastle University and an honorary consultant in restorative dentistry in Newcastle Hospital's NHS Foundation Trust.

He headed the team that authored the Steele Report in 2009 on the future of NHS dentistry in England.

'Setting Standards for Dentistry: Thinking Outside the Regulatory Box' by Mr Kevin Lewis, dental director of Dental Protection Ltd.

Mr Lewis is a renowned speaker who has lectured all over the world.

'Alternatives to Litigation' by Professor Sheila McLean, Glasgow.

Professor McLean is an outstanding speaker with an international reputation. She holds the International Bar Association chair of law and ethics in medicine at the University of Glasgow.

'Setting Standards – Necessary but not Sufficient' by Dr Jason Leitch, Scottish Government. Dr Leitch is the national clinical lead for patient safety and improvement in the Scottish Government.

Friday 11 November – Achieving Excellence in Dentistry

A number of core CPD topics will be under discussion:

'Achieving Excellence in Dental Radiography' by Dr Donald Thomson, Dundee, and 'Achieving Excellence in Managing Medically Compromised Patients' by Dr Michael Escudier, London.

The TC White Invitation Lecture will be delivered by Mr Paul Stone, Edinburgh, on 'Achieving Excellence in Implant Dentistry'.

As well as the lectures, there is also a social programme, including a civic reception and conference dinner to be held at the City Chambers in Glasgow and the Triennial Ball in the beautiful setting of the Kelvingrove Art Gallery. ■

For details on the programme and registration information, visit www.rcpsg.ac.uk. You can also visit the Facebook page at www.facebook.com/RCPSG Triennial discounts are available for early booking and for DCPs.

ABOUT THE AUTHOR

John Gibson PhD is Vice Dean of RCPSG Dental Faculty and also chair of dental symposium for the Triennial Conference

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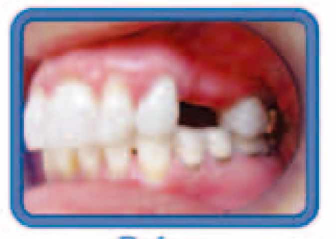

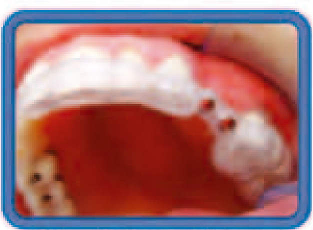
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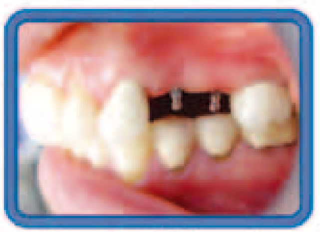
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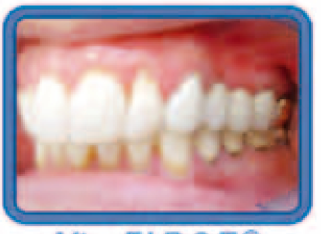
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While dentistry is usually seen as a lucrative profession, there will always be practitioners who fall on hard times. Alan McCrorie meets Philip Sutcliffe, a trustee of BDA's Benevolent Fund

A financial lifeline

"Charity sees the need, not the cause", someone once wrote. For many outside of the profession, there is perhaps a perception that dentists and their families do not need charity. Practitioners, it seems, are well-to-do people who seem to waltz between the raindrops of life's many difficulties.

However, that is not the case – not now in 2011 and not in 1883, when the fledgling British Dental Association (BDA) founded its Benevolent Fund to care for dentists and their dependents when they found themselves in need.

"You just don't know what's around the corner," said Philip Sutcliffe, retired east of Scotland dentist, Emeritus Professor of Preventive Dentistry, Edinburgh Postgraduate Dental Institute and a trustee of the 'Ben Fund'.

Philip, now 76, who studied at Leeds University in the early 1950s and from the 1960s pursued a career in child dentistry, made the Ben Fund his focus in retirement.

A Registrar at Eastman Dental Hospital (in London) and also at Northwestern University in Chicago for a year after graduating in 1959, Philip later became professor at the Edinburgh University Dental School.

His message to colleagues today is a simple one: the fund has much to do and it needs the giving to continue – the generations come and go, but the problems remain. Indeed, they are growing.

"The biggest change that's happened over the years, and this is going back before my time, is that the fund used to be for making provision for families after a death," said Philip.

"There's been a considerable change, especially over the last decade, and now it's common for us to be looking after and receiving applications from dentists of working age. In fact, last year 30 per cent of applicants were under 39.

"That's a big shift. The other thing is that money is more tricky these days. There's not as much of it around and dentists are suffering like everybody else."

In 2010, the Ben Fund has given aid to more than 102 dentists and their families.

The numbers of the needy have increased over the past three years and there is a sadly familiar litany of problems they face.

"Why do dentists turn up to us?" he said. "Well, mismanagement of money is not unusual but, after that, physical and mental ill-health, accidents, marital breakdown, drug abuse, alcohol addiction, personal debt, growing old and running out of money, difficulty in getting a performer's number, removal from the dentist's register, restrictions imposed by the General Dental Council – that's the sort of thing that causes dentists to become necessitous."

He added: "'Dentists' and 'necessitous' are not two words that are often found together but, sadly, it happens.

"With more than half of our 37 new applicants on means-tested state benefits, they're among the poorest people in Britain. And I think that is going to increase."

Raising the funds

Philip and his fellow trustees also find themselves working more with young families.

"One of the aspects of working with young families is that a single beneficiary may well represent an entire family," said Philip. "Currently, we help 39 beneficiaries, but that represents 74 adults and children.

The strength of the fund is found in the BDA's branch

> **"Money is more tricky these days. There's not as much of it around and dentists are suffering like everybody else"**
>
> Philip Sutcliffe

CASE STUDY: UNFIT TO PRACTISE?

A DENTIST in her 40s – a single mother with children – had worked in a practice for several years when it was bought by a new principal.

After a few months, he reported her to the GDC under Fitness to Practise; the interim orders committee (IOC) imposed conditions on her registration while the allegations were investigated, and he terminated her contract.

Other dentists were reluctant to take her on while she was under investigation, and apart from a Christmas job in a department store she was unemployed.

After 18 months, the IOC decided there was no case to answer and lifted the conditions on her registration.

By this time, she would have been bankrupt if it had not been for the support she received from the fund, and there is no compensation from the GDC for loss of earnings during this time.

Philip Sutcliffe has made the Benevolent Fund his focus since retirement

network and the membership's continuous and often creative drive to raise money for others. That can include fundraising at social events to more challenging cycle marathons, hill-walking and 10k races.

"If you bang on about fundraising for long enough, you might remind people that when they're drawing up their will, they might like to put a bit in our direction," said Philip.

"When bequests happen they come like wonderful surprises. Sometimes you might get £10,000, £15,000 something like that but that would only be one a year."

From there, the branch network builds funds towards the Ben Fund's giving programme that includes one-off grants to meet an individual's needs; regular grant aid to bolster a beneficiary's depleted income; or a short-term loan to help over a limited but difficult period.

Help is at hand

Philip offered three examples where the Ben Fund went to work.

"Respite care comes to mind," he said. "We had a dentist's widow with dementia, whose daughter had been looking

Continued »

CASE STUDY: FAMILY TRAGEDY

A DENTIST in her early 30s, with three children under the age of six, was working part time when her husband, aged 34, had a stroke.

This devastated his wife, who wanted to spend time with him if possible, and had a major affect upon the development and behaviour of the children.

His mobility and speech are still severely affected, but he is about to return home after nine months in hospital and rehabilitation.

He is scarcely able to care for himself for more than an hour or two, and certainly cannot be left to care for the children at all.

The fund has helped them with their living costs, while he has been in hospital, and is now helping them with a care package to enable her to return to work and start to rebuild some normality of life for them all.

"We're here to help dentists and if the profession's going to look after itself, we need people to make donations"

Philip Sutcliffe

Continued »

after her, providing routine 24-hour care without relief. She heard about the fund and got in touch, and we were able to give her some money to have a break."

Another was "a dentist, terminally ill, unable to look after three children, and the fund was able to back up care provided by relatives and friends so that, at least, things could keep going and that the breadwinner in the house was able to keep working."

A third example was of a dentist seriously injured in a car accident. "As a young man he'd had leukaemia and made a full recovery but has never been able to take out income protection," said Philip.

"Sick pay from the NHS came to an end, his savings ran out. He got in touch with the fund. We assessed his needs and gave him a regular grant until he recovered and was able to get back to work."

With the spirit of seeing the need, not the cause in mind, he added: "That's the sort of thing that happens to people who don't deserve to be in a mess and, even if they do deserve it they're still in a mess."

Did Philip and his fellow trustees ever get the sense that, perhaps, some colleagues in need were too proud to ask for help?

"I was told by a Scotsman many years ago when I was a student that there's a phrase 'as cold as charity', and it stuck with me," he said, adding that the increased number of applications suggest that pride is not a factor.

Once people apply, the Ben Fund deals "as sympathetically, rapidly, humanly and decently as possible" with their need.

There is, said Philip, "no shame in being ill, having an accident and although you may not feel proud of yourself, getting into financial difficulty."

He explained: "The general manager visits all of our applicants. That discussion fleshes out the beneficiary's need. Sometimes, that's enough. It helps them see their own problems in a particular way and, sometimes, they'll be able to say they'll sort out their situation and just get on with it.

"Otherwise, their applications then go to the executive committee and they'll decide how best we can respond. That means either a grant, an interest-free loan, whatever's practical."

"Someone from the trustees will visit the beneficiaries annually, just making sure what we're doing is appropriate."

Looking to the future

Is there a need to increase the Ben Fund's profile and speak to a technology-savvy generation through the internet and the social networking website phenomenon?

"We're stepping up, we're re-developing our website and we've very recently gained a new administrator – Mary Barton – and this is where her skills lie.

However, online or offline, Philip says the spirit of the message to colleagues remains the same.

"We're here to help dentists and if people need help, we ask them to get in touch with us, and if the profession's going to look after itself, we need people to make donations of money. ■

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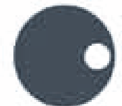

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Blue Sky thinking

Don Macleod on how his new Bathgate NHS premises meets the demanding standards of modern dentistry

I opened the George Street Dental Practice, Bathgate in the early 1980s after converting two single bedroom first floor flats in a 100 year old tenement building, accessed by a common stair. This site became increasingly unsuitable for our needs as the years went by. The usable space was no longer practical for the modern business of dentistry. The inability to create a full sized LDU or make the site DDA compliant were just two of the limitations of this site.

Taking advantage of the availability of a Scottish Government relocation grant, I found a detached unit in central Bathgate which I thought was ideal, both in size and location. With much trepidation, I set the ball rolling and instructed Jon Newey, partner in EKJN Architects Linlithgow to apply for planning and building warrants.

Jon came up with an inspired design for the interior of the new practice which I accepted, with minimal need for amendment on my part. The design involved dividing the building by creating an additional floor to double the available space.

The ground floor was patient-orientated and accommodated five surgeries, reception, patient waiting area, LDU and OPT rooms and two patient

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toilets. The upper floor was reserved for staff with practice manager's office, staff room, toilets/shower, dedicated video conferencing and training room, sundries store room and equipment room.

Excited by Jon's design, I spent several weeks looking at other recently completed practices. Armed with feedback from this and other sources, I asked Dereck Lang of SAS Shopfitters to cost the work. I was very impressed by the previous work SAS had been involved with and accepted their quote, which I thought was fair, particularly taking into account the excellent standard of their work. Planning and building approval came through in December 2010 and SAS started work on the site in March 2011.

Michael Adair of Henry Schein, Glasgow, equipped the new practice and, along with his team, became regular visitors during the remainder of the build. Michael has a wealth of experience in surgery design and I can honestly say I found his help indispensible as I ploughed through the myriad of equipment options. It's not often I trust a salesman but Michael was an exception! I decided to go for Belmont Clesta II chairs with electric packs in all the surgeries and individual surgery Durr suction motors rather than central suction.

Radiography was catered for by Kodak intra-oral units in each surgery, a Gendex digital OPT and a Durr Perio+ phosphor plate processing unit, which sends the processed image straight into the patient file. No more filling and replacing x-ray chemicals... wonderful!

With Microminder supplying our IT, I opted to go with Software of Excellence as our system software which communicates via our N3 connection to the health board. A few weeks in, the advantages of the new system are becoming increasingly obvious.

We passed our building and health board inspections in June and opened our doors a few days later as Blue Sky Dental.

I would like to thank everyone involved in the project, especially my staff and particularly practice managers Kerry Lambie and Vicki MacKay, who worked above and beyond their normal duties. Thanks also to the various departments at the health board for all their help.

It has taken time for all the aspects of our new practice to come together but the result is an NHS practice that I, my staff, and our patients can really be proud to be part of. ■

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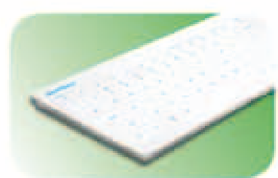
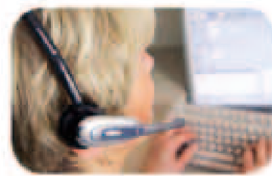
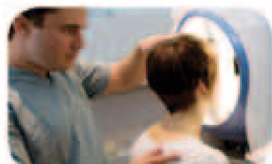

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From the chairside

with Alison McKenzie

Is registration worth it?

Here we go again! The Annual Retention Fee (ARF) is due and Continuing Professional Development (CPD) should have been logged with the General Dental Council (GDC) by the end of July.

The campaign for the registration of dental nurses began over 40 years ago and finally came into force in 2008. There are now 44,490 dental nurses registered with the GDC. But with registration comes the pitfalls of additional legal and financial commitments that most dental nurses can ill-afford.

The initial registration fee, depending on the date of registration, ranges from £8 to £120. The ARF this year has increased to £120 and CPD can vary from £25 to subscriptions of £82, depending on the hours and additional benefits required. We are also advised to have indemnity insurance of our own, due to a potential conflict of interest which may occur by being on our employer's insurance.

A recent BADN survey showed that two thirds of dental nurse respondents earned less than £20,000; 18 per cent earned between £20,000-£35,000; 71 per cent paid their own registration fees in full and 9 per cent received some contribution from employers towards the GDC fee. In addition, 47 per cent received no financial support towards CPD costs (source: *British Dental Nurse Journal*, spring 2011). With these figures in mind, it's no wonder that the less well-paid nurses struggle with the additional expenses.

My first experience with acquiring CPD was to pay £25 for a subscription of 10 verifiable hours but, in reality, the first article was of little substance and lasted about 25 minutes, and the certificate I received was meaningless to me as I had learnt nothing from the experience. Needless to say, I did not bother with the remaining nine hours.

CPD is not regulated by the GDC and it is up to the individual to find anything of good value and relevance. This can be time consuming and expensive and one wonders how much of the verifiable CPD logged at the end of the year is in fact worthless in terms of knowledge gained.

However, despite the added expenditure, additional legal requirements and CPD, has registration been worth it? Personally, I would say "yes" as dental nurses are now recognised dental professionals. The requirement of registration has been introduced to improve patient protection: we now have a commitment to behave ethically and professionally and maintain the standards of the profession that we have chosen.

"With registration comes the pitfalls of additional legal and financial commitments that most dental nurses can ill-afford"

We also now have the opportunity to update our skills and to further our careers, be it oral health, radiography, orthodontics, or special care; to tutor or mentor; or to obtain degrees in primary care, infection control or oral health, to name a few.

We have far more opportunities than previous dental nurses and, as we prepare the direct debit mandates, we should all remember the changes that have been made in such a short time and play our part in any changes to follow to ensure that future dental nurses don't ask the same question. ■

Alison McKenzie is a dental nurse from Perthshire.

Interview

By Bruce Oxley

Professor Richard Ibbetson is looking forward to a new challenge – as the dean of the dental faculty at Edinburgh's Royal College of Surgeons. Bruce Oxley meets him

A life-long adventure

From the fairways of the West Country to the shores of Newfoundland, the new dean of the Dental Faculty at The Royal College of Surgeons of Edinburgh has certainly taken an interesting route to get to his new post.

> **"To see people gain knowledge and abilities in a specialist arena is very satisfying"**
> Professor Richard Ibbetson

Originally from Exeter, Professor Richard Ibbetson, who is also the director of the Edinburgh Postgraduate Dental Institute, grew up with dreams of making it in the world of professional golf. However, by the time he turned 17 he realised, with some disappointment, that he wasn't going to make the cut, so he turned his attentions elsewhere.

Following in his father's footsteps, Richard enrolled at Guy's Hospital Dental School in London, and qualified in 1974. But, after a couple of years in practice in the West Country, he came to the conclusion that general practice wasn't for him and decided to pursue a postgraduate qualification.

However, the young Richard needed to find a way to finance his studies. During a chance meeting with an old tutor – who happened to be from Glasgow – he learned of an organisation in Canada that was looking for medical and dental professionals to live and work out there. Importantly, in Richard's case, the money was good and he worked out that a two-year stint across the Atlantic could finance his first year back at university.

The only catch, and the main reason why the money was so good, was that he was heading out to one of the remotest parts of the developed world – Newfoundland and Labrador, the easternmost province in Canada. Richard discovered that many American and Canadian medical and dental professionals refused to work that far north, and so the province was forced to import UK dentists and doctors.

He was recruited by the Grenfell Mission, originally a Methodist body set up in the early 20th century to provide medical care to the fishing industry. Richard lived and worked in Newfoundland and Labrador for nearly two years. On his return, he enrolled at the Eastman Dental Institute in London, eventually staying there for 20 years. After gaining his postgraduate qualifications he worked as a lecturer, senior lecturer, then as an NHS consultant before returning to a senior lecturer post before Edinburgh came calling.

Following the closure of the Edinburgh Dental School in the early 1990s it was decided to open a postgraduate institute. Prof Ibbetson was brought on board to develop that in September 1999, a challenge he relished from the very start. He said: "As a team we built up the Institute from pretty much nothing. It was a postgraduate specialist clinical care facility with a very small number of 'grad' students. In the last 12 years we have produced four new masters degree programmes in dental specialties as well as producing the first honours BSc degree for dental hygienists and therapists; they now do a degree in oral health sciences. And that is the only honours degree of its type in the UK."

The Institute is a collaboration between the University of Edinburgh, NHS Lothian and NHS Education for Scotland but Prof Ibbetson insists it has worked out well over the last decade or so. "If I was asked then the most satisfying thing in my career has been the development of the Institute over the years," he continued.

"It has made a significant difference to Scottish dentistry and the quality of what my colleagues and I have provided educationally has been very good, not to mention some excellent patient care."

And, despite his change of focus early on in his dental career, he explained that he has thoroughly enjoyed his life in dentistry. He said: "It's been a fantastic career I have to say. It's still the one where I get up in the morning and look forward to coming to work, which is perhaps strange when you have been doing it this long."

He also revealed that he still gets a kick out of treating people despite his other commitments: "I still do a lot of dentistry, partly on the basis that, for my specialty (fixed prosthodontics) you can't teach it if you stop doing it. If you stopped you would have about a year before you were out of date. So I still do a lot of it and I still enjoy it."

And he also gets a lot out of seeing his students learn and develop as dental professionals, both at the

Continued »

Continued »

Institute and after they have left. He said: "To see people gain knowledge and abilities in a specialist arena is very satisfying. There are no two ways about it, it is something that I get a tremendous buzz from.

"Many of these postgraduates have remained friends for life: I've been doing this for nearly 30 years, and one knows people around the world who have gone on to do very significant things in dentistry and dental education, so that is very satisfying indeed."

As for his new role, Prof Ibbetson said that, rather than being a specific aim of his, becoming dean of the Dental Faculty was more of a natural process: "It was an evolution I think. The role of the dean is essentially to continue to develop the faculty, and being a three-year term, it is a relatively short time.

"You have a little bit of time to find your feet, probably a year to do anything that you believe is particularly important, and then you are handing over to the next person. Usually what happens is the dean subsequent to you is the one that ends up completing the work that you started. That, traditionally, is the way it has worked."

But he explained that the evolutionary process that led him to the position isn't going to turn into a revolution once he takes up post in September. He said: "I follow a long line of excellent deans so if you asked if I am going to cut a swathe through what has been done before, the answer would have to be no, because what has been done before has been very good."

Prof Ibbetson revealed that his predecessor, the current dean David Felix, has been working hard with the other faculties in setting up tri-collegiate speciality membership exams between Edinburgh, Glasgow and England in an effort to standardise the qualifications across the UK. It will probably be left to him to carry that forward and see them come to fruition.

"I think David Felix has done a great job in steering a progressive course with those while also still making sure that Edinburgh is very significantly an equal partner. I think that is very important," he said.

However, he highlights one area he thinks the Edinburgh Dental Faculty and the dental faculties of the other colleges, could play a more

"I think the dental faculties of the colleges must play an important political role"

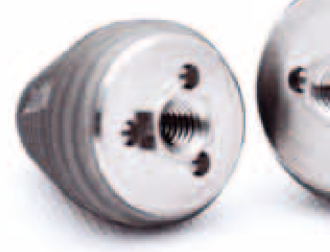
Professor Ibbetson

significant role. He said: "I think the dental faculties of the colleges must play an important political role in UK dentistry. I think it's important that they do so, because in that arena they do speak very much on behalf of the specialists and of standards in dentistry.

"I would like to see the faculty here also play a slightly stronger role in the politics of UK dentistry. Scotland is clearly a separate country so it is slightly different, but I do think that we have something to contribute to debate and to policy formation."

Fast-forwarding to the end of his tenure, how would Prof Ibbetson like to be remembered as dean of the Dental Faculty? He said: "I would like to be remembered as somebody who listened, as somebody who gave people the opportunity to develop ideas properly – supporting people in what they do. And as somebody who further developed the role of the dental faculty within Scottish and UK dentistry going forward.

"Edinburgh has a very strong reputation overseas and worldwide, and that is a very precious thing. That requires it not only to be sustained, but also developed. Fortunately, I will have a group of people around me with a lot of expertise, so that should make life a little bit easier." ■



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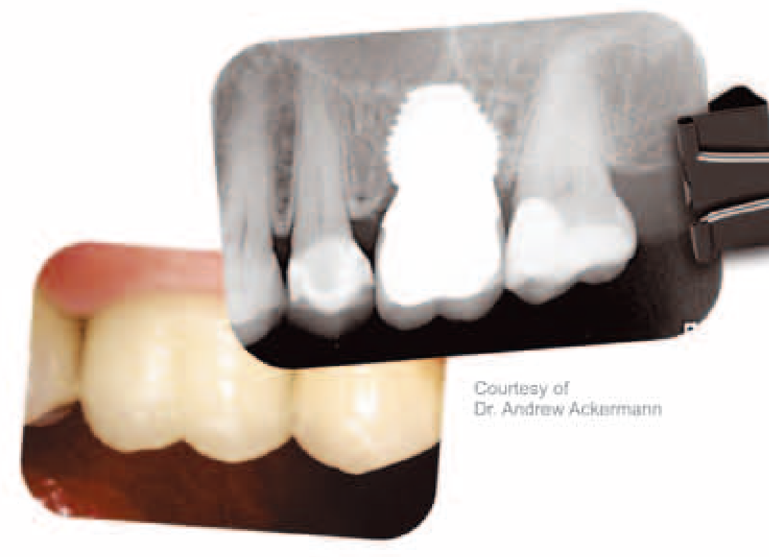

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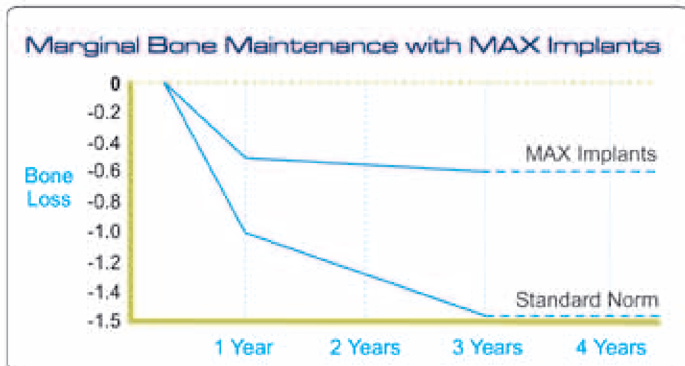

MAX Implants based on multi-center evaluation:

Vandeweghe S, et al. Clin Imp Dent Rel Res. 2010

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Albrektsson T, et al. Int J Oral Maxillofacial Implants. 1986; 1(1)
Albrektsson T, Zarb. Int J Prosthodontics. 1993; 6(2)
Roos J, et al. Int J Oral Maxillofacial Implants. 1997; 12(4)

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Edinburgh's newest specialist referral clinic, Vermilion, is a stylish blend of old and new, aiming to offer a five-star service to its customers

The perfect prac

At first glance, 24 St John's Road in Corstorphine looks like any number of attractive period townhouses.

Apart from the discrete signage signalling it is home to Edinburgh's newest, specialist referral practice, Vermilion, you wouldn't guess at the style and layout of what lies within.

Ten years ago, the interior of the building was completely restructured and replaced with open-plan office-style accommodation. However, it is this blank canvas that has provided David Offord and his team with a quite spectacular new workspace.

The two specialists – David is an oral surgeon and Grant Mathieson, a prosthodontist – had worked together for a number of years and were keen to collaborate as a clinical partnership on their own.

Location is always a key consideration for a new practice and David stressed to his surveyor, Neil McConnachie of Eric Young & Co, that the building needed to be on the west of the city, easily

Vermilion at 24 St John's Road, Corstorphine, Edinburgh

spot for a tice

accessible, by road and public transport and with readily available parking. It was felt that since many of the patients would be undergoing significant oral surgery, often under sedation, they would need somewhere that was able to offer parking for whoever was driving them to and from the appointment.

The next consideration was whether to go for a new-build or a period townhouse that required extensive renovation in order to accommodate a dental practice. In the end, Neil identified a building that provided the best of both worlds: a period façade with an interior that was already divided into spacious office accommodation, onto which David's vision of a cutting-edge, modern referral clinic could be born.

David explained that, after working in referral practices, hospitals and general practices in the UK and abroad, he had developed a clear idea of what he wanted the new practice to look and feel like. Using his experience he

Continued »

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Continued »

took his vision to Farahbod and Homan at NV Design and Construction, after seeing their previous work highlighted in the pages of *Scottish Dental* magazine.

Farahbod took David to one of their previous projects, Glasgow Southside Othodontics in Thornliebank and to Eilertsen Dental Care in Inverness, to give him a first-hand view of what can be achieved and, crucially, a chance to speak to the clients on what it is like working with NVDC. David was suitably impressed and set about explaining what he wanted to achieve to Farahbod.

The property at 24 St John's Road was already sub-divided into office accommodation and – with the help and advice of Neil McConnachie – David secured the first floor of the building. The space afforded him use of the bay window on the first floor, which was identified as the perfect place for the waiting area. Derek Bond, CA from Bond Accountancy, also worked closely with David to formulate the business plan and pitch it to the banks.

As it was effectively a shell, David and Farahbod spent a number of weeks laying roll after roll of masking tape on the floor of the space, indicating where walls, reception desks, surgeries etc might be situated. Once they had refined their plans, they set about working on the design specifics of the interior, with Farahbod putting his creative abilities to work.

David had a very clear plan and was determined to stick to his vision, rather than make constant revisions once work was under way. This enabled NVDC to get in and get the job done on budget and finish 10 days ahead of schedule. Farahbod oversaw the management of the project and brought in his team of specialist contractors, including Ian Wilson of IW Technology Services who provided all the IT and multi-media solutions, while Clark Dental supplied the dental equipment and cabinetry. Implant equipment was supplied by Southern Implants, compressors from Cattani and Vision Dental Laboratory provides lab support.

The finished practice is a study of design brilliance and inventive construction with a common-sense attitude to the everyday workings of a busy referral clinic. The waiting area, with its calming view of the Pentland Hills from the bespoke 'Vermilion sofa', is situated at the front of the building as far as possible away from the clinical spaces and, importantly, the staff areas. David was keen to separate these two spaces to minimise disruption and to allow staff to relax in their own area without fear of

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being overheard or disrupting patients.

Moving past reception and into the clinical areas, the mood changes, from the warm and comforting tones of the waiting area to the bright, surgical feel of the surgeries themselves. The walls leading into the clinical area are curved, allowing light to spill through, meaning there are no harsh shadows or edges to spoil the design aesthetic.

The practice has five surgeries, with NVDC managing to incorporate the curved wall theme throughout, which provides a stylish finishing touch to each room.

The first surgery is 'The Smile Studio' where dental hygienist Colette Ballantyne operates. Colette is available to take hygiene referrals from GDPs who don't have access to a hygienist in-house. As well as David and Grant's surgeries, kitted out to their own specifications, the practice includes a dental laboratory, digital OPG room, LDU and a staff room that doubles up as a seminar room.

The staff accommodation includes male and female changing rooms, complete with showers and lockers for personal effects, meaning staff don't have to change in toilets or communal areas. Staff also have a separate entrance, so they don't have to walk past patients in their civvies before they have changed into their surgical scrubs – all highlighting the attention to professionalism that David earmarked as a priority.

This attention to detail was also applied to the service they provide to patients, which inspired the training they provided to their staff before they opened their doors in mid-June. David's wife Emma,

Continued »

"Using Kodak's R4 Communicator, the specialists can show patients detailed animations of procedures"

BOND

BOND CHARTERED ACCOUNTANTS are extremely proud to be associated with David and Grant in their new business venture with Vermillion – The Smile Experts. From our initial meeting in April 2010 through to the successful launch of the business in June this year we have worked very closely with David and helped him nurture his business idea into reality.

The key areas where our firm was able to provide expertise were:

- Advice on business structure – pros and cons of sole trader, LLP and Limited Company
- Preparation of a detailed business plan including financial projections
- Meeting with banks and finance companies and obtaining the necessary level of funding for the business at competitive terms
- Creating a tax-efficient shareholder structure that fitted with David's requirements
- Ensuring control was exercised over capital expenditure and other set-up costs
- Staffing levels, pay plans and setting up the payroll system
- Implementing accounting systems to provide accurate and timely management data
- Providing tax advice on personal tax, corporation tax and VAT issues
- Offering patients a competitive finance package to increase referral conversion rates

Bond CA share a belief with David that the best way to build a successful business is through networking and referrals from existing clients. We therefore plan to hold regular networking meetings with our clients and Vermilion's referring dentists. The first of these meetings is scheduled for 6.00pm on Thursday 6th October at the Vermilion practice. At this meeting Derek Bond will do a short presentation on the key points to consider when expanding an existing dental practice or setting up a new practice. Contact Derek at derek@bondca.co.uk if you are interested in attending this meeting.

"We look forward to a long and mutually beneficial relationship with Vermilion – The Smile Experts."

BOND CHARTERED ACCOUNTANTS

Continued »

who is in charge of the clinic's PR and marketing, has a background in five-star hotels and arranged for the staff to be trained in five-star service as well as exposed to a five-star environment.

In addition to a tailor-made service delivery workshop carried out at the clinic by a Hospitality Consultant, the team was also treated to a tour and customised training at the Sheraton Grand Hotel and Spa in Edinburgh. The practice manager, Valerie, spent time with the front of house staff to pick up ideas to take back to the clinic, while the hygiene and nursing team received a customer journey induction at the award-winning One Spa at the Sheraton, which provided the inspiration for their own customer introduction.

When a patient attends the clinic for the first time, they are offered a full tour of the facilities, including areas such as the LDU if they wish, in order to give them a full picture of the care that has gone into providing their dentistry. They will then sit down with David and Grant to ascertain what their expectations are and whether they are realistic, both in a clinical and financial sense.

Using Kodak's R4 Communicator, the specialists can show patients detailed animations of procedures, which they can also be emailed to explain to relatives and also to get a second look in the comfort of their own home. David and Grant are committed to full transparency of treatment and, importantly, finance. Patients and referring dentists are fully informed of what a treatment plan will involve, what is to be paid and when. They promise no additional extras with the only item on their price list with a "Prices from..." line being their tooth whitening treatments, and this is only because there are three options.

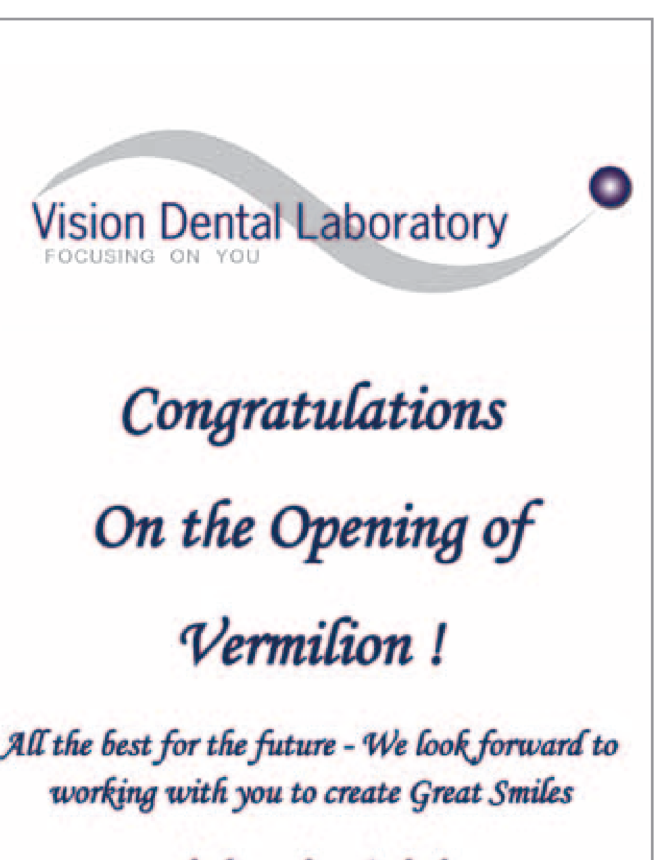
David explained that transparency and openness at this stage will mean a better patient journey and a more constructive relationship with their referring colleagues.

"Patients and referring dentists are fully informed of what a treatment plan will involve"

David and Grant both acknowledge that the relationship with referring dentists is crucial to their success and, to this end they are working with Ankylos to provide a refer and restore programme for single tooth implants. This will involve David placing the implant and then handing the patient back to the GDP for them to take the impression and fit the crown.

This programme has been highly successful down south, as it makes referring practitioners implant-aware, as well as generating extra income for dentists.

Working closely with referring colleagues in genuine clinical collaboration, David, Grant and the team at Vermilion aim to build long and fruitful relationships with their dental colleagues. ■



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Making history

Robin Graham is the archivist at the British Dental Association's West of Scotland branch. It's given him a fresh perspective on the dental profession

The recent launch of the national John McLean Archive by the British Dental Association (BDA) underlines the importance to branches of maintaining records that lay out the profession's past activities – both professional and political.

In the West of Scotland, maintaining a branch archive of records and minute books from as far back as the early years of the 20th century recently took on added significance, when flooding destroyed much of the historical material stored at the Glasgow Dental Hospital.

The lost material included archives from the Henry Nobel History of Dentistry Research Group, as well as the records and meeting notes from the hospital's own BDA branch. The Odontological Society – based at the dental hospital and almost as old as the BDA itself – also suffered losses in the catastrophe.

Dentist Robin Graham is the new archivist at the West of Scotland BDA branch – a role he took over from founding archivist Bob McKechnie who, for many years, had looked after the various books and records relating to the branch's 92-year history.

Robin, a dental practitioner in the same practice in the east end of Glasgow for 45 years, has been an active member of the branch since he qualified in 1966.

He became interested in dental politics in the early 70s and joined the West of Scotland branch as secretary of the Glasgow East section. Robin was elected as a council member and eventually became secretary and branch president.

However, he assumed his branch archivist role only a few months ago, when he was contacted by his predecessor's widow and invited to clear her house of a room full of boxed records.

He now has title to between 20 and 30 books of record – and is in demand from other societies and branches who all lost valuable material as a result of the flood earlier this year.

"The loss of so much material must have been devastating," he said. "The local BDA branch, the Henry Noble research group and the Odontological Society have all been in touch with me to see if I can provide access to some of the material they lost. I hope our archive will help them to retrieve some of it at least."

The oldest record concerns the inauguration of the West of Scotland branch in January 1918 – a handwritten account of those who attended the meeting and the formal agenda for what took place. Many of the accounts since those days are similarly scripted in long-hand and events are meticulously recorded.

Robin told *Scottish Dental* magazine: "The archive material is a crucial record of the evolution of dental politics, and of the advancement of the dental profession in the West of Scotland since 1918. And it's credit to the hard work and perseverance of Bob McKechnie that this wealth of written information is still around."

Founding father

Bob McKechnie was branch secretary for 11 years and served as its president in 1979-80. He was also on the national BDA representative board for 22 years and, with Henry Noble, helped to found the History of Dentistry Research Group mentioned earlier.

Bob's dedication and hard work was rewarded in 2001, when he was elected a Fellow of the BDA and was chairman elect of the Lindsay Society for the History of Dentistry in 2005-06. Unfortunately, Bob died in 2006, shortly before he would have assumed the presidency of the organisation.

Robin said: "Bob always had a huge interest in the dental profession, and with his experience, was in a unique position to make his mark as an archivist.

"He was responsible for collecting the bulk of the archive material – much of it contained in large boxes – that goes back to 1918 and is maintained to the present day. He is the father of the history of dentistry in this part of the world."

Robin recently "inherited" the branch records from Bob's widow. "She called me to say she had all this historical material in a room in her home and wanted to pass it on. It consists of minutes of meetings, right from the time of the foundation of the West of Scotland branch in 1918.

"In those days, all the dentists who belonged to the BDA came along to meetings once a month in Glasgow.

"The archive consists of minutes of meetings, right from the time of the foundation of the West of Scotland branch in 1918"

Robin Graham

"These meetings were part-social, part-educational and part-political. Minutes were meticulously kept of what was discussed and which guest speakers had attended. It could be an academic, invited to explain a new technique or a representative from the BDA in London, called to Glasgow to explain the latest political situation as it affected dentists."

Meetings of the branch were nearly always held at the Royal College of Physicians and Surgeons in Bath Street, or at the Dental Hospital.

"The West of Scotland branch was an important focus for dentists here, which kept them up-to-date with recent advances in dental techniques and materials, and with the political process nationally. There is no doubt that, during the 1940s and 50s, the branch punched above its weight as far as influence in the corridors of power is concerned. We had some real heavyweights such as J Marshall Banks, E Rankine Crerar and T Brown Henderson. Dentists in those days almost never used their first names. I guess it was a form of snobbery."

Robin added: "When I qualified in the 1960s, it wasn't unusual to see 150 people attending a branch meeting. Although BDA member numbers have remained pretty static, the interest in politics among dentists has dropped, and 50-70 people at a meeting would be considered a good turnout these days." ■

NOTABLE FIGURES

Many local dentists have played a significant role in the development of the profession over the years, both locally and nationally.

These include J Marshall Banks, E Rankine Crerar, T Brown Henderson, Charles Downie (BDA President 1985-86), Robert McKechnie and Bernard Caplan.

More recently: John Craig, who was a recent BDA President, Graham McKirdy, Kieran Fallon, Robert Kinloch, Andrew Lamb (present BDA Scottish Director), George Taylor, Mike Arthur, Jackie Morrison and Arabella Yelland.

There are, of course, many others who are not named here. Their hard work and dedication to the progress of dentistry is recognised and appreciated.

TECHNICAL ADVANCES OVER THE YEARS

Robin Graham was awarded Life Membership of the British Dental Association in 2010 for his work in the profession over the past 45 years.

He has seen many changes in dental techniques and materials since he graduated. As branch archivist, he is keenly aware that the views of the current crop of dental professionals will live on in records and minutes to be read by future generations.

Robin said: "The big difference now in dentistry from when I qualified is the advance in dental materials and surgical techniques. Implants in dentistry now are becoming more common – such procedures were just a dream in my young days.

"The materials that we are using in dentistry now are very high tech – when I qualified I was using materials that dentists had been using for 50 years. And very little had changed.

"Yet in the last 20-odd years there's been a huge increase in dental materials and different techniques, with the biggest advances being made in implants and dental materials. The other big thing that's changed the profession has been the introduction of reliable sterilisation techniques."

He smiled and said: "When I qualified it was common practice to boil instruments in water – of course, that's since been proven to be not particularly effective. And there's a huge increase now in having very set-down protocols for sterilisation procedures."

He looked around at the new build dental practice that he opened a year ago in Alexandra Parade, in Dennistoun. "The reason we had to build a new practice was that it's now mandatory to have a separate room for sterilisation and a lot of the old-fashioned dental practices didn't have room to put that separate facility in. It was one of the main reasons we moved here."

He is immensely proud of the new premises. "They are great. Before, like many dental practitioners, we were working up a close in somewhat cramped premises. The new place is great for staff morale too – they like working in a modern building with a good atmosphere and modern facilities."

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The term resective bone surgery is applied to all procedures employed to eliminate crater and angular defects caused by the bone reabsorption typical of periodontal disease. Elimination of craters and osseous angular defects is therefore vital to obtaining an optimum gingival profile and maintaining shallow pockets after periodontal surgery.

Bone defects

Bone defects consist of localised reabsorption of the osseous alveolar crest around the tooth. They are also known as intraosseous defects as they are formed within the bone mass and are classified according to the number of constituent walls. Bone defects may occur in various sites around the same tooth and are usually located in the inter-proximal space. However, they may also occur in the buccal and/or palatal and lingual bone tissue. If they occur in the bone tissue of a root furcation, there may also be some degree of reabsorption between the roots, in the severest cases, establishing communication between the buccal and palatal or lingual sectors (*Figs 1-4*).

Resective bone surgery is not indicated for very large bone defects which are more effectively treated

Continued »

BONE SURGERY

RESECTIVE	Osteoplasty Ostectomy
ADDITIVE	Bone grafts Bone implants
REGENERATIVE	Guided tissue regeneration (GTR)

RESTRICTIVE BONE SURGERY

INDICATIONS	TECHNIQUE	CONTRA INDICATIONS
Bone reshaping Elimination of small bone defects	Osteoplasty Ostectomy	None Grade 2/3 tooth mobility
Creation of a physiological profile	Osteoplasty Ostectomy	>50 per cent bone reabsorption Grade 2/3 tooth mobility

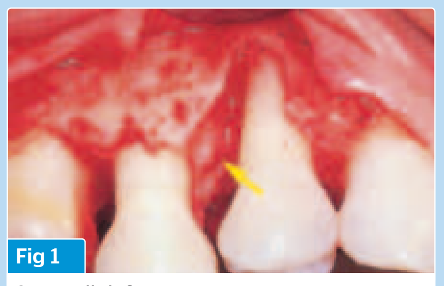
Fig 1
One wall defect

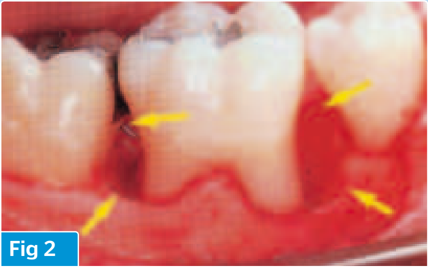
Fig 2
Two wall defect

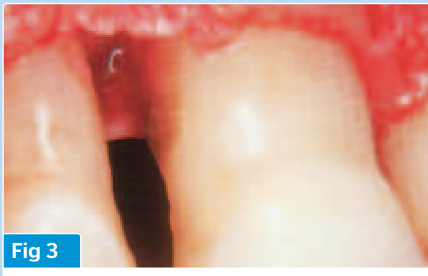
Fig 3
Three wall defect

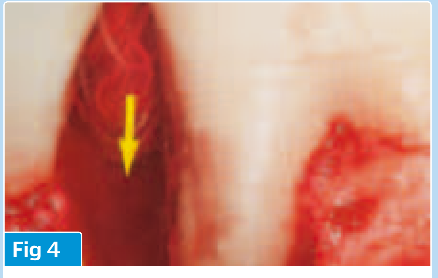
Fig 4
Circumferential defect

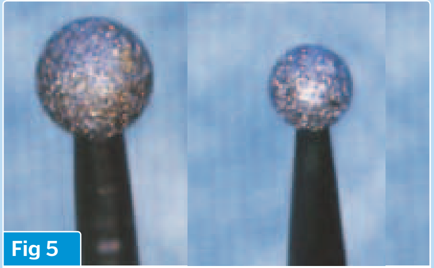
Fig 5
Diamonds for osteoplasty

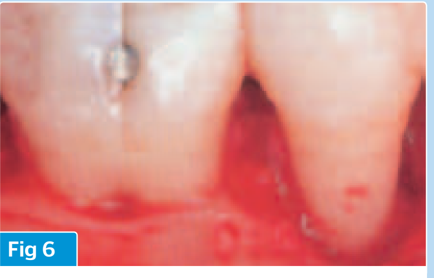
Fig 6
Before osteoplasty

Continued »

by regenerative or additive bone surgery (or a combination of both).

Osteoplasty

The term osteoplasty was introduced by Friedman in 1955. The aim of this technique is to reshape the bone to create a physiological form without removing the supporting bone (tissue connected to the tooth via periodontal fibres).

Surgical techniques

After elevating a full thickness flap, osteoplasty is performed using medium grain diamonds mounted on a turbine or micromotor. The operation site must be abundantly irrigated with sterile saline solution. Initially, the diamond is moved in a coronal-apical direction to reduce the thickness of the bone. The surface is then finished with the same diamond using a brush–type movement in a mesiodistal direction. During the operation, great care must be taken to avoid touching the root surfaces with the rotating diamond (*Fig 5*).

Bone reabsorption caused by periodontal disease has modified the bone architecture. After elevating a full thickness flap, it was decided to reshape the bone architecture by osteoplasty (*Fig 6*).

After osteoplasty, the bone margin is thinner and the ledge has been eliminated without removing the supporting bone (*Fig 7*).

Ostectomy

Ostectomy describes the surgical procedure employed to remove the supporting tissue (bone connected to the tooth by means of periodontal fibres). This technique is used to re-establish the physiological contour of bone tissue altered by periodontal disease.

Fig 8 – The physiological architecture of the bone has been completely altered by bone reabsorption caused by periodontal disease.

Fig 9 – Ostectomy has been performed. This operation has recreated the physiological architecture of the Alveolar bone. The inter-proximal bone is now more tapered and located more coronally to the radicular bone.

Conclusion

Resective bone surgery is by definition destructive and does not in itself cure periodontitis as it is an infectious disease. This type of surgery is performed exclusively in the case of minor alterations in the bone architecture which, in association with periodontal pockets, facilitate the progression of periodontal disease. ■

ABOUT THE AUTHOR:

Dr Alan Maxwell is a specialist in periodontics. He works at Care Dental Focus (Crieff), the Scottish Centre for Excellence in Dentistry (Glasgow) and Queen's Cross Dental Practice (Aberdeen).

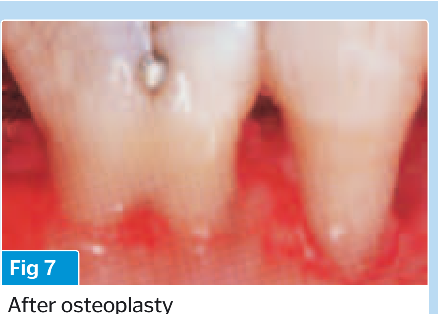
Fig 7
After osteoplasty

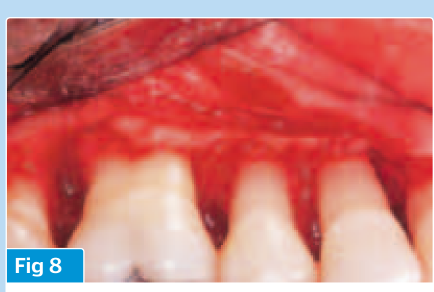
Fig 8
Before ostectomy

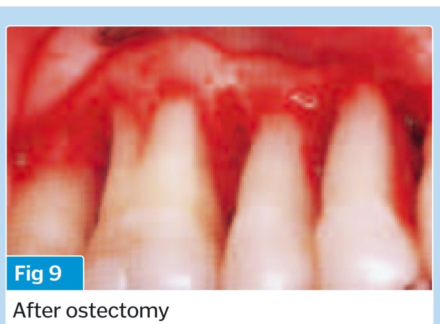
Fig 9
After ostectomy

CASE STUDY

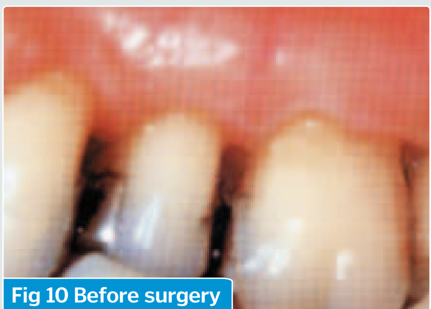
Fig 10 Before surgery
The surgical treatment involves evaluation of a mucoperiosteal flap and reshaping of the bone to eradicate the pockets and obtain an anatomy suitable for patient maintenance of a healthy periodontium

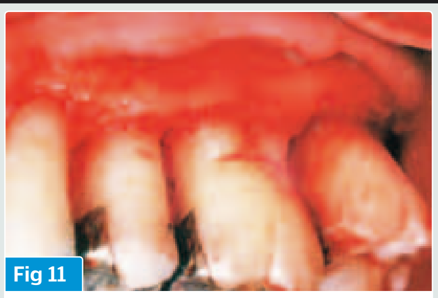
Fig 11
An internal bevel incision has been performed, a full thickness flap has been elevated. The physiological bone contour has been altered by bone reabsorption caused by the periodontitis. The alterations can be corrected by respective bone surgery

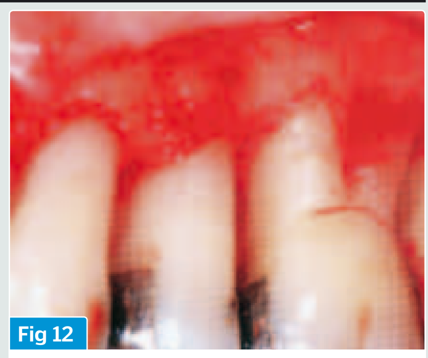
Fig 12
Note the festooned profile of the bone with the interdental sectors positioned more coronally to the buccal bone

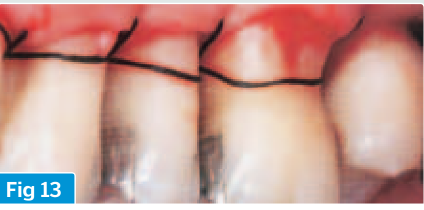
Fig 13
Continuous black silk sutures to be removed in seven to 10 days

Case study

A 55-year-old male patient suffering from chronic periodontitis. Premolar and molar periodontal pockets are present with an average pocket depth of 6 to 7 mm. The patient underwent hygiene phase therapy which reduced the pockets to 5 to 6 mm.

Maintenance

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Compromise is the key **to a successful treatment**

Restoring the maxillary lateral incisor can present real challenges. In these aesthetic cases, discussing the pros and cons of different treatment options is the best way to keep the patient satisfied

The maxillary lateral incisor regularly causes a treatment planning dilemma. Structurally speaking, it's one of the smallest teeth in the mouth, so there doesn't have to be much restorative dentistry before the tooth is severely compromised.

Even in a disease-free mouth, restoration is frequently required due to trauma. In all but the lowest lip-line, there are significant aesthetic challenges: our restorative arsenal of materials all have minimum space requirements if they are to recreate natural shading. And with a structurally small tooth, the space is rarely available, resulting in either an even weaker tooth, overcontoured restoration or poor colour match (*Fig 1*).

Pulpal involvement and root canal treatment are also regular requirements bringing additional considerations. For example, is a post required? If so, what type? Or how do we avoid the 'shine through' of a dark root (*Fig 2*)?

Other considerations include considering if a lateral incisor should be used as a bridge abutment. What are the chances of root canal treatment being required after preparation? How successful is a bridge if a root canal filling (RCF) has to be carried out through the crown? What is the likelihood of fracture (*Fig 3*)?

How are we supposed to explain our decision-making processes to the patient? As more and more patients look for aesthetic restorations, smile enhancements, and the North American approach which aims for pure white and perfect symmetry (*Fig 4*), difficult treatment planning decisions for the lateral incisor are often required.

Unfortunately, a complicated but necessary decision-making process can often be by-passed in the planning process of the 'smile design' in order to get to what the patient wants. In such cases, the lateral is either re-veneered or re-crowned in the hope that it will structurally hold out and that the technician will sort out the aesthetics (*Fig 5*).

These decisions can lead to significant problems and, as much of this treatment is elective and costly, an unhappy patient is often not far behind.

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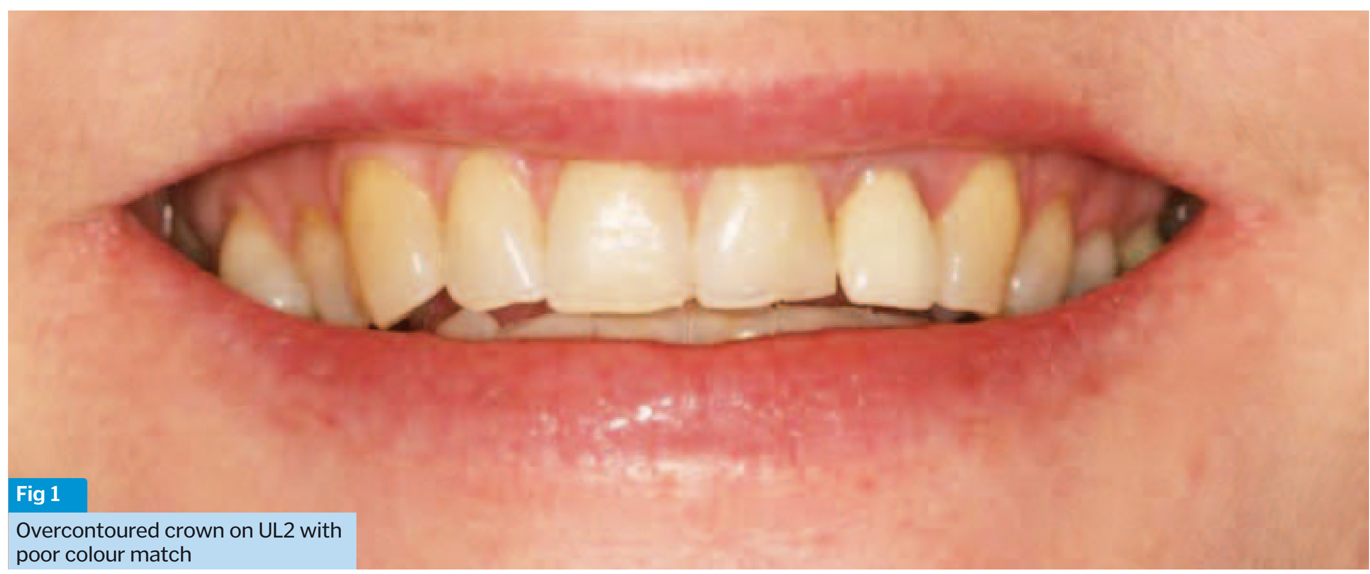

Fig 1
Overcontoured crown on UL2 with poor colour match

Continued »

Managing for success

The goal of any treatment plan should be to achieve the patient's wishes, while addressing their dental needs in order to achieve long-term success.

Decision making is often made easier when each episode of treatment is prescribed on an 'as required basis', with cause and effect clearly visible and acceptable to patient and dentist alike.

But we also need to meet the patient's expectations and the best time to find out if we are going to fall short is before we start treatment.

What is the patient's perception of how long a restoration is going to last? If it is five years, for example, then this is a much better prospect for a challenging restoration than if they expect it to last forever.

That said, should we really be advising, as the most predictable option, any treatment that is not going to last 10 years? If we are aiming at 10 years' survival for our restorations, then we need reliable information to determine under what circumstances we can achieve this.

For the recently qualified, and those that move practice regularly, you can't rely on your own experience and therefore have to look to the literature for best practice and evidence.

Root canal treatment, for example, is predictably successful, if carried out correctly: rubber dam isolation, correct preparation, smear layer removal and delivery of disinfectant to the apex for the required period of time, etc.

Similarly, post-crown restorations are also predictably successful if:
• The post is kept narrow and extends to the correct length
• The post is made of the correct material – cast posts when there is only the ferrule remaining, fibre posts when there is plenty of dentine. You may not need a post anyway
• The crown preparation has to extend over a minimum of 1.5-2mm of dentine (ferrule)
• They are not used as bridge abutments.

Apicectomies, meanwhile, can be predictable if, again, certain criteria are met:
• The root canal filling should be sound. (i.e. You know it has been carried out correctly)
• The coronal restoration (most usually a post-crown) has also been carried out to the ideal criteria
• The surgical procedure is carried out in accordance with current best practice, including sterile field and magnification (*Fig 6*).

"If we are aiming at 10 years' survival for our restorations, then we need reliable information"

Other criteria

There are many other factors which may or may not influence predictable success. For example, these include:
• Does the patient have a history of caries and periodontal susceptibility? Advanced restorations should be advised against in patients that cannot demonstrate an ability to maintain them (*Fig 7*).
• Occlusal factors – how many teeth remain within the arch? Is the patient a bruxist? Is the tooth going to have to carry more weight than it may in an otherwise intact arch?
• Aesthetics – does the patient have a high smile line and show the gingival margins of the lateral incisor? What is their gingival biotype and susceptibility to recession (*Fig 8*) ?

Failure to address and meet any of the required criteria is, of course, a compromise: this is the key to successful management of any situation – knowing the compromises and addressing them.

Drawing up a plan

To formulate the correct plan which addresses, in as far as possible, all potential problems, it is necessary to:
1. List all the potential compromises
2. Outline how they may be managed
3. List all potential alternatives and their compromises
4. Discuss your findings with the patient so that they have the opportunity to make as fully an informed decision as possible.

This can sound a lot more complicated that it is, but should be really no more than having a conversation about what we have

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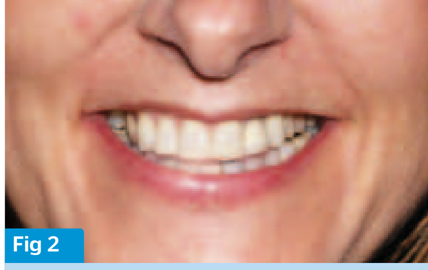
Fig 2
Opaque UL2 crown with dark shine through at gingival margin from RCF

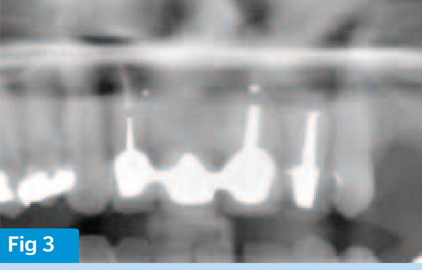
Fig 3
Does the patient know how unpredictable these restorations are?

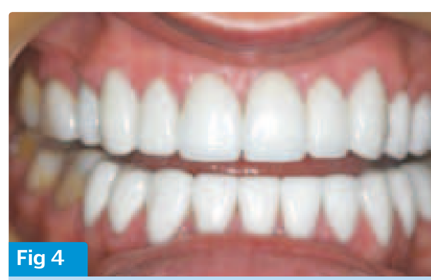
Fig 4
North American smile design

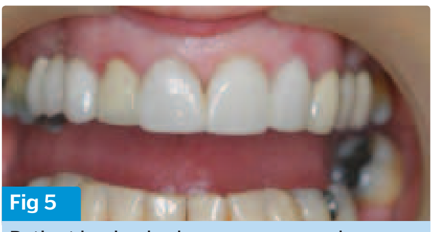
Fig 5
Patient having had new veneers and crowns has subsequently fractured UR2 and requires xla or re-restoration (temporary crown in place)

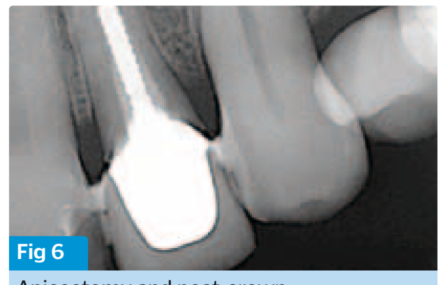
Fig 6
Apicectomy and post-crown

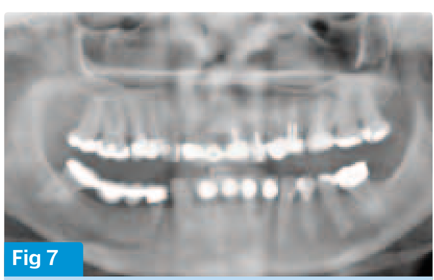
Fig 7
Caries should preclude further advanced restorative work, unless it can be controlled

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Continued »

already mentally assessed.

Example one
A 46 year-old man fell off a mountain bike and partially avulsed tooth 11 and decoronated 12, with fracture extending palatally subgingivally. Both teeth were vital with no restorations before. His arch was intact, he had good oral health, no perio and no bruxing habit. There was a medium to high smile line. (*Figs 9 and 10*).

As part of emergency treatment, tooth 11 was immediately repositioned, while a glass ionomer was used over the vital fracture in tooth 12.

Treatment options
Further options for tooth 12 were then discussed with the patient. These were:
1. Direct build-up with composite resin
Compromises:
• Minimal enable for bonding
• Likelihood of devitalisation.
This could be managed by Elective RCT for post-retention of coronal restoration (composite, veneer or crown).
2. Full crown
Compromises:
• Insufficient coronal tooth structure for 2mm ferrule
• Insufficient tooth structure for bonding all ceramic restoration.
These compromises could be managed by crown lengthening or orthodontic extrusion to create sufficient tooth structure for ferrule. Due to a high smile line, only orthodontic extrusion would be acceptable.

Alternative treatment options
A number of other possible treatment options were considered. All of these involved the extraction of tooth 12.
1. Partial denture
Compromise: denture is removable.
2. Resin bonded bridge
Compromise: challenging aesthetically and likely to have visible tissue loss
3. Conventional fixed bridge
Compromise: tooth 11 already comprised, unnecessary destruction of tooth 13.
4. Implant crown
Compromise: possible additional surgery, challenging with high smile line and requires greater investment in the first instance.

Choosing a solution
Outlining these options only involved a 10-minute conversation but it meant that the patient was taking active responsibility for the treatment he chose.

In this case, the patient chose to electively have the remaining root root-filled and a fibre post placed to carry, in the first instance, a composite resin restoration.

Tooth 11 was also root-filled in the knowledge that this tooth will most likely be lost to external resorption in the future (*Fig 11*).

The treatment option that we probably already knew from the outset to be the most practical option was therefore explained to the patient in a way that allowed him to accept the compromises. Theoretically, this should allow an easier passage to the next line of treatment when the tooth fails and has to be removed.

It is also important to remember that just because we ourselves might not go through a particular treatment or do not have the skill-set or experience to provide a particular aspect of that treatment, we should not fail to offer it.

Orthodontic extrusion, for example, may seem to us as an unnecessary delay to providing the treatment and possibly not worth it, but it is the patient that needs to make this choice (*Figs 12 and 13*).

Accepting compromises on the patient's behalf, however, will ultimately end up with an unhappy patient and the possible loss of the relationship. ■

This article was submitted by Edinburgh Dental Specialists.

"Outling these options only involved a 10-minute conversation, but it meant that the patient was taking active responsibility for the treatment he chose"

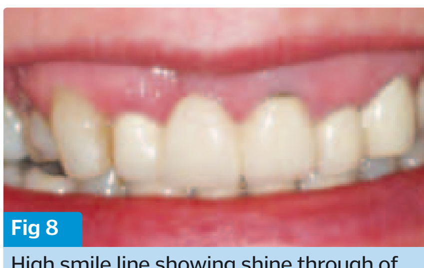
Fig 8
High smile line showing shine through of dark root and metal based restorations which are overcontoured

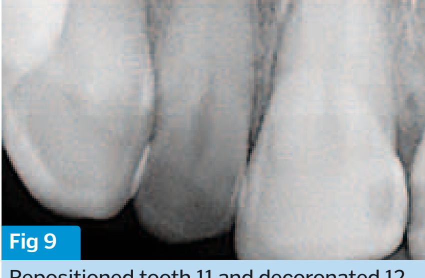
Fig 9
Repositioned tooth 11 and decoronated 12

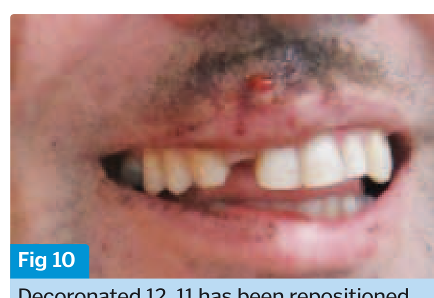
Fig 10
Decoronated 12, 11 has been repositioned

Fig 11
11 and 21 both root filled, 21 has a fibre post and composite resin restoration

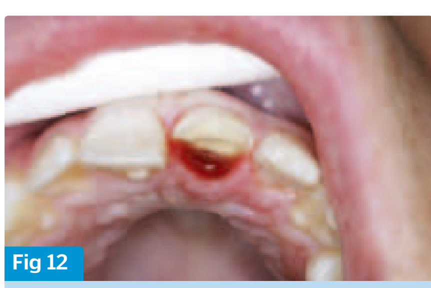
Fig 12
Unrestorable subgingival fracture

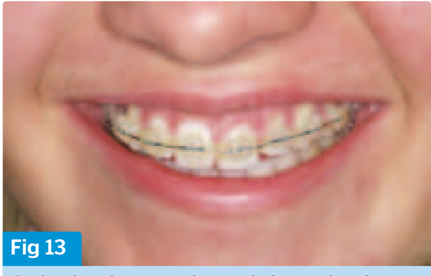
Fig 13
Orthodontic extrusion to bring palatal margin in to restorative zone

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In the pink

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Stuart Campbell assesses the effectiveness of a variety of different clinical techniques in the management of soft tissues, highlighting potential pitfalls along the way

Management of the soft tissues is a frequent challenge for the restoring dentist. An effective marginal seal is essential so that a restored tooth is protected from recurrent caries and gingival irritation. Overgrown gingival tissues must be effectively managed as they can create an obstacle to achieving marginal accuracy in direct and indirect restorations.

There are several clinical techniques to facilitate soft tissue management for direct and indirect restorations:

- Mechanical
- Surgical
- Chemico-mechanical.

Mechanical

Hovestad first described techniques to physically displace the gingivae in 1924. These techniques were based on the use of a copper band filled with impression compound which displaced the free gingival margin.

Contemporary versions of this technique make use of preformed cotton wool cones which are filled with a non-haemostatic polyvinylsiloxane impression material (Magic FoamCord – Coltene Whaledent) (*Fig 1*). Beier has reported that this technique may be a less traumatic means of gingival retraction compared with retraction cord.

Surgical

Gingival rotary curettage describes a technique where a rotary instrument is used to remove a limited amount of epithelial tissue creating a wider gingival sulcus. The technique is indicated for placement of subgingival preparation margins, and gaining access to deep cervical lesions. Ceramic burs (Tissue Trimmers, NTI) designed for use in the air rotor at 300,00-500,000 rpm without coolant have been marketed for this technique (*Fig 2*).

The technique has been associated with a greater incidence of gingival recession compared with other means of soft tissue control. For this reason rotary curettage should only be carried out on healthy, inflammation-free tissue because of the shrinkage that occurs when diseased tissue heals.

Electrosurgery can be used to remove inflamed, overgrown tissue, widen the gingival sulcus to facilitate impression taking, remove opercula and reshape inflamed tissue. A current is directed to a small cutting electrode, producing a rapid temperature rise at its point of contact with the tissue. Concerns have been raised about the potentially damaging effects of elevated temperatures created by this technique on the alveolar bone.

Furthermore, electrosurgery is contra-indicated in patients with cardiac pacemakers and additional training in the proper use of the technique-sensitive equipment is recommended.

The use of the CO_2 laser has been described as being an extremely effective technique for the management of soft tissue. Compared with the previously mentioned surgical techniques, reduced inflammation, post-operative discomfort and a bloodless field have been reported as the main advantages of the CO_2 laser. However, the rela-

Continued »

Fig 1

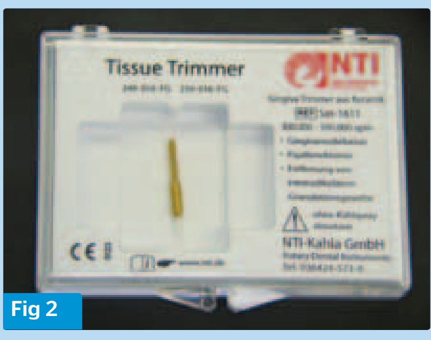

Fig 2

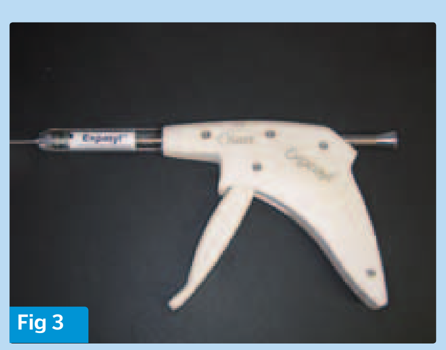

Fig 3

Fig 4

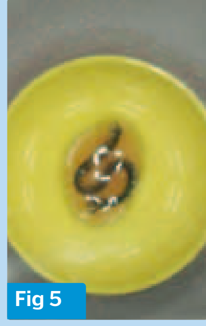
Fig 5

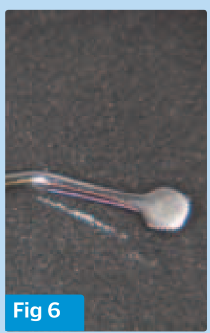
Fig 6

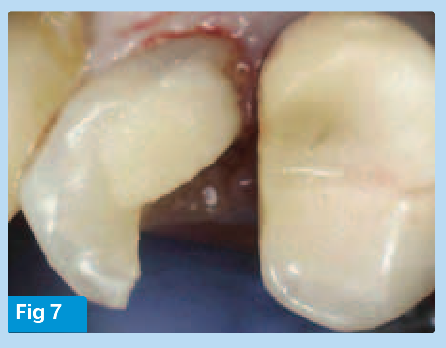
Fig 7

Continued »

tively high cost, lack of tactile feedback during operation, further training requirements and the risk of eye injuries have been cited as barriers to the widespread use of lasers in general practice.

Chemico-mechanical

This technique has been described as the most commonly used form of soft tissue management and typically combines the use of a compound which induces haemostasis and temporary shrinkage of the tissues together with a retraction cord which physically displaces the tissues.

Several chemicals have been described for use with retraction cord:

- epinephrine (adrenaline)
- aluminium chloride
- aluminium sulphate
- ferric sulphate.

Although adrenaline has been used in conjunction with retraction cord for many years, concerns have been raised regarding the possible negative cardiovascular effects produced by adrenaline impregnated cords. For this reason, and the fact that adequate retraction can be achieved using alternative compounds, the use of adrenaline impregnated cords is no longer recommended.

Aluminium chloride (Alustat, QED) has been described as an extremely effective compound for retracting soft tissues and for controlling haemorrhage without the production of systemic side effects. An injectable paste form of aluminium chloride in a kaolin matrix (Expasyl, Kerr) has been marketed as an alternative to retraction cord and chemical retraction materials.

The advantages of this technique are as follows:

- painless control of soft tissues
- does not damage the healthy periodontium
- green coloured paste is

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easily seen and removed from the gingival sulcus.

However, it has been reported that Expasyl produces greater amounts of post-operative gingival inflammation and is not as effective at displacing the gingivae as compared to retraction cord and chemical retraction materials (*Fig 3*).

Aluminium sulphate (Gingi-Aid, Belport Co) and ferric sulphate (Viscostat, Ultradent) have both demonstrated excellent haemostatic ability, control of tissue fluids and temporary shrinkage of the soft tissues. However, recent research, has reported the cytotoxic effects of both of these materials. Wassell et al have observed severe gingival inflammation and tissue necrosis when aluminium sulphate astringents are used to aid tissue management.

Chemico-mechanical methods of tissue management are readily available, easily practiced and provide reliable results. However, there are risks of damage to the soft tissues with an improper technique.

> **"The chemico-mechanical technique has been described as the most commonly used form of soft tissue management"**

A systematic approach to chemico-mechanical tissue management has been described.

The cord must first be prepared. I prefer Ultrapack cords (Ultradent) which are available in sizes 00,0,1 and 2 (*Fig 4*). These cotton cords are non-impregnated, easily inserted, colour coded, can be soaked as desired and are easily differentiated from the ginigivae.

Cords are cut into lengths appropriate to the tooth or teeth to be isolated. Suitable lengths have been recommended by Wise (*see table below*).

A double cord technique has been shown to be more effective for tissue management than using a single piece of cord. For this reason, two lengths of cord of different thickness are cut. A length of 00 cord is cut and laid aside, a length of either 0,1 or 2 cord is cut and soaked in a Dappens dish containing astringent solution for 10 minutes (*Fig 5*).

After this time, the cord is dabbed against a facial tissue to remove excess solution.

The clinician now takes the non-impregnated 00 cord and places it at the gingival margin. The cord is packed into the gingival sulcus using a Fischer UltraPak Packer. This

Continued »

Teeth	Length of cord
Maxillary anterior	30mm
Maxillary premolars	25mm
Maxillary molars	40mm
Mandibular anterior	17mm
Mandibular premolars	25mm
Mandibular molars	40mm

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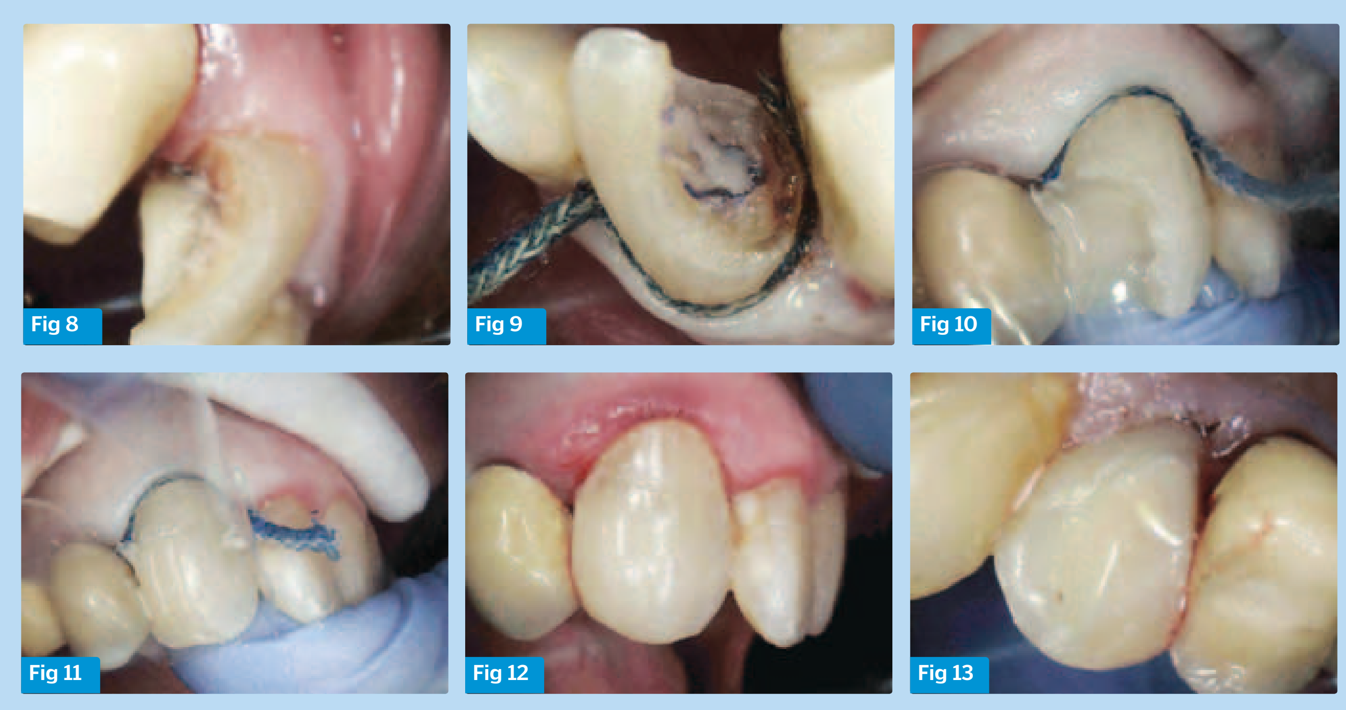
Fig 8 Fig 9 Fig 10 Fig 11 Fig 12 Fig 13

Continued »

instrument has a serrated edge allowing for effective cord placement (*Fig 6*).

The 00 cord is packed to its full thickness, starting from the mesial or distal surface so that the overlapping cord ends are not located on the buccal aspect of the tooth. The 00 cord can be left in place during impression-taking, the placement of direct restorations and when finalising preparation margins.

The thicker impregnated cord (0, 1 or 2) is then packed into the gingival sulcus to half of its thickness. The thicker cord is packed on top of the 00 cord and is left in place for no longer than five minutes. It is removed prior to impression taking or placement of direct restorations.

This technique facilitates the temporary retraction of overgrown gingivae, placement of subgingival marginal finishing lines, accurate impressions and haemostasis.

“The effective management of overgrown soft tissue is a prerequisite for direct and indirect restorative procedures”

Case study

A 57-year-old gentleman presented in practice with a lost direct composite restoration from unit 13. The patient reported no symptoms from the tooth but was anxious for a cosmetic replacement as he had a job interview the next day.

The patient's medical history was unremarkable. He had a medium lip-line but the lost restoration in 13 was clearly visible during conversation.

The intra-oral examination revealed a heavily restored but intact dentition. Unit 13 was root filled and restoration of the tooth was complicated by localised gingival overgrowth (*Figs 7 and 8*).

To comply with the patient's wishes of an expedient cosmetic restoration, a direct composite restoration was planned. Management of the soft tissues and haemostatic control were planned using a double retraction cord technique.

An adrenaline containing local anaesthetic was infiltrated around 13 and the defective restoration removed. The cavity was assessed for caries removal using caries indicator dye (Snoop, Pulpdent).

Once caries removal was complete, a shade was agreed with the patient. A 30mm length of 00 retraction cord was cut and packed to its full thickness in the gingival sulcus, using the technique described. A second 30mm length of size 1 cord was soaked in astringent (Viscostat) for 10 minutes, then packed to into the gingival sulcus as before (*Fig 9*).

Once control of the overgrown gingiva and localised bleeding was assured, a clear mylar strip was placed. The cavity was etched and rinsed, dentine was rehydrated and a fifth generation bonding agent was placed (Scotchbond, 3M Espe). A direct composite restoration (Filtek Supreme, 3M Espe) of the appropriate shade was placed using an incremental technique. A final cure was carried out after the appication of glycerin. Final finishing and polishing was completed using composite finishing burs, polishing discs, interproximal strips and silicone points (*Figs 10-13*).

The effective management of overgrown soft tissue is a prerequisite for direct and indirect restorative procedures. Several techniques are available to the clinician to achieve this aim. This case study demonstrates a systematic approach to the double retraction cord technique which provides an effective, economical and simple method of tissue management and haemostatic control for restorative procedures. ■

ABOUT THE AUTHOR

Stuart Campbell qualified from University of Dundee in 2001 and is a vocational trainer and partner at Loanhead Dental Practice in Midlothian. He is currently studying for an MSc in Implant Dentistry at the University of Central Lancashire.

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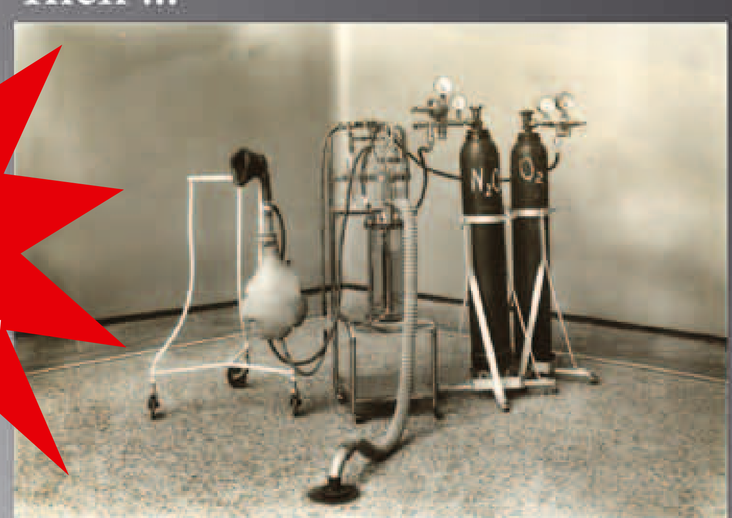

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An instructor with the North of England Dental Academy, Richard Winter assesses the latest implant technology and offers his perspective on evolving techniques and components

The art and science of **restoration**

The patient is a 56-year-old female, who had lost the two upper right premolar teeth some years previously. Her medical history was unremarkable.

She was concerned about the spacing and was interested in replacing the teeth. A full assessment was undertaken and options discussed. A treatment plan was formulated, with the patient deciding on the use of implants in this case. The pre-operative assessment revealed good bone volume and quality. Two 13mm regular platform (4mm) TBR Connect implants were placed conventionally using a surgical guide from a diagnostic waxing. A minimal flap surgical approach was used.

Primary insertion torque was high, so a one-stage technique was employed, and healing abutments placed. (*Fig 1*). Healing progressed without any post-operative complications, and 12 weeks were allowed for healing and integration.

Figure 2 shows the implant heads after 12 weeks, after removal of the healing abutments. Note the excellent soft tissue healing with the absence of signs of inflammation.

Fixture head impressions were taken using a pick-up technique, making use of the Swiss Clip, a closed tray impression coping produced by TBR. This coping has an excellent seating system, utilising a silicone ring that engages the internal contour of the implant beyond the internal hexagon (*Fig 3*).

This gives a very firm and positive feel with no ambiguity when the coping is engaged correctly (Fig 4). The design and construction allows for a high degree of accuracy, linked with the ease of placement.

Impressions were then taken using a heavy bodied/wash one-stage technique using a rimlock metal tray (*Fig 5*). An opposing model and a silicone recording of ICP was also taken in the usual way

The laboratory stages were carried out by PDS laboratories (Leeds, UK). The restorative components were made on a soft tissue model (*Fig 6*). The custom fabricated titanium abutments were tried in

Continued »

"This coping has an excellent seating system, utilising a silicone ring that engages the internal contour of the implant beyond the internal hexagon"

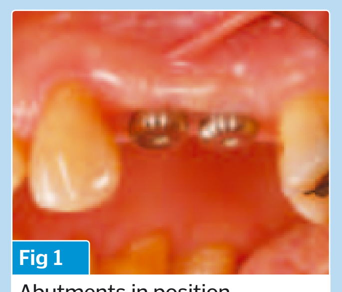
Fig 1
Abutments in position

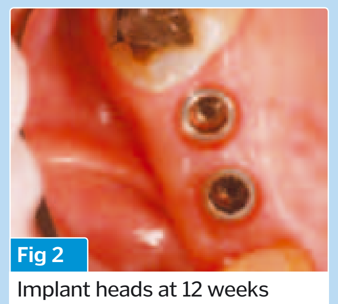
Fig 2
Implant heads at 12 weeks

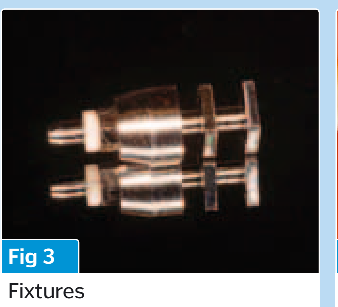
Fig 3
Fixtures

Fig 4
'High degree of accuracy'

Fig 5
Impression created

Fig 6
Soft tissue modelling

Fig 7
Titanium abutments in postion

Continued »

and verified with an acrylic jig (*Figs 7 and 8*). Checks were made for occlusal clearance and the position of the margins. No adjustment was deemed to be necessary. Porcelain bonded to precious metal linked crowns were then constructed (*Fig 9*). At the fit appointment, the crowns were tried in and the occlusion checked using foils and shimstock.

Retaining adjacent contacts were maintained with light holding contacts in ICP. Lateral guidance was by group function, and the replacement crowns were designed so as not to be involved in this. After approval by the patient, the crowns were fitted (Figs 10 and 11), again note the excellent soft tissue profile and healthy appearance. The screw access holes in the abutments were covered with cotton wool and Cimpat (Septodont), with the crowns being secured using a soft cement (Temp-Bond, Kerr).

The patient was reviewed a week later, and instructed in maintaining the prostheses. She was naturally delighted

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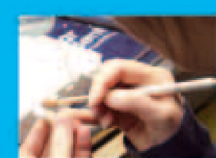

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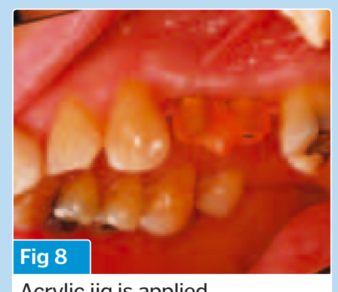
Fig 8
Acrylic jig is applied

Fig 9
Porcelain/crown bonding

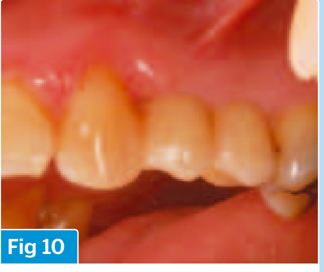
Fig 10
Fitted crown

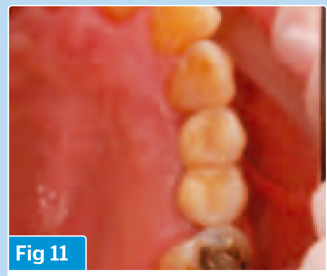
Fig 11
Note soft tissue appearance

with the finished result, with any initial trepidation being replaced with both relief and surprise at the relative ease of the treatment.

Conclusion

This case report describes the restoration of two premolar teeth using a new implant system to the UK, TBR implants. TBR has been involved in the European market for some years, and has recently been introduced to the UK by Implants UK. Its UK supplier is Prestige Dental. It produces a range of implants, all of which are tapered and threaded. They utilise a tapered internal hexagon connection, which combines the benefits of flexible abutment alignment with the comprehensive seal that a morse taper provides.

This case demonstrates well the predictability that implant treatment can provide, and the ease of use of the new TBR restorative components. The Swiss clip especially, is a simple component that is user-friendly and provides a highly accurate reproduction of the position of the implant head. ■

ABOUT THE AUTHOR

Richard Winter BDS, MJDF (RCS Eng) is a GDP with an interest in implant and restorative dentistry. Currently based in Newcastle upon Tyne, he works at two established private practices where he takes referrals for implant and restorative treatment. He is tutor for the Northern Region FGDP, and an instructor with the North of England Dental Academy, which runs year-long post graduate courses in restorative, implant and aesthetic dentistry.

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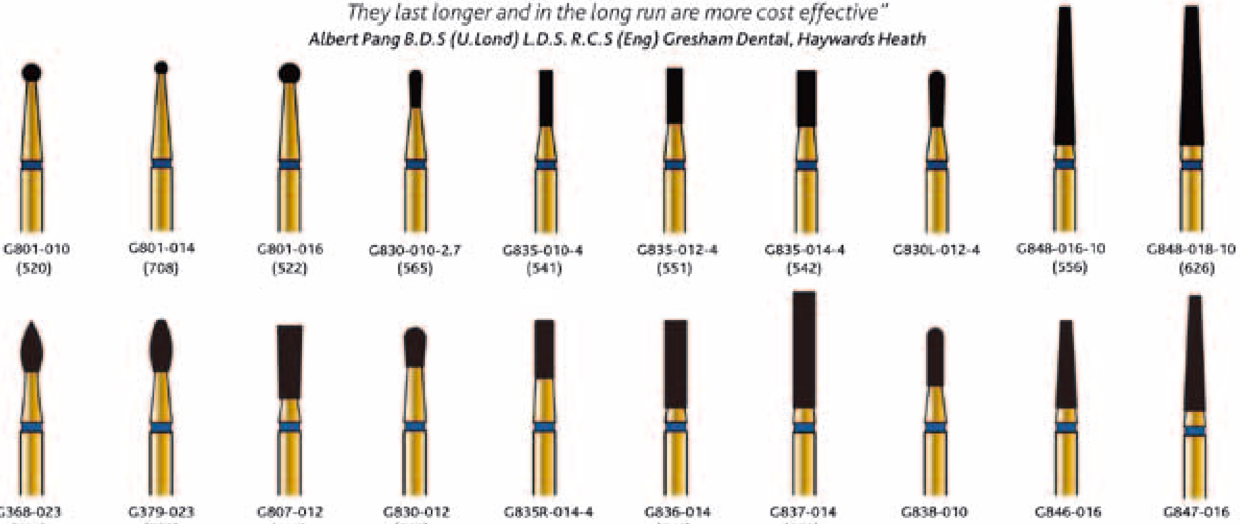

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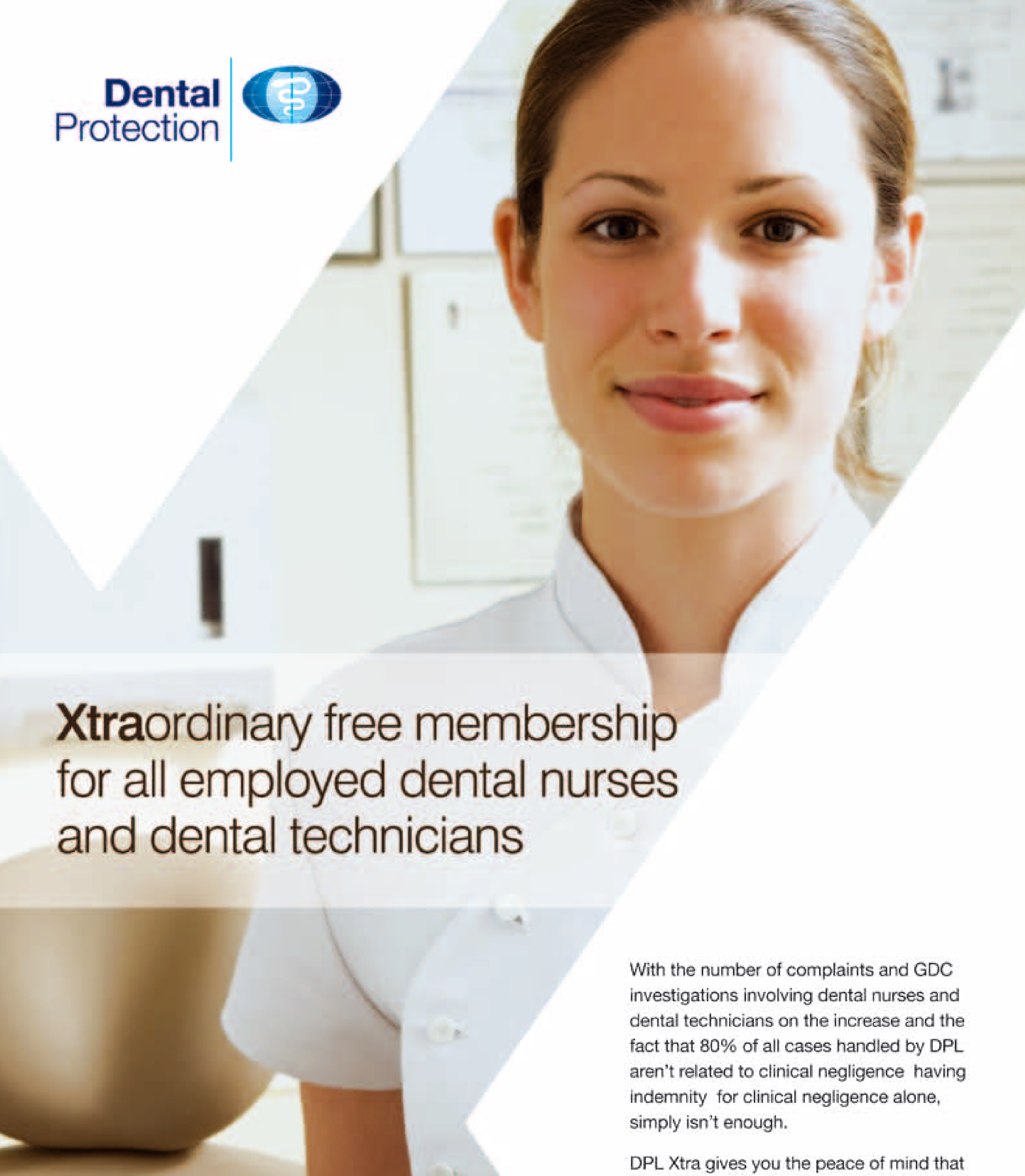

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Are you getting **your fair share?**

Edwardian tenement, rural hamlet or new town new build, the home of your practice is one of your vital tools. Stephen Neville offers a timely reminder on how best to put it to work

NHS dentists operating in Scotland are entitled to claim practice rent reimbursements from April 2005. The criteria to become eligible for rent reimbursements includes the practitioner being registered on the NHS list, together with the practice being approved by the local NHS board, and meeting the criteria of being an 'NHS-committed' practice.

To be considered an 'NHS-committed' practice, the following must be met:

- The dentists within the practice provide general dental services to all categories of patients
- The dentists within the practice have an average of at least 500 patients per dentist accepted for care and treatment under capitation and continuing care arrangements
- An average of 100 of these patients, per dentist, must be fee-paying adults
- And the dentists have average NHS gross earnings of £50,000 or over in the 12 months preceding the quarter for which rent reimbursement is sought.

Provided you meet all of the above criteria, you are entitled to claim the lower of actual rent paid versus a deemed market value rent for the property. Where your landlord charges VAT on the rent, you will be unable to reclaim the VAT back if you are not VAT registered. In which case, ensure the NHS is reimbursing the VAT on your rent as you are entitled to this under Statement XV of the Statement of Dental Remuneration. In the case of an owner-occupier, the reimbursements would be based on the deemed market value rent.

Surveyors were appointed by the NHS to carry out valuations in 2005/06 in order to quantify an appropriate market value rent for each practice. Thereafter, the NHS intended to carry out revaluations every three years. However, if you carry out investment into your practice e.g. a refurbishment, you should bring forward your revaluation.

Improvements of an access, aesthetic, or technical nature would add value to the property which you are trading from – whether you are the owner-occupier or not.

In which case, where your payments are based on the market value, you should consider approaching your board for an early revaluation to potentially receive an uplift in your rent reimbursement.

"There are many financial, income and tax planning opportunities around practice property"

The real opportunity here is if you own the property from which you practice. You can improve the property and claim a higher rental reimbursement based on the higher market value after the investment. Note that where NHS funds have been used to carry out the upgrade, then the uplift may be abated.

Furthermore, where the property is held independently of the practice, there may be scope, in certain circumstances, to reclaim the VAT incurred upon carrying out an upgrade or renovation.

When considering capital expenditure in a practice you should always bear tax opportunities in mind. Tax allowances on capital expenditure vary from one tax year to the next, therefore if more allowances are available in the current tax year, then it may be worthwhile to bring a project forward.

There are many financial, income and tax planning opportunities around practice property. Advice on how to take these opportunities forward depends on your circumstances, so it is worthwhile talking to an advisor to see what could be done for your benefit. ■

Stephen Neville is a partner at Martin Aitken & Co. Stephen is contactable at scn@maco.co.uk or by telephone on 0141 272 0000. You can find out more about Martin Aitken & Co by visiting their website www.maco.co.uk

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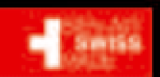

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CADE tests your boundaries

CADE
cade
CENTRE FOR ADVANCED DENTAL EDUCATION

Centre brings clinicians together to share ideas and push patient care standards

The Centre for Advanced Dental Education (CADE) is a groundbreaking forum. With the creation of CADE, we are fulfilling our passion for interacting and educating our peers. Richard Brookshaw and Bob McLelland have both travelled the globe, spending hundreds of hours listening and learning from the very best dentists who share our firm commitment to continued professional development.

CADE's challenge

At the forefront of our vision is patient care. As clinicians, we all have a fundamental duty to our patients to provide the very best that we can. With our educational programmes, we guarantee to assist our fellow professionals to enhance and develop their clinical skills. Over the years, we have mentored and observed our colleagues embrace new techniques, implement them with confidence and then grow as clinicians. We will move you from your comfort zone to a new level of professional reward. Your clinical and professional development is our most satisfying reward.

Our commitment

The CADE team is fully invested in our efforts to pass on the most advanced clinical knowledge in the most modern, relaxed enjoyable and user friendly way possible. We strive to give you a rewarding learning experience.

The support we have from John Wibberley and his excellent team at Watersedge and the interaction from Nobel Biocare, the world's biggest implant company, give us the strength and confidence to offer the very best of course quality, materials and technical back-up.

Bob and Richard with business manager Sarah

The CADE team welcomes enquiries from dentists who are interested in integrating dental implantology treatments into their regular practice. CADE is delighted to welcome Phil Friel, a highly-respected and prominent dental surgeon with a wealth of experience, to the team. Phil will host the implant course from his state-of-the-art practice in Glasgow.

This represents an excellent opportunity to attend a comprehensive, year-long implant training course and highlights our commitment to deliver high-quality dental education and training throughout the country.

"I don't think we could have a better partner than Phil. His practice is amazing and his attention to detail superb. His clinical skills make him a pleasure to work with."

John Wibberley – Watersedge Ceramics

"I would recommend this course to anyone as a great way of getting into implantology.

Since I finished being trained and mentored by Richard, I have placed nearly 100 implants and, as well as the obvious financial impact this has had on my business, I am also enjoying being able to offer dental implants to my patients."

Dr Alex Jones

"The course has been absolutely brilliant and we have been supplied with iPads, which was the icing on the cake for all of us gadget freaks."

Delegate

"I really feel my dentistry and confidence has improved since doing the course and the reassurance that when we complete the course, we will be mentored when we place implants in practice. I would definitely recommend CADE"

Dr T Taylor

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tel: 0845 604 6448

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"The difference a specialist makes"

Another dimension

Clinic 95 in Oxford allies dental practice and founder's hi-tech training programme

The rapidly-expanding implant sector has brought with it a need for a more structured and co-ordinated training programme to ensure that the procedure is safely developed and delivered. There are various training options available, and a particularly impressive venue is Clinic 95 in Oxford.

Clinic 95 is a combined dental practice and advanced education centre and is the brainchild of Maria Hardman BDS DUI. The training centre was designed to provide a modern, spacious and relaxing environment consisting of a 50-seat lecture room with video links to surgeries allowing the audience to see live, hands-on demonstrations.

On-site cone beam 3D imaging is an integral part of Clinic 95, maximising both the visual impact of the training and the diagnostic accuracy of the procedure.

Maria points out: "The benefits that cone beam 3D imaging can bring to your diagnosis are enormous. The ability to view the area of interest from all dimensions means you can be much more precise with your surgical treatment plan, substantially reducing the likelihood of unseen complications. Measurements, angles and position are precise, ensuring that your treatment is more efficient and, above all, predictable."

Maria has invested in the Kodak 9000 3D System. An important consideration when choosing the Kodak system was its ability to focus only on the area of interest and so achieve an effective dose similar to that for a traditional panoramic image. Also, by focusing on a smaller field of view, the highest resolution is achieved, providing exceptionally detailed images resulting in very accurate determination of dental-alveolar structures.

At a recent course, delegates were able to see a live demonstration of a patient undergoing an implant procedure. The patient presented a failing maxillary dentition. (*Fig 1*). She was wearing a partial upper denture but still had the upper anterior teeth remaining, despite being of poor prognosis. The initial OPG indicated that if the patient desired a full-mouth rehabilitation, sinus grafting would be indicated and possibly some bone grafting in the area of the left lateral incisor. These were both out of the patient's budget and also not a procedure she felt she could embark upon, as it would have necessitated her wearing a full upper denture during the transition stage. A CBCT image was taken, and the patient considered for the All-on-4 TM concept from Nobel Biocare.

This offers the patient immediate placement of implants and immediate loading. It does, however, require meticulous surgical and prosthetic planning and preparation. The case was presented as a training course in collaboration with Richard Brookshaw. Using the images produced from the CBCT Kodak 9000 3D system and using Nobel Guide, Richard was able to plan the case. (*Figs 2 and 3*)

The surgery was successful, with the implants being placed in accordance with the planning and the prosthesis delivered later that day. (*Fig 4*)

Maria delivers a growing programme of events covering implant planning and other advanced procedures. Clinic 95 is available for hire for those running their own courses. ■

For more information on Clinic 95, visit www.clinic95.com
For Carestream Dental, visit www.carestreamdental.com, or e-mail Ernesto. jaconelli@carestream.com

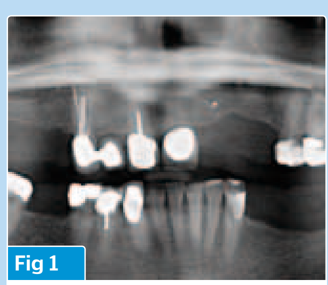
Fig 1 Patient at presentation

Fig 2 Richard Brookshaw's plan

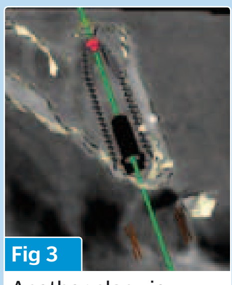
Fig 3 Another plan view

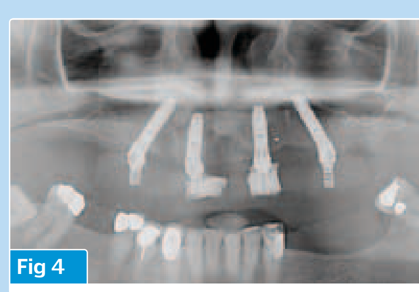
Fig 4 Implantation went to plan

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Mentor delivers training for a most crucial element in patient care – the dental nurse

Healer's right hand

Mentor Training Centre Ltd is an approved training provider which provides training to the relevant people who want to gain their dental nurse qualification in order to register with the General Dental Council (GDC).

Although all dental nurses are now legally required to be registered with the GDC, dental nurses who are in training are temporarily exempt, providing they are able to demonstrate that they are working toward one of the registerable qualifications on a recognised training programme.

Mentor provides an SVQ Level 3 in Oral Health Care, which consists of 11 mandatory work-based units, collectively incorporating current legislation and the ever-evolving role of the dental care professional. A 90-minute formal written paper (VRQ) covering four key areas of the syllabus completes the qualification.

Over a period (usually 12 to 18 months) a portfolio of evidence is gathered, the completion of each unit confirming the candidate showed competence in performing a range of tasks to the required standard, in accordance with the National Occupational Standards for Dental Nursing.

The decision on whether this was achieved is determined by the assessment of evidence produced by the learner.

All of the work-based assessments are carried out by Mentor's qualified assessors, who visit the dental practice on pre-arranged appointments suitable to both the dentist and the dental nurse (usually every 6 to 8 weeks).

Prior to assessment, the knowledge and understanding relating to the unit would be discussed with the dental nurse on a one-to-one basis. Ongoing observation of each candidate shows the ability to interpret knowledge and prove understanding of the subject.

"Mentor provides an SVQ Level 3 in Oral Health Care, which consists of 11 mandatory work based units"
Mentor Training

When all 11 units are achieved, the dental nurse will then attend evening classes with their qualified tutors to prepare for the formal VRQ Exam.

Success will provide certification enabling registration with the GDC and the ability to purchase the NEBDN qualification badge and belt.

Formal qualifications are not essential for candidates wishing to participate in the programme, but they must be employed in a suitable dental workplace offering the opportunity to gain evidence for all of the units.

Mentor is able to register candidates on the training programme all year round, and give flexibility to the learner in their development and progression throughout. ■

Oral B Pro-Expert toothpaste

The new Pro-Expert toothpaste from Oral-B is remarkable not only in delivering protection against gum problems, plaque, caries, calculus formation and dentinal hypersensitivity, but also because it has been shown to reduce oral malodour.

A three-week trial of the innovative dual-ingredient dentifrice reduced halitosis by up to 71 per cent compared to another toothpaste. Importantly, Oral-B Pro-Expert toothpaste acts to help prevent gum problems, the acknowledged main cause of bad breath.

Using its unique combination of polyphosphate and stabilised

stannous fluoride, Oral-B Pro-Expert toothpaste employs the properties of the first to inhibit calculus build-up and those of the second to substantially reduce plaque formation.

The overall benefits of good oral health promoted by use of new Oral-B Pro-Expert toothpaste are further enhanced by fresh breath and a confident smile.

A-Head of the Rest

Oral-B power toothbrushes need no introduction; they're recommended by more UK dentists and hygienists than any other brand.

Dentists can now buy Oral-B replacement heads in bulk packs which contain 100 replacement heads, 60 per cent of which are the popular Precision Clean variant, the remainder are the Sensitive version.

You know that old, worn toothbrush heads not only run the risk of being unhygienic, they are also less likely to be as efficient at removing plaque and therefore need replacing every three months.

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- TC White Invitation Lecture: Achieving Excellence in Implant Dentistry, *Mr Paul Stone, Edinburgh*
- The Future of NHS Dentistry, *Professor Jimmy Steele, Newcastle*
- Setting Standards for Dentistry, Thinking outside the Regulatory Box, *Mr Kevin Lewis, Dental Protection Ltd*
- Alternatives to Litigation, *Professor Sheila McLean, Glasgow (Core CPD)*
- Setting Standards - Necessary but not Sufficient, *Dr Jason Leitch, Scottish Government*
- Achieving Excellence in:
  - Dental Radiography, *Dr Donald Thomson, Dundee (Core CPD)*
  - Managing Medically Compromised Patients, *Dr Michael Escudier, London (Core CPD)*

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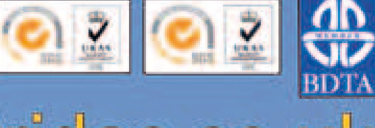

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Adding backbone to your sound practice

Carestream Dental's R4 Clinical+ patient management system is a game changer

A busy practice can deceive the untrained eye. Staff are engrossed in work and there is little time to analyse each facet of the business to see how it is functioning as a whole. However, with the right structure, a practice is transformed. A well-organised practice can capitalise on its patient list to maintain a full appointment book, retain staff and aid commercially sound decision-making.

The R4 Clinical+ Practice Management System (PMS) from Carestream Dental offers dentists an easy-to-use way to streamline working practices and enhance efficiency. R4 is the software of choice for the Scottish NHS salaried service and is widely used by both NHS and private high street practices.

R4 Clinical+ operates as the core of your practice, simplifying daily tasks and uniting all aspects of the business. Data gathering and storage is consistently accurate and straightforward to access, whether in a single or multi-practice environment. From patient administration to X-rays, proficiency in each task is maintained without extra effort on your part. Largely automated procedures guide staff through recording or maintaining data, ensuring precision, timeliness and effective use of resources.

Electronic storage of clinical notes, including digital images, eliminates the need for bulky filing cabinets. Security protocols protect both the patient and the practice from unauthorised access and ensuing legal repercussions.

Carestream Dental also

manufactures the world's widest range of dental imaging systems: intraoral radiography, panoramic radiography, 3D Cone Beam and extraoral digital cameras.

R4 Clinical+ allows digital images and other information to be accessed from any workstation in the practice.

Patients' clinical notes also link to a range of advanced features that assist with appointment scheduling, referrals and patient education.

The new Appointment Book makes it easy to keep track of your patients. Bookings, check-ups, re-bookings and cancellations can be viewed at a glance, allowing gaps to be identified and steps taken to fill them. It displays crucial patient data, including any treatment needs, prompting the administrator or receptionist to contact the patient to suggest an appointment.

Information relating to attendance and timekeeping can also be used to quantify lost time, discover patterns and influences, and monitor the success of methods adopted to remedy the situation.

Time with patients is limited, and dentists can exploit the Communicator Patient Education System to explain the patient's condition and recommended treatment. The system enables fast and comprehensive understanding via a series of high definition 3D animations covering more than 100 topics, accompanied by an editable patient advice sheet and clinical photographs. These can be printed or emailed to the patient, providing valuable support information for them to review while considering treatment options, and each viewing of the animation in the surgery is recorded onto the patient's clinical notes.

In addition, R4 Clinical+ offers the ability measure productivity and profitability with R4 Back Office.

This comprehensive software package assists efficiency with the business aspect of running a practice from finances to staff management. The module encompasses payroll, purchase ledger, nominal ledger, bank account management, stock control, petty cash and staff records.

Reports can be produced at the touch of a button and these enable you to determine where the practice is excelling or identify areas that can improve.

R4 Back Office also allows you to create a record for each employee, including documentation relating to personal development reviews, training and qualifications. Here, it is possible to check absences for activities such as holidays, courses, illnesses or accidents and take appropriate action.

Dentists have taken advantage of the R4 Clinical+ Practice Management System, which streamlines a practice to promote efficiency, prosperity and, above all, optimum patient safety and care. ■

"R4 Clinical+ operates as the core of your practice … and uniting all aspects of the business"

For more information on R4 from Carestream Dental please call 0800 169 9692 or visit www.carestreamdental.co.uk

Designer Dental Training offers a comprehensive range of training courses to fit the requirements and goals of your practice. Courses range from one day training courses for Receptionists, Treatment Coordinators and Practice Managers to four day 'in house' training programmes for the whole team.

The next one day Receptionist/Treatment Coordinator courses will be held in Manchester on 16th Sept and London on 30th Sept. Book now for the special deal of £295 - call Tracy Stuart on 07782 220038.

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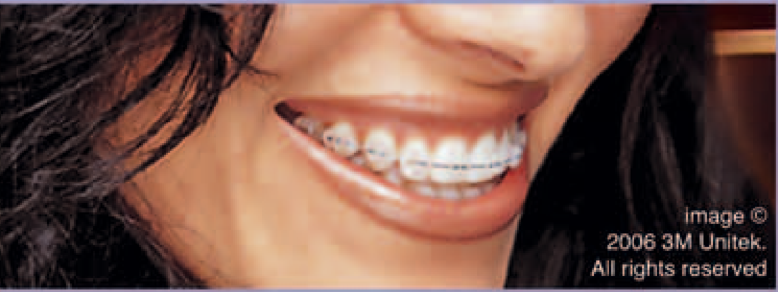

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New W&H territory manager for Scotland

W&H is pleased to announce the appointment of a new territory manager for Scotland.

Gillien Duncan entered the dental industry more than 20 years ago, spending several years working as a senior dental nurse, before taking on roles in customer services and territory/key accounts management for Wright Cottrell and Coltene Whaledent respectively.

Gillien's territory at W&H will include Northern Ireland.

Lynsey Briant, who was the previous W&H contact for Scotland, is now responsible for north-east England.

Gillien's role is to advise on all areas of the W&H product range, including dental turbines and handpieces, surgical motors, laboratory equipment, vacuum sterilisers, washer disinfectors, and servicing and maintenance.

Gillien can be contacted on: gillien.duncan@wh.com or +44 (0)7500 828834.

An easier way to straighter teeth

A training day for the LR Appliance from Oralign Ltd is open for booking for dentists in Scotland.

On Friday, 14 October at the University of Stirling, the one-day, hands-on course will provide training and certification in this innovative technique.

The LR Appliance is a discreet and effective method of straightening anterior teeth, fast. The training day covers all aspects of the LR Appliance treatment.

Dentists can also use the web-based Oralign Ltd Diagnostic service and they will receive marketing support to help publicise the treatment to patients.

For clinical information please contact Dr Ross Hobson on 07710 243 690 or email ross@oralign.co.uk
For information on administration please contact Dr Lester Ellman on 07973 875 503 or email lester@oralign.co.uk
Web: www.oralign.co.uk

Ivoclar Vivadent launches dental education centre

Almost two-hundred dental professionals attended the launch of the expanded and renovated Ivoclar Vivadent UK, International Centre for Dental Education (ICDE). Guests joined the Ivoclar Vivadent UK team to celebrate the opening of the ICDE by participating in hands-on demonstrations and presentations by some of the dental industry's opinion makers, all within the confines of the facilities at the ICDE. Every participant received six hours verifiable CPD, covering both clinical and technical aspects.

For more information on the UK ICDE courses and events, visit www.dental-education.co.uk or speak to your Ivoclar Vivadent product specialist.

Employee-owned future for dental professionals

The John Lewis Partnership is a well-respected retailer which has remained successful without reducing its quality of service or levels of public trust

Baxi Partnership Healthcare is a new organisation offering employee ownership using the same approach and aiming to replicate that success in dentistry.

Managing Director Dr Simon Gallier BDS, working in partnership with employee ownership specialist Baxi Partnership, has created a mutual model which will put practice owners back in the clinical driving seat and free them up to do what they do best, while giving the dental team a stake and a say in the running of the business.

Responding to mounting frustration with red tape and falling morale in the profession, BPH offers a 'third way' for the management of dental practices to improve patient care and enhance the working environment.

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

No link between mouthwash and mouth cancer

An independent quantitative meta-analysis of epidemiological studies by the International Prevention Research Institute (iPRI) has found no statistically significant association between the use of mouthwash containing alcohol and the risk of mouth cancer.

Lead researcher Professor Peter Boyle presented the results of the study at the recent annual meeting of the American Academy of Oral Medicine.

The possible association between use of mouthwash containing alcohol and an increased risk of mouth cancer has been a source of discussion for decades. To better understand the issue, a quantitative analysis of published studies of mouthwash and mouth cancer was necessary.

The iPRI research team undertook a search for studies which had sufficient information to allow adequate estimation of the relative risk and 95% confidence levels. Eighteen articles matched the criteria and were included.

For more information, please contact Johnson & Johnson on 0800 328 0750.

Philips Sonicare at BDTA

BDTA delegates will have an opportunity to try two products being showcased on the Philips stand (D07+08): Sonicare AirFloss and the DiamondClean sonic toothbrush.

Sonicare AirFloss is a new product to clean interproximally by blasting away plaque and food debris. When combined with brushing, Sonicare AirFloss removes up to 99% more plaque between teeth than brushing with a manual toothbrush alone.

The DiamondClean toothbrush has five brushing modes helping to remove up to 100% of plaque from hard to reach places. It is also powered by new charging technology – either with an induction-charging drinking glass or a USB travel case.

For more information, visit www.sonicare.co.uk/dp or call 0800 0567 222.

Product news

Instrument cleaning in just 5 minutes?

Alkazyme enzymatic is a combined cleansing and disinfecting agent for all reusable, immersible dental instruments prior to autoclaving.

When used in conjunction with a standard ultrasonic cleaner, a five-minute contact time is all that is required to render soiled instruments thoroughly clean and bright.

Alkazyme disinfects the contaminated 'wash water' as created through the cleaning action.

Try it for free – to receive your 100g (equiv 20 litres) sample pack, e-mail your dental practice's full postal address with ALKSAM in the subject line to free@alkapharm.co.uk

For comprehensive product information on Alkazyme, ask your local dealer representative or visit www.alkapharm.co.uk

Biodentine roadshow continues...

The Botanical Gardens in Birmingham were the setting for the first in Septodont's series of free Biodentine lectures.

Hosted by Louis Mackenzie from Birmingham Dental School, the roadshows will ensure that dentists around the country have the opportunity to hear and see more about this new product.

Based on unique Active Biosilicate Technology, Biodentine is highly biocompatible, thanks to its Tricalcium Silicate core. The product also makes the risk of adverse tissue response a thing of the past and helps preserve pulp vitality.

The next roadshow is on 20 September in London. The lecture is free and will earn delegates one hour of CPD.

To register your interest or for more information on Biodentine please contact Nitesh at Septodont on 01622 695 520 or email information@septodont.co.uk

Continuing the fight against cross-contamination and infection

Classic from UnoDent has launched its own range of sterile surgical/implant kits – the ideal solution for those operating in dentistry, implantology/oral surgery and general surgery.

The Classic range from UnoDent is a selection of everyday dental products designed to give good quality at excellent value for money.

These new sterile kits not only meet rigorous safety standards, but are also very cost effective and have been produced as a result of six months of procedure research, helping you remain compliant.

Classic offers a choice of three kits: Complete Drape (COP405), Standard Drape Kit (COP400) and a Surgical Gown Kit (COP410) – all are available to order now from The Dental Directory.

To order or to find out more, call 0800 585 586 or visit www.dental-directory.co.uk

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BOTULINIUM TOXIN AND DERMAL FILLERS – PRACTICAL COURSE FOR DENTAL PRACTITIONERS

WITH MR MARK DEVLIN, CONSULTANT CLEFT AND MAXILLOFACIAL SURGEON AND MR JEFF DOWNIE, CONSULTANT ORAL AND MAXILLOFACIAL SURGEON

Venue: Ross Hall Hospital, 221 Crookston Road, Glasgow, G52 3NQ

Saturday 29th October 2011, 9am to 5pm Botulinum toxin training course – £650
Sunday 30th October 2011, 9am to 5pm Dermal fillers training course – £650

Mr Mark Devlin and Mr Jeff Downie, from FACE Clinic at BMI Ross Hall Hospital, will guide you through the steps of injecting botulinum toxin and dermal fillers. Essential topics such as pharmacology, patient consent, facial anatomy, facial aesthetics and treatment planning will be followed with practical demonstrations and hands on experience.

Each attendee will receive course material and a certificate of attendance (11 hours of verifiable CPD over the weekend). Mr Mark Devlin and Mr Jeff Downie will also be available after the course to answer all your questions or offer practical advice. Lunch and refreshments provided.

To register or to receive further information, please contact Typhaine Mace by email typhaine.mace@bmihealthcare.co.uk or by phone 07850 929 322.

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Takara Belmont for Manchester

The refurbishment of the Department of Child Dental Health at the Manchester University Dental Hospital included 11 Takara Belmont treatment centres.

With tight space requirements, the Cleo II came top of the department's list, with its small footprint allowing space to be maximised. The Voyager IIL was selected to provide ambidextrous functionality for the department's left-handed surgeons.

For more information about how a Takara Belmont treatment centre might be the right choice for your practice, call 020 7515 0333.

Spotlight on Biodentine

The third free Septodont roadshow event for dentists to learn about the new Biodentine™ takes place at the home of the Medical Society of London on Tuesday, 20 September.

The event will be hosted by Dr Avijit Banerjee BDS MSc PhD FDSRCS, who is Senior Lecturer and Honorary Consultant in restorative dentistry as well as Head of Pre-clinical Conservative Dentistry at the Dental Institute.

Biodentine™ is the first all-in-one, biocompatible and bioactive material that can be used wherever dentine is damaged, making it almost literally 'dentine in a capsule'.

The event starts at 6.30pm at the Medical Society of London's headquarters at Lettsom House, 11 Chandos Street, Cavendish Square, London, W1G 9EB Delegates will earn two hours' verifiable CPD.

Places are limited, so contact Nitesh at Septodont on 01622 695 520 or email information@septodont.co.uk

Ortho-Care introduces Comfort-Brace to the UK

Ortho-Care Ltd is introducing ComfortBrace to the UK. A much more effective alternative to dental wax, ComfortBrace protects the mouth from the wear and tear of metal braces.

The clear, thin plastic protective strips which adhere to teeth and braces significantly improve comfort by eliminating pain and irritation.

Ortho-Care director Kelvin Scott said: "As soon as we saw this product, we knew it was going to be really popular with brace wearers. It's so simple to use – just like a plaster – and the adhesive quality is exceptional."

ComfortBrace retails at £19.50 for a box of 24 strips. For more information, contact Ortho-Care on 01274-392017, email info@orthocare.co.uk or visit www. orthocare.co.uk

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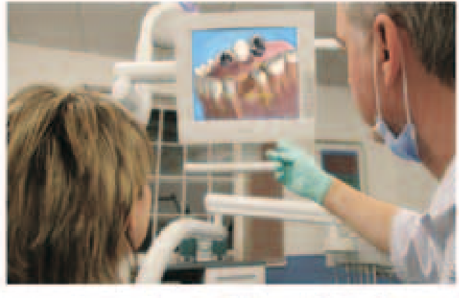

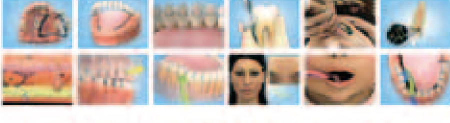

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Classic Pearlescent nitrile gloves

Get noticed with Classic's new Pearlescent nitrile disposable examination gloves. Available in pink or blue, our Pearlescent glossy sheen allows you to stand apart from the rest. Powder-free Pearlescent gloves are ideal for sensitive hands, while providing superior barrier protection.

Not only do they eliminate Type I reactions, but are also ambidextrous.

Available in a box of 100, with sizes ranging from ex-small to ex-large, these gloves suit everyone's needs.

The Dental Directory offers great products at affordable prices and is a one-stop shop for dental supplies To order or to find out more about the entire range, call 0800 585 586 or visit www.dental-directory.co.uk

Trouble-free dentistry with synthetic latex-free gloves

Classic's new synthetic gloves offer high-quality stretch with a comparable performance to latex gloves at a cost-effective price.

They are one hundred per cent latex-free and ideal for those who are prone to allergic reactions when using disposable gloves.

Ambidextrous, non-sterile and non-allergenic, Classic's new synthetic gloves come in a box of 100 with a choice of either white or blue. Sizes range from ex-small to ex-large.

The Dental Directory understands the pressures placed on practitioners by increasingly stringent legislation and is dedicated to providing high standard products that can give the peace of mind that comes with knowing that you and your patients are taken care of.

The Dental Directory knows the importance of quality products that will not break the bank and endeavour to provide you with the best possible prices on all your favourite items.

Dentsply SDR impresses

With its low incidence of microleakage and incredible internal cavity adaptation, the new bulk-fill, flowable composite base SDR™ (Smart Dentine Replacement) from DENTSPLY has impressed clinicians.

Dr Roel Bester, from Treetops Dental Surgery in Norwich, said: "I am now using it in all my posterior composite fillings as a base. It really fills very well, the flow is excellent and by leaving it a few seconds, I can actually see how it settles in the prepared cavity.

"I have not had one patient complain of post-operative sensitivity. SDR™ is definitely a material I would recommend to other dentists."

To receive your free SDR™ sample, contact DENTSPLY on 0800 072 3313 or visit www.dentsply.co.uk

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*Data on file.

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Carestream Dental at BDTA Stand H07

Delegates at the BDTA Dental Showcase 2011 at the Birmingham NEC on 20-22 October 2011 will discover a range of state-of-the-art solutions from Carestream Dental designed to make any practice perfect.

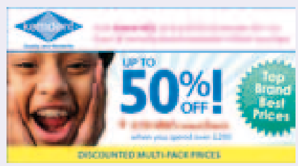
Our stand at H07 offers the ideal opportunity to find out how Carestream Dental can streamline your practice, transform your patient and business management activities, and help you to effortlessly work in harmony with the CQC.

Advanced software products on show include: CS 7600 – a new intraoral imaging plate system and Appointment Book – an innovative administration system.

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

Kemdent offers discount

Visit Kemdent stand H02 at Dental Showcase 2011 to purchase high-quality, UK manufactured products at competitive prices.



Kemdent is offering up to 50 per cent discount on Diamond GIC Restorative, Diamond Micro Luting Cement, PracticeSafe, ChairSafe and InstrumentSafe disinfectants, mouthwash tablets, prophylaxis paste and bite registration products.

Kemdent offers competitive prices, a knowledgeable BDTA-qualified sales team, same-day dispatch and an assurity that all the products carry the correct CE marking. Kemdent's notified body, Intertek, ensures the appropriate conformity assessment procedures have been followed for medium and high-risk devices before a manufacturer can affix the CE mark.

For further information, call 01793 770256 or visit our website at www.kemdent.co.uk

BACD brings a smile

The British Academy of Cosmetic Dentistry (BACD) will be exhibiting at Stand B08 at the 2011 BDTA Showcase at the NEC Centre in Birmingham on 20-22 October to provide aesthetic surgeons and General Dental Practitioners with information on all the latest developments in aesthetic and restorative work.

The BACD team looks forward to informing visitors about the groups's work, which aims to foster continuous learning and excellence in the areas of cosmetic and restorative dentistry. Visitors to the stand can discover the benefits of BACD accreditation, its study clubs, and information on its conference in November: "Something To Smile About! Maximum Aesthetics – Minimum Intervention".

For further information about the BACD, call Suzy Rowlands on 0207 612 4166 or email suzy@bacd.com

Johnson & Johnson to showcase ETHICON

A warm welcome awaits dental care professionals and dentist visiting the Johnson & Johnson display stand V13 at the Dental Showcase exhibition at the NEC Birmingham, 20-22 October 2011.

This is a very good opportunity for the whole dental team to learn more about Listerine, the role of mouthwash in oral hygiene and to try the latest addition to the Listerine range, Listerine Total Care Zero, at the rinsing booth on the stand.

This year, our colleagues from ETHICON, a division of Johnson & Johnson Medical Limited, will join us to showcase their innovative wound closure products, including their unique range of absorbable antibacterial sutures.

We are looking forward to your visit on Stand V13 to see how we can support you in your daily practice life.

For more information, please contact Johnson & Johnson on 0800 328 0750.

Johnson & Johnson

AS Pharma to unveil 'dry mouth' scale

A.S Pharma

AS Pharma knows that patient quality of life is paramount to all dental practitioners.

Xerostomia, or "dry mouth", is a common side effect of medications and other illnesses and can lead to desiccation, oral infection and tooth decay.

However, there is a solution, and we invite you to learn more by visiting AS Pharma's stand Q10 at the British Dental Trade Association Dental Showcase at the NEC, Birmingham, on 20-22 October 2011.

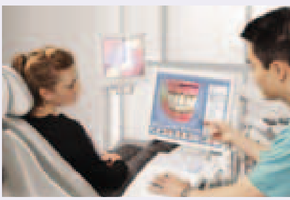
The AS Pharma team will demonstrate and discuss its highly effective AS Saliva Orthana products that ease the discomfort of the condition.

They will also demonstrate the unique Challacombe Scale – an indispensable tool for quantifying the severity of the condition.

For more information or to get your copy of the Challacombe Scale, please visit www.aspharma.co.uk

Software of Excellence bangs gong for guru

Guru, from Software of Excellence, is a patient education software that increases treatment plan acceptance – and visitors to Stand M03 at this year's showcase will be able to enjoy a full hands-on demonstration.



Guru features more than 200 animations on disciplines including oral health, restorative, periodontal and orthodontic treatments. Integrating easily with all leading brands of practice management software, guru is simple to use, and with the aid of patient-friendly imagery and clinically accurate audio, treatments are easily explained.

For more information on guru, visit www.guru-dental.co.uk

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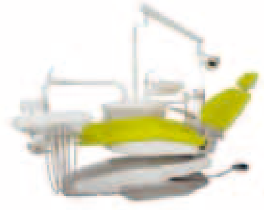

To learn more, contact A-dec at 0800 233 285 or call your local authorised A-dec Dealer. Visit our website: www.a-dec.co.uk

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RCPSG Forthcoming Dental Education Events

MFDS PART 1 REVISION COURSE
Monday 22nd – Friday 26th August 2011

MFDS PART 2 REVISION COURSE
Monday 24th & Tuesday 25th October 2011 and
Tuesday 24th & Wednesday 25th April 2012

These revision courses are suitable for those intending to sit the Part 1/Part 2 MFDS Examinations or Part 1/Part 2 MJDF and are based on the new MFDS curriculum.

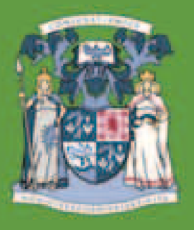
The interactive Courses will cover all the main Exam topics, and practical examination preparation. Places are limited for these popular Courses so early registration is recommended.

RCPSG ANNUAL 3 DAY GDC CORE COMPETENCIES SYMPOSIUM
Tuesday 29th & Wednesday 30th November & Thursday 1st December 2011

This three-day Symposium will provide participants with CPD points aimed at fulfilling the GDC "core competencies" requirements. It is suitable for generalist and specialist dentists, and DCPs alike; each day can be booked alone or in any combination as per the participant's needs.

29th November: Medical Emergencies
30th November: Radiology
1st December: Decontamination

Further details and programme information for all the above events can be found at the RCPSG website: www.rcpsg.ac.uk/education/events or contact the Education, Training & Professional Development Unit on 0141 221 6072, email: events@rcpsg.ac.uk



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