The magazine for dental professionals working in Scotland
February/March 2011

Scottish Dental magazine

Professor David Wray airs his views on research and dentistry's "moral dilemma"
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Programme to go nationwide after government pledges £15 million injection **Page 8**

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Welcome

Editor's desk

with Bruce Oxley

Looking ahead

With 2011 still in its infancy we decided to ask a cross section of the dental community in Scotland what they were expecting from the year ahead.

Understandably the fallout from the global financial crisis features heavily in many of the answers we received, as it continues to cast a shadow over the profession and society in general.

I'm sure, like me, many of you are sick of hearing about credit crunches and double dip recessions, not to mention quantitative easing and other abstract economic terms that have become all too familiar over the last year.

And, even though there were concerns over too much bureacracy and changes to pensions, not to mention remuneration and NHS budgets, there were still a few optimistic responses.

Childsmile, which we look at in greater detail on page 26, was highlighted as a big plus for the future of Scotland's oral health, and it is difficult to find an argument against that.

But, another issue that popped up was the thorny subject of water fluoridation. With an election in May I'm sure the politicians won't touch it in the run-up, but after the ballot boxes have been put away maybe it will be time for the profession to put it back on the political agenda. ■

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

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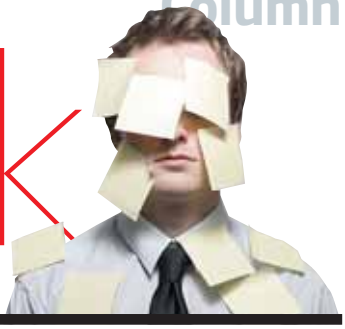
Column

Biting back

with Spencer Wells



New year, same stuff

By the time you read this, it will be well into 2011 – hope it was a good one for you and yours.

I was more melancholy than usual on Hogmanay, dismayed by the absence of 'Chewing the Fat' on BBC1. Thank goodness for 'Only an Excuse' to keep some amusement in the TV viewing. I like Jools Holland's Hootenanny, but felt cheated a few years back when I realised it was recorded mid-December.

Mrs Wells stayed on the tomato juice to fulfil taxi-driving duties for Master Wells while I had a wee glass of my single malt and struggled to stay awake for the bells. Well, I had been working on the 31st, catching up on some of the unfinished stuff from December.

That was a right carry on – I live slightly out of town and couldn't get into work at first when the snow hit the fan, while the patients who roll out of bed into the practice (often still attired in night clothes) are busy moaning about me not being there. My associate couldn't get her BMW out of the street; my heart bled, but not half as much as the tears I'll be shedding when I see the December-paid January schedule, just in time for the tax bill... Mind you, it used to be worse. Back in the good old days, the tax was owed on January 1st – so you had to pay it over before Christmas to make sure it was on time, it was murderous!

I have decided to make a couple of New Year resolutions to save my sanity in 2011. First and most important, I am going to prescribe and administer depot contraception to my staff – the practice has had two pregnancies in two years and a hat trick will drive me to drink. I also need to be good and start doing clinical audit, having been a bit patchy in my commitment over the last couple of years. I just cannot be bothered with it. I know it's in the regs, but it's boring, too easy to fake the results (so I am told) and setting one up demands a degree of imagination, which I don't have – it's a man thing! I suppose you do get paid for it (eventually) so I better dredge up an idea before I get booted up the backside by the head honchos (sighing as I am writing – what a waste of time). I also need to get myself onto an IRMER course, which have been a bit thin on the ground over the last couple of years – ridiculous considering it's a core subject. What worries me though is that I do the CPR training every year with the whole practice (everyone hates the simulations, har har) and I still cannot for the life of me remember how many breaths you give per chest compression, it changes every time. How the hell am I supposed to keep up with it? Oh, it's a struggle. ■

"I had a wee glass of my single malt and struggled to stay awake for the bells. Well, I had been working on the 31st, catching up on some of the unfinished stuff from December"

DETAILS AND CONTRIBUTORS

Editor
Bruce Oxley
Tel: 0141 560 3050
bruce@connect communications.co.uk

Senior sub-editor
Wendy Fenemore

Sub-editors:
Gary Atkinson, Chris Fitzgerald, Jim Byers, Penny Murray

Design and production
Renny Hutchison, Fiona Wilson, Paul McGinnity

Advertising sales manager
Ann Craib
Tel: 0141 560 3021
ann@connect communications.co.uk

Subscriptions
Ann Craib
Tel: 0141 560 3021
ann@connect communications.co.uk
1 year, 6 issue subscriptions: UK £48; overseas £65; students £25. Back issues: £5, subject to availability.

 ISSN 2042-9762

Scottish Dental magazine
is published by
connect publications
Studio 2001, Mile End, Paisley PA1 1JS
Tel: 0141 561 0300
Fax: 0141 561 0400
www.scottishdentalmag.co.uk

New facility is first class

Training. Outreach centre to house Glasgow students

A brand new outreach dental facility in Coatbridge is providing first class treatment for patients who don't have a dentist – and first class training for the students who are treating them.

The new facility is based in the £18million Buchanan Centre, a purpose-built four-storey building in the town centre that houses health and council services, including two independent contractor dental practices with nine chairs in total.

In the outreach facility there are 14 mini treatment areas (or PODs) that are used by ten final year dental students from Glasgow Dental School, and four final year hygiene/therapy students.

Students at the new outreach facility

Mike Devine is Director of NHS Lanarkshire Salaried Primary Care Dental Services, and is delighted with the early success of the new centre.

"We visited several other centres which were already open to see what we could learn from them. It's fair to say we learned a lot, and cherry-picked the very best bits for our new centre.

"We've been very well supported by NES, and by David Watson, the Senior Clinical University Teacher for Dental Outreach."

Corporates to merge

The merger of Integrated Dental Holdings (IDH) and Associated Dental Practices (ADP) will see the new body control nearly 450 practices and over 3.5 million patients.

Asset management company The Carlyle Group announced at the end of January that they had acquired IDH from Bank of America Merrill Lynch Capital Partners and plan to merge the business with ADP in partnership with private equity firm Palamon Capital Partners. Carlyle will hold a majority of the new entity and Palamon will share joint governance.

The new owners say they will grow the business through "significant investment, diversification of services and acquisitions".

Glasgow professor expresses his concerns for academic research in Scotland

Fears for the future

RESEARCH

Reduced funding, increased regulations and red tape overload is stunting vital research, according to one of Scotland's leading dental academics.

In a forthright interview with *Scottish Dental magazine*, Professor David Wray has expressed his deep and growing concern about the negative impact currently being endured by research in this country.

He said: "Today we have a situation where practitioners aren't allowed to research and researchers aren't allowed practice. And if researchers want to use patients in their programmes then they have to fill out ridiculously long forms and wait months and months for some ethics committee in Europe to get back to them with an answer.

"I'm concerned for the future for academics as we now have a system that develops teachers rather than researchers; and by not researching we are restricting the career development of a new generation of dental and medical pioneers."

Professor Wray, whose work is already internationally renowned and respected, has just won the BDA's John Tomes medal, given to those who have made an outstanding contribution to medical and dental research.

Delighted to have received the highest clinical honour that the organisation can bestow, he used the occasion to express his concerns for the future of those who would follow in his footsteps.

He told *Scottish Dental magazine* that he considered the 1960-80s as the "golden days" of medical research where he and his colleagues all had the freedom to carry out real "blue sky" thinking.

Professor Wray said he believes the bureaucratic stifling of research started with the introduction of the Research Assessment Exercise in 1976 that aimed to audit every bit of research and release funds only to those projects that had an economic outcome.

While he can fully appreciate the need for quality control in research funding, he believes the current approach is designed to reward short-term success rather than the intellectual pursuit of knowledge that has the potential to make significant breakthroughs in the longer period in scientific advancement.

He added: "This type of regulation has become progressively more invasive and more intrusive in to what people do for a living.

"In my opinion, this approach is too narrow in its focus and does not look at the wider research strategy.

"Saying that, there is still great research going on but I am genuinely concerned about the long-term future of research in this country."

In his interview, Professor Wray also challenged the profession to address what he described as one of its greatest "moral dilemmas".

He said there is now a real issue in the mind of some observers over where dentists are there to serve the public or make a good living.

To read the full interview with Professor Wray, turn to page 37.

Appeals deadline extended

The deadline for dentists to appeal against Practitioner Services Division's (PSD) decision to withdraw patients' registrations they have identified as duplicated, deceased or who have emigrated, has been extended.

PSD wrote to every GDP in Scotland in October advising that payments for what they deemed to be invalid registrations would cease from 1 September, 2010. This was in response to an exercise conducted by the NHS body to match Community Health Index (CHI) numbers to the patient records they hold on their payment system, MIDAS.

The exercise threw up a number of inaccuracies but dentists were told they could appeal against specific registrations by filling in a DPD295 form and returning it by 21 February.

However, early in the New Year the BDA's Scottish Dental Practice Committee (SDPC) received reports that many dentists were struggling to meet the deadline due to the adverse weather conditions. Robert Kinloch, chairman of the SDPC, said: "The initial deadline for reviewing the lists sent to dental practices was very tight, particularly because the Christmas and New Year periods fell in the three months that had been allowed. Inclement weather across Scotland in December prevented staff getting to surgeries and further reduced the time available for these checks. Dental practices clearly required an extension."

By the end of January PSD had only received responses pertaining to about 2,000 patient registrations, and Clydebank GDP Tony Coia believes that the lack of responses might not improve despite the deadline having been extended to 31 March.

He said: "A lot of dentists simply don't have the staff or time and they are pretty apathetic about the whole thing. They have enough to be getting on with as per usual during their working day without having to sort through stuff like that."

Cash boost for Childsmile

FUNDING

Government provides funding to roll out oral health programme across Scotland

The innovative and highly successful Childsmile programme is to be extended across the whole of Scotland with financial backing of up to £15 million from the Scottish Government.

News of the cash boost comes as a major step forward for the programme that has been aimed at improving the dental health of children across the country.

The announcement came at the same time as it was revealed that record numbers of children are now reporting no signs of tooth decay and that the targets set for levels of achievement had been passed.

The plan now is that every child will have access to a tailored programme of care within Primary Care Dental Services, which includes free daily-supervised toothbrushing in nurseries and free dental packs to support toothbrushing at home.

However, a number of factors will need to be considered when it comes to allocating resources.

Peter King, Childsmile's West of Scotland Programme Manager, explained: "Given the aims of the programme are to improve oral health and reduce inequalities in oral health and access to services, we need to consider these points when distributing funding. Accordingly, NHS board allocations take into account factors such as rurality, deprivation, caries levels and overall population. Levels of funding vary significantly from one area to another, taking into account these factors in much the same way that overall NHS Board allocations are set."

Peter added that £12 million will be available for distribution across the 14 health board areas in 2011-12. Each health board is required to provide a delivery plan demonstrating how it will invest its share to establish a service capable of meeting national and local needs.

Further funding will be used to support national elements of Childsmile, such as training by NHS Education Scotland, procuring fluoride toothpaste stocks and national IT systems.

Other developments include the anticipated inclusion of Childsmile Practice payments into the Statement of Dental Remuneration in 2011 and work to develop an early years pathway to describe the Practice element of the programme and strengthen links with other public health colleagues such as health visitors.

Visit www.child-smile.org

Premier Award winners

Three graduates from Glasgow Dental School picked up a major award at the Premier Awards in London just before Christmas.

Rosemary Cunning, Catherine Renfrew and Rhoda Kirkland (above) won joint first prize in the undergraduate category for their healthcare improvement project that focused on hand hygiene.

The Premier Awards form part of the Premier Symposium, organised by Dental Protection and Schülke, and which was celebrating it's tenth anniversary. With a total prize fund of £6,000, the annual risk management competition accepts entries from projects that recognise the importance of patient safety.

Kevin Lewis, Dental Director of Dental Protection, said, "The entries to this year's awards have once again exceeded our expectations, with so many different projects being submitted by a wide variety of dental professionals.

"We are delighted that so many of this year's entries were so relevant to many of the hot topics in UK dentistry."

Angie's recognition for a career of dedication

BDA AWARDS

A former Ayrshire dental nurse has won one of the country's most prestigious awards in recognition of her remarkable contribution to the profession.

At the recent BDA Honours and Awards ceremony, Angie McBain, 44, (pictured on the left) was presented with the 2010 British Association of Dental Nurses Outstanding Contribution to Dental Nursing Award.

Starting her career as a dental nurse in Saltcoats, Angie is now the Lead Dental Nurse Tutor for Barnfield College in Luton where she wrote the first foundation degrees in both Dental Nursing and DPM, in partnership with the University of Bedfordshire.

Angie said: "I feel very lucky and fortunate to have been recognised for my work. There are a lot of people who work just as hard as me but don't get recognised, but it is very satisfying to be given the award."

Angie holds the City & Guilds Licentiate in Dental Nursing and the Certificate in Education, and works with the East of England Deanery as DCP representative to organise Dental Nurse Symposia across the East of England. She has also recently been appointed as the DCP tutor at the Luton and Dunstable Hospital.

She added: "Dental nurses are a huge part of the team. It's nice to think that the part I've played will support development of the dental nursing profession and may attract people into it. Although I'm extremely happy and honoured to be given this award, I'm just a small part of a much bigger picture."

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Gagoh misconduct leads to reprimand

Fitness to practise. Records and waste abandoned

A Ghanaian dentist who left clinical waste, contaminated sharps, pharmaceutical products and patient records behind after vacating his practice premises has been reprimanded by the General Dental Council.

Oscar Kwame Gagoh, who gained his LDS in Edinburgh in 1995, was working in Manchester at the Clayton Dental Centre until March 2008 when the local Primary Care Trust (PCT) terminated his contract.

A dental advisor to the PCT visited the premises in October 2009 when the premises were in the process of being repossessed. He found 200 phials of local anaesthetic, three sharps bins, three bags of clinical waste and an unlocked filing cabinet on the ground floor full of patient records. In the basement he also found more patient records, many of which were in a poor or decaying condition. In all, 30 boxes of records were removed to a secure storage facility.

In January the GDC's Professional Conduct Committee concluded that Gagoh's failure to make proper arrangements when

he vacated the premises amounted to misconduct and his fitness to practise is currently impaired.

However, in mitigation, the committee heard that Gagoh was under pressure for financial and family reasons and, although there were risks, no patients or any other person were harmed. The committee therefore ruled that the case was to be concluded with a reprimand.

Conditions revoked

A Dundee graduate who lost the records of thousands of his patients has appeared before the General Dental Council.

Omer Shaukat Butt was the owner and principal of the Unsworth Smile Clinic in Bury, Lancashire, when a van containing filing cabinets holding 10,000 patient records and a computer containing patient radiographs, was stolen after being left on the street overnight. The computer and records had been moved into the van during work to renovate the practice in July 2008.

Late last year the Professional Conduct Committee revoked the conditions placed on his registration in December 2009, stating that he had "learnt a salutary lesson and shown insight into the seriousness of your impairment".

Awareness week. Orthodontics in the spotlight during February

The future is NOW

The British Orthodontic Society's (BOS) second National Orthodontic Week (NOW) is to be held between 22 and 28 February.

The launch will take place on the first evening of the campaign at the V&A Museum of Childhood .

This will be followed by a week long event at the Museum during half-term, when the gallery is visited by over 2,000 people a day.

During the week members of the public will be able to 'Meet an Orthodontist' and find out more about orthodontic treatment.

The focus for NOW 2011 will be young people and during the campaign BOS aims to highlight the problems of dealing with protruding teeth. Two young winners of its annual Against the Odds competition will be acting as figure heads for the campaign and it is hoped their success stories will inspire others to seek help.

A short NOW film is being produced which features interviews with these young orthodontic patients and other young people who have had their lives changed by orthodontic treatment, and also features interviews with orthodontists who explain the issues and benefits of orthodontic treatment.

The NOW website – www.nowsmile.org – has been refreshed and a range of new initiatives have been developed to encourage an even greater number of visitors. A range of 20 NOW branded products has been produced for dental professionals to order online with a percentage of the profits from sales of these items being donated to the BOS Foundation which funds research into future orthodontic treatment.

"During the week members of the public will be able to 'Meet an Orthodontist'"

IN BRIEF

State-of-the-art care

More than 33 years after closing its doors as a dental practice, a historic building in Uddingston has returned to serving the dental needs of the local community.

The new state-of-the-art facility has seen staff at Uddingston Dental Care, formerly at 25 Main Street, move to their new home at 1 Main Street.

And a special ceremony was held recently to celebrate the £540,000 transformation of the famous old building which dates back to 1890 when it was opened as a bank.

US to reduce fluoride level

One of Scotland's most outspoken advocates of water fluoridation has welcomed news of a recommendation in the United States to reduce their level of the mineral in the nation's water supply.

Colwyn Jones, Consultant in Public Health for NHS Health Scotland, argued that, rather than an indication that water fluoridation is being phased out in the US, it is merely a sensible review of the practice.

He said: "I think every treatment or intervention that we use on patients has to be reviewed regularly and I welcome that.

"I think the US Department of Health and Human Sciences have reviewed the evidence in the United States and they have come up with a recommendation (0.7 parts per million) that is not to stop water fluoridation at all. In fact quite the reverse. They do actually say in their press release that they are fully supportive of it as a preventive measure."

Colwyn explained that the US – unlike the UK's statutory level of 1 ppm– has had a range of fluoridation from 0.7 to 1.2 ppm due to the various changes in ambient temperatures across the country, and hence the amount of water drunk by the population in different climates.

Critics of water fluoridation in the US have pointed to the high levels of dental fluorosis in certain areas, but Colwyn believes the prescription by paediatricians of vitamin supplements containing fluoride, even in areas with water fluoridation, needs to be looked at in greater detail as a probable cause.

"I think every treatment or intervention that we use on patients has to be reviewed regularly and I welcome that"

Colwyn Jones, Consultant in Public Health, NHS Health Scotland

New endodontist for referral clinic

APPOINTMENT

Blackhills Specialist Referral Clinic in Aberuthven is pleased to announce that specialist endodontist Dr Julie Kilgariff has joined their team.

Julie qualified from Dundee University in 2000 and held a number of posts within the dental hospital and in the salaried services. In 2005 she began postgraduate training in endodontics at Dundee Dental Hospital and gained entry on to the specialist endodontic list with the General Dental Council in 2009.

She currently works as a lecturer in restorative dentistry at Dundee Dental Hospital and also runs postgraduate endodontic courses; it is her intention to run similar courses at Blackhills Clinic.

Julie is happy to receive referrals for all endodontic problems including: de novo cases, root canal re-treatment, cases with persisting signs or symptoms, calcified and blocked canals, open apices, perforations, separated instruments, posts/fractured posts requiring removal and periradicular surgery.

Julie brings the total number of registered specialists that are currently practising at Blackhills to six.

For more information or to contact Julie, email: info@blackhillsclinic.com or go to www.blackhillsclinic.com

Phil picks up another honour

Glasgow dentist Dr Philip Friel has been named as the Best Young Dentist of the Year in Scotland at the UK Dentistry Awards 2010.

The award for 34-year-old Dr Friel is the second major accolade to come his way after he was recently named as one of the UK's Top 50 Most Influential Dentists with a ranking that placed him as the highest Scottish dental surgeon.

The latest award was announced at a glittering ceremony at Leicester's Athena. Dr Friel attended the event with his wife, Stephanie, also a dentist, and a number of colleagues and associates.

In November 2010, Philip opened a new state-of-the-art clinic on Hyndland Road in the West End of Glasgow.

He said: "This award is really the icing on the cake for what has been a fantastic year – especially with the opening of our new clinic.

"Being named Best Young Dentist by such an eminent judging panel is great recognition for the work I've put into the clinic and looking after my patients."

New start for Ayr practice

RELOCATION

Expansion is on the cards for Mark Fitzpatrick as his practice in Ayr relocates to new premises under a new name – and a boost in patient numbers could soon follow, he believes.

Thanks to grant money from the Scottish Dental Access Initiative, Mark has been able to realise his ambition to move his practice from two first-floor tenement flats to a nearby ground-floor space specially refurbished for his needs.

And a fresh name accompanies a fresh building – MI Fitzpatrick and Associates Dental Practice has rebranded to Sandgate Dentistry, in honour of the street the new premises is located on. And later this year, Mark intends adding another dentist to the practice, which currently houses three GDPs.

The relocation is to comply with decontamination requirements and disability discrimination legislation. However, there are many more benefits, Mark explained: "I'm expecting that there will be a boost in patient numbers, not just from new ones, but also old ones who were happy with the service, but not the premises. Now, there is wheelchair access, and a much nicer environment."

The new space also features a larger waiting room, a local decontamination unit and a larger staff room. The practice is also wired to allow them to become fully computerised within the next two years.

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Record attendance for Scotland's study day

Event. Despite severe snow and ice, a record number of delegates made it along to the FGDP (UK) study day

The Faculty of General Dental Practice's (FGDP (UK)) 2010 study day in Scotland was the most successful ever with a record 271 dentists and DCPs in attendance.

Despite the dreadful weather, ninety per cent of booked delegates made it through the snow to get to the event – covering new techniques in aesthetic and restorative dentistry – at the Glasgow Science Centre.

The event's headline speaker, Didier Dietschi, arrived in Glasgow just in time to open the afternoon session. His flight had been cancelled the previous day after the heaviest snowfall in Geneva since 1979!

Michel Magne, who had travelled from Los Angeles, also had to deal with cancelled flights, but made it to Glasgow from London by train and opened proceedings in the morning.

Both speakers used animated presentations to illustrate their talks, and the audience was able to enjoy these on the giant screen in the IMAX cinema.

Meanwhile, a parallel programme for DCPs took place in the Science Show Theatre, with a hands-on workshop hosted by Coltène Whaledent in the afternoon.

The study day was supported by a wide range of dental companies and feedback on the trade exhibition at the Science Centre was reported to be excellent.

The day was rounded off by a drinks reception hosted by Arshad Ali of the Scottish Centre for Excellence in Dentistry.

Divisional Director of the FGDP Conor O'Malley said: "We were delighted that so many people were able to make it to the study day, and are looking forward to the 2011 event.

"This will feature Linda Greenwall and Professor Van Haywood leading a programme that will examine the research, techniques and ethics involved in tooth whitening.

"We thank all the delegates who battled through the snow, as well as the sponsors and exhibitors who supported the study day."

"We were delighted that so many people were able to make it to the study day"

Conor O'Malley, Divisional Director, FGDP (UK)

Faculty of General Dental Practice (UK)
The Royal College of Surgeons of England

Michel Magne, the first speaker of the day

Didier Dietschi

Star gazing: 2011 will bring challenges for everyone across the dental profession in Scotland. We asked a cross-section of the dental community to polish the crystal ball and gaze into the future. Here's what they saw

To infinity and beyond

ANDREW LAMB: BDA CHIEF EXECUTIVE SCOTLAND

Q How will the dental landscape change in 2011?
A great deal will obviously depend on the election in May. Whether – and how – the dental landscape changes as a result of our election will only become clear later this year. What is certain though is that in Scotland, as is the case elsewhere in the UK, dentistry is becoming increasingly regulated. That will impact on dental practices by increasing the time spent on bureaucracy and will inevitably impact on access.

Q What would change/improve your professional life?
I'm really keen that 2011 is the year when Scotland finally catches up with its neighbours and adopts a modern contract for our salaried dental services. England did this several years ago and the introduction of the arrangements was very popular. We've been arguing for Scotland to go down a similar route for a long time now and it would be good to finally get this off the 'to do' list in 2011.

Q What will give you sleepless nights?
The thing that would really give me sleepless nights would be any suggestion that the General Dental Practice Allowance was to be scrapped. For many NHS practices that allowance makes the difference between viability and non-viability. I talk to colleagues in other parts of the UK about the reforms to health service dentistry they have witnessed and hear of numerous problems. I don't think anyone would argue that what we have in Scotland is perfect, but with this allowance we really have achieved something positive. Thankfully, I think whoever gets elected this year would have more sense than to meddle with it.

Q What would get you cracking the champagne open?
If it ever comes, the day when we finally agree a new contract for salaried services will have me cracking open the champagne.

"In an election year we're in the lap of the political gods. The man or woman to watch this year will be whoever has the health brief after 5th May"

Q Who's the 'player' to watch this year?
In an election year we're in the lap of the political gods. The man or woman to watch this year will be whoever has the health brief after 5 May. Naturally we'll be watching the outcome of that day carefully and seeking to work closely with the new ministers as soon as their timetable allows.

Q What's your New Year's resolution?
It's time to try grasping the issue of water fluoridation again. The benefits of this measure are well understood but it's become a difficult issue politically. In England we've seen a decision to fluoridate water in Southampton go to judicial review and the ferocity with which opponents resist the measure makes it easy to understand why some politicians are anxious about pursuing the policy. But we know it is effective and must encourage the government of Scotland elected in May to think again. ■

DR STEPHEN JACOBS, CLINICAL DIRECTOR AND PRINCIPAL DENTIST, DENTAL FX

Q How will the dental landscape change in 2011?
I think that the profession is in for a really tough year, especially those in the higher-end private sector. There is no doubt that patients are not committing to elective treatment in the same way, and in particular, with the big ticket items.

Speaking to friends and colleagues in the West End of London, things are getting stretched there, and while it is never quite as bad north of the border, it is a good barometer.

People who are highly geared will especially feel the pinch, with interest rates set to increase and taxation already rising, I would not like to be the one with the large mortgage and pratice loans.

Q What would change/improve your (professional) life?
We are constantly trying to enhance and further streamline our systems within the practice, both to optimise the patient journey and to improve the communication lines with our referring dentists. By this, I mean developing systems within our website where the dentist can track the stages of treatment that their patients have completed and reached. We are already working on this.

Q What will give you sleepless nights?
Hopefully nothing, in that we will have intercepted the problem before it gets to that stage. Although, with my eldest children being two teenage daughters, I guess it will be waiting for them to arrive home after parties and nights out with friends... that seriously does keep me awake!

Q What would get you cracking the champagne open?
Seeing the economy starting to improve and the country making its recovery, so that our patients will feel more confident about the future and especially giving them confidence to seek the dental treatment that they really wish for. On a personal note, seeing my eldest achieve the A-level grades that she needs in order to follow her dream of studying medicine... that would be worth a bottle of Cristal.

Q Who's the 'player' to watch this year?
Based on my previous musings, I would have to say George Osborne, backed up by David Cameron and Nick Clegg.

Q What's your New Year's resolution?
The old cliche "I never make resolutions", holds true with me as I do not seem to be able to keep them. But, if I was being pushed to make some, it would be to get a bit fitter, lose a little weight and make some more time to try and get my golf handicap moving in the opposite direction than it is currently going. ■

The year ahead

GERARD BOYLE GDP, GLASGOW

Q How will the dental landscape change in 2011?
More bad news, I reckon. There will be pension changes, withdrawal/capping of NHS allowances, all of which would push more GDPs into the private sector.

Q What would change/improve your professional life?
Please can we have less bureaucracy? The last thing the profession needs is more regulation (revalidation, Care Commission, etc.) getting in the way of our day-to-day ability to deliver care to our patients.

Q What will give you sleepless nights?
The prospect of draconian changes to the NHS pension system, (particularly the possibility that we may be working until 65) after the final instalment of the Hutton Report in March 2011.

Q What would get you cracking the champagne open?
A 20 per cent rise in the NHS fees. I also believe in Santa Claus.

Q Who's the 'player' to watch this year?
Richard Simpson MSP, part of Scottish Labour's public health team, who could well replace his SNP counterpart Shona Robison in Government after the election in May. He is a qualified medical practitioner and should therefore be expected to be familiar with his brief.

Q What's your New Year's resolution?
More work, less ranting. ■

MARGIE TAYLOR, SCOTLAND'S CHIEF DENTAL OFFICER

Q What are the major challenges you face in 2011?
We need to address inequalities in oral care. It is unacceptable that in modern Scotland the poorest in our society and those in remote and rural areas still suffer from unacceptable inequalities in health.

We also want to ensure that those who suffer from a physical or mental condition that affects their dental treatment are receiving the care that they need.

The Healthcare Quality Strategy sets out the overall direction and focus for the NHS over the coming years. The aim is for the NHS to provide the highest quality healthcare to the people of Scotland.

The Quality Strategy has helped focus our attention on what makes a 'quality dental practice' and we are going to be engaging with the profession in 2011 to ensure they get an opportunity to help define this clearly.

Q How will you meet these challenges and how will they be prioritised?
Improving oral health is obviously a top priority for the Scottish Government.

Work to address inequalities is already well underway and paying dividends. Heath boards have been developing programmes for priority groups and have started to implement these.

Targeting children in the most deprived areas, the Childsmile School programme will deliver a range of preventative care interventions for children in primary one and two to reduce the risk of dental decay.

The most recent National Dental Inspection Programme reports have shown that children's oral health has never been better. Now 64 per cent of P7s and 62 per cent of P1s have no sign of tooth decay – a huge improvement on recent years.

It is fantastic to be able to say that our primary school children now have the best oral health since our records began. Thanks to work already underway to ensure that children know the importance of dental care at the earliest age, Scotland's children are now primed to have a lifetime of good oral health.

Our latest figures show there are record numbers of dentists working in NHS Scotland and this has resulted in more people being able to access an NHS dentist. Between 1995 and 2009 the stock of dentists has increased by almost 41 per cent.

We now have outreach training centres in place throughout Scotland including Aberdeen, Inverness and Dumfries and Galloway. We are continuing to increasing the number of dental students in training – the dental school in Aberdeen is training 20 dentists every year.

With increased access to dentists we will expect to see improvements in oral health.

I want to see all of this good work continue in 2011.

"It is fantastic to be able to say that our primary school children now have the best oral health since our records began"
CDO Margie Taylor

Q How will you be looking to the profession to meet your objectives?
I am pleased to say that the profession have been engaging in the Childsmile Practice programme and have contributed to the improvement in oral health.

The Childsmile Practice programme is designed to improve the oral health of children in Scotland from birth by working closely with dental practices. It is being developed to provide a universally accessible child-centred NHS dental service.

It is carried out through a network of primary care dental service providers involving both independent contractors and salaried services. All of the Childsmile strands – including Practice – are due to be rolled out in every heath board area in 2011, so I would like to see the profession continue to be involved.

IRENE BLACK, GDP AND ASSISTANT DIRECTOR, NHS EDUCATION

Q How will the dental landscape change in 2011?
Over the next few years more dentists will be competing for the same pool of regular dental attenders.

The result will be more choice for patients, more discontented NHS dentists and possibly more dissatisfied patients.

Q What would change/improve your professional life?
My life would be easier if NHS dentists were properly rewarded for providing quality care and a quality service. I would want direct funding for NHS practices for all governance requirements. This could enable them to employ enough staff to make 'quality' a realistic possibility.

Q What will give you sleepless nights?
That would have to be more regulation of NHS dental services. The prospect of reducing numbers of health boards and special health boards with possible amalgamation, meaning they would become larger and even more out of control.

Q What would get you cracking the champagne open?
My son graduating and getting him off my payrole.

Q Who's the 'player' to watch this year?
Andy Murray – again. This will be the year. In dentistry, still the CDO.

Q What's your New Year's resolution?
Take up a hobby and prepare to retire. Not to mention decontamination ever again. (I've never been very good at resolutions!) ■

As well as this, the community dental service has traditionally provided a service to priority groups complementing that provided by the general dental practitioners' service.

The academic dentists are responsible for training the new dentists and the dental hospitals see patients needing specialist care on referral. We now have many more dental care professionals (dental nurses, therapists, technicians, clinical technicians) who, as important members of the dental team, can help ensure access is maintained.

Q What are you looking forward to in 2011 and beyond?
Quite simply, I want to see improvements in oral health and to continue to have a dedicated workforce providing a quality service. ■

The year ahead

EUAN THOMSON
GDP, ROTHESAY

Q How will the dental landscape change in 2011?
With the countdown to LDU compliance running, there will be a lot of practices struggling to comply and a sensitive approach will be needed by the health boards.

Q What would change/improve your professional life?
Implementation of 'new' combined health board and VT inspections will be put on hold for a year! Oral health Assessments will be introduced as an item of service in the SDR after much discussion over a 'realistic' fee! Less patients, more time!

Q What will give you sleepless nights?
Mrs McClumpha on her second remake of full/full dentures, and the taxman!

Q What would get you cracking the champagne open?
Joined-up thinking in terms of budget allocation for NHS dentistry especially in relation to decontamination.

Q Who's the 'player' to watch this year?
CDO, of course!

Q What's your New Year's resolution?
That people vote for a party at Holyrood with a different philosophy from the party at Westminster if we want to avoid the disastrous reforms which were introduced into dentistry in England. ■

"Implementation of 'new' combined health board and VT inspections will be put on hold for a year!"

LIZ HUTCHISON, NES SCOTLAND LEAD DCP TUTOR - SOUTH EAST

Q How will the dental landscape change in 2011?
Introduction of the GDC's Scope of Practice documentation means that DCPs may be even more involved in direct patient care with additional skills training for these groups being even more in demand.

Q What would change/improve your professional life?
As a practising DCP (oral health educator), a greater emphasis should be put on the importance of home care to patients. Educating patients to look after what they have had done to them is paramount. Ensuring that they value the treatment. In my role as a lead DCP tutor, I'd like to see DCPs embracing the concept of their newly raised professional status; taking ownership for their own continuing professional development.

Q What will give you sleepless nights?
DCPs who seek employment without being registered.

Q What would get you cracking the champagne open?
GDC putting a timescale on students 'in training'.

Q Who's the player to watch this year?
Lee Westwood. He needs a couple of nice veneers on his upper laterals!

Q What's your New Year's resolution?
Lose a stone, play lots of golf and read Scottish Dental mag! ■

CRAIG THORN DF2, INVERURIE

Q How will the dental landscape change in 2011?
The Childsmile programme looks set to be adopted across the salaried and community services in Grampian where I am currently working. The aim is to improve oral health in children by increasing the numbers registered with a dentist and by concentrating on effective prevention. Hopefully 2011 will see improved oral health in children.

Q What would change/improve your professional life?
My dental foundation training has already improved my skills and confidence in working with special needs patients and stroppy teenagers. I'm about to start a six-month rotation in the ARI which I hope will do the same for my oral surgery.

Q What will give you sleepless nights?
Probably something involving paperwork or red tape.

Q What would get you cracking the champagne open?
Signing off on a long, complicated prior approval case always earns me an extra biscuit.

Q Who's the player to watch this year?
Mike Gow – the Derren Brown of Dentistry.

Q What's your New Year's resolution?
To get back in the swimming pool. ■

"As a practising DCP (oral health educator), a greater emphasis should be put on the importance of home care to patients"

Liz Hutchison

MIKE BROWN, LAURENCEKIRK DENTAL PRACTICE

Q How will the dental landscape change in 2011?
I think that the current financial climate will make things very difficult. Patients will have less money to spare, perhaps leading to a shift away from private dentistry and a corresponding increased demand for (already difficult to find) NHS dentistry. This, in itself, is becoming more and more difficult to provide, with costs increasing markedly more than fees so who knows where things will end up!

Q What would change/improve your professional life?
Water fluoridation.

Q What will give you sleepless nights?
I'm lucky (in some ways) to work within the SDS so things are perhaps more stable than they would be within an independent practice scenario. With this in mind, other than the fact that a tank of diesel will soon be more valuable than my house, I'm hoping my slumber will be relatively peaceful!

Q What would get you cracking the champagne open?
If our new contract were to be as generous as the new GMP contract was.

Q Who's the player to watch this year?
Tiger Woods – he's definitely due a comeback!

Q What's your New Year resolution?
My usual – live more healthily. One year it will happen! ■

Dental Protection examines how Scottish dentists rate their current indemnity organisation and why it may be time for a change.

Indemnity in Scotland

The survey

A survey was circulated in June 2010 from Dental Protection through a third party to find out how Scottish dentists regard their current indemnity organisation and the services that they provide. The survey was sent anonymously in order to discount any bias that would occur if the recipients knew the survey was from a particular indemnity organisation.

The survey was sent to 2,700 dentists with a response rate of 13%.

Important factors when choosing an indemnity organisation

Recipients were asked to rate various factors on a scale of 1 to 7 (1 = not important, 7 = very important) regarding how important they are when choosing an indemnity organisation. The most important factor was the availability of the dento-legal advisers (6.51), followed by the experience of the dento-legal team (6.46). Lower subscriptions, local knowledge and recommendation were also high priorities.

Reasons for joining your current indemnifier

When recipients were asked why they used their current indemnifier, 71% said that they were with the same indemnifier that they joined at dental school. This suggests that either the majority of dentists in Scotland are satisfied with their current indemnifier or that there is a certain amount of apathy within the market place. Some 18% joined through recommendation and/or reputation and 5% joined their current indemnifier because of lower subscriptions.

Improvements to service

Recipients were asked were their current indemnifiers could improve their current levels of service. The main improvements suggested were lower subscriptions, employment advice, more publications and courses, and for their indemnity organisation to be more interactive within the profession and more approachable.

Why change?

Dental Protection carried out this survey to examine what Scottish dentists currently thought of the indemnity organisations available to them and the services they provided. According to the survey, 71% of dentists in Scotland are still with the indemnifier that they joined in dental school. Are you with your current indemnifier for the right reasons with the following facts in mind? It may be time to make a change.

Benefits of membership with Dental Protection

We provide access to 50 dento-legal advisers, more than all of the other UK-based indemnifiers put together.

Fair subscriptions: we are a non-profit making mutual and therefore we only take in enough money to ensure that we can fund current and future claims and services. We are the only UK-based indemnity organisation who publishes our subscription rates as we believe in openness and transparency.

Local knowledge: dental Protection has an office in Edinburgh and has dento-legal advisers who have an extensive local knowledge and are at the heart of the profession.

Availability: 72% of members who call DPL immediately get through to a dento-legal adviser. 100% of members either get through to a dento-legal adviser immediately or are called back within 20 minutes.

Recommendation: 9 out of 10 dentists DPL have assisted with a complaint or claim would recommend us to a colleague.

Risk management: a huge range of risk management support including publications, workshops, conferences, risk management modules, interactive CD-ROMs and an education platform. DPL provides over 100 risk management events and lectured to over 3000 dentists in the UK alone in 2010.

DPL Xtra practice programme: a programme which rewards a commitment to a team approach to risk management with lower subscriptions and an extensive portfolio of risk management material for the practice.

Employment advice: is provided by telephone or via the DPL Xtra Practice manager website which is a benefit of the DPL Xtra practice programme.

SERVICE LEVELS

Dentists were asked to answer questions regarding how they rated various services that were provided by their current indemnifier on a scale of 1 to 7 (1 = very poor, 7 =excellent). When dentists were asked to give an overall rating for their current indemnity organisation DPL members scored their organisation at 5.93 which was higher than all of our competitors within Scotland.

These are the scores for the various different areas of service:

Service	Score for DPL
Dento-legal service	5.94
Membership services	5.73
Publications	5.7
Risk management	5.72
Website	5.3

DPL scored higher than all of our competitors in all of the areas of service listed above.

"According to the survey, 71% of dentists in Scotland are still with the indemnifier that they joined in dental school"

For more information regarding dental protection go to www.dentalprotection.org or contact Membership Services on 0845 608 4000.

International strength and experience

Local knowledge and expertise

- 50 dento-legal advisers
- Fairer subscriptions
- Offices in Edinburgh, Leeds and London
- Large portfolio of risk management events and material
- Lower subscriptions and practice management support through DPL Xtra

Membership information from
www.dentalprotection.org

Dental Protection

The perfect smile is child's play

Dental practices are urged to get involved with a government-supported programme aimed at improving children's oral health in Scotland

The Childsmile programme got a £15 million thumbs up from health minister Shona Robison last month after it played a key role in helping boost the number of children with no sign of tooth decay to record levels.

The 2010 National Dental Inspection Programme (NDIP) found 64 per cent of Primary 1 children have no sign of tooth decay, exceeding the government's target of 60 per cent.

And Childsmile has helped improve oral hygiene by combining targeted and universal approaches through four components – Core, Practice, Nursery and School.

The plan is that every child will have access to a tailored programme of care within Primary Care Dental Services, which includes free daily-supervised toothbrushing in nurseries and free dental packs to support toothbrushing at home.

"With this funding we have scope to ensure Childsmile is even more extensive"

Peter King, West of Scotland Programme Manager

Children and families in greatest need will be given additional support at home and in the community. There will also be enhanced support within Primary Care Dental Services and clinical preventive programmes in priority nursery and primary schools, with children referred to dental services where needed.

"While this programme is being further funded as a result of the ministerial announcement, the roll-out has been under way for a couple of years," said West of Scotland Programme Manager Peter King. "With this announcement we have scope to ensure Childsmile is even more extensive."

There are a number of opportunities for dental professionals to get involved in the programme too, according to Peter.

"Dentists can enroll their practice to become a Childsmile establishment," he said. "This will involve the dental team taking referrals of children from health visitors, providing toothbrushing and dietary advice and applying fluoride varnish."

Dental nurses also have the opportunity to become involved through the practice route, Peter added, working as part of the Practice team, or through involvement in the Nursery and School components. This will involve them working as an extended duties dental nurse (EDDN) applying fluoride varnish in a community setting on prescription from a dentist.

However, the overall picture relies on multi-disciplinary working, especially so in relation to the School and Nursery elements.

"Close partnerships with education colleagues are vital to establish these services," said Peter. "However, day-to-day delivery in each board is carried out by EDDNs working closely with education colleagues and dental health support workers (DHSW).

THE BENEFITS OF FLUORIDE VARNISH WITH PROF LORNA MACPHERSON

Lorna MacPherson, Professor of Dental Public Health and Childsmile Director for the West of Scotland

Many scientific studies from around the world have shown that fluoride varnish is effective in reducing the decay rate in children when used in addition to brushing teeth regularly with fluoride toothpaste. A Cochrane Systematic Review (Marinho et al. 2002) confirmed the statistically significant caries-inhibiting effect of fluoride varnish.

Fluoride varnish works in three ways:

- it slows down the development of decay by stopping demineralisation
- it makes the enamel more resistant to acid attack (from plaque bacteria), and speeds up remineralisation (remineralising the tooth with fluoride ions, making the tooth surface stronger and less soluble)
- it can stop bacterial metabolism (at high concentrations) to produce less acid.

The Scottish Dental Clinical Effectiveness Programme (SDCEP) published Prevention and Management of Dental Caries in Children in June 2010. It recommends twice yearly application of fluoride varnish in the dental practice setting to children aged two and over as part of standard prevention measures for all children and an additional two applications a year either in practice or school/nursery for children deemed to be requiring enhanced prevention.

CHILDSMILE IN A NUTSHELL

Childsmile Nursery and School aims to have every nursery child in Scotland, and in some P1 and P2 classes, offered:

- free daily supervised toothbrushing within their nursery or school
- free dental packs, which contain a toothbrush
- 1000ppm fluoride toothpaste and an information leaflet
- oral health education.

In some nurseries, Childsmile teams will visit and:

- apply fluoride varnish to teeth (twice a year)
- advise parents about caring for your child's teeth at home.

The Childsmile Practice programme is designed to improve the oral health of children in Scotland from birth by working closely with dental practices. It aims to provide a universally accessible child-centred NHS dental service.

Childsmile is introduced to the family by the public health nurse or health visitor who will refer them straight to a dental practice and:

- contact children from the age of three months
- make a first appointment for the child with a local Childsmile dental service
- provide the central link between dental services, the family and the public health nurse or health visitor
- give additional oral health support to children and families most in need
- link children who have been identified as not currently attending a dentist, with local Childsmile dental services.

"The main focus is the development of skills for life through support and encouragement of toothbrushing and healthy eating, as well as the application of fluoride varnish.

"All EDDNs and DHSWs undertake an NHS Education Scotland delivered training course before performing any frontline Childsmile delivery.

"To be able to apply fluoride varnish, prospective EDDNs must also undertake a period of directly observed practice prior to being fully qualified. During this training phase they will be mentored by a dentist."

While Childsmile is now rolling out nationally, it was actually conceived as a pilot back in 2005, when the then Scottish Executive published An Action Plan for Improving Oral Health and Modernising Dental Services. According to Peter, this highlighted high levels of dental decay and, in particular, the fact that children from the most disadvantaged areas of Scotland commonly demonstrated the highest levels of decay.

"By the age of three, over 60 per cent of children from areas of deprivation had dental disease," he said. "A commitment was made to establish a comprehensive preventive care system for children and young people, which includes enhanced services for those most in need."

As a result, the Scottish Government worked with partners that included health boards, schools and general dental practitioners across Scotland to develop the Childsmile programme.

"Overall, the programme has developed considerably since the pilot stage," said Peter. "The focus of the programme now is to consolidate on its developments so far and further support integration of all four parts of the Childsmile programme in all 14 health board areas.

"A national structure is in place to support local delivery on a regional basis. A programme board provides guidance and input from a broad range of stakeholders across the country.

"Strategic decision-making and direction is provided by a National Executive. Among others, this involves three regional programme managers – for East, North and West – who have responsibility for supporting development in their region."

"Close partnerships with education colleagues are vital to establish these services"

Peter King

The 2010 NDIP key results show that the mean number of obviously decayed, missing and filled teeth (d3mft) per P1 child in Scotland was 1.52, a continuing improvement over previous surveys.

The NHS Board with the lowest average number of teeth affected by dental disease was NHS Borders at 0.91, while NHS Greater Glasgow and Clyde had the most at 1.85.

Across Scotland, 64 per cent of P1 children showed no signs of obvious decay experience in any of their primary (first) teeth – the best result since surveys began.

NHS Borders had the highest proportion at 77 per cent, while NHS Western Isles had the lowest proportion at 56 per cent.

Overall, the proportion of children in 2010 with no obvious decay experience now exceeds for the first time the National Target of 60 per cent set for this child age group by the Scottish Government for the year 2010.

There continues to be a strong association between social deprivation and dental disease, with those in the least deprived areas having fewer teeth affected by dental decay than those in more deprived areas. However, across all deprivation categories in Scotland, the percentage of P1 children with no obvious decay experience is continuing to increase.

For more information, visit www.child-smile.org

HOW IS CHILDSMILE BEING ROLLED OUT?

The integrated programme is being rolled out in all 14 Scottish health board areas throughout 2011-12. It is expected that NHS Boards:

- work towards achieving targets for toothbrushing
- ensure that toothbrushing packs and other resources are distributed to children as directed
- meet target for involvement of 20 per cent of nurseries in Childsmile Nursery Fluoride Varnish Programme
- meet target for involvement of 20 per cent of schools in Childsmile School Fluoride Varnish Programme, to P4 by 2012
- record routine data systematically to allow monitoring and evaluation of the programme
- have systems in place to ensure children referred to a Childsmile Dental Health Support Worker are seen
- ensure all dental practices are approached and offered the opportunity to become Childsmile Practices
- ensure practices are recruited and supported to offer Childsmile interventions
- ensure sufficient places are available to enable all children referred to Childsmile Practice, directly or via a DHSW, to be registered with a Childsmile Practice.

By Tim Power

When it comes to infection control, Scotland is punching well above its weight, according to Glasgow Dental School's Professor Andrew Smith

Coming clean

As Professor of Clinical Bacteriology at Glasgow Dental School, Andrew Smith has some sympathy with the extra demands on dentists to ensure dental instruments are decontaminated to recognised International and European standards.

However, although the "buck stops" with dentists to ensure patient safety, the increasingly technical knowledge required to purchase and run decontamination equipment takes the profession outside areas they were trained to undertake.

As one of the UK's international experts on infection prevention and medical device decontamination, Prof Smith is concerned at the technical expectations placed on dental surgeons and the level of support available to them.

He wonders whether the public would find it acceptable if surgeons from other specialities, such as ENT, were responsible for the technical aspects of decontaminating their surgical equipment rather than perfecting their surgical skills.

However, the big question in the sector is not the need for decontamination of surgical instruments to the required standards – that is a given – but for a consensus on how best to implement the standards to which dentists should be working to.

This debate has now been taken up by the Association for European Safety & Infection Control in Dentistry (AESIC), which has appointed Professor Smith as its chairman.

Professor Smith explained the role of the organisation: "AESIC (www.aesic.eu) was set up to be the leading European source of information on safety, instrument decontamination and infection prevention for everyone involved in the dental field, ranging from academia and decontamination equipment manufacturers to policy-makers and clinicians.

"As we are a relatively new organisation, our first objective is to review the different European norms the EU has produced regarding hygiene, disinfection and sterilisation and assess how these have been implemented throughout the EU. We intend to use this information to define a common EU set of recommendations concerning hygiene and infection control in dentistry, and learn from examples of good practice that could be more widely adopted throughout Europe."

As a qualified dentist whose interest in microbiology has taken him to the top of his specialism in academia, Professor Smith understands the demands placed on dental practices to ensure adequate decontamination and infection prevention.

He said: "Dentists naturally want to undertake dental treatment on patients and be freed from administrative and technical roles not directly linked to hands-on treatment.

"Infection prevention is high

on every dentist's agenda, however, it is becoming increasingly frustrating trying to tackle the maze of technical requirements and more support rather than additional guidance is desperately needed."

Professor Smith thinks this situation has its roots, at least partly, in the education and training previously undertaken in UK dental schools.

He added: "I don't think decontamination training has been very high up on the agenda for teaching student dentists or dental nurses in the past, so it is no wonder that the current technical requirements are proving challenging.

"How can we expect people to have compliant instrument decontamination processes in dental practice if they have never received the quality of training they need?"

That is certainly not the case with students at the University of Glasgow's Dental School which has one of the most up-to-date and fully equipped local decontamination unit training labs in Europe.

This allows the 90 students studying at the school each year to get hands on experience of the different decontamination technologies – something that never happened in the past – and understand the logistics of employing them in general dental practice.

He added: "It doesn't matter if you have the best equipment available, if you don't have the staff training or quality management systems in place then you won't be able to maintain high standards in operating and managing the instrument decontamination process.

"I believe education and training is key to improvements in infection prevention and that's why I'm delighted to be working with AESIC. This collaborative venture between industry and academia will help to make improvements in this area and help obtain more evidence to support instrument decontamination standards."

Prof Smith believes it is this collaborative approach that has given Scotland a significant lead in developing high standards of infection control in dentistry and other healthcare specialties.

He explained: "Scotland has taken the lead in Europe in obtaining an evidence base for change and improving surgical instrument decontamination practice because of the pro-active and collaborative approach it has taken to this issue which started with the Glennie Group in 2000."

Prof Smith, who served as a member of the group for nearly a decade, added: "There was a real willingness on the parts of all healthcare workers in the NHS to respond to challenges quickly and effectively as a group across Scotland. I served as a member of the Glennie Group for nearly a decade and it was inspiring to see the various groups and individuals working together as a real multi-organisational taskforce with a cohesive approach – although I did witness a few heated debates!"

Professor Smith's work with collaborators from the Health Protection Agency on the biology of prion disease in the oral cavity and instrument contamination has demonstrated the potential for cross infection of variant CJD.

He said: "Dental surgical procedures continue to advance in complexity, especially in the field of implantology which increasingly resembles orthopaedic surgery. That is why there continues to be pressure for dental instrument decontamination processes to provide the same degree of sterility assurance as that found in other surgical specialities.

"I'm excited by the work we are embarking on with AESIC as it will provide us with an overview of the European standards and show us examples of good practice that can be more widely adopted. I hope this will help AESIC become the leading forum for promoting a European consensus on these issues.

"Who knows, considering the significant advances Scottish dentists have made in improving decontamination standards and our models of education and training, the rest of Europe might learn a thing or two from us." ■

"How can we expect people to have compliant instrument decontamination processes in dental practice if they have never received the quality of training they need?"

Professor Andrew Smith

BIOGRAPHY

Professor Andrew Smith is one of the UK's foremost experts on infection prevention and medical device decontamination.
1987: Qualified BDS from the University of Wales College of Medicine in 1987.
1988: Worked briefly in general dental practice in Bristol.
1993: PhD from Cardiff Dental Hospital.
1993: Lecturer in the Department of Adult Dental Care, Glasgow Dental Hospital
2000: MRCPath in Microbiology from the Royal College of Pathologists. Promoted to Senior Lecturer in Microbiology and Honorary Consultant in Microbiology NHS Glasgow & Clyde.
2005: Head of the Diagnostic Oral Microbiology laboratory and lead Microbiology Consultant for Decontamination in NHS Glasgow & Clyde.
He is also co-author of two text books, several book chapters and over 90 peer-reviewed publications.
Research interests: Infection prevention (iatrogenic CJD from contaminated medical devices and the biology of prion proteins); Microbial virulence factors (evolution of pathogenic traits in the pneumococcus and its implications for pneumococcal vaccine design); Diagnostic Oral Microbiology (pathogenesis of oral mucosal infections).
He also sits on several local and national committee's looking at decontamination of medical devices.

DCP training and registration

In response to a growing number of enquiries from DCPs, NHS Education for Scotland answer their most frequently asked questions

Following the implementation of statutory registration for Dental Care Professionals (DCPs), DCP tutors in NHS Education for Scotland's regional postgraduate centres have been dealing with a number of common enquiries in relation to training for newly employed staff, newly qualified staff and DCPs with registration queries.

In order to standardise our responses, we have produced the following document which gives a summary response along with the appropriate links to training providers and the General Dental Council (GDC).

Information on training and CPD provision for DCPs is available from lead DCP tutors at local postgraduate centres and through the NES website and the Dental Portal on www.nes.scot.nhs.uk/disciplines/dentistry www.portal.scot.nhs.uk

I have just started dental nursing, what do I do?
You do not need to register at this stage with the GDC. You must be awaiting or attending a dental nurse training course with an accredited provider.

The National Examining Board for Dental Nurses have a list of accredited training providers for the national certificate qualification – www.nebdn.org or email info@nebdn.org

The Scottish Qualifications Authority (SQA) has a list of approved centres offering the SVQ Level 3 in oral healthcare – www.sqa.org.uk

The GDC website offers a complete list of training providers – www.gdc-uk.org/Our+work/Education+and+quality+assurance/Programmes+and+qualifications/Dental+nursing.htm

I have just qualified as a dental nurse, when do I register?
The GDC advise that you register within six weeks of receiving your qualification award notice.

How do I register?
Go to the GDC website and download the application pack. You can also download 'A Guide to Registration' for guidance.

How much does it cost?
The cost is reviewed annually, this is called the Annual Retention Fee.

I failed to re-register by 1 August can I work clinically?
No, as you are not a registrant.

Can I go back on the register?
Yes, you will be applying to have your name restored to the register.

How much does it cost?
The 2010 amount was £120. For details of the 2011 costs, check the GDC website for up-to-date information.

I did not re-register and want to re-register now. However, I registered during the transition period and my qualification is now not recognised/ I registered with experience only during the transition period. Can I re-register?
As you are not applying for the first time your previous route to registration will still be acceptable. You may be asked for a record of your CPD.

I have been working abroad and have now returned to the UK?
You must provide a letter of good standing from the relevant authority of the Country/State you last worked, to the GDC.

I qualified outside the UK can I apply to register?
You can apply to the GDC to have your qualification assessed. The assessment process considers evidence of the qualification and where applicable, the knowledge and experience required. You are not guaranteed that this will be accepted and the process can take up to four months.

Can I work during this time?
No, as you are not a registrant.

I registered during the transition period with experience only and I'm now undergoing my registerable qualification, do I still need to do CPD while undertaking my qualification? Can I count my course study days as CPD?
While in training you are deemed a trainee, as a registrant attending this course during your CPD cycle (five years) you will record your additional courses individually and your qualification course as one course, you should discuss with your training provider the verifiable hours for this.

For more information: www.gdc-uk.org

Avoiding the banana skin

Hew Mathewson offers advice on what to do when things don't go quite as planned

Accidents will happen. Show me a dentist who has never made a mistake and I will show you a dentist who has never practised dentistry. And in truth nobody expects dentists to be perfect – not the General Dental Council (GDC), not their fellow dentists, not the man or woman in the street, not even the no-cure, no-pay lawyer...

After all, dentistry is not a straightforward business. It's not like washing a car or peeling a potato. You're dealing with living tissue inside the mouth of a living, breathing human being. There's plenty to go wrong – and more besides. When you consider that it is easier for patients to make a complaint to the GDC than ever before (there was a time when they had to contact a lawyer and swear an affidavit; now they can just pick up the phone) and there are more and more lawyers actively scouting for malpractice suits, it's no surprise many dentists spend their lives thinking they're going to be sued.

But the reality is that we as a profession are hardly ever sued. The reason is simple. When it comes to errors in the dental clinic, it's not the procedure gone wrong that generally gets dentists called up in front of the GDC, but rather the subsequent attempt to cover it up. Take out the wrong tooth, drill on the wrong side of the mouth to the local anaesthetic, and evidence from both the UK and the US shows that, in cases where dentists hold their hands up and admit the error, less than two per cent of patients will want to take the matter further.

Try to cover it up, on the other hand, by pretending it's not your fault, blaming your nurse or the laboratory, or simply denying there's a problem, and patients already unhappy about an unsatisfactory experience will begin to feel angry and frustrated and – research shows – are much more likely to raise a legal action or complain to the GDC, with potentially devastating consequences.

In one famous case in the last decade, after making a mistake with a patient's dentures and subsequently refusing to acknowledge it, a dentist found himself at the end of the disciplinary line and struck off altogether. He was reported to the NHS Ombudsman, who found independent evidence that the dentist had made a mistake and been rude to a patient. He was ordered to apologise but refused.

It so happened that there was another case involving treatment that this dentist had refused to put right, and when he declined to apologise to this patient as well, the Ombudsman reported him to the GDC. There followed a further investigation into the treatment and he was called before the council. I remember his conduct case well. In addition to refusing to accept he'd done anything wrong, in an excessive display of arrogance, he was utterly dismissive of one of the patients.

The outcome of the enquiry and the conduct case – that began, I remind you, as one complaint about dentures and one about fillings – was that the dentist persuaded the panel he simply wasn't a fit person to practise dentistry. He ended up being struck off because he in effect provoked an investigation into, not so much the quality of his work, but his professionalism and his attitude.

What's more, despite being struck off, he continued to practise dentistry. The result was to be featured in a TV programme about 'nightmare dentists' as well as face a criminal prosecution brought against him by the GDC. All of which means that his chances of ever being restored to the register are very slim indeed. And all this arose from a simple failure to say: "I'm sorry, I got it wrong. Let me put it right."

This case is at the very extreme end of the spectrum and almost all cases are of a different, smaller order of magnitude. But nevertheless the mistake waiting to happen is one of the realities of life as a dentist, and it should be clear that honesty and an apology are always the best policy. Should you ever be in doubt about what

to do, whether or not a formal complaint has been made, always contact your defence organisation without delay.

Of course, it is professionally advantageous to keep the number of apologies you have to make to a minimum, and there is a lot that dentists can do to alter the probabilities in their own favour, simply by recognising the situations and factors that lead to mistakes, and acting to minimise the likelihood of them happening in the first place.

Life doesn't go on hold when you step into the surgery, and multiple distractions are a common cause of error. Just because you've seated your patient and administered a local doesn't mean the phone isn't going to ring with bad news, whether it's your bank manager calling up to tell you your overdraft's been exceeded or your life partner informing you about burst pipes at home. And just because the news wasn't good doesn't mean your receptionist isn't going to announce, when you've put the phone down, that she's going home early with a headache.

"Life doesn't go on hold when you step into the surgery and multiple distractions are a common cause of error"

Distractions like this can throw you off kilter, puncture your concentration, and require a conscious effort on your part to tune back in to the patient and the procedure at hand – simply being aware of the possibilities can reduce the risks of error.

Like multiple distractions, the over-full appointment book is to be avoided – or, if not, at least recognised as a potential source of problems. It only takes one extra emergency case, for example, to put you behind and pile on the pressure. If you're mindful of this, you may well decide to get back on track by doing less than you'd originally planned for one or two patients in that day's book, or perhaps even ask a non-urgent patient if they'd mind making a new appointment.

A study of GPs showed that the most stressful time, when things were most likely to go wrong, was just before lunchtime – in particular, if they were meeting their life partner for lunch and were already running behind. The study showed that, in these conditions, the GPs' consultation times plummeted. Combine a short consultation with a highly technical procedure and the chances of things going wrong soon begin to escalate.

Of course, dentists don't work in a vacuum but are surrounded by staff who watch their every move. Here, too, is an opportunity to minimise error that is not to be missed. Fostering a supportive relationship with your nurse, for example, and making it clear that you're open to being corrected and challenged, will go a long way to cutting mistakes.

Put your nurse down angrily the first time she suggests you're anaesthetising the wrong tooth – whether she's right or wrong – and she may well not speak up when she spots you preparing to extract an upper left four instead of a lower left one...

To read the rest of Hew's article, visit our website at bit.ly/SDMag_accidents

Hew Mathewson is a general practitioner in Edinburgh, a special adviser to the MDDUS and a former President of the General Dental Council.

By Tim Power

Advancing dental research

Professor David Wray is one of Scotland's true heavyweight research scientists, respected the world over. He talks to *Scottish Dental magazine* about his remarkable career

In a career spanning more than 40 years, Professor David Wray has faced more than his fair share of medical and scientific challenges.

Indeed, so successful has he been at finding clinical solutions to the problems faced by his profession, the British Dental Association (BDA) has recently awarded him the John Tomes Medal in recognition of his remarkable contribution to medical science.

However, when *Scottish Dental magazine* met the Professor of Oral Medicine at Glasgow Dental School to discuss his award, he was mulling over what he sees as one of the great moral dilemmas facing the profession today and in the years ahead.

"To my mind, there is a moral dilemma in dentistry today: it's about making a choice between serving the public or making a good living.

"When I was working in dentistry, it was pretty simple: you got paid per item of service for every patient. However, now the profession has become more specialised and I think new graduates have more of an entrepreneurial approach to make dentistry more of a business than a public service.

"The guys doing implants now are

Continued »

Continued »

not always doing this work as a medical treatment for patients, but as a cosmetic procedure – but they have been trained using public funds – just as in the case of 'plastic surgery' in the medical profession.

"We are given public funds to produce dentists for the NHS, but we are losing them to private practice and 15-20 per cent of them leave Scotland altogether, either for the south-east of England or further afield to places like Australia.

"Luckily, in Scotland, we are very good at supplying qualified dentists for our needs. In fact, we produce twice as many dentists per head compared with the rest of the UK, but I can see this situation being affected by government cuts.

"Nicola Sturgeon has already announced a 10 per cent cut in the number of medical students being taught in Scotland, so I can see a similar cut coming for dental students – we'll have to wait and see," he said.

From pulling teeth in Govan as a newly qualified dentist in the 1960s to becoming dean of the University of Glasgow Dental School in the 1990s, Prof Wray's years of dental research have advanced medical knowledge around the world.

SIR JOHN TOMES

Picture courtesy of the BDA Dental Museum

Sir John Tomes was a seminal figure in the history of British dentistry during the Victorian period and his pioneering clinical, educational and political interests played a vital role in the development of modern dentistry and dental surgery.

He was instrumental in fighting for the 1878 Dentists Act, which allowed only those with a Licentiate in Dental Surgery to be called dentists. Also, his forceps design was so popular that it became an industry standard.

And this contribution to research has been recognised by the award of the BDA's prestigious John Tomes Medal.

Dr John Drummond of the BDA's honours and awards committee, said: "Professor Wray is a central figure in oral medicine, research, teaching and patient care. He is acknowledged as one of UK's leading experts and richly deserves to be recognised for the immense contribution he has made."

Such an accolade has given Prof Wray great pleasure. He said: "It's the second highest honour that the BDA can bestow on a member, apart from making them president, so it's wonderful to receive the medal. It's always good to find out that your contribution is appreciated by your peers."

Prof Wray said he was destined for a career in dentistry after breaking his tooth as a youngster. "Seeing the surgery and the staff gave me the illogical desire to become a dentist. Unlike other children, a visit to the dentist held no phobia for me – which was just as well as, being a pre-fluoride baby, your teeth got filled as quickly as they came through!" he laughed.

In fact, dental health in the 1960s was quite shocking as he found out after he entered Glasgow Dental School at the tender age of 16 in 1967.

"After graduation I got a job as a dentist in Govan where I basically spent all my time gassing people and pulling their teeth out... and doing the odd filling!

"Professor Wray is a central figure in oral medicine, research, teaching and patient care"

Dr John Drummond

"Dentistry at this time was largely dealing with the end result of years of decay, so I could not honestly see myself doing this for the next 40 years."

However, his interest was piqued in the medical side of the profession and he was fascinated by his medical studies. He explained: "While we touched on all the main aspects of medicine during the first three years of the course, I was interested to find out the full story on dental medicine.

"I was intellectually driven, rather than career-driven, and I was lucky to fall under the influence of Professor David Mason, who was dean of the dental school and later knighted for his contribution to dentistry.

"His work on oral medicine was an inspiration to me and his mentoring put me on the path of research. It's from him that I developed my whole ethos to research and continual learning."

Prof Wray said he was lucky to get into dental research at that particular time and described it as a "golden era". He said: "We were driven by 'blue sky' ideas and had the freedom and autonomy to explore a wide range of interesting ideas."

Prof Wray specialised in oral ulceration and one his earlier research successes was in finding the relationship between mouth ulcers and deficiencies in the blood, which made patients more susceptible to ulcers.

On the back of this research, in 1979 he was awarded a Fogarty Fellowship to study at the National Institute of Health (NIH), one of the world's

foremost medical research centres based at Bethesda, Maryland, USA.

He said: "This was a fantastic opportunity for me. This was one of the world's most renowned centres exclusively focused on research and I was working with and surrounded by some of the world's leading scientists in their fields.

"To give some idea of the size of the place: there were 26,000 people working on the campus – 26 of them Nobel Prize winners – and at the time I was working in the largest brick-built building in the world!

"And when you went to lectures in the evening, you weren't being taught by teachers – you were being told first-hand by the very people that had made the medical breakthroughs.

"It was such a hothouse of research excellence – you couldn't help but be successful!"

After his two years at NIH, Prof Wray returned to the UK to work at the Royal Dental Hospital in London and then moved to Scotland to take up the post of senior lecturer in oral medicine at the University of Edinburgh – and just in time to witness the explosion in HIV which hit the city in the early 1980s.

He said: "Patients were starting to present with oral manifestations of HIV, first from the gay population and then from IV drug users. Edinburgh was the first significantly affected city in the UK so our research on this subject was cutting edge. The knowledge we were able to build up on understanding the disease process proved to be world- leading."

His research on the disease was also able to allay the fears of dentists and other healthworkers about contracting HIV from treating patients with AIDS.

He said: "It was a steep learning curve, but our research was able to calm the panic and to show that treating patients while wearing rubber gloves was enough to stop any transference of the disease."

In 1993, his old mentor Prof Mason retired from Glasgow Dental School so Prof Wray returned to his alma mater to take up the chair of oral medicine. He was later promoted to associate dean for research, then dean of dental education and clinical director of Glasgow Dental Hospital.

"When you went to lectures in the evening, you were being told first-hand by the very people that had made the medical break-throughs"

Prof David Wray

"I had no real intention of coming back to Glasgow, but the opportunity was to good to miss. I've benefited from a career spanning 40 years in research, which has enriched my intellect and given me a very broad and in-depth knowledge of dentistry and medicine. This is a good way to use my experience and pass it on to students wanting to develop a career in the profession."

Although Prof Wray's role is largely administrative, he ensures that he spends at least half of his time taking four patient surgeries a week with students and giving several hours of lectures.

"It's the part of my job I really enjoy: the students are young and enthusiastic, thirsty for knowledge... and great fun to be with!"

Professor David Wray
MD (Honours), BDS, MB ChB, FDS RCPS, FDS RCS (Edinburgh), F Med Sci
Professor of Oral Medicine, University of Glasgow Dental School.

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Retaining patient satisfaction

Abid Faqir presents a successful case of an implant-retained over denture in a patient unhappy with his current lower prosthesis

A 59-year-old male patient was referred by our in-house consultant prostho-dontist after having complete full upper and lower dentures fitted. The patient explained that he was not coping with retaining his lower denture. The patient has had dentures for six years after continually losing teeth over the past 20 years. He is married and is a retired chef. He smokes 20 cigarettes per day and does not drink alcohol. His medical history is unremarkable.

At the time of attendance there were no signs or symptoms of any TMJ dysfunction and no pain on palpation of the muscles of mastication. His dentures were set to a class 1 occlusion and he was comfortable with the bite and overall tooth position. He had a low smile line. Intraorally his soft tissues were pink and healthy.

The patient had an excellent upper denture and only wanted to consider treatment in the lower arch. A CT scan was carried out and assessed with denture markers. The patient had fairly good keratinised tissue left on the lower ridge however, ridge height was minimal. There seemed to be adequate bone volume to consider implant treatment. We looked at the various treatment options that were available. We discussed the pros and cons of implant retained over denture and implant-retained fixed bridgework. We also talked about bar-retained or ball-retained. He opted for the over-denture due to cost and opted for a bar-retained as he knew of a friend who had ball attachments and he seemed convinced that they don't work as well.

The patient decided on the following treatment plan:

1. Appointment with hygienist to optimise denture oral hygiene.
2. Smoking cessation advice.
3. Inform consultant prostho-dontist of treatment plan.
4. Placement of two lower implants using the CT scan that had been taken and using the denture with markers.
5. After two months, take implant head impressions as well as replicating the lower denture with a reline over the implant heads.
6. Technician constructs bar on the implants and fits denture to this.
7. Wax try-in.
8. Final denture fit and removal and insertion instructions.
9. Regular reviews as with normal implant protocols.

The treatment was carried out exactly as described above. Two NobelActive 13mm regular implants (torque to 45Ncm) were placed with a flap technique (crestal incisions with minimal envelope opening) and healing abutments. The surgery was

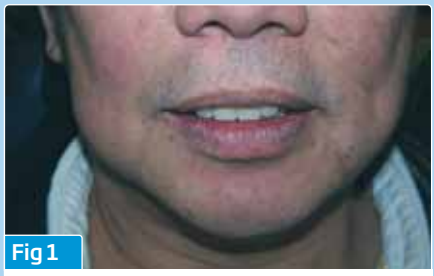


Fig 1
Pre-op smile

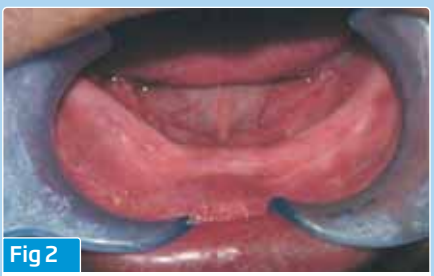


Fig 2
Retracted view

Fig 3

Fig 4

Pre-op CTs with denture markers

Fig 5

Fig 6

Fig 7

Implant surgery complete

Fig 8

Post-op x-ray

Fig 9

Healing after two months

carried out under local anaesthetic.

The patient reported minimal post-operative pain. Post-operative instructions stressing a soft diet for six weeks were given.

After a number of months, we carried out X-ray examination as well as clinically checking the osseointegration. We took closed tray impressions with a special tray and relined the replica denture. The bar and denture were fitted after one wax try-in stage. The patient was extremely happy with the final outcome. Final X-rays were taken to confirm proper seating. The patient has been reviewed on a periodic basis. The X-rays and photographs show the situation after eight months.

The patient was extremely pleased with the final result and will be proceeding to the upper implants in a few months. The treatment was carried out with minimal complications and no changes in the plan were made. The patient was impressed by how little post-op discomfort there was and the straightforward nature of the procedure. He has also been extremely impressed by the retention that was achieved.

The ability to use the CT allowed the case to be treated in a straightforward nature. There would be little I would change about the treatment plan. The most challenging part of the case was to get the patient to stop smoking; however we did get some reduction around the time of the surgery.

About the author

Dr Abid Faqir BDS(Glasg), MFDS RCS(Edin), MSc(MedSci), Dip Imp Dent (RCS Edin), is available at the Scottish Centre for Excellence in Dentistry for implant and restorative dentistry referrals.

Fig 10

Fig 11

Fig 12

Impression taking using custom tray and replica denture

Fig 13
Implant held bar in place

Fig 14
Implant retained denture

Fig 15
Bar after eight months

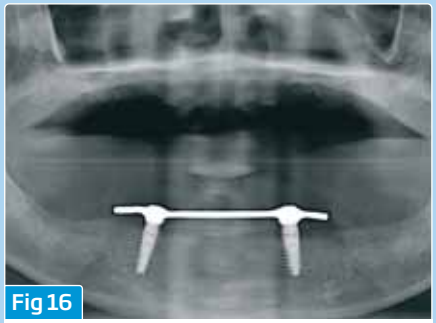


Fig 16
Eight months post-op x-ray

Fig 17
Final denture fitted

Fig 18
Post-op smile

Nitrous oxide scavenging in the 21st Century

Janet Pickles of RA Medical Services looks at the basic requirements that need to be adhered to when employing inhalation sedation in a modern dental practice

A frequently asked question – 'Why should I scavenge when using nitrous oxide sedation?'

The immediate answer is – if you do not, then it is a direct contravention of health and safety on the part of yourself and your staff. Of course, the subject is much more complicated than any simplistic answer and this article will assist with offering a guide to a somewhat misunderstood area of dentistry.

Perhaps a start could be made by looking at some of the standards and white papers that touch on the subject. A white paper commissioned by the Department of Health and published in 2003; *Conscious Sedation in the Provision of Dental Care Report of an Expert Group on Sedation for Dentistry* mentions scavenging in chapter nine and states: "Scavenging of waste gases must be active and sufficient to fully conform to current COSHH standards. Breathing systems should have a separate inspiratory and expiratory limb to allow proper scavenging. Nasal masks should be close fitting providing a good seal without air entrainment valves." The definition is fair enough but how does it translate into a good workable system? The paragraph offers three reference sources:

- Anaesthetic and analgesic machines BS4273: 1997 British Standards Institution
- Anaesthetic Agents: Controlling exposure under COSHH. HSAC. HMSO. 1995
- Witcher CE, Zimmerman DC, Yom EM, Piziali RL Control of occupational exposure in the dental operatory. Journal of the American Dental Association (ADA) 1997, 95: 763-776.

Perhaps most interesting is the reference to the ADA. This is a reflection on the fact that the majority of inhalation sedation equipment in use today in the UK is of American origin. Manufacturing of the Quantiflex range; MDM and Mark I (later replaced by Mark II) by Cyprane, began in Keighley in the 1960s under license from Fraser Sweatman. At that time two types of system were available:

- Non-scavenging system (side tubes, exhaling valve)
- Passive system (clear corrugated 22mm hose, blanking cap)

Manufacturing in the UK ceased in the early 70s, but continues to this day in the USA. Use of the non-scavenging system declined rapidly from the late 90s, but use of the Passive system continued until the then manufacturer, Porter Instruments, ceased production in early 2010. As a result, the standards for scavenging between the UK and USA have always seemed to be intertwined and dependant on the types of equipment available. As standards and attitudes have changed, then what is considered acceptable in scavenging has changed also.

"Perhaps a start could be made by looking at some of the standards and white papers that touch on the subject"

Janet Pickles

In 1994, NIOSHH (National Institute for Occupational Safety and Health) published a technical report: *Control of Nitrous Oxide in Dental Operatories.*[1] The section on scavenging systems states: "A scavenging system, simply

defined, is a means to collect and remove excess gases to prevent them from being vented back into the operating room. Installation of an efficient scavenging system is the most important step in reducing trace gas concentrations. It has been demonstrated that ambient concentrations have been lowered by 90 per cent through the use of an efficient system." The section is quite comprehensive and details trials using various types of then commercially available systems. This was followed by an article published in General Dentistry, September/October 2002 entitled "Clinical Evaluation of the efficacy of three nitrous oxide scavenging units during dental treatment" Certismo, Walton, Hartzell, Farris. It discussed three breathing systems available at that time; Porter-brown, Matrx ANS and Accutron. The findings concurred with the NIOSHH report in determining that the most efficient system was the Porter-brown – the only 'double mask' system.

Now we come to the universally accepted standard of what comprises 'active' dental scavenging. The word dental is used quite purposefully, as scavenging for dental application is quite different for that used for general anaesthesia. This is quite often where the most common misunderstandings occur. The regulations for installation and use of medical gases and anaesthetic gas scavenging are contained within HTM 02-01 published in 2006. However, much of this is concerned with hospital use – operating theatres etc and dental application only receives a very small mention – the addition being made at the 11th hour, so to speak. Dental scavenging is dealt with in Chapter 10 – Anaesthetic Gas Scavenging Disposal Systems and also Appendix L; sections 8, 9 & 10.[2]

Chapter 10, 10.5 states: "Active Scavenging for dental installation is an entirely different concept. An active system is one in which there is a flow generated through the patient's nasal mask and this carries away the waste gases exhaled by the patient. This flow is in the order of 45 L/min and is achieved by connection of the mask (via a suitable flow-limiting adaptor) to either; a dental vacuum system or directly to an active scavenging system (BS/EN) wall terminal."

This obviously reflects the information contained in the NIOSH report dating to 2004 and again reflects the types of breathing systems available in the UK today – again the majority of which are manufactured in the USA. However, this does not alter the fact that 45 L/min has found to be the optimum draw rate to minimise surgery pollution and this has now become a statutory requirement. This requirement is now being taught in all educational courses pertaining to inhalation sedation, an example of which is a publication published in 2009 by Wiley-Blackwell: *Clinical Sedation in Dentistry* Girdler NM, Hill CM, Wilson KE.

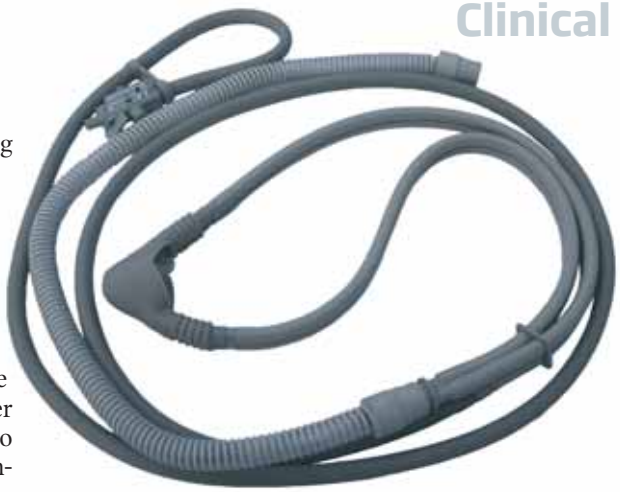
Chapter six – Principles and Practice of Inhalation Sedation, Sub-section Chronic Effects – states: "Active gas scavenging is a statutory requirement during the provision of inhalation sedation with nitrous oxide in the UK. The recognised definition of an active dental scavenging breathing system is an air flow rate of waste gas by the application of low power suction to the expiratory limb of the breathing circuit.

"Passive scavenging – Further ways to reduce trace levels of nitrous oxide include opening a window or door and using floor-level active fan ventilation to the exterior of the building."

It is interesting to reflect at this point how the definition of 'passive' scavenging has altered. It used to refer to the breathing system itself but now refers to additional factors that can be brought into play to reduce ambient surgery pollution, such as low level expelair fans and open doors/windows.

This brings us to a further element of scavenging; how do you actually achieve and monitor an extraction flow rate of 45 L/min? The initial element is obviously the breathing system itself – one capable of withstanding flow rates of 45 L/min and there are several well recognised models available. The second element is the method of achieving the sustained draw and there are basically three ways:

- Use of a BS/EN AGS Wall Terminal fit with an AGS Adapter. This has to be used with a breathing system that has a suitable flow-limiter (often referred to as a vacuum control block).
- Use of chairside suction port. However, the problem here is two-fold. It is most common to employ the high volume suction port which is unpopular and also, the suction has to be capable of offering a sustained 45 L/min during the sedation procedure, something which is not always possible.
- Use of a separate dedicated scavenging pump. The size and decibel level of these units has improved significantly in recent years, increasing their popularity.



Porter Brown Breathing System: lifespan five years with regular use. This is the market leader with 90 per cent of buyers choosing this unit

When considering any change from current scavenging, it is recommended to seek expert advice on the subject, from a company that specialises in inhalation sedation, as expensive mistakes have been made in the past. The subject should be considered as a whole and no one element taken in isolation as this can lead to significant error – a very undesirable factor when dealing with nitrous oxide. This article is designed to offer an understanding to the basic requirements. Further detailed information can be found on the R A Medical Services website: www.ramedical.com ■

Scottish note: It is heartening to note that Scotland, when considered against other countries comprising the UK, presently 'leads' the way in terms of active dental scavenging as approximately 90 per cent of dentists currently employ an active breathing system during inhalation sedation.

REFERENCES

1: DHSS (NIOSH) Publication no: 94-129
2: Medical Gases Health Technical Memorandum 02-01: Medical gas pipeline systems. Part A: Design, installation, validation and verification. 2006

Digital dentistry

Improved economics with today's technology, by Sandy Littlejohn

About the author
Sandy Littlejohn is a director at Dental Technology Services (DTS) and Core3d Centres in Glasgow. He is also a qualified City and Guilds dental technician with over 25 years experience in all aspects of dentistry, specialising in implantology and digital dentistry.

Digital milling machines at DTS in Glasgow

Materials and manufacturing techniques have progressed rapidly in the dental restoration field over the past few years, but the communication between dentists and technicians for delivering indirect restorations has remained fundamentally the same.

The traditional approach where an impression is taken by the dentist, then sent to the laboratory, and then after a week the restoration returns remains prevalent. However, some practitioners are already embracing what will be the future direction of the industry – moving towards a completely digital-based restoration manufacturing process.

There has been a recent increase in the popularity of metal-free restorations and resulting in an influx of CAD/CAM systems on the market to address this need. With the decreasing availability of skilled technicians able to manufacture restorations manually, laboratories have been looking toward computer aided manufacturing to improve productivity without compromising quality. Most of these CAD/CAM systems allow the technicians to deliver better consistency along with fit, marginal integrity and aesthetics.

For several years now it has been the larger labs that have enjoyed these benefits through the use of scanning technology – where models produced from traditional impressions are scanned, and computer aided design techniques are used to create a digital model of the required design. These designs (in the form of a digital file) are then sent to a manufacturing facility where the restoration is made. This approach is the most cost-effective entry point in to the digital workflow. Some of the more progressive laboratories have the capability to manufacture the final product in-house, but the best of these technologies are industrial and costly so an outsourcing approach provide better solutions.

Software packages such as Dental Designer from 3Shape with their D710 scanner, allow dental professionals to gain access to a wider array of branded products through outsourcing to specialised milling centres. This results in the delivery of more accurate and cost-effective outcomes. The recent incursion of monolithic restorations to hit the market, such as Opalite all-zirconia crowns are proof that this technology can perform consistently on a commercial platform.

After recognising the economic and quality benefits that digitisation has had on the restoration manufacturer, the industry is now seeing a fundamental shift towards the digital workflow from end to end. This shift towards completely digital solutions has resulted in these technologies emerging from the laboratory to reside within the dental practice.

Through the expansion of CAD/CAM technology in labs the model and the restoration can now be made simultaneously allowing for increased productivity for the average dental lab and providing faster more consistent restorations for clinicians. This type of work eliminates the need for couriers, protects the dental lab from infection control procedures and negates inaccurate impressions.

Chairside benefits of these systems include enhanced patient comfort, and reduced chair time with a resulting increase in practice revenue. Quality of the final restoration is improved through the elimination of inaccurate impressions while also allowing clinicians to visualise tooth preparations.

The streamline dental delivery process leverages the expertise of dental laboratories whilst enabling any desired restorative material to be prescribed. While digital impressions address all of the above issues it must be noted that proper tissue management remains the same challenge for both conventional and digital impressions.

The dental industry has seen substantial growth in digital radiography and laboratory scanning so intra-oral chairside scanning becomes the final piece in becoming entirely digital.

The digital work flow reduces inventory, labour costs, turnaround times, remakes and returns; eliminates inaccurate impressions and 'stone age' techniques while improving on quality, accuracy and productivity. The future for making dentistry faster, more consistent and cost effective is here and now! ■

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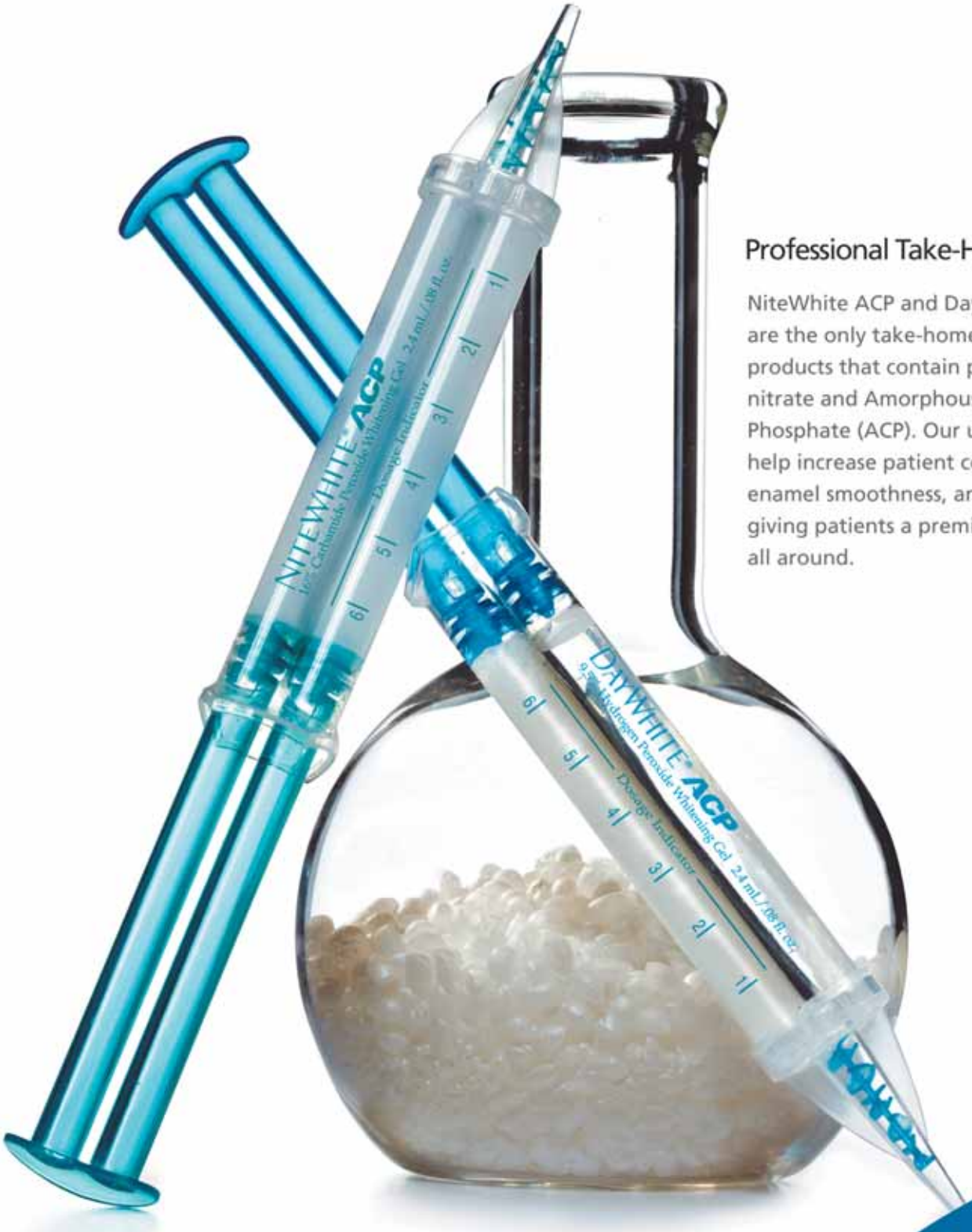

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Dental care and dementia

The role of dental professionals in helping to care for patients with dementia is vital to their health and wellbeing. Professor June Andrews explains

Dentists are really important for people with dementia. They can make a huge difference to the comfort and happiness of people with dementia during the last years of their lives. Life is hard for people with dementia and their carers, and the dentist can reduce pain, and make eating and drinking a pleasure again. Not least, they can make it easier to be near the person by making sure their carers know about oral hygiene and how important it is.

Dentists have told me they are astonished at how relaxed care workers are about bodily fluids and excrement, while finding it impossible to deal with someone's mouth. We need to sort that. For specialist advice about care for older people, dentists can turn to the Journal of Gerodontology[1] and the work of Dr Janice Fiske. She is the author in England of a fact sheet from Alzheimer's Society.[2]

Dementia is a general term that is used to describe a loss of intellectual function. The cause in over half of affected people is Alzheimer's disease, when brain cells shrink. The next most common cause is vascular disease when the blood supply to brain cells has been cut off. There are other causes including alcohol related brain damage. All dementia is irreversible, though some people with alcohol related problems can get a bit better if they stop drinking and get treatment.[3] It is worth the dentist knowing what kind of dementia the person has as this may help predict some of their behaviours, and their prognosis.

It has been estimated that there were around 71,000 people with dementia in Scotland in 2010 and the number is set double in the next 25 years. More than half are female. The older a person is, the more likely they are to have dementia. However, around 2,300 people with dementia in Scotland are under 65.[4]

The changes that take place in a person with dementia include:

- a deterioration in the ability to carry on with basic every day activities like oral care
- difficulty in working things out, like who you are, and what you are trying to get them to agree to
- changes in social behaviour, like apathy and social withdrawal, which will make consultations potentially difficult
- memory problems which may make compliance an issue
- disturbing behaviour such as aggression, wandering, or other things that make a consultation more complicated.

The person with dementia is often aware that they have a problem, but may not seek help. Even those around them who can see the difficulties are often reluctant to raise the issue or approach the family doctor. The dementia can progress slowly over seven or 10 years. In the beginning the person may be very fit and active, and in the end they may need care for every function.

Mild Cognitive Impairment (MCI) looks and feels like early dementia. Many people with MCI never get dementia. However, everyone who gets dementia seems to go through a period of MCI. Also, an older person who has an infection or depression may show some cognitive impairment that looks like dementia for a time. If treated, the cognitive symptoms go away. If they already had dementia, other illness or depression may make their existing cognitive impairment seem worse till the illness or depression is treated.

In Scotland, as long as the person can understand what is proposed, their consent is needed, even if the person has a diagnosis of dementia. The Adults with Incapacity Act indicates that if a doctor believes the treatment will benefit the person, the doctor should sign a certificate of incapacity under Section 47. A dentist can sign a Section 47 form for dental treatment. If there is a welfare guardian or attorney, this person can make a decision on behalf of the person with dementia. You need to decide when assessing capacity

"As with any patient, the dentist should explain in simple terms what is being done and why"
Prof June Andrews

whether the person can understand the options, make a decision and communicate it with you.

When providing dental treatments it's good to discuss them with the family or carers. There may be a person who understands them very well and knows how to communicate with them who will be vital in making sure that the person is consenting and understands what is being done and that it is beneficial for them. But remember that the person with dementia is watching and reading your non-verbal communications all the time. Use touch and tone of voice, and a calm and careful manner to keep their confidence, even if they seem not to understand everything that is said.

Communication is not always simple, but the dentist can make it easier. As with any patient, the dentist should explain in simple terms what is being done and why. The person will take more time than other people to process information and questions. One important principle is to make sure that they know you are the dentist. A person in day clothes who comes to your house or your room in the care home and starts to try to open your mouth and shine a light in it might be very frightening, but if that person gives you a clue by wearing a dentist's white outfit it's a signal that he's doing his job, and not trying to kill you. I know that avoiding uniforms is good for dental phobias, but these patients are usually older, and their expectations are based on an earlier time in their lives when the person in the white coat was an authority figure, when she said "open wide" you did just that.

In May 2010 NHS Health Scotland, in partnership with the National Older People's Oral Health Improvement Group, launched the resource *Caring for Smiles*. It's a guide for oral health professionals to train staff in care homes how to improve oral care for dependent older people. It was developed in response to the Scottish

Continued »

ABOUT THE AUTHOR

Professor June Andrews is the Director of the Dementia Services Development Centre in the Department of Applied Social Science at the University of Stirling. She has considerable experience in management of change in health services, having set up and directed for three years the Centre for Change and Innovation, in the Scottish Executive Health Department. The purpose of the centre was to devise and implement interventions to drive change in clinician behaviour and health care organisations in order to achieve Scotland's targets around waiting times, access to health care and modernisation of the NHS in Scotland. In her current role she is applying these skills across sectors in the care of people with dementia, including the health, social services, private and voluntary bodies who provide care.

REFERENCES

1: www.gerodontology.com
2. Factsheet 448, www.alzheimers.org.uk Dental Care and Dementia
3. See this link for factsheet 438 about ARBD (other key word "Wernicke-Korsakoff") from the Alzheimer's Society http://www.alzheimers.org.uk/factsheet/438
4. Dementia UK Consensus prevalence rates of dementia from Alzheimer's Society (2007). A report to the Alzheimer's Society on the prevalence and economic cost of dementia in the UK produced by King's College London and London School of Economics.
5. DSDC, 2009, from www.dementiashop.co.uk

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Dental Action Plan target. It has a section on dementia and special care. People with dementia in care homes don't always have their oral health needs met.

In the early stages of dementia a person will still be able to clean their own teeth. They might need to be reminded or given some supervision. When advising family or carers on how to encourage oral care, remind them that the person may imitate actions. So giving them their brush with toothpaste on it and then standing in front of them brushing your own teeth and encouraging them to do the same is a good way of helping them to keep up their own dental hygiene.

Although electric toothbrushes and adapted handles can help when older people have problems with dexterity, the person with dementia might become confused or alarmed, so don't leave it too late to introduce these new things. If a stage is reached where the carers need to take over this task, they need guidance and support on how to do it, but remember that they are the experts on the individual quirks of that person with dementia.

The dentist can show them techniques like standing behind the person and cradling their head, but they need to introduce this carefully to avoid distress. Everyone with dementia is different, and their level of tolerance will differ as well.

There is a national initiative to reduce the use of antipsychotics, and encouragement in the use of non-pharmacological methods in dealing with disturbing behaviour. However, many medications are still given to older people, and often in syrup form. Don't hesitate to ask if the medication has been recently reviewed to see if it is still necessary. Many carers will not have been warned about dry mouth side effects.

People with dementia have significant communication problems and staff who care for them are sometimes not trained to understand non-verbal communication. The commonest cause of disturbing behaviour is said to be undiagnosed pain. It is important to have regular mouth checks, whether the person has teeth, dentures or nothing at all. The *Caring for Smiles* education pack reminds care workers that the person may only demonstrate oral problems by going off their food, or rejecting their dentures, moaning and shouting, and by aggressive behaviour. It is particularly cruel if the person is sedated as a result, making their condition worse and not dealing with the cause at all.

People with dementia can have good days and bad days: dental care is better postponed to a good day, if possible, or scheduled to a person's best time of day. Make sure you and your staff have read guidance such as *Ten Helpful Hints for Carers; practical solutions for carers living with people with dementia,*[5] which offers non-pharmacolgical solutions to the commonest disturbing behaviours. ■

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Dolby Medical and Medisafe tender success

Decontamination tender. Companies celebrate the award by NHS Greater Glasgow and Clyde to supply washer disinfectors

Dolby Medical Products and Service and Medisafe International, manufacturers of washer disinfectors, are delighted to announce the successful award for the supply, installation and servicing of Pico washer disinfectors to dental practices across NHS Greater Glasgow and Clyde. This award, made in late 2010, represents the single largest contract made in the history of the two companies and comes after a very rigorous and demanding tendering process. Over 200 dental practices will receive the machines in a carefully planned and executed implementation process.

Derek Gordon, Service & Decontamination Manager for Dolby Medical, said: "This award is a clear marker for the Dolby and Medisafe business philosophy; we work towards long-term partnerships offering strictly impartial advice and choice. We believe in straight talking and, because of Dolby's unique ability to supply and support a wide range of machines from different manufacturers, this really makes things a lot easier for dentists in the setup and operation of their local decontamination unit (LDU)."

In late November 2010, following an extensive and rigorous tendering and evaluation process, Greater Glasgow and Clyde announced the award to supply, install and service the LDU equipment to over 200 dental practices within its area of responsibility. This award was the culmination of years of preparatory work. Dolby Medical, based in Stirling, along with Medisafe International, the Bishop's Stortford-based manufacturer of high quality washer disinfectors, was chosen because of the unrivalled combination of equipment quality, total lifetime costs and the ability to offer the highest levels of after sales and service support. The installation process began as soon as the statutory standstill period ended.

The implementation process was designed by Derek Gordon in conjunction with the clinical leads at Greater Glasgow and Clyde and began in late December. Although disrupted by the inclement weather that struck the whole of Scotland, it continues to make good progress. This takes the form of a three-stage plan which involves Dolby personnel liaising directly with the dental practices and project managing each installation on a practice by practice basis to ensure that the best solution, meeting individual practice needs, is achieved.

The stages commence with an initial survey visit to each dental practice, during which an assessment is made on the readiness of the LDU for the installation of the practice's chosen machine. Any remedial building works or services are identified and a process started to get the practice premises ready. Next, and upon completion of identified works, a date is set for the delivery of the machine. On delivery the machine is installed and a brief test run of the equipment is undertaken in situ. Finally, the machine is fully commissioned and validated to SHTM standards and each practice receives one-to-one training in the correct use and care of their new equipment at handover.

The machines selected by NHS Greater Glasgow and Clyde are the Pico XXL and the Pico Benchtop washer disinfectors. These machines offer unrivalled value for money and are both easy to use and maintain. Both of these machines will be maintained and serviced to the manufacturers' standards, in line with the latest changes in agreed practice. This recommends a six-monthly service visit and a full annual service and revalidation visit. With this agreed change, effective focus lies with the dentist to take responsibility for the weekly and monthly calibration checks on the machines. As part of the Dolby/Medisafe offering, the statutory log book necessary for the recording of practice testing is being provided free of charge for year one. LDU staff will also be fully trained in the correct procedures to be followed in the safe running and maintenance of the products at the point of commissioning.

The log book is a key part in the full induction pack provided free to the practice. The document also includes details of the recommended detergents, filters and replacement parts needed for the machines as well as the contact details of key members of the supporting staff. Although the award is based on a two-stage rollout plan spread across 2011, 60 per cent of the equipment will be installed and fully operational by the end of March 2011, marking the end of the first phase.

2011 sees an exciting opportunity for NHS Greater Glasgow and Clyde to enable and support dental practices across its area in operating their LDUs to the highest possible standards. Dolby Medical, by offering impartial advice and support over the years, along with Medisafe, is delighted to be an integral part of their plans.

Derek Gordon of Dolby Medical went on to say: "We are delighted after such a rigorous and demanding tendering process to be chosen for this task and are very grateful to be given the opportunity to work alongside the health board on this project. Dolby Medical aims to take the ache out of LDU management."

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David Gibson, Marketing Manager of Eschmann, discusses the issues involved with the purchase of a washer disinfector and why it is so easy to fall prey to the pitfalls associated with the installation of specialist decontamination equipment

The right choice for your peace of mind

Meeting your expectations

Perhaps the most important part of any instrument decontamination process is a fully validated washer disinfector. Without effective, reproducible cleaning, there are no guarantees of being able to sterilise your instruments.

Although it is simple enough to purchase a washer disinfector, there are various considerations that need to be fully understood to ensure you have made the right choice for your new decontamination equipment and your practice.

At Eschmann we don't just sell products, we offer the complete solution; providing the expert advice required to set your practice up correctly; ensuring you have the products that meet your requirements; that they are installed and commissioned to the appropriate standards; that your staff are professionally trained; and your investment continues to be looked after and maintained by Eschmann's team of professionally trained, experienced engineers.

You get what you pay for

Although many potential issues relating to the purchase of decontamination equipment can be avoided by doing your homework, there are still a vast number of practitioners being drawn in to making a decision based purely on the price of a particular piece of equipment.

Indeed when it comes to selecting a washer disinfector the fact remains: if a deal looks too good to be true, then it probably is. And if the price, for what is at the end of the day a CE approved medical device, appears too cheap or is even offered for free, there is always going to be the chance for a raft of hidden costs waiting just around the corner.

The Eschmann philosophy is simple; we believe in providing proven technology and an exemplary level of service support that offers our customers true value for money, something recognised on the current NHS Scotland Framework Agreement NP143/09.

"There are still a vast number of practitioners being drawn in to making a decision based purely on the price"

Points to consider when choosing a washer disinfector

So what type of things do you need to look out for when upgrading your instrument decontamination process with the purchase of a washer disinfector? For ease of reference, the following lists the key considerations that will help you determine which of the many 'compliant' products meets your requirements:

- Firstly, think about the way in which the washer disinfector (WD) needs to be installed. Generally speaking, the choice of unit may be determined, or at least influenced, by how much space you have available in your own facility. Although not immediately obvious, there are certain spatial requirements that must be complied with when installing your WD into position.

For instance, maintaining the correct clearances around your WD, as instructed by the manufacturer is of vital importance if you want your unit to continue to function properly. Instructions that specify additional clearances around a unit must be complied with, even if space is at a premium, or if recesses have

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already been provided that will compromise the correct installation.

• It is also important to confirm that your WD is suitable for the location in which it will be sited. Many WDs feature systems that actively dry the instruments at the end of the cycle and as with tumble dryers, there is often a requirement to provide external venting. In the case of WDs there is also likely to be a need to provide filters that protect the environment from the effects of venting contaminated vapour.

To avoid the disruption and added expense that such a requirement will involve, it is often better to choose a model that includes an integral drying condenser that negates the need for external venting. However, if you do decide to choose this option it is imperative you assure yourself that the condenser is included within the price of the unit in the first instance, not as a hidden extra.

• Make sure that the WD you purchase not only offers the performance you demand, but that someone who is fully trained with that particular unit is able to support and maintain it thereafter. In many instances you can check if this is the case by referring to independent sources such as framework agreements which usually list whether it is the manufacturer or an independent third party who is providing the on-going product support. In Scotland this can easily be achieved by comparing the scores for a variety of WDs and their suppliers that are referenced on the Scottish Framework Agreement NP143/09.

It is possible to verify which products score highest in the categories which are important to you, especially those that relate to the performance of the product and the on-going service support that is required. It would be a false economy to buy purely on price as, in many cases, the resultant cost of the item could be more expensive in the long run than if you had invested a little bit more at the point of purchase.

• When it comes to choosing a WD, you are making a long-term investment, not simply looking to tick a box. Ensure you always work with a company that not only understands the demands of a fully compliant WD but one with a proven track record built up over the course of many years, to oversee your installation and provide you with the support that is commensurate with the investment you are making.

In this way you can be confident that your own interests are being fully and unequivocally taken into account.

• Investing in expensive equipment like a WD is clearly more than a case of just paying the asking price – however much or little that may be, and in order to make a truly rational and informed decision, an understanding of the true operating costs need to be fully understood.

In addition to the start-up costs that will be incurred to certify that your site is ready to receive the unit – plumbing and electrics may only represent a portion of your outlay – it is critical to gain a full appreciation of what the installed on-going running costs are likely to be in the future in order to guarantee you are fully protected against hidden or unexpected outlay.

There is only one realistic way to safeguard you are fully protected over the long term and that is to choose to fund your purchase using a LeasePlan finance package. Even so, it is wise to check the details as you should only select a LeasePlan that offers an all-inclusive level of cover that not only includes the necessary annual servicing and maintenance, but also full warranty support for the duration of the LeasePlan, usually of three or five years duration.

For complete peace of mind it is worth ensuring that such cover is provided exclusively by the manufacturer of the equipment, rather than an independent provider who may not be able to offer the same level of comprehensive cover.

Delivering the promise

Understanding the need for change is paramount to developing your practice's decontamination solutions. Choosing a WD that is proven to be effective at cleaning and disinfecting your dental instruments and one that provides you with the level of confidence you demand, means that your practice will be able to work safely in the knowledge that every dental instrument has been properly processed according to the relevant standards.

However, as discussed there is far more than price to consider when making the decision to integrate a WD into your own practice.

In order to fully understand the implications of choosing a particular product or supplier, it is vital to consider the full picture and when dealing with Eschmann you can be assured that as a result of our years of experience and unsurpassed reputation for providing WDs that offer performance, service support and overall value for money, the decision you ultimately make will be one you do not regret. ■

To find out more about Eschmann and the NHS Scotland Framework Agreement NP143/09, contact 01903 875 787 or email ic.sales@eschmann.co.uk. Alternatively visit our website at www.eschmann.co.uk to see why we are leading the way in providing effective WD solutions.

WORKING WITH A DEDICATED PARTNER

To avoid any confusion when it comes to the important issue of site preparation, it is advisable to work with a company which has a proven track record of undertaking surveys for the explicit purpose of washer disinfector installations. The organisations best suited to this are undoubtedly the ones who offer the complete package; from manufacture, to supply, to installation and, who will support the unit thereafter.

"By choosing to work with a dedicated partner such as Eschmann, you are making the conscious decision that you wish to deliver the very highest standards of instrument decontamination"

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Andrew Bruce explains how RBS shared his vision in order to help him open his new practice

Glasgow's dental gallery widens smile

Andrew Bruce joined RBS as a student. He's still with the bank but now on a professional level as he launches his brand new practice in Glasgow's West End.

"We've got 27,000 students on our doorstep – these are potentially future professionals," says Andrew. "We're not going totally private, so we can offer these students a good entry level service."

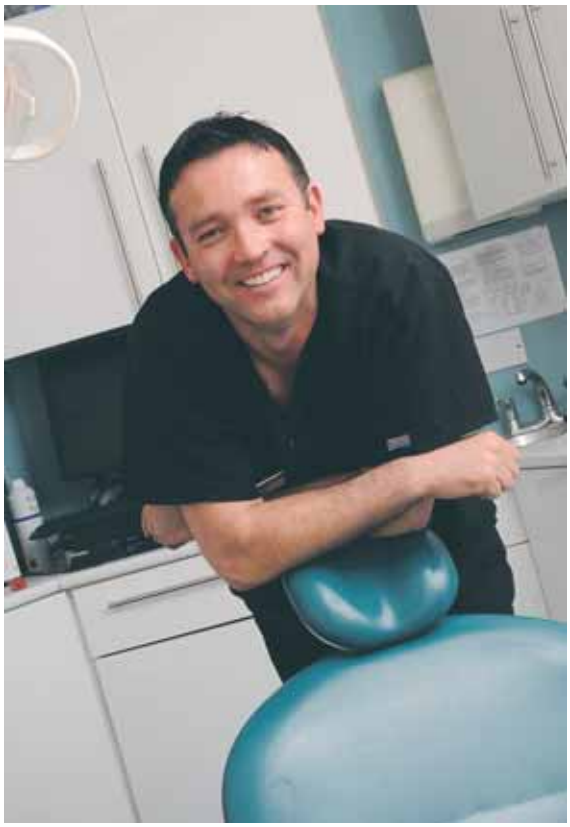
Although he's had his own practice since 1998, this latest phase in the development of the company, with the opening of the Glasgow Smile Gallery, is the most exciting by far. A member of the British Academy of Cosmetic Dentistry, Andrew has completed a raft of postgraduate courses and training in New York, Dubai and London, to offer the highest levels of cosmetic dentistry to his clients.

"Over the past 10 or 15 years dentistry has changed quite dramatically and I want to be at the forefront of that," Andrew states. "We've got the opportunity here to do something different – not just the same boring, clinical dental surgery, but something that offers a unique destination for all customers and is open to everybody. The location of the new practice reflects that. This is a happening, aspirational place and customers expect exceptional surroundings as well as service."

Sharing the vision

Scheduled to open in early 2011, it was a hectic period before opening with tight, immovable deadlines to meet in the purchase and transformation of the three-story townhouse where the practice is now based.

"There was lots of different dimensions to put in place – the biggest issue from the outset was finance," explains Andrew. "Although I'd banked with RBS for a number of years, I'd always run a fairly tight ship. Yes, I had an overdraft, but I'd never really used it.



"Everyone I met at RBS could see and understand my vision and they were willing to be a part of it"

Andrew Bruce, Glasgow Smile Gallery

"From the newspapers, it sounded like the banks and RBS in particular just weren't lending, so I made sure that I did my due diligence and I was speaking to two other banks as well. But, when I showed RBS my business plan, they were happy. I was really impressed by their drive and their experience of the sector, as well as the professional way they handled the deal. They were always aware of the timeline and really good at meeting it.

"Everyone I met at RBS could see and understand my vision and they were willing to be a part of it. They also worked well with the architects and lawyers, for example in the change of use paperwork, which made all the difference to the transaction process."

The bank was also open to the specific type of financial support that Andrew required. As well as providing funding for the business mortgage, Andrew's preference was for an overdraft rather than a term loan. This would give him the flexibility to pay down the debt as soon as possible, rather than over a specific term.

Specialist sector expertise

The bank's healthcare sector specialists also understand the ins and outs of the practice requirements, and Andrew describes Healthcare manager Bill Dickson as 'fantastic at getting things done'.

With clients travelling from all over the world – from North America to the Mediterranean – to visit Andrew's existing practice, he's optimistic that his business objectives will be realised.

"We want to grow our commercially strong brand with honesty, transparency and integrity. We will also serve the population of Glasgow with exceptional customer service, a high level of expertise and fantastic dentistry.

"This is going to be a slightly edgier, funkier dental practice, offering beauty services, implants, botox and plastic surgery consultation. Known as the Glasgow Smile Gallery, it'll hopefully get Glasgow smiling."

The Glasgow Smile Gallery can be followed on Twitter and Facebook.

To find out how RBS could help your business grow, visit rbs.co.uk

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Planning ahead. Now we are firmly in the New Year, you have either been reflecting on your past and looking to your future, or heard lots about how other people have been doing this very exercise! Practice Plan give us...

5 reasons to have a plan

Taking stock of where you have come from to find out how to get to where you want to be is often the theme of this time of year, but this can actually be an important time as it sets the pace of the year to come.

When it comes to business planning, just doing the exercise helps us to find out the things we don't know about the details, such as managing consumables, attracting customers, how many patients you need to see in a day and how much to charge. You can find the gaps in where you are now and where you want to be and fill them to ensure you are a success.

In the dental world, planning and having a vision can be seen as relatively new concepts. We have learnt this from our recent Workshop Tour where we have helped dental practices focus on planning their patient journey and having the vision to take their practice where they want it to be. Having a plan for your practice can be vital, as managing a business takes thought and conviction.

There are many reasons to have a plan, and it makes sense to have a clear vision of what you want to make sure that you get it.

But how about looking at five reasons to have a dental membership plan in your practice to help secure your future? See what you think.

Five reasons to develop a dental membership plan:

1. Build regular income and customer loyalty

Developing a membership plan within your practice can ensure that you are building a regular income and customer loyalty because by allowing your patients to budget for their oral care, you can guarantee a predictable income and also help your patients attend more regularly, keeping them coming back to you. Not only this, with a range of discounts and perks you can offer your membership plan patients, you can reward them for their loyalty.

2. Enjoy clinical freedom

Developing your own membership plan means that you can take more control over the treatment plans you offer to your patients. And with the added benefit for plan members of a discount on treatments, your patients will be more likely to take up the treatment they need.

3. Reduce administration for your team

While you are guaranteeing a regular income for your practice and allowing your patients to maintain their oral care with regular attendance and special discounts, a membership plan can mean less administration for your team as processing the plan is taken care of by the plan provider; leaving your team to concentrate on more important things.

4. Allow your patients to budget for their oral care

Patients can not only guarantee that they are going to see the dentist they want to by being a member of the practice, but they can also make great savings on their dental care.

5. Be in control

Having the peace of mind that you are in control of your business can be the ultimate luxury. With a dental membership plan you can set out the terms of your business, what you want to offer and how you are going to offer it as well as making sure it is what your patients are looking for. You can have total control of your career.

Setting up a dental membership plan can form part of your business plan. Through it you can project how many patients you need and what hourly rate you need to charge, giving the comfort that you are covering the basics. Allowing a dental plan provider to administer your membership plans takes away the administration hassle. But not only this, by choosing the right provider for you, you can have access to a whole range of expertise and support to help you continually run your business successfully, like the business support we offer at Practice Plan.

We not only help you to construct a plan tailored to you, branded with your own unique identity, but we help you to manage your business by offering you practical advice from our experts who have been assisting dentists for years. We also provide you with practical tools to excel in what you do, like our Extranet which gives you near real-time access to your patient lists; Practiceplan Perks, a unique website offering exclusive discounts on everyday and special purchases to you, your patients and staff; or the array of events we hold covering topical issues our dentists have asked for.

So, yes, planning is key, and having a dental membership plan in place could help you build your business. Deciding which plan provider to use is vital to the success of your plan. ■

Practice Plan is the UK's leading provider in practice-branded dental plans. For more information call 01696 684135 or go to www.practiceplan.co.uk

DENPLAN EXCEL

Quality Assured

With further regulation of dentistry by Healthcare Improvement Scotland under active consideration, now is the perfect time to find out how you can benefit from Denplan's unique support.

Tailored specifically for your needs as a dentist practising in Scotland, we have produced a Decontamination and Cross Infection Control Manual which contains guidance and all the policies and protocols that are required in practice.

Also, if you want to demonstrate that your practice follows effective processes for complying with regulations, Denplan Excel Accreditation is just what you need. It's the only independently validated Clinical Governance Accreditation programme which keeps you up to date with changes in the profession.

In the last six months we've seen a massive increase in the number of English dentists applying for Denplan Excel Accreditation. It's made a big difference to them and could do the same for your practice.

For more information,
call **0800 169 9962** or
visit www.denplan.co.uk

Denplan
At the heart of dental care

Your pension, your choice

As the end of the tax year approaches, it is always worth reviewing your tax position, says Alasdair MacDougall

If you are a contributing member of the 1995 section of the NHS Pension Scheme on or after 1 October 2009 you are eligible to make a one-off transfer of your pension entitlements. The deadline for making this election is approaching – there is less than two months to make your decision. If you do not respond by 31 March 2011 then you will automatically remain within the 1995 Section.

If you are eligible to move to the 2008 Section you will be given Your NHS Pension Choices Pack, which will include your personalised NHS Pension Choice Statement and Your NHS Pension Choice Guide, giving you more detailed information about the comparisons shown in your statement and the differences in the sections.

This is a very important – and irreversible – decision for you and your dependents. You will need to decide whether to take the 'all or nothing' decision to remain in the 1995 Section or transfer past and future benefits to the 2008 Section. You cannot do a partial transfer, and the change is permanent, so it is crucial that you make an informed decision.

There are a number of differences between the two sections of the NHS Superannuation Scheme, such as the age at which you can draw your pension without it being reduced, ways in which your pension builds up, and flexibility in drawing your benefits. These differences could affect your future lifestyle and retirement options.

In making your choice, you should consider the age at which you plan to retire; whether you need the flexibility to change the amount of the tax-free lump sum you will receive; and if you would like or will need to consider reducing your working hours and whether you may leave the NHS before retirement. If you haven't always operated within the NHS, or have missing years of service, you may like to boost your pension by paying additional voluntary contributions. There are other factors to be considered, including the impact on your dependants, for example in terms of survivor's benefits and death in service benefits.

There are many issues to think about before you make your choice. However, you should not look at each point on its own – you need to consider your overall plans for your future career and your retirement.

"You cannot do a partial transfer, and the change is permanent, so it is crucial that you make an informed decision"
Alasdair MacDougall

Your ISA allowance – use it or lose it

Rock bottom interest rates over the past year have hit Cash ISA savers hard, with some savers earning as little as £5 over the last 12 months. However, that does not mean that it is a waste of time utilising your ISA allowances.

Savings rates have a crucial impact on everyone's finances. 5 July 2007 saw bank base rate peak at 5.75 per cent. From that time to 5 March 2009, the Bank of England's Monitory Policy Committee cut the base rate nine times.

Increasingly, inflation has become a major concern to savers. Official inflation – as measured by the Consumer Prices Index (CPI) which does not include mortgage costs – rose to 3.3 per cent in November from 3.2 per cent in October. That means most cash ISAs have essentially lost you money, in real terms.

As an alternative, for investors looking for long-term capital growth and an attractive monthly income, corporate bond and equity income funds are worth considering.

For example, monthly high income funds are currently available offering a distribution yield of 8 per cent.

This type of fund and many others can be accessed via a stocks and share ISA or cash ISA transfer, but hurry if this interests you, as your 2010/11 ISA allowance will be lost if not used by 5 April 2011. ■

Alasdair MacDougall is a Financial Services Manager with Martin Aitken Financial Services Limited.
You can contact him at amd@maco.co.uk and by telephone on 0141 272 0000.
To find out more about Martin Aitken Financial Services Limited, visit ww.martinaitkenfsltd.co.uk
Martin Aitken Financial Services Limited is the sister company of Martin Aitken & Co, Chartered Accountants, who can also be found on the internet at www.maco.co.uk

Didier Dietschi Coltene Whaledent workshop

This was the first year that we staged a workshop in conjunction with our December study day. We initially planned for 20 people but that was booked up by the end of March, mainly by dentists from down south who had been alerted to the event by the Coltene Whaledent reps.

The workshop was held in Glasgow Dental School's new state of the art phantom head learning facility which used to be the old prosthetics lab. During the year we learned that they were extending the facility and would have a capcity of 40 by the time the study day came around. We opened for more bookings and were full by August with several people on the waiting list. We were delighted with the uptake.

The workshop proved to be a major success in itself. Didier and his brother, Jean Michel, put on an excellent show, aided and abeted by the Coletene Whaledent team. In the morning we worked on building up an anterior tooth from scratch. In the afternoon, it was posterior composites.

"It was a joy to see the artistry and skill that was employed by the Dietschi brothers"

It was a joy to see the artistry and skill that was employed by the Dietschi brothers. It was a revelation to see what was possible with the Miris system once the correct techniques had been used.

The feedback was overwhelmingly positive:

"Excellent course, venue and organisation. Lucky to have Dietschi brothers and Michel Magne in Glasgow."

"Brilliant, the lectures yesterday and the workshop today were definitely worth the four hour drive to get here."

I would like to thank Stephen Maillinson, Heather McMillian and the rest of the team from Coltene Whaledent for being our platinum sponsors for the event. Without them we would not have convinced the speakers to come to Glasgow. Their support right from the start was phenomenal. It was truly the most successful study day we have had in our 18-year history and we owe Coltene Whaledent a large debt of gratitude for this. ■

Conor O'Malley, Director West of Scotland FGDP

New short implant

BioHorizons has introduced a new short implant. Offering the perfect solution for limited vertical spaces, the short implant incorporates Laser-Lok technology, this time across the entire implant surface, to create a biologic seal and maintain crestal bone on the implant collar.

The Laser-Lok surface ensures a faster osseointegration, while the tapered body provides an excellent primary stability. Developed with a power thread design to provide a maximum surface area and a wide array of restorative options, this implant is ideal for anatomically challenging conditions.

www.biohorizons.com.

BioHorizons' commitment to scientific research

In times of economic uncertainty, switching to a new implant system or investing in a new product requires extra reassurance that you are making the right choice.

With BioHorizons you have the peace of mind that their investment in scientific and innovative research delivers unique products with proven surgical and aesthetic results.

In addition to this, there are highly valuable and topical courses hosted by worldwide leaders in implant dentistry, regular communications on the latest innovations and techniques and the expertise to support you in your implant work.

BioHorizons' global network of professional representatives and highly trained customer care support team are well-equipped to meet the needs of patients and clinicians.

To find out more, contact the UK team on 01344 752 560 or infouk@biohorizons.com or visit us online at www.biohorizons.com now.

Course dates announced

DENTSPLY Academy has released details of its upcoming courses for dental professionals.

Speaker Dr Louis Mackenzie will lead a course entitled 'Posterior Restorations Made Easy' in Liverpool on 22 March, Northampton 29 March, Edinburgh 19 April, Newcastle 3 May and Maidstone on 17 May.

Courses covering restoratives, updates on posterior composite restorations – 'Rubberdam' and 'Strategic Treatment Planning', will be held in various locations and dates across the country

There will be courses on 'Rotary Endodontics' in Cork on 25 March, and evening lectures on 'How local is your anaesthetic?' in Essex on 8 February, Bristol 29 March, Manchester 5 April and Glasgow on 19 April.

Please reserve your place early.

For further information, call 01932 837 330 or email enquiries@dentsply.com

Implant challenges on the agenda in Arizona

To be held at the prestigious Arizona Biltmore Hotel in Phoenix, Arizona, on 28 April to 1 May 2011, BioHorizons Global Symposium will address a wide range of implant dentistry challenges, including immediate loading, aesthetics, tissue regeneration and implant complications.

The four-day programme includes pre- and post-symposium courses as well as dedicated educational tracks for auxiliary and office staff.

The tuition fee for the symposium includes daily lectures, continental breakfast, lunch and coffee breaks for the attendee as well as admission to the highly anticipated Saturday Gala for the attendee and one guest.

For more information, visit www.biohorizons.com or contact the UK office on 01344 752560 or by email at infouk@biohorizons.com

New I-Bridge produces superior aesthetics

The I-Bridge from BioHorizons, a screw-retained implant bridge milled from a single piece of titanium metal or fabricated in cobalt chrome was recently launched in the UK through an exclusive arrangement with Biomain Sweden. The I-Bridge produces far superior aesthetics at a lower cost than many competing products, according to leading UK dentists.

A perfect fit without any tension in the framework, I-Bridge is compatible with most major implant systems and available in three variations: I-Bridge, I-Bridge 2 and IBridge evolution, the choice depending on the case.

For more information, visit www.biohorizons.com now or to reach your local product specalist contact BioHorizons UK on 01344 752 560 or infouk@biohorizons.com

Gift Continuum

GIFT presents an exciting new concept. The GIFT Continuum teaching programme is an on-going series of specific dental implant based topics that can be attended in any order, delivering units of information that combine to form the building blocks of a course that may be expanded to a postgraduate degree

Implant Year Course for the Dental Practitioner

This course is ideal for those practitioners who wish to incorporate implant treatment into their practice, to advance their implant knowledge or consolidate existing expertise but who are unable to commit to a degree programme. This option does not preclude the participant from following the degree programme at a later date and credit will be given towards the University of Warwick MSc and diploma courses in Implant Dentistry. Both Master of Science and Diploma are registrable with the General Dental Council as additional professional qualifications

This course is certified to ISO standard 9001

Regional and International Training

Under the GIFT Continuum programme training is delivered via a national network of regional teaching centres and international hubs with facilities appropriate to the practice of implant dentistry. The centres provide the highest quality teaching environment and standard of clinical training possible allowing the dental practitioner to develop the treatment planning capabilities to confidently place and predictably restore implants independently.

Scottish Tutors (Aberdeen)
Jacqui Fergus and George Glover both hold a Master of Science in Implant Dentistry and are experienced GIFT regional tutors and mentors running courses from their state of art Leigh House Centre in Union Street, Aberdeen.

To obtain further information please contact:
Tel: 0207 5801373 email: admin@gift.org.gg
or visit www. gift.org.gg

Please detach and return this slip to the address below: SCOT FLYER 06.08
Regional Co-ordinator, Implant Training Institute,
Suites A & B, 22 Harley Street, London W1G 9PL

Name: ----------

Contact tel: ----------

Address: ----------

Please send information about GIFT Implant Year Course ☐

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We are happy to accept referrals for all aspects of dentistry including implants, oral and facial surgery, periodontics, orthodontics, prosthodontics, endodontics, restorative dentistry, facial rejuvenation, hypnotherapy sedation and CT scanning.

We can offer advice only, carry out part of the treatment or all of the treatment; the choice is yours. We can place implants for your patients and you can restore them; call or email us for further details. Nobel Biocare will provide a free prosthetic kit when you treat your first patient.

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RESERVATIONS BEING TAKEN FOR SINGLE DAYS OR SESSIONS ON OUR YEARLY
RESTORATIVE DENTISTRY AND IMPLANTOLOGY YEAR COURSE
- SEE OUR WEBSITE FOR CONTENT

Arshad Ali

Arshad Ali BDS, FDSRCS (Eng & Edin), FDSRCPS (Glasg), DRD, MRD,RCS (Edin)
Consultant, Specialist and Honorary Clinical Senior Lecturer in Restorative Dentistry
Clinical Director and Managing Director, Scottish Centre for Excellence in Dentistry

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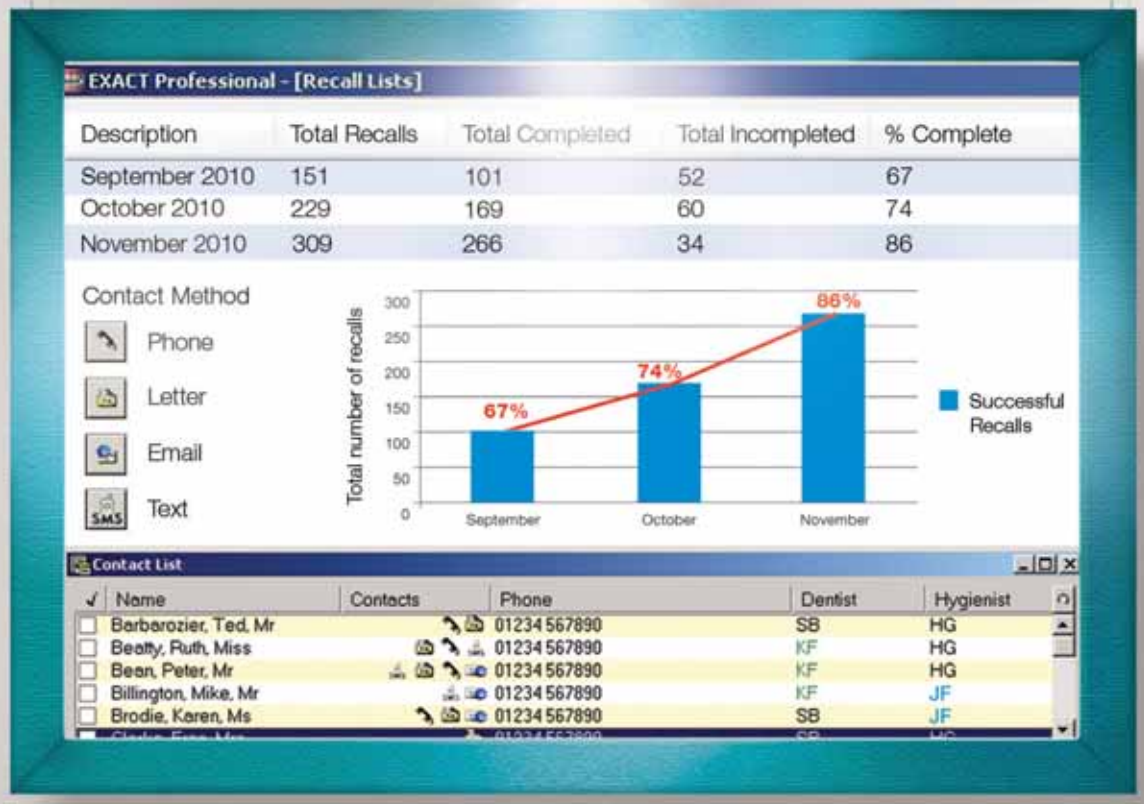

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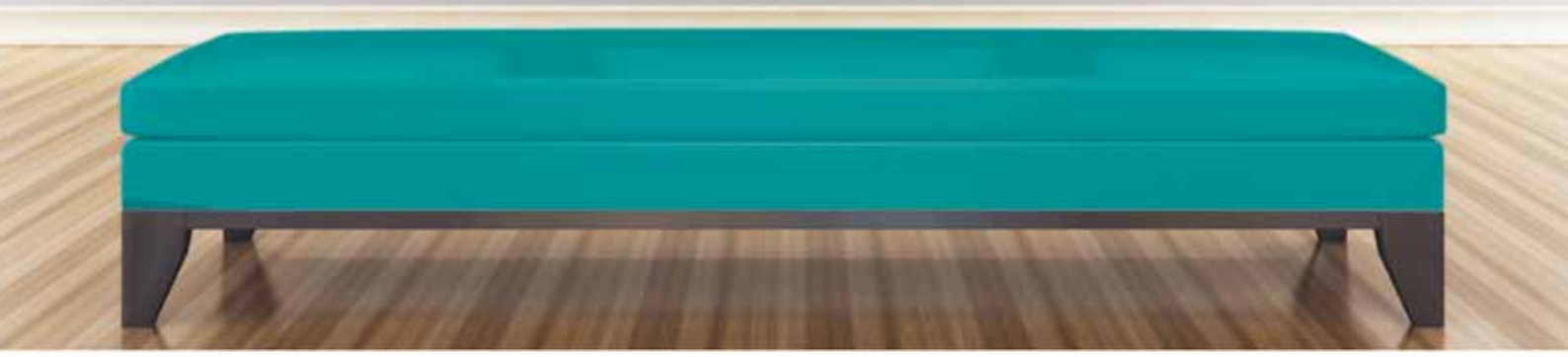

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